STATE OF ALABAMA) COUNTY) SHELBY

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POWER OF ATTORNEY

I, the undersigned, MARION do hereby constitute and appoint GEORGE K. MOSS as my attorney-in-fact for me and in my name, stead and behalf, in the event I should become disabled, incapacitated or incompetent, mentally or physically, permanently or temporarily, as hereinafter defined, to take charge of, manage, control and operate all of my estate, properties, and businesses, real and personal, at any time belonging to me or in which I may be interested, whether now owned or hereafter acquired, and wherever the same may be situated, in whatsoever manner my said attorney-in-fact may, in fact, consider advisable, and to act generally and specifically as my attorney-inof fact or agent in all matters in which I may now be, or hereafter 是 become interested or concerned, and in my name and behalf to execute all such legal instruments in writing, including leases of interests in real property, conveyances and exchanges thereof and do all such acts and things as fully and effectually in all respects, and to all of the same intents and purposes, as I myself could do by my own hand, or in my own person, if present and acting.

Without in any manner intending to limit the full general powers hereinabove contained which shall not be abridged hereby, I specifically empower my said attorney to do and perform any of the following specific acts:

- to receive all dividends, interest, proceeds of sale, (1) distributions and other moneys from any property, stocks, bonds, insurance policies, insurance contracts, or insurance settlement agreements now or hereafter belonging to me or that may accrue to or be owing to me from any source;
- to pay for all repairs, insurance, taxes, commissions, (2) fees, salaries, wages and other expenses that HE may deem necessary or desirable to be paid in relation to any such properties or to the maintenance of my apartment or to my maintenance and support;

George L. Moss

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- (4) to compromise any claims which I may have against other parties or which may arise against me;
- (5) to give receipts for any moneys, security for moneys, debts, settlements or anything whatsoever owing to me and to satisfy and discharge of record any lien now or hereafter standing in my name or securing any obligation owing to me;
- (6) to deposit such funds in any bank to my credit and to withdraw the same as \underline{HE} may think fit;
- (7) to make any investments and purchases for me in any property or business H = may deem advisable regardless of whether the same may be a legal investment under the laws of any state;
- (8) to incur indebtedness in my name and execute any evidence thereof and give security therefor by pledge or otherwise;
- (9) to vote at any meetings of the holders of any stock or securities of any company or companies, and otherwise to act as my proxy or representative in respect of any shares of capital stock or bonded indebtedness or other interest therein now held or which may hereafter be acquired by me therein or with respect to any partnership, trust or estate in which I may have any beneficial interest;
- (10) to give any notices and exercise any options in my name;
- (11) to lease to, or from, others, and to sell, exchange or convey any real or personal property or any interest therein, upon such terms and conditions and for such lengths of time as HE may deem advisable, even though the same may extend beyond my life;
- (12) to endorse for transfer or redemption in my name and on my behalf, any certificate of stock, promissory note, bond or other security or paper evidencing any interest in a corporation or property;
- (13) to exercise any power or authority conferred on me as a beneficiary of any insurance policy, insurance contract, or settlement agreement with any insurance company and, for the purpose of the aforesaid powers, or any of them, to execute,

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returns, declarations, protests, claims for refund, and other documents and papers pertaining to income and other taxes imposed by the United States, the State of Alabama, and any other authority for all taxable years after the date of this document and for taxable years five (5) years preceding the date of this document, or any taxable period thereafter or earlier which HE may deem advisable, and I do hereby ratify any and all acts heretofore made or performed concerning the preparation, execution and filing of any such federal or state income tax returns, declarations, claims and other documents.

I do hereby, for myself, my heirs, and personal representatives, ratify and confirm whatsoever my said attorney shall do by virtue of these presents. The powers herein conferred shall remain in full force and effect until actual notice to the contrary comes to any person with whom such attorney may deal. Any person dealing hereunder with my said attorney respecting any matters may rely conclusively and shall be fully protected in relying upon any certificate or representation made by said attorney, at the time of such dealing, and stating that, so far as it is known to the person making such certificate or representation, this Power of Attorney is then in full force and effect.

It is my intention to create a Durable Power of Attorney.

The powers herein granted to my said attorney-in-fact shall only be exercisable by my said attorney-in-fact during my disability, incompetency, or incapacity. My disability, incompetency, or incapacity shall be defined as the physical or mental condition, which renders me incapable of managing my financial affairs, as determined by the sole opinion of my said attorney-in-fact, relying to the extent HE deems advisable on information submitted by my personal physician and members of my immediate family. The terms "disability", "incompetency", and "incapacity" shall not be deemed for purposes of determining the activation of this Power of Attorney

to require a Court at Law or Equity to determine my physical or mental ability, capacity, or competency, and that such determination shall be made as heretofore described. If or when I recover from any disability, incompetency or incapacity, which activated this_ Power of Attorney, the powers granted hereby shall terminate. The determination as to whether or not I have recovered from my disability, incompetency or incapacity shall be made by and within the sole discretion of my said attorney-in-fact, relying to the extent #E_ deems advisable on information submitted by my personal physician and members of my immediate family. The determination by my said attorney-in-fact of my disability, incompetency, incapacity, or my recovery therefrom, shall be made in good faith and all determinations relating thereto shall not subject my attorney-in-fact to any liability for damages or otherwise to me, my heirs, personal representatives, and next-of-kin, unless my said attorney-in-fact's determinations are made maliciously or with an intentional disregard of $\underline{\text{HIS}}$ duty of good faith.

S IN WITNESS WHEREOF, I have signed my pame to this instrument, under my seal, on this the/644 day of [NAME] STATE OF ALA. SHELBY BY I CERTIFY THIS INSTRUMENT WAS FILLE & WITNESSES: 88 NOV - ! AH 10: 44

I, the undersigned, a notary public in and for said County, in said State, hereby certify that // Krime. name is signed to the foregoing Power of Attorney, and who is known to me, acknowledged before me on this day that, being informed of the contents of said Power of Attorney,

voluntarily on the day the same bears date.

Given under my hand and seal, this Tata day of ye

My Commission Expires

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COUNTY)