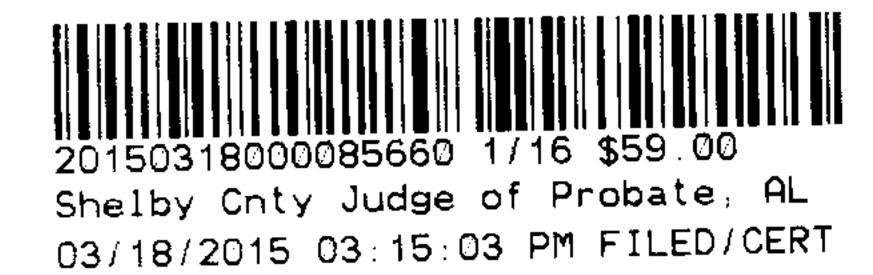
STATE OF ALABAMA	}
SHELRY COUNTY	}



Aurable General Power of Attorney

ARTICLE ONE CREATION

NOW ALL MEN BY THESE PRESENTS: That I, GARY DON FOSTER, the Principal, a resident of Shelby County, Alabama, designate my spouse, LINDA JANE FOSTER, whose address is 121 Shine Drive, Pelham, AL 35124, 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 stepson, Warren Keith Gauldin, whose address is 320 White Oak Lane, Tallassee, AL 36078, telephone 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.

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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 incapac-

ity, physical illness or disability, advanced age, senility, chronic use of drugs, chronic in-

toxication, 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

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 de-

fined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26,

Code of Alabama 1975, as amended:

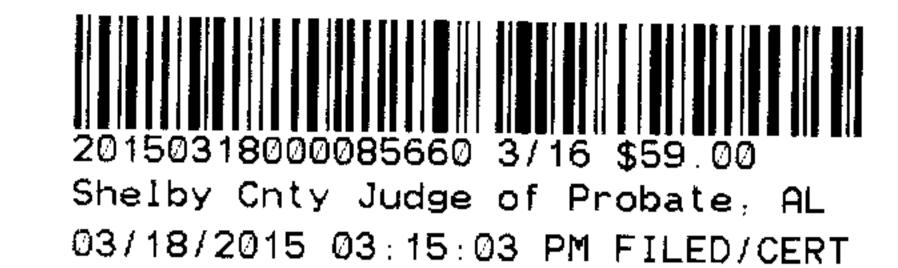
If you wish to grant general authority over all of the subjects enumerated in

2 of 16

Initialed for identification:

Gary Don Foster

this section, you may sign here:



Signature of Principal, Gary Don Foster

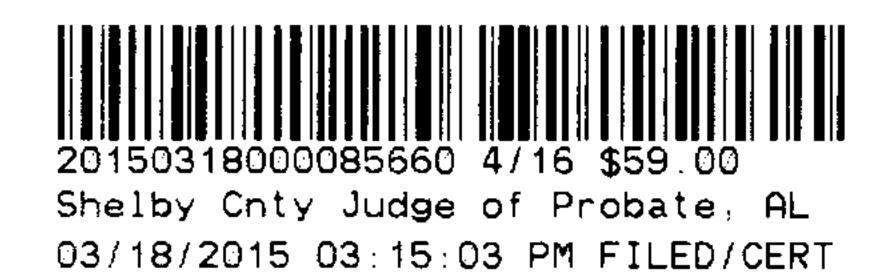
B. Grant of Specific Authority. My Agent MAY NOT do any of the following specific acts for me UNLESS I have INITALED the specific authority listed below:

(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.)

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)

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)

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

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

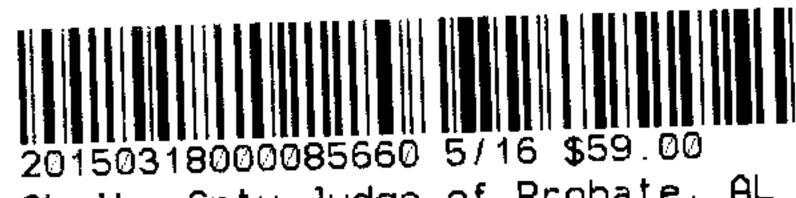
Authorize another person to exercise the authority granted under this Power of Attorney (§ 26-1A-201(a)(5), Code of Alabama 1975, as amended)

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)

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,

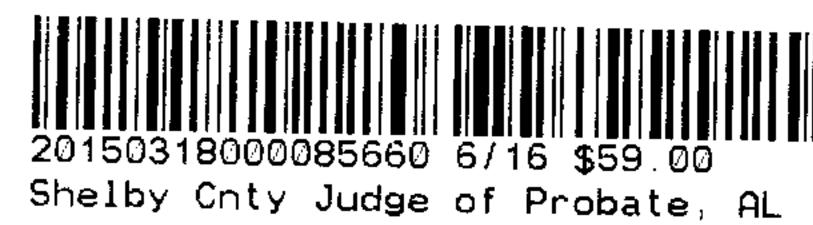
the broadest authority controls. (26-1A-201(e), Code of Alabama

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 Ala-

bama 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. (§

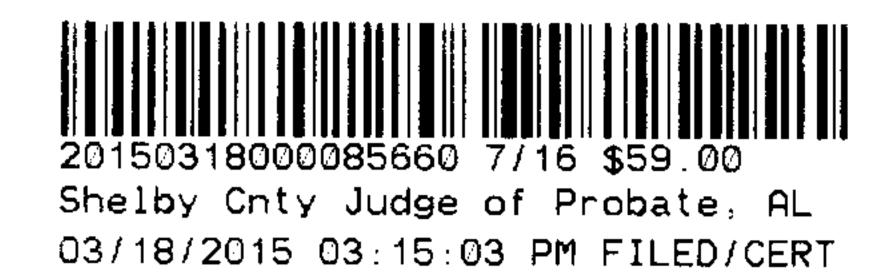
26-1A-201(b), Code of Alabama 1975, as amended)

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 or my person, I nominate the following person for appointment:

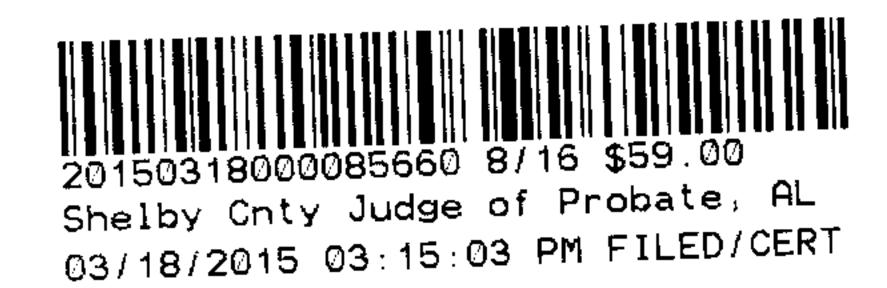
Name of Nominee for conservator of my estate: Linda Jane Foster
Nominee's Address: 121 Shine Drive, Pelham, AL 35124
Nominee's Telephone Number:
Relationship, if any: Spouse
Name of Nominee for guardian of my person: <u>Linda Jane Foster</u>
Nominee's Address: 121 Shine Drive, Pelham, AL 35124
Nominee's Telephone Number:
Relationship, if any: Spouse

If it becomes necessary for a court to appoint a conservator of my estate or a guardian or 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: Warren Keith Gauldin

Initialed for identification:
Gary Don Foster

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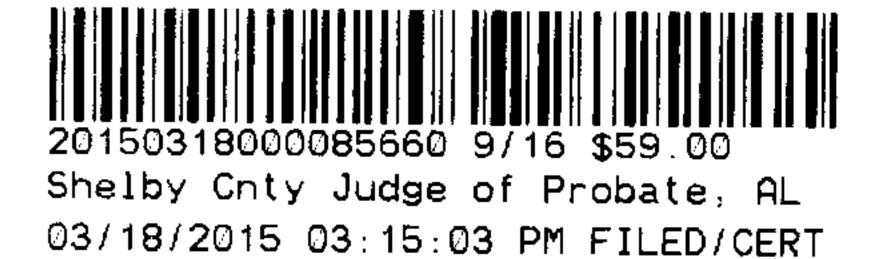
Nominee's Address: <u>320 White Oak Lane, Tallassee, AL 36078</u>
Nominee's Telephone Number:
Relationship, if any: <u>Stepson</u>
Name of Nominee for guardian of my person: Warren Keith Gauldin
Nominee's Address: 320 White Oak Lane, Tallassee, AL 36078
Nominee's Telephone Number:
Relationship, if any: Stepson

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

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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-

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

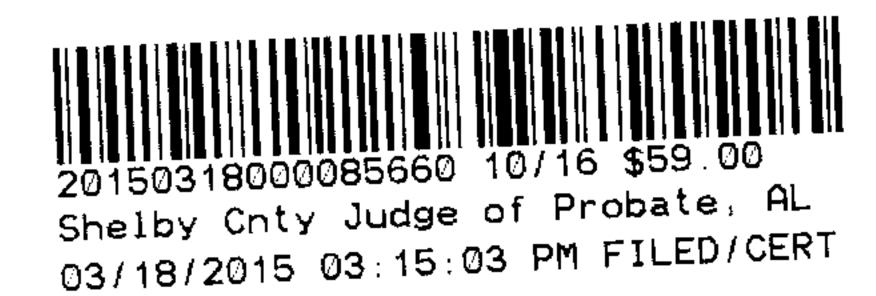
in reasonable reliance on this Power of Attorney shall not incur any liability

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

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Initialed for identification: Gary Don Foster *



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, law-

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yers, accountants, financial advisors, physicians or other appropriate per-

sons.

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 docu-

ment 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-

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 ap-

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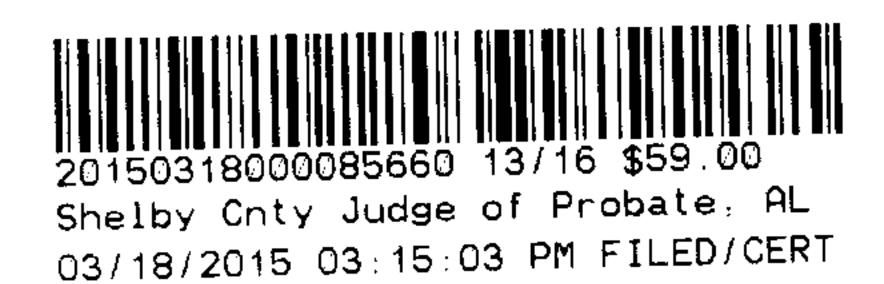
pointed as Conservator of my estate, my primary Agent shall have the power and authority when she is competent, willing and able to act as Conservator to petition the Court to discharge my then appointed Conservator, and she shall be so appointed by the Court, unless the Court finds good cause against

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 authorized 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.

her appointment.

- 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 indi-

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vidually 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 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 WHERI	EOF, I have hereunto signed my name this	is <u>13th</u>	_ day
of	November	, 20_ <u>14</u> .		

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_ (SEAL)

Gary Don Foster

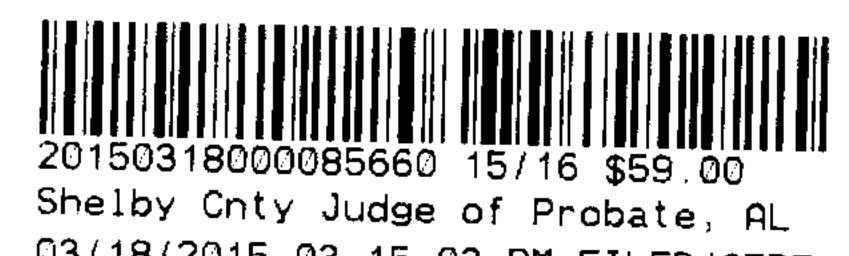
PRINCIPAL:
CURRENT
ADDRESS:

Gary Don Foster 121 Shine Drive Pelham, AL 35124

TELEPHONE: BIRTHDATE:

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WITNESSES:

Signature line for witness	ahmeye.
Linda R. Lohmeyer Print name of witness	, witness
300 – 88 th Street South Print street address of witness	
Birmingham, AL 35206 Print city, state and zip code of witness	· · · · · · · · · · · · · · · · · · ·
Signature line for witness	en-
Ronald F. Lohmeyer Print name of witness	, witness
300 – 88 th Street South Print street address of witness	<u> </u>
Birmingham, AL 35206	

Print city, state and zip code of witness

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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 GARY DON FOS-

TER, 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 GARY DON FOSTER, 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 13th day of November, 20 14.

Notary Public

My commission expires: 03/30/2017

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

davidreidlaw@mac.com

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