

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special

NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)

Instructions.

Name of Nominee for [guardian] of my person: Ashley D. Seaton Nominee's Address: 101 Misty Glen Dr., Madison, AL 3575
Nominee's Address: 101 Misty Glen Dr. Madison, AL 35757 Nominee's Telephone Number: 45hley D. Seaton Name of Nominee for [guardian] of my person: 45hley D. Seaton Nominee's Address: 101 Misty Glen Dr. Madison, AL 3575
Nominee's Address: 101 Misty Glen Dr., Madison, AL 35757 Nominee's Telephone Number: Name of Nominee for [guardian] of my person: Ashley D. Seaton Nominee's Address: 101 Misty Glen Dr., Madison, AL 3575 Nominee's Telephone Number:
Nominee's Telephone Number: Name of Nominee for [guardian] of my person: Ashley D. Seaton Nominee's Address: 101 Misty Glen Dr., Madison, AL 3575
Nominee's Address: 101 Misty Glen Dr., Madison, AL 3575
Nominee's Address: 101 Misty Glen Dr., Madison, AL 3575
RELIANCE ON THIS POWER OF ATTORNEY
Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that is has been terminated or is invalid.
SIGNATURE AND ACKNOWLEDGMENT
Jeneen DV. anderson
(Signature of Principal)
Your Signature Date: <u>9/3/20//</u>
Your Name Printed: <u>Jeneen W. Anderson</u>
Your Address: 5353 Creekside Loop, Hoover, AL 35244
Your Telephone Number:
State of <u>Alabama</u>
County of Shelby
I, Victoria Edwards, a Notary Public, in and for the County in this State, hereby certify that <u>Jeneen W. Ander son</u> , whose name is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of
document, and who is known to me, acknowledged before me on this day that, being informed of
the contents of the document, he or she executed same voluntarily on the day the same bears
date.
Given under my hand this the 30 day of 0 , 0 , 0 , 0 .
VRE. VICTORIA K. EDWARDS
Wictoria K. Edwards Wictoria K. Edwards Notary Public, State of Alabama (Seal, if any) Alabama State At Large
WWW 15, CWando (Seal, if any) Alabama State At Large
Signature of Notary My Commission Expires
April 21, 2019
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VICTORIAK. EDWARDS Notary Public, State of Alabama Alabama State At Large My Commission Expires April 21, 2019

My commission expires:

This Instrument Prepared By:

Jim Pino & Associates, P.C. 363 Canyon Park Drive Pelham, Alabama 35124

Telephone: 205-663-1581

Facsimile: 205-663-1424

Shelby Cnty Judge of Probate, AL 05/04/2017 01:36:00 PM FILED/CERT

IMPORTANT INFORMATION FOR AGENT

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you the legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
 - (2) act in good faith;
 - (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF THE AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975. If you violate the Alabama Uniform

Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

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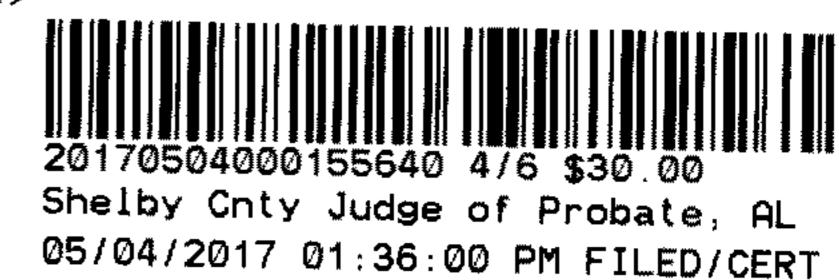
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ALABAMA POWER OF ATTORNEY FORM



IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975.

This power of attorney does not authorize the agent to make health care decisions for you. Such powers are governed by other applicable law.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reimbursement of reasonable expenses and reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent in unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting your agent, you should seek legal advise before signing this form.

DESIGNATION OF AGENT

I, Jeneen W. Ande	rson, name tl	ne following person as r	ny agent:	
Name of Agent:	Ash/e	y D. Seator	7	
Agent's Address:	101 1	Tisty Glenn D	r Madison,	AL 35757

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DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:
Name of Successor Agent: <u>Annie L. Wells</u>
Successor Agent's Address: 2712 9th Ave SW, Jasper, AL 355
Successor Agent's Telephone Number: If my successor agent is unable or unwilling to act for me, I name as my second successor agent:
Name of Second Successor Agent: N/A
Second Successor Agent's Address:
Second Successor Agent's Telephone Number:
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:
If you wish to grant general authority over all of the subjects enumerated in this section you may SIGN here:
Jeneer Wanderson
GRANT OF SPECIFIC AUTHORITY (OPTIONAL)
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: Create, amend, revoke, or terminate an inter vivos trust, by trust or applicable law Make a gift to which exceeds the monetary limitations of Section 26-1A-217 of the Alabama Uniform Power of Attorney Act, but subject to any special instructions in the power of
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Create or change a beneficiary designation					
Authorize another person to exercise the authority granted un	nder this power of attorney				
Waive the principal's right to be a beneficiary of a joint and s					
survivor benefit under a retirement plan					
Exercise fiduciary powers that the principal has authority to	delegate				
LIMITATIONS ON AGENT'S AUTHORITY					
An agent that is not my ancestor, spouse, or descendant Mabenefit the agent or a person to whom the agent owes an obligation included that authority in the Special Instructions.					
Limitation of Power. Except for any special instructions gimake gifts, the following shall apply:	iven herein to the agent to				
(a) Any power or authority granted to my Agent herein sharthis Power of Attorney from causing any Agent to be taxed on my assets to be subject to a "general power of appointment" by my Ag2041 and 26 U.S.C.S2514 of the Internal Revenue Code of	income or from causing my gent as defined in 26 U.S.C.S.				
(b) My Agent shall have no power or authority whatsoever insurance owned by me on the life of my Agent, or any trust create am a trustee.					
SPECIAL INSTRUCTIONS (OPTIONAL)					
You may give special instructions on the following lines. For you special instructions write NONE in the section.	r protection, if there are no				
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If this power of attorney is to take effect only upon my disability, initial here:					
If this power of attorney confers the authority to make decisions re	egarding provision,				
withholding, or withdrawal of life-sustaining treatment and artification, initial here: hydration, initial here: Compared to the compared	ially provided nutrition and				