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Shelby Cnty Judge of Probate, AL
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STATE OF ALABAMA }

SHELBY COUNTY }

Durable General Power of Attorney

ARTICLE ONE CREATION

K NOW ALL MEN BY THESE PRESENTS: That I, WILLIAM MICHAEL ALLDREDGE, the Principal, a resident of Shelby County, Alabama, designate my sister, RITA A. SMITH, who resides at 6061 Forest Lake Cove, Serrett, AL 35147, telephone (██████████) to serve as my Agent (my "Attorney-In-Fact") for me and to act as the guardian or limited guardian of my estate should guardianship proceedings become necessary or desirable.

If my Agent designated above is unable to serve for any reason, I hereby designate my sister, ANNA M. ALLDREDGE, whose address is 5137 Northumberland Road, Birmingham, AL 35210, telephone (██████████) as my alternate or successor Agent and to act as the guardian or limited guardian of my estate should guardianship proceedings become necessary or desirable with the same powers and discretions.

WMA
Initialed for identification:
William Michael Alldredge

ARTICLE TWO
EFFECTIVENESS: EFFECTIVE IMMEDIATELY

This Power of Attorney shall become effective immediately and shall survive and continue during my disability, incompetence, incapacity, or partial incapacity. This Power of Attorney shall not be affected by my subsequent disability or incapacity or by lapse of time. Disability, incompetence, incapacity or partial incapacity shall include, without limitation, my inability to manage my property and affairs or caring for myself effectively, for reasons such as mental illness, mental deficiency or other mental incapacity, physical illness or disability, advanced age, senility, chronic use of drugs, chronic intoxication, which may be evidenced by a written statement of my regularly attending physician or two other qualified physicians or by court order.

ARTICLE THREE
POWERS

- A. Grant of General Authority.** I grant my Agent and any successor Agent general authority to act for me with respect to the following subjects as defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, as amended:

If you wish to grant general authority over all of the subjects enumerated in



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this section, you may sign here:

William Michael Alldredge
Signature of Principal, William Michael Alldredge

B. Grant of Specific Authority. My Agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your Agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL the specific authority you WANT to give your Agent.)

WMA Create, amend, revoke or terminate an inter vivos trust, by trust or applicable law (§ 26-1A-201(a)(1), Code of Alabama 1975, as amended)

WMA Make a gift that exceeds the monetary limitations of Section 26-1A-217 of the Alabama Uniform Power of Attorney Act, but subject to any special instructions in this Power of Attorney (§ 26-1A-201(d), Code of Alabama 1975, as amended)

WMA Create or change rights of survivorship (§ 26-1A-201(a)(3), Code of Alabama 1975, as amended)

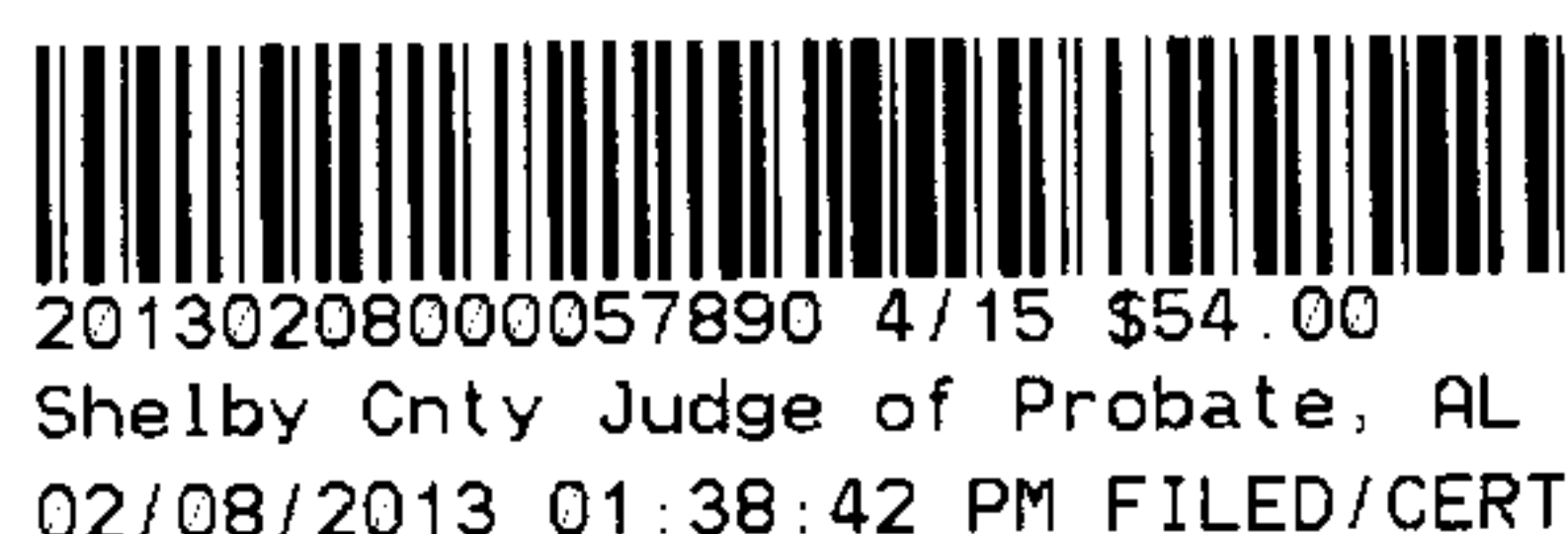
WMA Create or change a beneficiary designation (§ 26-1A-201(a)(4), Code of Alabama 1975, as amended)

WMA Authorize another person to exercise the authority granted under this Power of Attorney (§ 26-1A-201(a)(5), Code of Alabama 1975, as amended)

WMA Waive the Principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan (§ 26-1A-201(a)(6), Code of Alabama 1975, as amended)

WMA Exercise fiduciary powers that the Principal has authority to delegate (§ 26-1A-201(a)(7), Code of Alabama 1975, as amended)

C. Limitations on Agent's Authority. An Agent that is not my ancestor, spouse or descendant MAY NOT use my property to benefit the Agent or a person to whom the Agent owes an obligation of support unless I have included that authority in the Special Instructions.



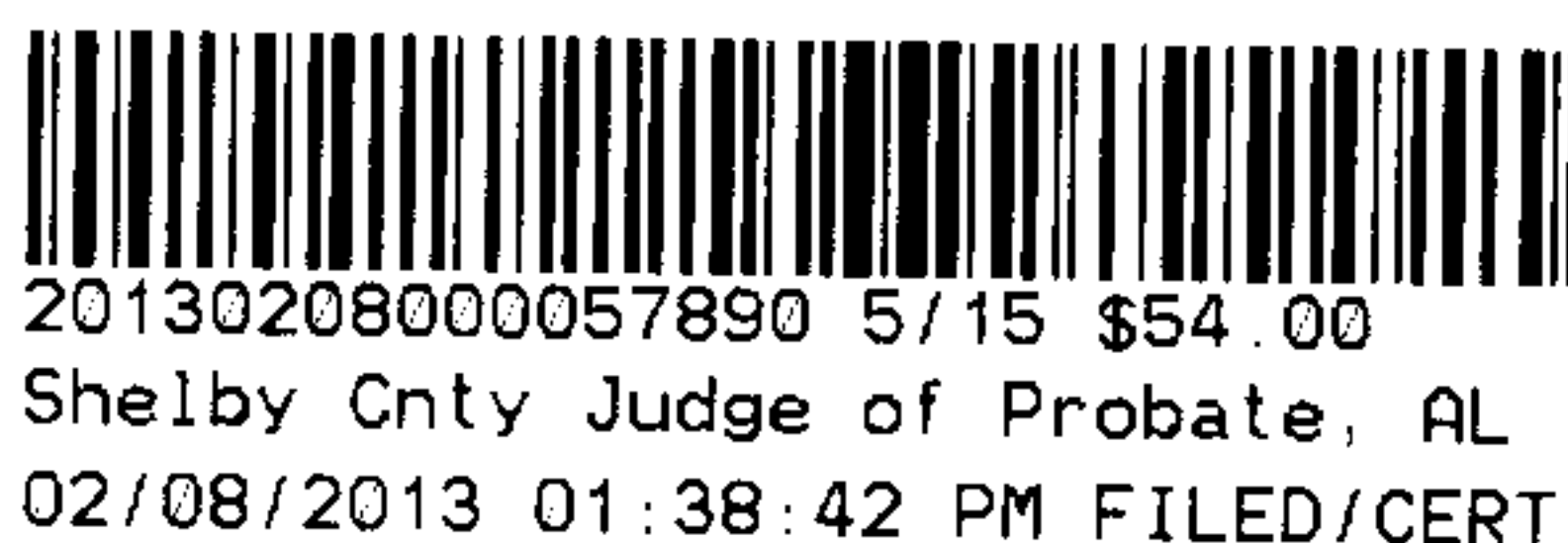
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Limitation of Power. Except for any Special Instructions given herein to the Agent to make gifts, the following shall apply:

1. Any power or authority granted my Agent herein shall be limited so as to prevent this Power of Attorney from causing any Agent to be taxed on my income or from causing my assets to be subject to a “*general power of appointment*” by my Agent as defined in 26 U.S.C. §2041 and 26 U.S.C §2514 of the Internal Revenue Code of 1986, as amended.
2. My Agent shall have no power or authority whatsoever with respect to any policy of insurance owned by me on the life of my Agent, or any trust created by my Agent as to which I am a trustee.

D. Special Instructions.

1. Subject to § 26-1A-201 (a), (b) and (d), if the subjects over which authority is granted in this Power of Attorney are similar or overlap, the broadest authority controls. (26-1A-201(e), Code of Alabama 1975, as amended)
2. Authority granted in this Power of Attorney is exercisable with respect to property that I, the Principal, have when the Power of Attorney is



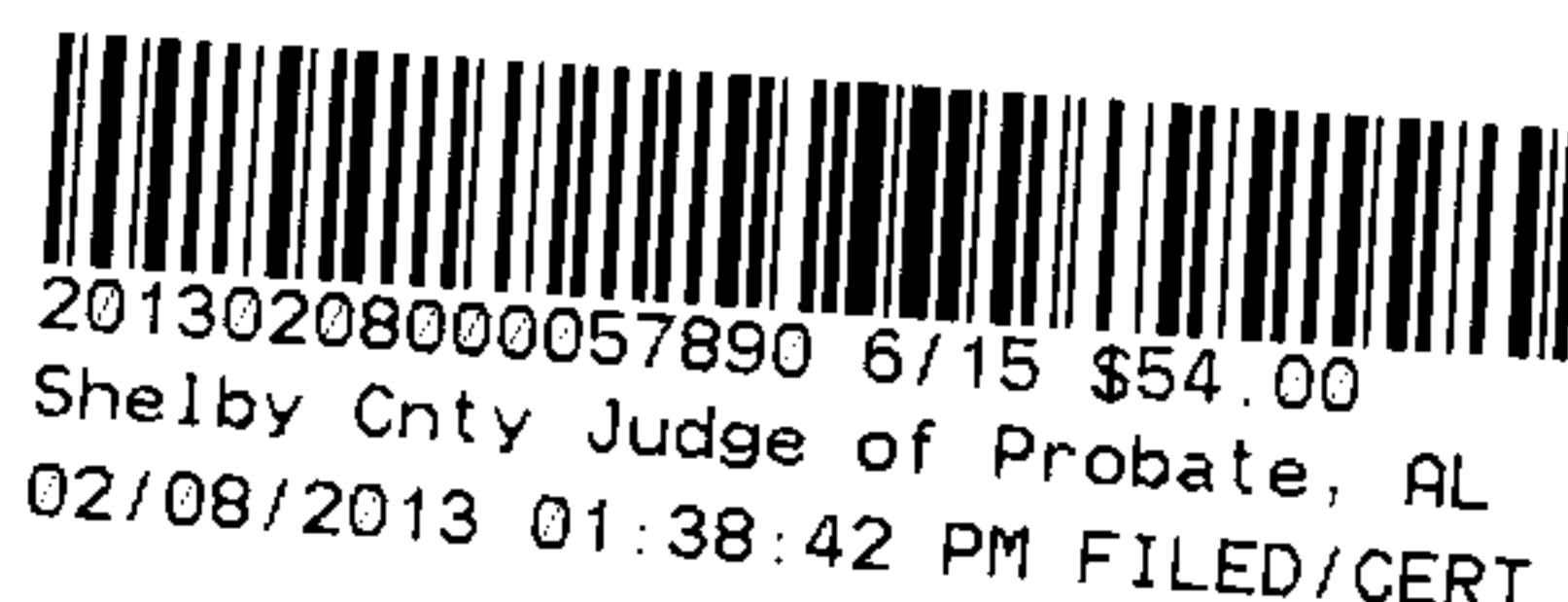
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executed or that I acquire later, whether or not the property is located in this state and whether or not the authority is exercised or the Power of Attorney is executed in this state. (§ 26-1A-201(f), Code of Alabama 1975, as amended)

3. An act performed by my Agent pursuant to this Power of Attorney has the same effect and inures to the benefit of and binds me, the Principal, and my successors in interest as if I, the Principal, had performed the act. (§ 26-1A-201(g), Code of Alabama 1975, as amended)
4. An Agent that is not an ancestor, spouse or descendant of the Principal may exercise authority under this Power of Attorney to create in the Agent, or in an individual to whom the Agent owes a legal obligation of support, an interest in the Principal's property, whether by gift, right of survivorship, beneficiary designation, disclaimer or otherwise. (§ 26-1A-201(b), Code of Alabama 1975, as amended)

ARTICLE FOUR NOMINATION OF CONSERVATOR OR GUARDIAN

One of the purposes of this document is to avoid the need for a conservatorship or guardianship in the event of my disability or incapacity and this document should be broadly construed to accomplish that purpose. If it becomes necessary for a court to ap-



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point a conservator of my estate or a guardian of my person, I nominate the following person for appointment:

Name of Nominee for conservator of my estate: Rita A. Smith

Nominee's Address: 6061 Forest Lake Cove, Serrett, AL 35147

Nominee's Telephone Number: [REDACTED]

Name of Nominee for guardian of my person: Rita A. Smith

Nominee's Address: 6061 Forest Lake Cove, Serrett, AL 35147

Nominee's Telephone Number: [REDACTED]

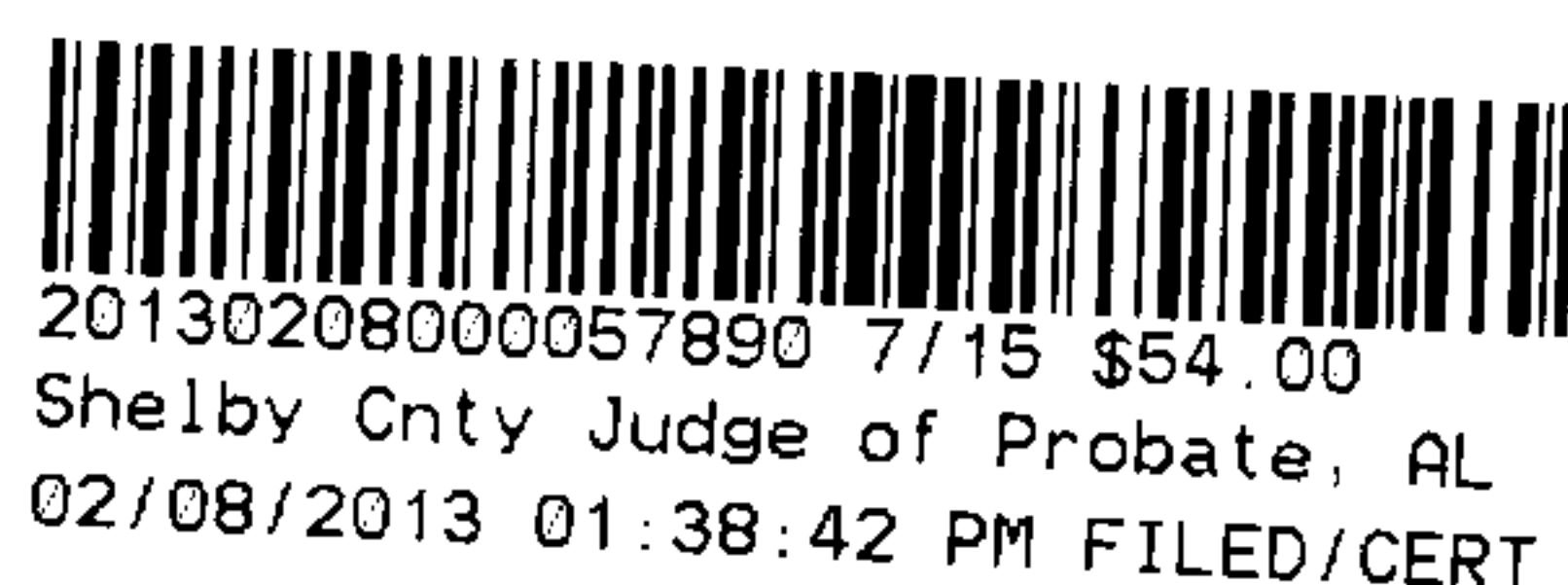
If it becomes necessary for a court to appoint a conservator of my estate or a guardian of my person, and if the person named above is unable or unwilling for any reason to serve as such conservator or guardian, I nominate the following person for appointment:

Name of Nominee for conservator of my estate: Anna M. Alldredge

Nominee's Address: 5137 Northumberland Road, Birmingham, AL 35210

Nominee's Telephone Number: [REDACTED]

Name of Nominee for guardian of my person: Anna M. Alldredge



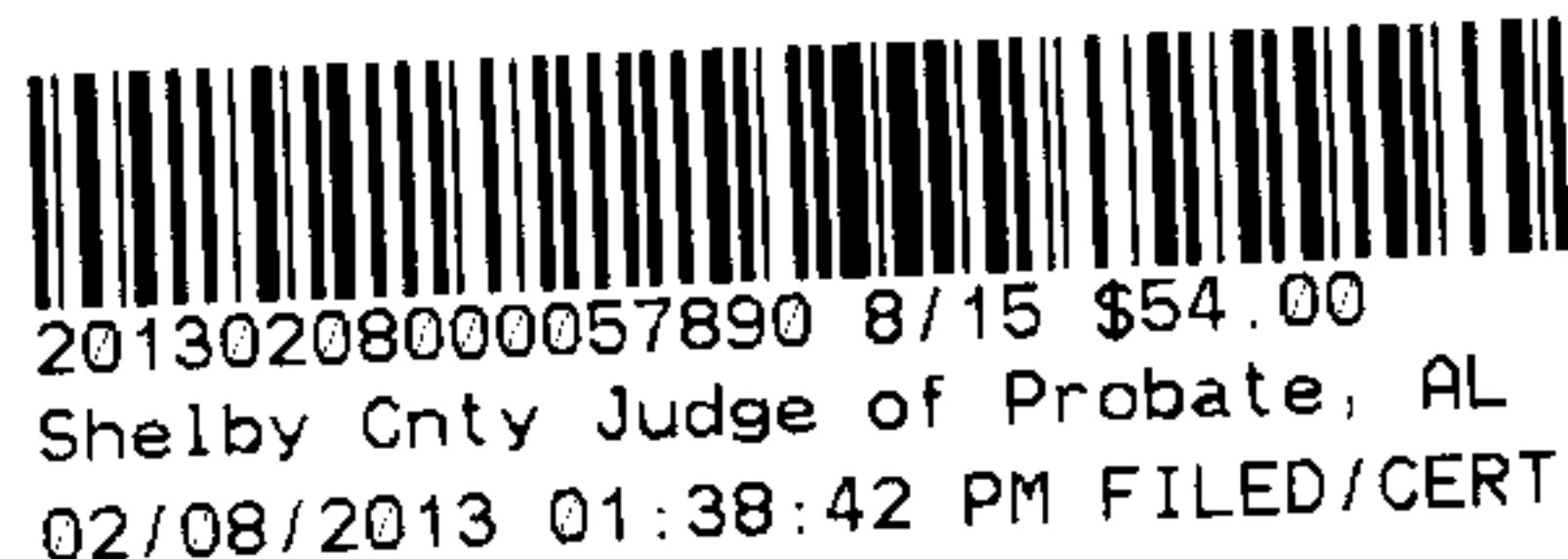
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Nominee's Address: 5137 Northumberland Road, Birmingham, AL 35210

Nominee's Telephone Number [REDACTED]

**ARTICLE FIVE
TERMINATION AND REVOCATION**

- A. In General.** This Power of Attorney revokes and supersedes all prior powers of attorney executed by me, whether recorded or not. This Power of Attorney may be revoked, suspended or terminated by me at any time or by court order. If this Power of Attorney has been recorded, the written instrument of revocation may be recorded in the Probate Office where the Power of Attorney was recorded. Upon my death, this Power of Attorney shall terminate upon actual knowledge or receipt of written notice thereof by the Agent.
- B. By Guardian.** A Guardian of my estate appointed by the Court shall have the power to revoke, suspend or terminate this Power of Attorney, subject to the approval of the court. A Guardian of my person only shall not have the power to revoke, suspend or terminate this power.
- C. Dissolution/Legal Separation.** The designation of a spouse (if applicable) as Agent shall terminate upon the filing of a petition for dissolution of rela-



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tionship, equitable distribution of property, separation or like instrument by either my spouse or me without further notice to my Agent/spouse.

ARTICLE SIX GENERAL PROVISIONS

A. Power of Attorney shall be construed as a General Power of Attorney.

This Power of Attorney grants to by Agent authority to do all acts that I, as Principal, could do. (§ 26-1A-201(c), Code of Alabama 1975, as amended)

B. Reliance on this Power of Attorney. Any person acting in good faith and in reasonable reliance on this Power of Attorney shall not incur any liability thereby, so long as such party has not received actual knowledge or actual notice of revocation, suspension or termination of this Power of Attorney by death or otherwise. Any action so taken unless otherwise invalid or unenforceable, shall be binding on my heirs, devisees, legatees, or personal representative.

This Power of Attorney may be filed for record in any public office. It is expected that my Agent may desire to file this Power of Attorney in the Probate Office of Shelby County, Alabama, and to exhibit certified copies of said Power of Attorney to any person or entity with whom said Agent deals hereunder. Any person or entity acting in reliance hereon may conclusively



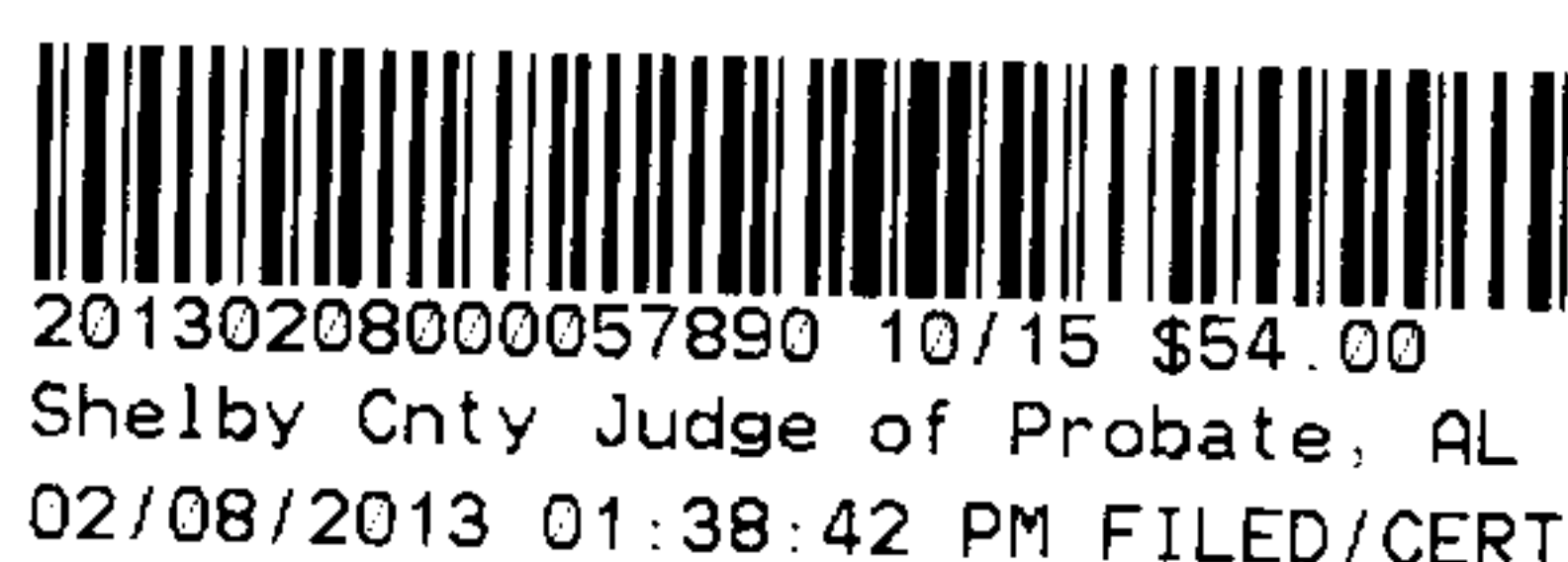
presume that this Power of Attorney has not been revoked unless and until an instrument of revocation has been filed for record in the Probate Office of Shelby County, Alabama.

- B. Indemnity.** My estate shall hold harmless and indemnify my Agent from all liability for acts or omissions done in good faith.

- C. Compensation.** My Agent serving hereunder shall NOT be entitled to receive compensation, but SHALL be entitled to reimbursement for costs expended. My Agent is authorized and encouraged when she deems it desirable or necessary to employ others to aid in the management of my assets, or the exercise of powers under this Power of Attorney or any Power of Attorney for Health Care that I have executed, including but not limited to, lawyers, accountants, financial advisors, physicians or other appropriate persons.

- D. Guardianship.** One of the purposes of this document is to avoid the need for a guardianship in the event of my disability or incapacity and this document should be broadly construed to accomplish that purpose. In the event a proceeding is initiated to appoint a guardian of my person, I nominate the person designated as my Agent to serve as Guardian.

If someone other than my first above-named Agent (“primary Agent”) is ap-



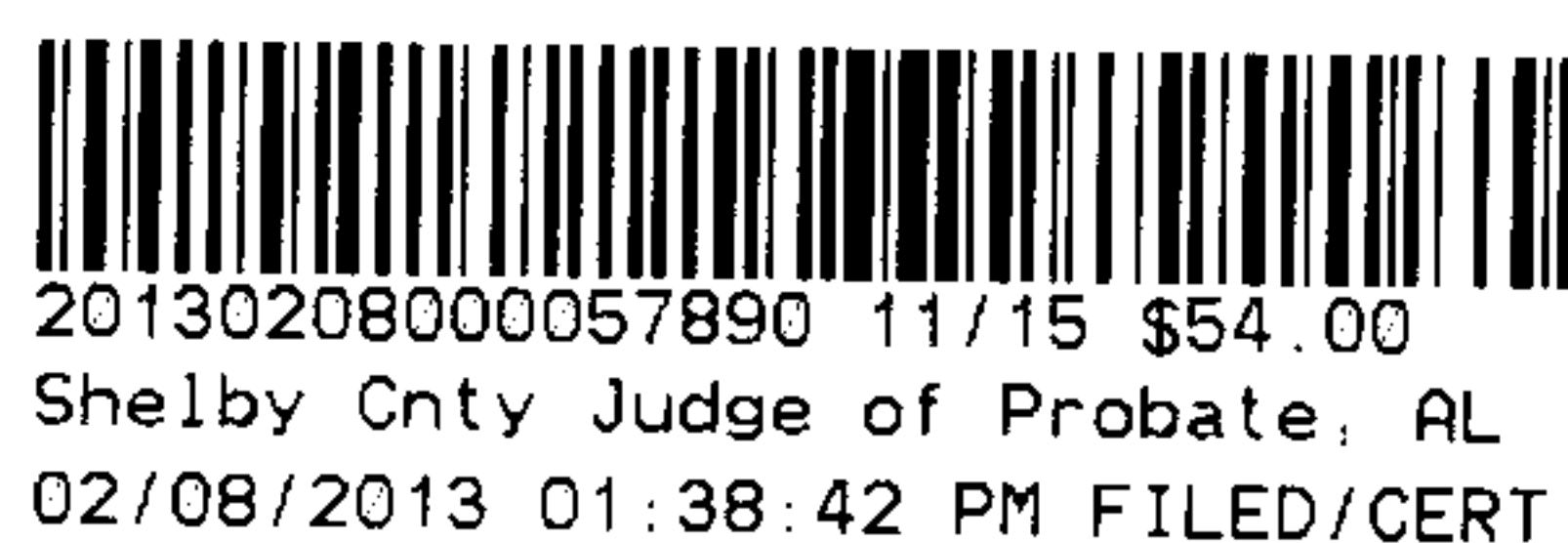
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pointed as Guardian or Limited Guardian of my estate, my primary Agent shall have the power and authority when she is competent, willing and able to act as Guardian to petition the Court to discharge my then appointed Guardian or Limited Guardian, and she shall be so appointed by the Court, unless the Court finds good cause against her appointment.

E. Conservatorship. One of the purposes of this document is to avoid the need for a conservatorship in the event of my disability or incapacity and this document should be broadly construed to accomplish that purpose. In the event a proceeding is initiated to appoint a Conservator of my estate, I nominate the person designated as my Agent to serve as Conservator.

If someone other than my first above-named Agent (“primary Agent”) is appointed as Conservator of my estate, my primary Agent shall have the power and authority when she is competent, willing and able to act as Conservator to petition the Court to discharge my then appointed Conservator, and she shall be so appointed by the Court, unless the Court finds good cause against her appointment.

F. Court Enforcement. My Agent shall have the power to seek appropriate court orders mandating acts, which my Agent deems appropriate if a third party refuses to comply with decisions made by my Agent, that are author-




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ized by this document, or enjoining acts by third parties that my Agent has not authorized. My Agent may bring legal action against any third party who fails to comply with actions I have authorized my Agent to take and demand damages on my behalf for such noncompliance.

G Reliance On Photocopy. Third parties shall be entitled to rely on a photocopy of the signed Original hereof.

H. Applicable Law. The laws of the State of Alabama shall govern this Power of Attorney. This Power of Attorney is intended to be valid in any jurisdiction in which it is presented.

I. HIPAA Release Authority. I intend for my Agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164. I authorize: any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medical Information Bureau Inc. or other health-care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for


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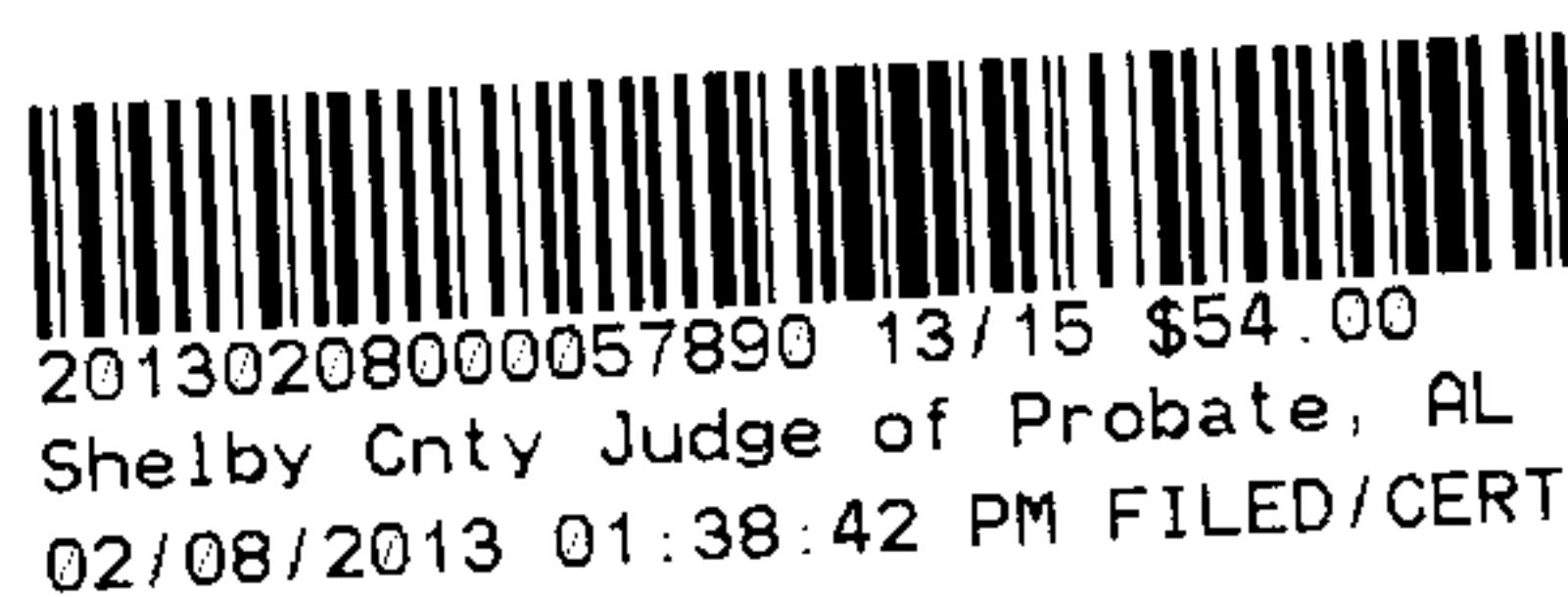
such services, to give, disclose and release to my Agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition (including all information relating to mental illness, and drug or alcohol abuse).


The authority given my Agent shall supersede any prior agreement that I may have made with my health-care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my Agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health-care provider.

IN WITNESS WHEREOF, I have hereunto signed my name this 7th day of February, 2013.

 (SEAL)
William Michael Alldredge

PRINCIPAL: William Michael Alldredge
CURRENT ADDRESS: 403 - 8th Street SW
Alabaster, AL 35007
HOME PHONE: 
CELL PHONE: 
BIRTHDATE: February 11, 1958




Initialed for identification:
William Michael Alldredge

WITNESSES:

Lucile Consola

Signature line for witness

Lucile Consola, witness

Print name of witness

301 South 88th Street

Print street address of witness

Birmingham, AL 35206

Print city, state and zip code of witness

Kathy Sue Reid

Signature line for witness

Kathy Sue Reid, witness

Print name of witness

270 Doug Baker Blvd, # 700-211

Print street address of witness

Birmingham, AL 35242

Print city, state and zip code of witness



WMA

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STATE OF ALABAMA }
SHELBY COUNTY }

I, the undersigned, do hereby certify, that I am a duly commissioned, qualified and authorized Notary Public for the State of Alabama at large, and that WILLIAM MICHAEL ALLDREDGE, Principal in the foregoing Power of Attorney, dated this date, and hereto annexed, who is personally well known to me as the person who executed the foregoing Power of Attorney, appeared before me this day within the territorial limits of my authority, and being first duly sworn, executed said instrument after the contents thereof had been read and duly explained to WILLIAM MICHAEL ALLDREDGE, and acknowledged that the execution of said instrument by him was his free and voluntary act and deed for the uses and purposes therein set forth, and the facts stated therein are true.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 7th day of February, 2013.



Notary Public

My commission expires: 03/30/2013

PREPARED BY:
David A. Reid
Attorney at Law
270 Doug Baker Boulevard
Suite 700-212
Birmingham, AL 35242-2693
Telephone: (205) 833-7807



Initialed for identification:
William Michael Alldredge