

**GENERAL POWER OF ATTORNEY  
[And] MEDICAL POWER OF ATTORNEY**

I, **OMIE CLEVE JOHNSON** residing at 848 6<sup>th</sup> AVENUE-CALERA, AL. 35040  
(Post Office Box 86-Calera, Alabama)

*hereby appoint*

**CALVIN JOSEPH COHILL** of 200 ANGLEWOOD LANE-CALERA, AL. 35040 as  
my Attorney-in-Fact ("Agent").

I hereby revoke any and all general and/or medical powers of attorney that previously have been signed by me. My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

**1. Open, maintain or close bank accounts** (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.

- a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
- b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
- c. Have access to any safe deposit box that I might own, including its contents.

**2. Maintain and conduct any and all business accounts** on my behalf including but not limited to: financial loans, mortgages, utilities, deposits, title loans, personal loans, all accounts payable that I have established.

**3. Conduct any and all business and personal matters** on my behalf as it pertains to the guardianship decisions, well being, education, financial matters, and quality of care as needed for my three (3) minor Grand Children, in which I have full legal guardianship.

**Their names being:**    **Krystopher K. Johnson DOB - 02/02/1994**  
                              **Kerin Lashawn Johnson DOB - 03/23/1995**  
                              **Kameron J. Johnson DOB - 11/10/1997**

**4. Sell, exchange, buy, invest, or reinvest any assets or property** owned by me. Such assets or property may include income producing or non-income producing assets and property.



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**5. Purchase and/or maintain insurance**, including life insurance upon my life or the life of any other appropriate person.

**6. Take any and all legal steps necessary to collect any amount or debt owed to me**, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.

**7. Enter into binding contracts on my behalf.**

**8. Exercise all stock rights** on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.

**9. Maintain and/or operate any business that I may own.**

**10. Employ professional and business assistance** as may be appropriate, including attorneys, accountants, and real estate agents.

**11. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property** (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.

**12. Prepare, sign, and file documents with any governmental body or agency**, including, but not limited to, authorization to:

- a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.
- b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
- c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

## **MEDICAL POWER OF ATTORNEY**

I, **OMIE CLEVE JOHNSON** residing at 848 6<sup>th</sup> AVENUE-CALERA, AL. 35040  
(Post Office Box 86-Calera, Alabama)

hereby appoint

**CALVIN JOSEPH COHILL** of 200 ANGLEWOOD LAND-CALERA,AL.35040 as  
my Attorney-in-Fact ("Agent").

to make any and all health care decisions for me, except to the extent I state otherwise in this document. For the purposes of this document, "health care decision" means consent,



refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's physical or mental condition. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

**Inspection and Disclosure of Information Relating to my Physical or Mental Health:**

My agent has the power and authority to do all of the following:

1. Request, review, and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records;
2. Execute on my behalf any releases or other documents that may be required in order to obtain this information.
3. Consent to the disclosure of this information.

This Power of Attorney shall be construed broadly as a General Power of Attorney and Medical Power of Attorney .

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

This Power of Attorney shall become **effective immediately** and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a **Durable** Power of Attorney. This Power of Attorney and Medical Power of Attorney shall continue effective until my death, unless I establish herein a shorter time or revoke the power of attorney.

**This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.**

Dated : JULY 20, 2010

SIGNATURE: OMIE CLEVE JOHNSON

OMIE CLEVE JOHNSON /  
**PRINTED FULL LEGAL NAME**



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**Statement of Witness**

I hereby declare under penalty of perjury that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this durable medical power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence. I am not the person appointed an agent by this document. I am not related to the principal by blood, marriage, or adoption. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Vanessa Johnson Parks  
 WITNESS SIGNATURE:

VANESSA JOHNSON PARKS  
 WITNESS PRINTED FULL LEGAL NAME:

**Acknowledgement:**

STATE OF ALABAMA

COUNTY OF Shelby

The foregoing instrument was acknowledged before me this 20 day of

JULY 20, 2010 by OMIE CLEVE JOHNSON, who is personally

known to me or who has produced Alabama Driver's License as identification.

Alma Denise Jordan  
 Signature of person taking acknowledgment

Subscribed and sworn to before me on JULY 20, 2010

Notary Public, Shelby, ALABAMA  
 [county]

NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
 MY COMMISSION EXPIRES: June 27, 2011  
 My commission expires BONDED THRU NOTARY PUBLIC UNDERWRITERS

*(Handwritten mark)*