

STATE OF ALABAMA

SHELBY COUNTY

DURABLE GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, **JOHN O. BARDEN**, with residence address of 313 Main Street, Columbiana, AL 35051, being of sound mind and not being under any mental disability, incompetency or incapacity, do hereby nominate, constitute and appoint my daughter, **Janice K. Dinda**, as and for my true and lawful attorney-in-fact. I hereby bestow and vest my said attorney-in-fact with the following powers for me and in my name and on my behalf:

(1) Request, demand, receive, obtain, acquire, recover, collect, transfer, sue for, and hold all sums of money, payments, checks, commercial paper, amounts, assets, debts, accounts, certificates of deposit, interests, property, papers, materials, documents, pension, profit-sharing, retirement, Social Security, insurance, contractual benefits and proceeds, tort claims, documents of title, and demands whatsoever as are now or shall hereafter become due, owing, payable or belonging to me; sign and endorse documents, receive and disclose information, enter into contracts and agreements, obligate and incur debt or responsibility, and perform lawful acts in my name or on my behalf; and have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery thereof, and to adjust, sell, compromise and agree for the same, and to execute and deliver from me, on my behalf, and in my name, all endorsements, receipts, releases, documents, or sufficient discharges for the same;

(2) Make, do and transact all and every kind of business of whatever nature she considers necessary; draw checks and make withdrawals on my bank accounts or any other financial accounts, and make deposits therein, make and renew loans, and perform any and all other banking functions, or matters involving my financial affairs; handle any transaction or matters with the Social Security Administration, Alabama Medicaid Agency, Medicare, and any other Federal or State governmental agency, or quasi-governmental or private entity contracting with such or administrating benefits or rights, including the right to cash and receive checks or payments therefrom, resolve issues or disputes therewith, and otherwise; buy, sell, liquidate, invest, reinvest, or make any transactions involving stocks, bonds, mutual or other funds, accounts, or other securities; have right and access to any safe deposit box, or other like holder or receiver of property, documents and belongings, etc., and obtain said documents, contents and property, or otherwise therefrom.

*John O. Barden*

(3) Act for me in any and all matters concerning all property, or rights, which may be mine at the present time, and which may hereafter become mine, or to which I may now or hereafter be entitled to receive, whether the same be real, personal, mixed, or otherwise, wherever the same may be situated. I specifically appoint, empower, and authorize my said attorney to act for me as she sees fit in order to protect my interests, and I do hereby specifically grant to and vest in my said attorney full power and authority in my name to sell, at private sale or public sale, and to convey, transfer, lease, exchange, mortgage, pledge, and otherwise alienate any or all of my said property, or any interest therein, on such terms as she deems to be proper, and to sign, endorse, execute and deliver any documents or instruments as may be necessary or appropriate, in her sole discretion, without the order or authority of any Court;



(4) Make any arrangements and execute all papers and documents that may be necessary or desirable hereafter to cause me to be admitted to and maintained in a Hospital, Nursing Home, or other medical, convalescent, or medical facility or boarding facility of any nature, should the same become necessary or desirable in the sole discretion of my said attorney;

(5) Make all decisions concerning medical or surgical treatment, administration of medicine or drugs, and in sum, have authority to make any decisions involving my physical or mental health or well-being.

(6) Institute, enforce, and defend any and all claims, rights, lawsuits or legal proceedings brought against or on behalf of me, accept service of process or other notification, and compromise, settle, arbitrate or litigate any claims, disputes or controversies in regard thereto.

This Durable General Power of Attorney, and the authority and powers herein granted, shall not, however, give or grant my said attorney the authority or power to modify or revoke my Last Will and Testament, nor to make any testamentary dispositions of my property, nor any part thereof.

Giving and granting unto the said **Janice K. Dinda**, as my true and lawful attorney, in such event and at such time as I may become disabled, incompetent or incapacitated--and subject only to the sole limitations as specifically set forth in the preceding paragraphs--full power and authority to do and perform all and every act or thing whatsoever requisite and necessary to be done in and about the premises (including but not limited to the specific powers granted herein) as full to all intent and purposes as I might or could do if personally present and not disabled, incompetent, or incapacitated, it being my purpose and intention to grant unto my said attorney, all of the powers over my said property and estate that I am capable of granting to her as such attorney, all without the order or approval of any court.

I hereby ratify and confirm all that the said **Janice K. Dinda**, as my true and lawful attorney, shall lawfully do or cause to be done by virtue of the presents.

I hereby nominate and appoint the said **Janice K. Dinda**, by this Durable General Power of Attorney, to be my guardian, curator, conservator, and other like fiduciaries, in the event of my disability, incompetency, or incapacity, without bond.

This Durable General Power of Attorney shall become effective upon the execution hereof, and it is my intention that upon such occurrence, this General Durable Power of Attorney shall thereby be in full force and effect until expressly revoked or amended as provided by law, provided that such revocation or amendment shall be of no effect with respect to parties acting or things done in reliance upon this durable power of attorney prior to the actual receipt by them of notice of such revocation or amendment.

IN WITNESS WHEREOF, I set my hand and seal this 28 day of March, 2005.

Janice Brasher  
Witness

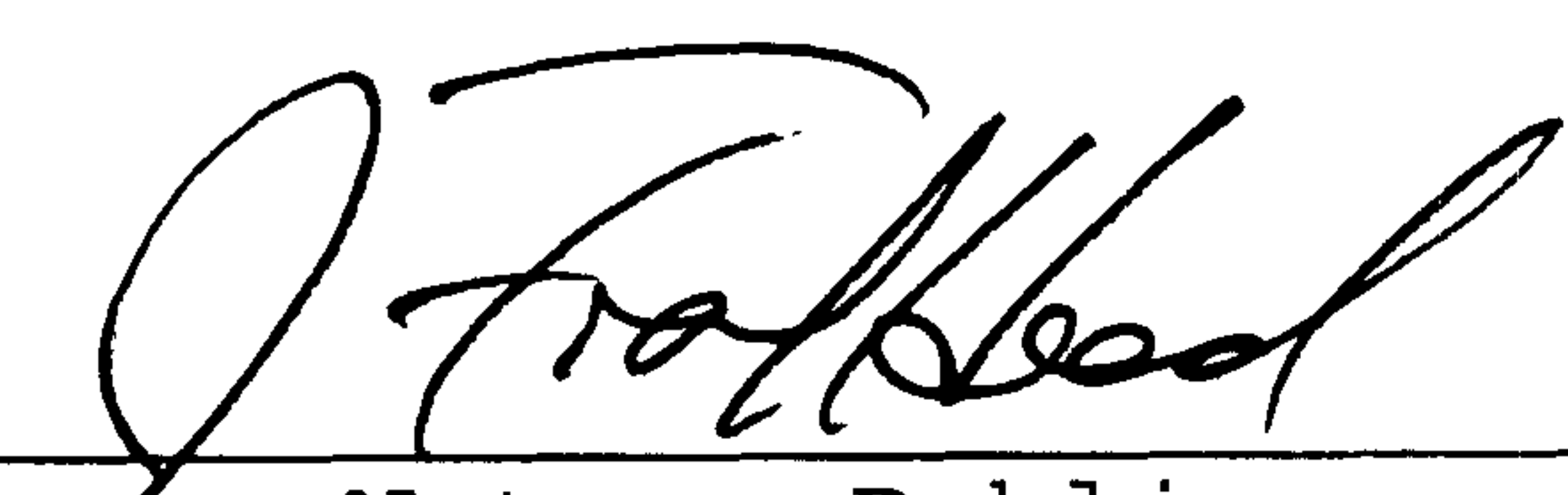
John O. Barden (SEAL)  
John O. Barden

John B. Harless  
Witness

STATE OF ALABAMA  
SHELBY COUNTY

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that John O. Barden, whose name was signed to the foregoing instrument in my presence, and who is known to me, acknowledged before me on this day, that, being informed of all contents of the foregoing Durable Power of Attorney, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 28<sup>th</sup> day of March, 2005.

  
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Notary Public

*John O. Barden*