

STATE OF ALABAMA )

SHELBY COUNTY )

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**Durable Power of Attorney and Authority to Access Health  
Information**

**Of**

**Doris B. Furlong**

KNOW ALL MEN BY THESE PRESENTS that I, Doris B. Furlong of 314 Chase Plantation Circle, Hoover in Jefferson County, Alabama, do hereby make, constitute and appoint James Edwin Furlong of 1466 Haddon Cove, Hoover in Jefferson County, Alabama, telephone number [REDACTED] as my Attorney-in-Fact, for me and in my name, place and stead, and on my behalf, to do, perform and execute the acts I have authorized, and I grant to him every power necessary to carry out the purposes for which this power is granted, including the powers of revocation and substitution, hereby ratifying and affirming that which he or his substitute shall lawfully do or cause to be done by virtue of the rights and powers herein granted.

**This power of attorney shall not be affected by disability, incompetency, or incapacity of the principal.**

**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:

  
\_\_\_\_\_

(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:

\_\_\_\_\_ Real Property as defined in Section 26-1A-204

\_\_\_\_\_ Tangible Personal Property as defined in Section 26-1A-205

\_\_\_\_\_ Stocks and Bonds as defined in Section 26-1A-206

\_\_\_\_\_ Commodities and Options as defined in Section 26-1A-207

\_\_\_\_\_ Banks and Other Financial Institutions as defined in Section 26-1A-208

\_\_\_\_\_ Operation of Entity or Business as defined in Section 26-1A-209

\_\_\_\_\_ Insurance and Annuities as defined in Section 26-1A-210

\_\_\_\_\_ Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211

\_\_\_\_\_ 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 26-1A-214

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

\_\_\_\_\_ Taxes as defined in Section 26-1A-216

\_\_\_\_\_ Gifts as defined in Section 26-1A-217

### **GRANT OF SPECIFIC AUTHORITY**

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

\_\_\_\_\_ 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 survivorship

\_\_\_\_\_ Create or change a beneficiary designation

\_\_\_\_\_ Authorize another person to exercise the authority granted under this power of attorney

\_\_\_\_\_ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

\_\_\_\_\_ Exercise fiduciary powers that the principal has authority to delegate

### **AUTHORITY TO ACCESS HEALTH INFORMATION**

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

EBJ Arrange for my care at home or by admitting me to an appropriate facility, and, effective immediately, to serve as my personal representative as that term is used in 45 CFR 164.502 (commonly known as "HIPAA privacy regulations"), and to have the same access to my personal health information as I have myself, including, but not limited to, viewing and obtaining copies of any and all of my personally identifiable medical records of any kind whatever, and consulting with medical providers; and I authorize covered medical Entities to provide such access and to cooperate with my agent under this document [as well as any health care agent or proxy I may appoint]; [further, my agent appointed herein may make medical decisions for me, consistent with applicable law and with any health care directive I may have in effect at the time decisions may be needed.] [I do not intend, by this appointment, to prohibit other family members from access to my otherwise private health care information, and I authorize covered entities to provide to James Edwin Furlong, the same access to them and cooperation with them to which I am entitled myself.]

### **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:

(a) 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. Section 2041 and 26 U.S.C. Section 2514 of the Internal Revenue Code of 1986, as amended.

(b) 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.

### SPECIAL INSTRUCTIONS

I further appoint Dennis Eugene Furlong of 3053 Redland Road, Wetumpka in Elmore County, Alabama as my successor agent.

### EFFECTIVE DATE

This power of attorney is effective immediately.

### 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)

Signature Date: NOVEMBER 3, 2021

Name Printed: Doris B. Furlong

Address: 314 Chase Plantation Circle, Hoover, Alabama

Telephone Number: 

STATE OF ALABAMA

JEFFERSON COUNTY

I, Monique A Mahan, a Notary Public, in and for the County in this State, hereby certify that DORIS B. FURLONG, 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 3rd day of November, 2021.

Monique A Mahan (Seal, if any) Signature of Notary

My commission expires: 1/8/2024

MONIQUE A. MAHAN  
Notary Public, State of Alabama  
Alabama State At Large  
My Commission Expires  
January 08, 2024

## **IMPORTANT INFORMATION FOR AGENT**

### **Agent's Duties**

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 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:

**Doris B. Furlong by James Edwin Furlong 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 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.

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY  
AND AGENT'S AUTHORITY**

STATE OF ALABAMA COUNTY OF JEFFERSON

I, James Edwin Furlong, certify under penalty of perjury that Doris B. Furlong granted me authority as an agent or successor agent in a power of attorney dated

NOVEMBER 3, 2021.

I further certify that to my knowledge:

(1) the Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;

(2) if the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;

(3) if I was named as a successor agent, the prior agent is no longer able or willing to serve

**SIGNATURE AND ACKNOWLEDGMENT**

James Edwin Furlong  
(Signature of Agent)

Agent's Signature Date: NOVEMBER 3, 2021

Agent's Name Printed: James Edwin Furlong

Agent's Address: 1466 Haddon Cove, Hoover, Alabama

Agent's Telephone Number: [REDACTED]

**STATE OF ALABAMA**

**JEFFERSON COUNTY**



I, Monique A. Mahan a Notary Public, in and for the County in this State, hereby certify that JAMES EDWIN FURLONG, 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<sup>rd</sup> day of November, 2021.

Monique A. Mahan (Seal, if any) Signature of Notary  
My commission expires: 1/8/2024

MONIQUE A. MAHAN  
Notary Public, State of Alabama  
Alabama State At Large  
My Commission Expires  
January 08, 2024



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
02/22/2022 02:06:57 PM  
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*Allie S. Boyd*