

DURABLE POWER OF ATTORNEY

STATE OF ALABAMA

Shelby COUNTY

KNOW ALL MEN BY THESE PRESENTS, which are intended to constitute a Durable Power of Attorney, that I, **EVELYN ARLENE FARR**, the undersigned, does hereby make, constitute and appoint **DAVID JOHN FARR**, 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:

1. 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 whatsoever; to request, ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, any and all documents of title, chooses in action, personal and real property, tangible and intangible property and property rights, and demands whatsoever, liquidated or unliquidated, as now are, or shall hereafter become, owned by me, or due, to have, use, and take all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to make, execute, and deliver for me, on my behalf, and in my name, all endorsements, acquittances, releases, receipts, or other sufficient discharges for the same;

2. To lease purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any real or personal property whatsoever, tangible or intangible, or interest thereon, on such terms and conditions, and under such covenants, as my said Attorney-In-Fact shall deem proper;

3. To maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens, mortgage, subject to deeds of trust, and hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, for me, in my behalf, and in my name and under such terms and conditions, and under such covenants, as my said Attorney-In-Fact shall deem proper;

4. To conduct, engage in, and transact any and all lawful business of whatever nature or kind for me, on my behalf, and in my name;

5. To make, receive, sign, endorse, execute, acknowledge, deliver, and possess such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, letters of credit, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loan associations, credit unions, or other financial institutions or associations, proof of loss, evidences of debts, releases and satisfaction of mortgages, liens, judgments, security agreements and other debts and obligations and such other instruments in writing of whatever kind and nature as may be necessary or proper in the execution of the rights and powers herein granted.

6. I hereby grant to my Attorney-In-Fact authority to act in accordance with the provisions contained in my **Living Will** executed this date. My Attorney-In-Fact shall have the same access to my judicial and medical records that I would have if I were in full health, including the right to disclose the contents of either my judicial records or medical records to others.

7. The above grant of power (paragraph 6) is intended to be as broad as possible so that my Attorney-In-Fact will have authority in accordance with my **Living Will** executed this date to make any decision I could make to obtain, continue or terminate any type of health care, including withdrawal of food and water or nutrition and/or hydration and other life sustaining measures if my Attorney-In-Fact believe such action would be consistent with my intent as stated in my **Living Will** executed this date.

8. I hereby grant my Attorney-In-Fact the power to grant releases to hospital staff, physicians and nurses, and other medical professionals who provide or withdraw treatment according to the instructions and direction of my Attorney-In-Fact.

9. I hereby release from any and all liability any person who acts under the direct instruction of my Attorney-In-Fact regarding my wishes as stated herein.

I grant to my said Attorney-In-Fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said Attorney-In-Fact shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted;

This instrument is to be construed and interpreted as a durable and general power of attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to my said Attorney-In-Fact.

The rights, powers and authority of my said Attorney-In-Fact herein granted shall commence and be in full force and effect on the date of this instrument, and such rights, powers and authority shall remain in full force thereafter until my death or by revocation of this Durable Power of Attorney by written notice from me to my Attorney-In-Fact executed at a time that I am not suffering from any disability, incompetency, or incapacity. This power of attorney shall not be affected by my disability, incompetency or incapacity. 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 representative.

If proceedings to appoint a fiduciary, guardian, or curator, are commenced, I, **EVELYN ARLENE FARR**, hereby nominate and request the Court to appoint **DAVID JOHN FARR** as said fiduciary except for good cause shown or disqualification.

By executing this Durable Power of Attorney, I expressly provide, by this paragraph, that the fact that my Attorney-In-Fact holds the powers enumerated herein does not, and should not be deemed to burden said Attorney-In-Fact with any affirmative duty to exercise those powers. The powers enumerated herein and granted to my Attorney-In-Fact are not imperative or mandatory, but are to be exercised at the discretion of my Attorney-In-Fact herein named.

IN WITNESS WHEREOF, as Principal, I have signed this Durable Power of Attorney in Shelby County, Alabama, this the 31 day of March, 20 17, and I have directed that photographic copies of this Durable Power of Attorney be made which shall have the same force and effect as an original.

Evelyn Arlene Farr
EVELYN ARLENE FARR

STATE OF ALABAMA
Jefferson COUNTY

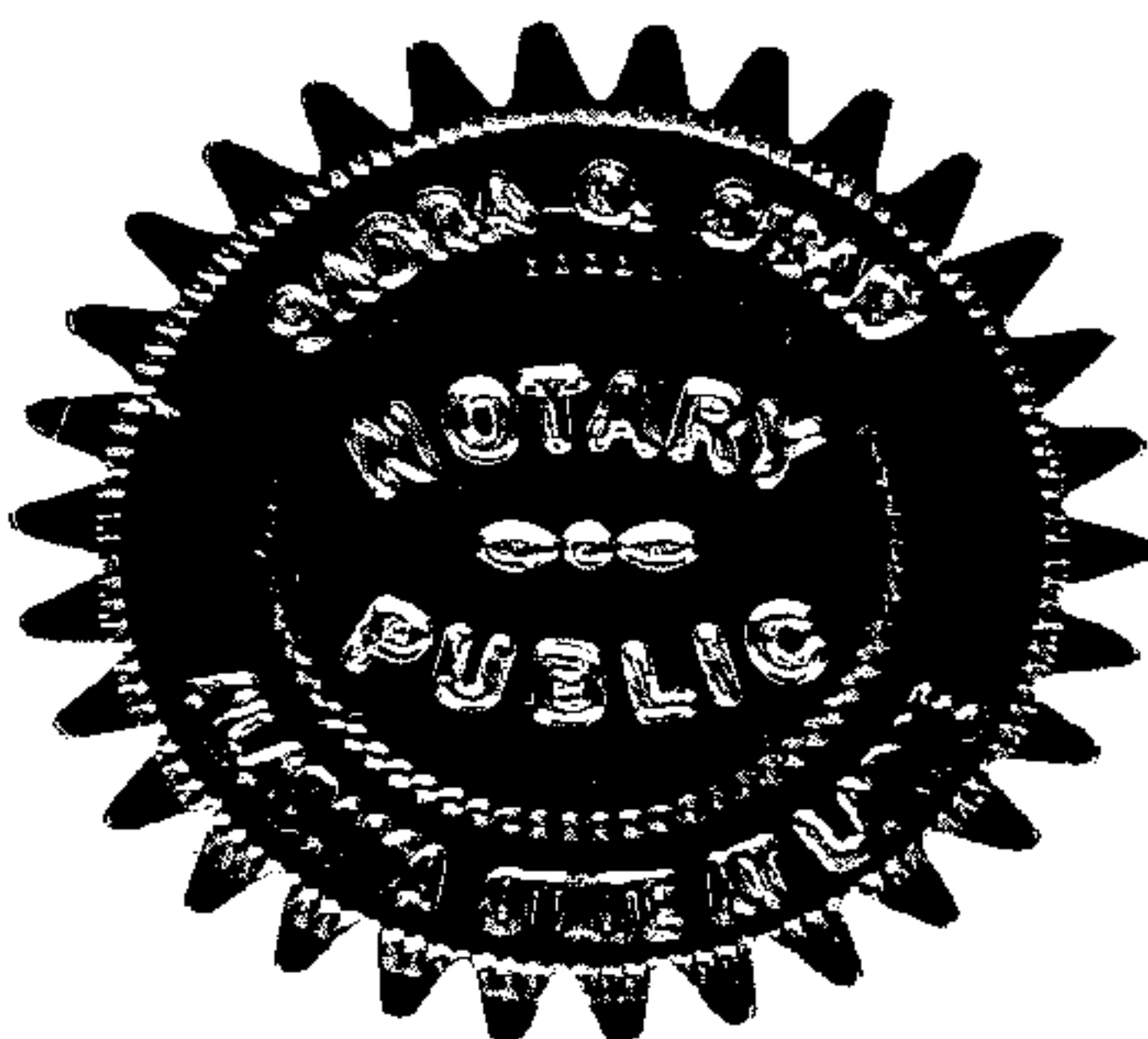
I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Evelyn Arlene Farr, whose name is signed to the foregoing Durable Power of Attorney and who is known to me, acknowledged before me on this day that being informed of the contents of said Durable Power of Attorney,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

Given under my hand this the 31st day of March, 20 17.

Lucia B. Shaw

Notary Public
My commission expires: _____

Notary Public - Alabama State At Large
My Commission Expires
September 30, 2017
Bonded Thru Notary Public Underwriters



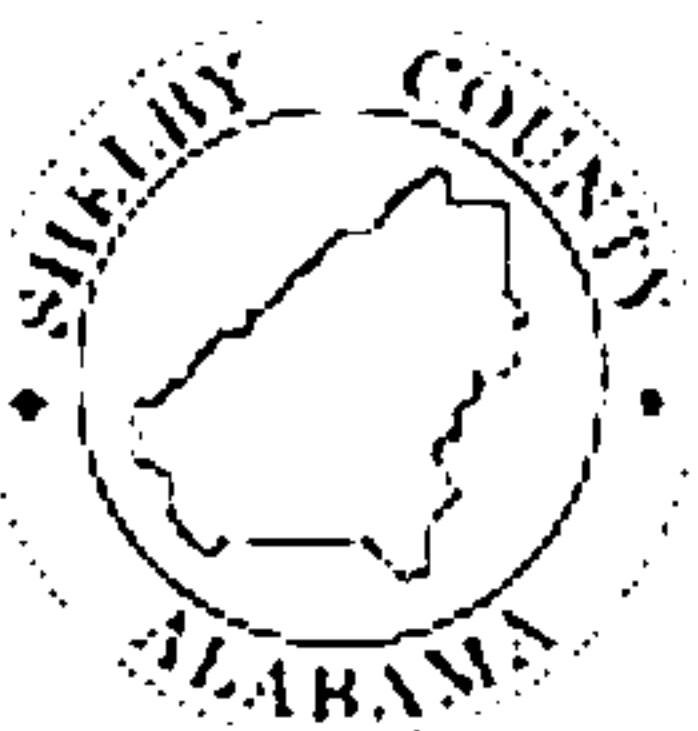
The undersigned being present when the Principal, **EVELYN ARLENE FARR**, signed the foregoing Durable Power of Attorney are in agreement that the Principal was competent, lucid and understood the contents of the foregoing Durable Power of Attorney and understood its meaning.

Peter M. Valenti

Witness

Leon S. White

Witness



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
07/08/2019 11:55:45 AM
\$24.00 CHERRY
20190708000241860

Alli S. Beyl