Landmark Settlement & Title 205-733-2600 2700 Highway 280 Ste 380E Birmingham, AL 35223 2020-703

DESIGNATION OF AGENT
AS POWER OF ATTORNEY IN FACT

and the state of the

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(Name of Principal): OLETTA SUMMEROUR JONES
189 CHOCTAW LANE
INDIAN SPRINGS, AL 35124

I name the following person as my agent:

Name of Agent: SAMUEL OTTERSON JONES, IV, MD

Agent's Address: 2727 ARTILLERY POST, FT SAM HOUSTON, TX 78234

Agent's Telephone Number: 210-373-6573

## 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 IA, 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: 

(Signature of Principal) OR

If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each subject you want to include in the agent's authority:

155 Real Property as defined in Section 26-1A-204

OST Tangible Personal Property as defined in Section 26-IA-205

Note Stocks and Bonds as defined in Section 26-I A-206

Commodities and Options as defined in Section 26-IA-207

Banks and Other Financial Institutions as defined in Section 26-IA-208

Operation of Entity or Business as defined in Section 26-IA-209

Insurance and Annuities as defined in Section 26-IA-210

Estates, Trusts, and Other Beneficial Interests as defined in Section 26-IA-211

AST Claims and Litigation as defined in Section 26-1A-212

Personal and Family Maintenance as defined in Section 26-1A-213

Benefits from Governmental Programs or Civil or Military Service as defined in

Section-26-IA-214

Retirement Plans as defined in Section 26-1A-215

Taxes as defined in Section 26-1A-216.

75 Gifts as defined in Section 26-1 A-217

# GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have

#### 20200813000348100 08/13/2020 12:35:52 PM POA 2/3

INITIALED the specific authority listed below:

	our property or change how your property is pecific authority you WANT to give your
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 this
power of attorney	
Create or change rights of survivorsh	nip
Create or change a beneficiary desig	nation
Authorize another person to exercise	the authority granted under this power of
attorney	
Waive the principal's right to be a b	eneficiary of a joint and survivor annuity,
including a survivor benefit under a retirem	ent plan
Exercise fiduciary powers that the pr	rincipal has authority to delegate

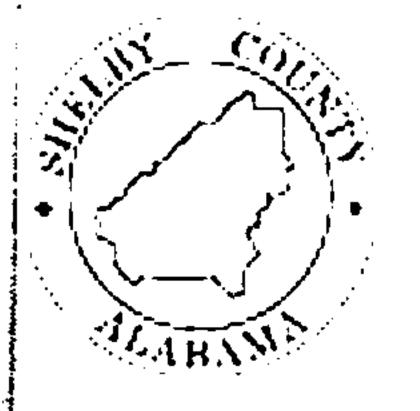
(CAUTION: Granting any of the following will give your agent the authority to take

## 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.

Limitation of Power. Except for any special instructions given herein to the agent to make gifts, the following shall apply:

Any power or authority granted to 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. 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.



Filed and Recorded Clerk

Shelby County, AL 08/13/2020 12:35:52 PM **\$28.00 JESSICA** 20200813000348100

20200813000348100 08/13/2020 12:35:52 PM POA 3/3

## SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines. For your protection, if there are no special instructions write NONE in this section.
NONE DST
EFFECTIVE DATE: 10 31 16
This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.
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 it has terminated or is invalid.
SIGNATURE AND ACKNOWLEDGMENT (Signature of Principal):
Your Signature / effn Summeroux Jores Date: 10/31/16
Your Name Printed: 6/effac5ummercour of rays
Your Address: 189 Chocfaw Lane Ladian Springs, At 5512
Your Telephone Number: 205 988-0736
State of Alabama) County of Shelby)
I, the undersigned a Notary Public, in and for the County in this State, hereby certify that  OLETTA SUMMERCIEN JONES, whose name is signed to the
foregoing 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 the same voluntarily on the day the same bears date.
Given under my hand this the 3/ day of Ottober, 20/6.
Signature of Notary (C) ENJOY
My commission expires: 19-19
This document prepared by: Joel C. Watson, 1240 1 <sup>st</sup> St No, Suite 102, Alabaster, Alabama 35007.