

STATE OF ALABAMA)
)
SHELBY COUNTY)

**GENERAL DURABLE POWER OF ATTORNEY
OF
RUBY DEAN HELMS**

I, RUBY DEAN HELMS (herein known as the "Principal"), desiring to authorize another person to make decisions concerning my property and health care, do hereby execute this General Durable Power of Attorney. I hereby revoke any prior existing powers of attorney.

1. DESIGNATION OF ATTORNEY-IN-FACT AND ALTERNATE. I hereby designate Deborah Triplett, residing at 3005 Garland Road, Birmingham, Al. 35242, and whose telephone number is [REDACTED] as my attorney-in-fact. If Deborah Triplett ceases to act as my attorney-in-fact by reason of death, incapacity or resignation, I appoint Cheryl Wooten, residing at 3013 Garland Road, Birmingham, Al. 35242 and whose telephone number is [REDACTED] as alternate attorney-in-fact. The resignation of the acting attorney-in-fact may be evidenced by an instrument in writing delivered to the succeeding alternate attorney-in-fact. The incapacity of the acting attorney-in-fact may be determined by a statement of a physician delivered to the succeeding alternate attorney-in-fact. If the acting attorney-in-fact cannot be located at the addresses or telephone numbers listed in this instrument or readily known by another attorney-in-fact, I appoint the succeeding alternate attorney-in-fact as my attorney-in-fact. Such inability to locate the acting attorney-in-fact shall be evidenced by a statement to that effect signed and dated by the succeeding alternate attorney-in-fact and notarized. My attorney-in-fact is entitled to reasonable compensation and reimbursement for expenses incurred while carrying out the powers and authority provided for herein.

2. PURPOSE. I intend this to be a general power of attorney. I may specify certain acts which my attorney-in-fact is authorized to do in my behalf, but this specificity is not intended to limit the generality of this power. I intend that my attorney-in-fact shall have the power to exercise or perform any act, power, duty, right, or obligation whatsoever that I now have, or may hereafter acquire the legal right, power, or capacity to exercise or perform, in connection with, arising from, or relating to any person, item, transaction, thing, business, property, real or personal, tangible or intangible, or matter whatsoever.

3. GENERAL GRANT AND POWERS. I hereby grant to my attorney-in-fact the full power and authority to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and

confirming all that my attorney-in-fact shall lawfully do or cause to be done by virtue of this power of attorney and the powers herein granted. This general grant of power and authority shall relate to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me.

4. SPECIFICALLY ENUMERATED POWERS. Without in any manner intending to limit or restrict the general powers hereinabove conferred, I do specifically empower my attorney-in-fact, from time to time, and as often as my attorney-in-fact may see fit, either in person or by means of an agent or agents (when specifically empowered to act by my attorney-in-fact) with the following:

A. The power and authority over all those subjects specifically enumerated in Ala. Code § 26-1A-204 through § 26-1A-217;

B. The power and authority to create, amend, revoke, or terminate an *inter vivos* trust;

C. The power and authority to create or change rights of survivorship;

D. The power and authority to create or change a beneficiary designation;

E. The power and authority to delegate authority granted under the power of attorney;

F. The power and authority to waive my right to be a beneficiary under a joint and survivor annuity, including a survivor benefit under a retirement plan;

G. The power and authority to exercise fiduciary powers that I have the authority to delegate.

5. LIMITATIONS ON POWERS.

A. Any power or authority granted to my attorney-in-fact herein shall be limited so as to prevent this Power of Attorney from causing any attorney-in-fact to be taxed on my income or from causing my assets to be subject to a "general power of appointment" by my attorney-in-fact as defined in 26 U.S.C. § 2041 and 26 U.S.C. §2514 of the Internal Revenue Code of 1986, as amended.

B. My attorney-in-fact shall have no power or authority whatsoever with respect to any policy of insurance owned by me on the life of my attorney-in-fact, or any trust created by my attorney-in-fact as to which I am a trustee.

6. MEDICAL ATTENTION & ACCESS TO RECORDS.

A. Grant of Health Care Authority. Subject to any provisions herein to the contrary, I specifically authorize my attorney-in-fact to make any health care decision on my behalf that I could make but for my lack of capacity to do so. Without in any manner intending to limit or restrict the general powers just conferred, I specifically authorize and empower my attorney-in-fact with the power and authority to do the following:

- i. Provide medical attention and services for me including choice of a physician, choice of a hospital or nursing home or other facility;
- ii. The unrestricted power to determine upon the advice of a physician whether I am in need of surgery, and at the sole discretion of my attorney-in-fact to authorize or withhold such surgery;
- iii. To provide such other care, comfort, maintenance and support as my attorney-in-fact may determine.

B. Limitations on Powers.

- i. My attorney-in-fact may only make decisions regarding my health care if I lack the capacity to do so myself.
- ii. My attorney-in-fact's authority to make health care decisions on my behalf does not include the authority to make decisions regarding psychosurgery, sterilization, or abortion when not needed to preserve my life. Furthermore, my attorney-in-fact's authority does not include decisions regarding the provision, withholding, or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration.

C. Access to Medical Records. I specifically authorize my attorney-in-fact to request and obtain access to any and all records from whatever source and in whatever form concerning my health, physical or mental condition, any medications, procedures, surgeries, course of treatment, billing, insurance, and any other information whatsoever regarding any information that may be covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations thereunder, as the same may be amended from time to time. I further authorize my attorney-in-fact to discuss and negotiate, in person or by telephone, facsimile, electronic mail, letter or any other form of communication on my behalf any issues or other matters whatsoever arising out of any of the information obtained pursuant to the foregoing sentence.

D. Reference to Advance Directive. I may also execute an Advance Directive for Health Care (otherwise known as a "Living Will") regarding the provision, withholding, or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration. If my Living Will or subsequent Living Wills are in effect at any time, I direct that any

Living Will supersede any authority granted to my attorney-in-fact under this instrument concerning those matters addressed in my Living Will.

7. COMMENCEMENT AND DURABILITY OF POWERS. The rights, powers, and authority herein granted to my attorney-in-fact shall commence and be in full force and effect upon the execution of this instrument. The authority conferred to my attorney-in-fact by this instrument shall not be affected by my subsequent disability, incompetency, or incapacity.

8. POWER NOT AFFECTED BY TIME. The rights, powers, and authority herein granted to my attorney-in-fact shall not expire or become stale upon the passage of time but are intended to continue in force until revoked by me. If a guardian or conservator should be appointed with authority to deal with my property, the power granted to my attorney-in-fact under this instrument shall terminate.

9. THIRD-PARTY RELIANCE. To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party and I for myself, and for my heirs, personal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

10. APPOINTMENT OF GUARDIAN AND CONSERVATOR. In the event that I am in need of a guardian and/or conservator to care for me and/or my property, I direct that my attorney-in-fact be my guardian and, if necessary, my conservator, and that, to the extent that such requirements can be legally waived, that the conservator not be required to furnish bond or other security, or be required to file an inventory or appraisal, or account to any court.

11. USE OF PHOTOGRAPHIC, E-MAILED OR SCANNED COPIES. I hereby authorize the use of a photographic or scanned copy or copy sent by electronic mail of this General Durable Power of Attorney, in lieu of the original document executed by me, for the purpose of effectuating the terms and provisions hereof.

12. EXECUTION OF DOCUMENTS. The attorney-in-fact may execute documents on my behalf as follows: RUBY DEAN HELMS by DEBORAH TRIPLETT, his attorney-in-fact.”

13. INTERPRETATION AND GOVERNING LAW. This instrument is to be construed and interpreted as a general durable power of attorney. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my attorney-in-fact. This instrument is executed and delivered in the State of Alabama, and the laws of the State of Alabama shall govern all questions as to the validity of this power and the construction of its provisions.

14. REVOCATION. This General Durable Power of Attorney may be revoked by written revocation signed and dated by the Principal, or person acting at the direction of the Principal, or being obliterated, burnt, torn, or otherwise destroyed or defaced in a manner indicating an intention to cancel or by verbal expression of intent to revoke made in the presence of a witness nineteen (19) years of age or older who signs and states a writing confirming an expression to revoke.

15. HEADINGS. The headings appearing throughout this General Durable Power of Attorney have been inserted for the purpose of convenience and ready reference. They do not purport to, and shall not be deemed to, define, limit, or extend the scope of intent of the sections and items to which they pertain.

In witness whereof, I have executed this General Durable Power of Attorney, on this the 28 day of September, 2018.

Ruby Dean Helms

RUBY DEAN HELMS
Principal

We, Tammye H. Lantrip, and Rhonda B. Schaefer the witnesses, sign this Durable Power of Attorney as witnesses because we believe the Principal to be of sound mind. We did not sign the Principal's signature, and we are not the attorney-in-fact. We are not related to the Principal by blood, adoption, or marriage and not entitled to any part of his or her estate. We are each at least nineteen (19) years of age and are not directly responsible for paying for the Principal's medical care.

Tammye H. Lantrip
Witness

4224 Heritage Oaks Cr.
Address

Birmingham, Al 35242
City, State, Zip

Rhonda B. Schaefer
Witness

1244 Southwind Drive
Address

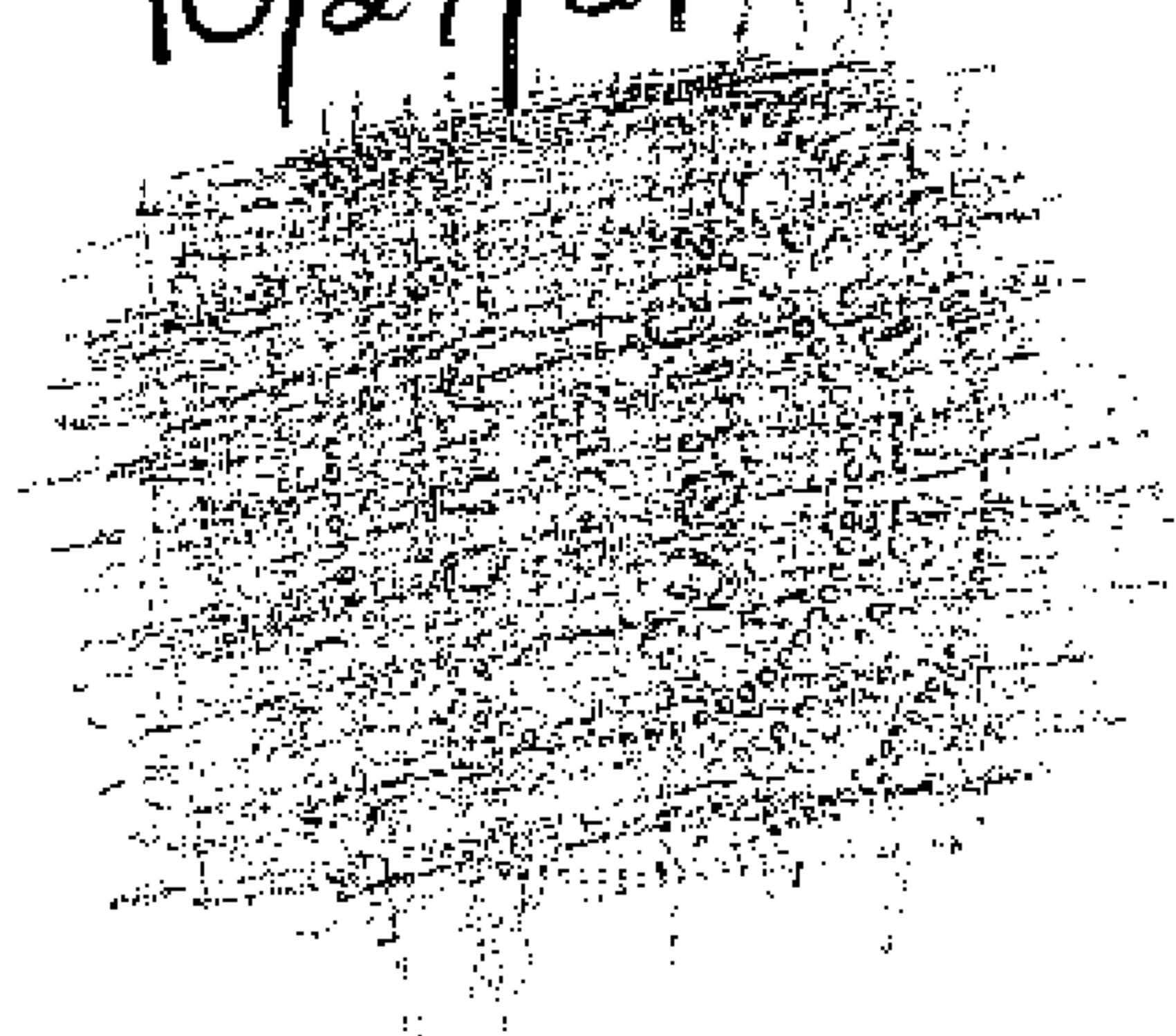
Helena, AL, 35080
City, State, Zip

STATE OF ALABAMA)
)
SHELBY COUNTY)

Before me, the undersigned, a Notary Public in and for said State and County, personally appeared RUBY DEAN HELMS, the Principal, an individual who is known to me, whose name is signed to the foregoing instrument and acknowledged before me on this day that being informed of the contents of the instrument, the individual executed the same voluntarily; and Tammy Hartup and Rhonda Schaefer, witnesses, individuals who are known to me, whose names are signed to the foregoing instrument and acknowledged before me on this day that being informed of the contents of the instrument, they executed the same voluntarily.

Given under my hand and official seal, this the 28 day of September, 20 18.

Ruby Helms
Notary Public
My Commission Expires: 10/27/21



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
02/11/2019 08:10:29 AM
\$30.00 CHERRY
20190211000042860

Alli S. Boyd