STATE OF ALABAMA SHELBY COUNTY

(DURABLE) GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, MORGAN A. RAINES, who is one and the same person as M.A. Raines, whose address is at Route 1, Box 684, Alabaster, Alabama, being desirous of appointing attorneys in fact to act for me and on my behalf, do hereby nominate, constitute and appoint my sons, J. GARVIN RAINES and M. A. RAINES, JR., my true and lawful attorneys in fact, with the following powers for me and in my name and on my behalf, to:

- (1) Ask, demand, sue for, collect, recover and receive all sums of money, debts, accounts, interest, dividends, annuities and demands whatsoever as are now or shall hereafter become due, owing, payable or belonging to me;
- (2) Make, do and transact all and every kind of business of whatever nature they consider necessary; draw checks on my bank account or accounts and make deposits therein and perform any and all other banking functions;
- (3) Act for me in any and all matters concerning all property which may be mine at the present time, and which may hereafter become mine, or to which I may now or hereafter be entitled to receive, whether the same be real, personal, or mixed, wherever the same may be situated. I specifically appoint, empower, and authorize my said attorneys to act for me as sees fit in order to protect my interests, and I do hereby specifically grant to and vest in my said attorneys full power and authority in my name to sell, at private sale or public sal and authority in my name to sell, at private sale or public sale, and to convey, lease, exchange, mortgage, pledge, and otherwise alienate any or all of my said property, or any interest therein, on such terms as they deem to be proper, in their sole discretion, without the order of authority of any Court;
 - (4) Make all arrangements and execute all papers and documents that may be necessary or desirable hereafter to cause me to be admitted to and maintained in a Nursing Home, Convalescent Home, Hospital, or other medical, convalescent, or medical facility or boarding facility of any nature, should the same become necessary or desirable in the sole discretion of my said attorneys.

This Power of Attorney shall not be affected by disability, incompetency, or incapacity of the principal.

This General Power of Attorney (Durable), and the authority and powers herein granted, shall not, however, give or grant my said attorney the authority or power to modify or revoke my Last Will and Testament, nor to make any testamentary dispositions of my property, nor any part thereof.

Giving and granting unto J. GARVIN RAINES and M. A. RAINES, JR. as my true and lawful attorneys -- subject only to the sole limitations as specifically set forth in the preceding paragraph -- full power and authority to do and perform all and every act or thing whatsoever requisite and necessary to be done in and about the premises (including but not limited to the specific powers granted herein) as full to all intent and purposes as I might or could do if personally present and whether or not disabled, incompetent, or incapacitated, it being my purpose and intention to grant unto my said attorneys all of the powers over my said property and estate that I am capable of granting to J. GARVIN RAINES and M. A. RAINES, JR. as such attorneys--subject only to the sole limitations as specifically set forth in the preceding paragraph -- all without the order or approval of any Court.

I hereby ratify and confirm all that said J. GARVIN RAINES and M. A. RAINES, JR., as my true and lawful attorneys, shall lawfully do or cause to be done by virtue of the presents.

This power of attorney and the authority specified herein shall commence on this date and shall then exist during my lifetime continuously from such time until such time as I may hereafter revoke the same in writing.

I hereby nominate and appoint said J. MARVIN RAINES and M. A. RAINES, JR. by this General Power of Attorney (Durable) to be my guardian, curator, and other fiduciary in the event of my disability, incompetency, or incapacity without bond.

IN WITNESS WHEREOF, I have hergunto set my hand and seal

this 11th day of March, 1986.

Owen Ra

Morgan A. Raines

STATE OF ALABAMA

SHELBY COUNTY

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Witness

I, the undersigned, a Notary Public, in and for said County, in said State, hereby certify that Morgan A. Raines, who is one and the same person as M. A. Raines whose name is signed to the foregoing General Power of Attorney (Durable) and who is known to me, acknowledged before me on this day that, being informed of the contents of the General Power of Attorney (Durable), he executed the same voluntarily on the day the same bears date.

BEASCO Given under my handsand official seal this the 11th