

STATE OF ALABAMA  
COUNTY OF SHELBY

}

GENERAL  
DURABLE POWER  
OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, which are intended to constitute a General Durable Power of Attorney, that I, **Ida Mae Tucker**, of Shelby County, State of Alabama, the undersigned, DO HEREBY MAKE, CONSTITUTE AND APPOINT my daughter, **Jamie Fisk**, as my true and lawful Attorney-in-Fact, for me and in my name, place and stead, and on my behalf and for my use and benefit, to do, perform and execute all and every act that I may legally do through an attorney-in-fact, and every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which the said **Jamie Fisk** shall lawfully do or cause to be done by herself lawfully designated by virtue of the power herein conferred upon her.

The rights, powers and authority of my said Attorney-in-Fact herein granted shall commence upon the execution of this instrument and shall be in full force and effect upon the execution of this instrument; the authority herein conferred shall not be affected by disability, incompetency, or incapacity of the said principal, **Ida Mae Tucker**; and such rights, powers and authority shall remain in full force and effect until the death of the principal, **Ida Mae Tucker**, or until her disability, incompetency, or incapacity is otherwise terminated by order of a court of competent jurisdiction. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns, and personal representatives.

In addition to the foregoing plenary powers and authority conferred upon my said Attorney-in-Fact, I hereby designate my said Attorney-in-Fact to make health care decisions on my behalf in the manner provided by the Natural Death Act, and to the extent provided and allowed by Code of Alabama, 1975, § 26-1-2 (Act No. 97-360). My said Attorney-in-Fact shall have the authority to make decisions regarding the provision, withholding or withdrawal of life-sustaining treatment, including artificially provided nutrition and/or hydration in accordance with any other health care directive I may have.

Should I become incompetent, and should any person or entity petition a court of competent jurisdiction to have a guardian, curator, conservator, or like fiduciary appointed to manage my affairs,

Initials IMT

then I hereby and by these presents do nominate my said Attorney-in-Fact, **Jamie Fisk** to be appointed as my guardian, curator, conservator, or like fiduciary.

I hereby revoke any and all other powers of attorney heretofore made by me. Any previously executed power of attorney is hereby expressly revoked, avoided and declared null and void.

IN WITNESS WHEREOF, as Principal, I have signed this Durable Power of Attorney in Montevallo, Alabama, this, the 5<sup>th</sup> day of November, 2015, and I have directed that photographic copies of this power be made which shall have the same force and effect as an original.

Ida Mae Tucker  
Principal

STATE OF ALABAMA  
COUNTY OF SHELBY



Acknowledgement

I, the undersigned, a Notary Public in and for said County and State, hereby certify that **Ida Mae Tucker**, whose name is signed to the foregoing General Durable Power of Attorney and who is known to me, acknowledged before me on this day that, being informed of the contents of said General Durable Power of Attorney, she executed the same voluntarily on the day the same bears date.

SWORN TO AND SUBSCRIBED BEFORE ME this, the 5<sup>th</sup> day of November, 2015.

Dorothy Robertson-Martin  
Notary Public

My Commission Expires: 10-14-19

THIS INSTRUMENT PREPARED BY:

Justin N. Smitherman  
Attorney at Law  
4685 Highway 17 Suite D  
Helena, AL 35080



Filed and Recorded  
Official Public Records  
Judge James W. Fuhrmeister, Probate Judge,  
County Clerk  
Shelby County, AL  
11/06/2015 11:36:12 AM  
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Justin N. Smitherman

