

1821

POWER OF ATTORNEY

THE STATE OF ALABAMA)
SHELBY COUNTY)

Know All Men by These Presents: That, I, [✓]MICHAEL B. HOYNES, a single parent of the City of Harpersville, County of Shelby, State of Alabama, have and by these presents do hereby nominate, constitute and appoint SHERYL A. BEDSOLE and VICKEY DUNN as my true and lawful Attorney-in-Fact for me and in my name and stead to act on my behalf should it become necessary for my minor daughter, VICTORIA CLAIRE HOYNES to be treated or examined by a medical physician or taken to an emergency room, medical clinic or hospital for examination or treatment and I am unable to be present it is my desire that either SHERYL A. BEDSOLE or VICKEY DUNN be allowed to execute in my name and deliver all legal papers and documents for me in my place and stead to the same extent that I might do were I present in person so that my daughter, VICTORIA CLAIRE HOYNES could receive the necessary medical treatment.

I hereby give and grant unto my said Attorney-in-Fact full power and authority to do any and all acts necessary and proper to be done for my daughter, VICTORIA CLAIRE HOYNES and on her behalf and I hereby ratify and confirm whatsoever my said Attorney-in-Fact may lawfully do in accomplishing said acts.

2141 Dead Hollow Rd South
Harpersville, AL 35078

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The rights, powers and authority of my said Attorney in Fact herein granted shall commence and be in full force and effect on September 25, 1991; the authority conferred herein shall not be affected by disability, incompetency, or incapacity of the said principal, MICHAEL B. HOYNES; and such rights, powers and authority shall remain in full force and effect thereafter until written notice from the principal, MICHAEL B. HOYNES. 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 representatives

In Witness Whereof, I have hereunto set my hand and affixed my seal, on this the 25th day of September, 1991.

Michael B. Hoynes
MICHAEL B. HOYNES

Recd 5.00
Jud 3.00
Est 1.00
9.00

THE STATE OF ALABAMA)
SHELBY COUNTY)

I, Rita K. Foster, a Notary Public in and for said County in said State, hereby certify that Michael B. Hoynes, whose name is signed to the foregoing Power of Attorney and who is known to me, acknowledged before me on this date, that, being informed of the contents of said Power of Attorney, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this the 25th day of September, 1991.

STATE OF ALA. SHELBY CO.
I CERTIFY THIS
INSTRUMENT WAS FILED

91 SEP 25 PM 4:13

JUDGE OF PROBATE

Rita K. Foster
NOTARY PUBLIC

MY COMMISSION EXPIRES:

March 21, 1993