

STATE OF ALABAMA

SHELBY COUNTY

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, KIAH MITCHELL, a legal resident of the State of Alabama, presently being of sound mind and not being under any mental disability, incompetency or incapacity, do hereby nominate, constitute and appoint JAMES L. MITCHELL or EMILY M. MORRIS, legal residents of the State of Alabama, as and for my true and lawful attorney-in-fact under the provisions of and in accordance with Section 26-1-2, 1975 Code of Alabama, so that this power of attorney shall not be affected by my subsequent disability, incompetency or incapacity. I hereby bestow and vest my said attorney-in-fact with the following powers for me and in my name and on my behalf:

To withdraw any and all monies deposited with any bank, trust company or other financial institutions now or hereafter having monies belonging to me or held in my name, and for that purpose to draw checks in my name;

To deposit in my name and for my account with any bank, trust company or other financial institution, all monies payable or belonging to me or that may come into possession of my said attorney-in-fact; and all bills of exchange, drafts, checks, promissory notes and other instruments for money payable or belonging to me, and for that purpose to sign my name and endorse same for deposit or collection;

To have free access to safe deposit boxes and other places of safekeeping and storage, and to withdraw any or all of the property therefrom;

To invest and reinvest funds now or hereafter belonging to me in such securities or other properties as my said attorney shall deem proper;

To collect, sue, compromise or otherwise dispose of any claim or debt in which I now or hereafter may have an interest;

To pay, compromise or otherwise discharge and secure releases from any obligations or claims against me as my said attorney shall deem proper;

To exercise all present or future rights and powers with respect to any security now or hereafter owned by me, including mutual funds and their investments;

To acquire, purchase, exchange and grant options to sell, mortgage, pledge, lease, sell and convey real or personal

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property, tangible or intangible, or interests therein, on such terms and conditions as my said attorney shall deem proper, with full authority to sign, endorse, execute and deliver any sales agreement, deed, bill of sale and all other instruments or documents pertaining to the sale of any of my real or personal property; and to enter into bonds, contracts, mortgages and deeds connected therewith;

To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interest therein, that I now own or may hereafter acquire in my name and for my benefit, upon such terms and conditions as my said attorney shall deem proper;

To prepare, sign and file joint or separate income tax returns or declarations of estimated tax for any year or years; to prepare, sign and file gift tax returns with respect to gifts made by me for any year or years; to consent to any gift and to utilize any gift-splitting provision or other tax election; and to prepare, sign and file any claims for refund of any tax;

To change the beneficiaries on any insurance policies on my life, provided, however, that neither such right and power, nor any other rights and powers, shall be exercisable with respect to any policies of life insurance on the life of my said attorney herein named, which may at any time be owned by me;

To hold or acquire any property or securities, regardless of whether such property or securities are a so-called "legal" investment, where such course is, in the said attorney's opinion, for my best interest;

To use and apply so much of the income and principal of the assets comprising my estate as may be necessary or desirable, in the sole discretion of my said attorney, for my maintenance and support, and for the support and maintenance of any person dependent upon me, taking into consideration other income, resources, or financial assistance available to any of them from all other sources. Any decisions made by my said attorney with respect to the matters set forth hereinabove shall be final, binding and conclusive upon all of the beneficiaries of my estate, and my said attorney shall be released and discharged of and from all liability for any such decisions that my said attorney may make in good faith with respect thereto.

To do, generally, any or all acts on my behalf on any other matters or things pertaining to or belonging to me with the same validity as I might act or could do if personally present and not under any disability, incompetency or incapacity.

To exercise all powers and do all acts on my behalf deemed by my said attorney-in-fact to be incidental to, or necessary or proper to carry into full effect, the foregoing powers hereby ratifying and confirming all that my said attorney-in-fact can lawfully do or cause to be done by virtue hereof.

To 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 attorney-in-fact.

To make health care decisions for me; provided, however, that this particular power shall exist only when I am unable, in the judgment of my attending physician, to make those health care decisions. My attorney-in-fact shall have the power to make health care decisions on my behalf, including making decisions regarding my medical or domiciliary care, including admissions to hospitals or other institutions or placement in a nursing home, to consent to, to refuse to consent to, or to withdraw consent to the provision of any care, treatment, surgery, service or procedure to maintain, diagnose or treat a physical or mental condition, as well as the right to sign such medical forms as may be necessary to carry out such decisions, talk with health care personnel, examine my medical records and to consent to the disclosure of such records;

To file claims for medical insurance and to obtain information from any insurance company with respect to any policy of health or medical insurance under which I am insured; to have access to my medical records and to obtain information of any type from any physician or other health care professional who may be treating me;

I have executed a Natural Death Declaration prepared in accordance with Alabama law, but I recognize that an occasion may arise when my physician may wish to consult with someone else regarding the utilization, withholding or withdrawal of certain medical procedures. If my attending physician is uncertain about my wishes regarding any particular procedure, I authorize my attorney-in-fact to consult with my physician in this regard.

Notwithstanding the foregoing, the Natural Death Declaration shall take precedence in the event of a disagreement between my wishes expressed in that document and any decision favored by my attorney-in-fact.

To generally do and perform all matters and things, transact all business, make, execute and acknowledge all contracts, orders, deeds or other conveyances, mortgages, leases

and to execute all other instruments of every kind which may be necessary or proper to effectuate all powers hereinabove specifically granted, or any other matter or thing appertaining or belonging to me, with the same full powers, and to all intents and purposes, with the same validity as I could, if personally present; and hereby ratifying and confirming whatsoever my said attorney-in-fact shall and may do, by virtue hereto.

In the event that during my disability, incompetency or incapacity any proceedings are commenced in any Court to appoint a guardian, curator, conservator or other fiduciary for and on my behalf, then and in those events, I do hereby nominate and request the Court to appoint JAMES L. MITCHELL or EMILY M. MORRIS as such guardian, curator, conservator or other fiduciary.

It is my intention that notwithstanding my subsequent disability, incompetency or incapacity, this power of attorney shall remain in full force and effect until expressly revoked or amended as provided by law, provided that such revocation or amendment shall be of no effect with respect to parties acting or things done in reliance upon this durable power of attorney prior to the actual receipt by them of written notice of such revocation or amendment.

IN WITNESS WHEREOF, I set my hand and seal this 15th day of April, 1996.

WITNESSES:

Jordan Chappell
Conrad M. Fowler Jr.

Kiah Mitchell (SEAL)
Kiah Mitchell

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I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Kiah Mitchell, whose name was signed to the foregoing instrument in my presence, and who is known to me, acknowledged before me on this day, that, being informed of all contents of the foregoing Durable Power of Attorney, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 15th day of April, 1996.

Peggy J. Letson
Notary Public

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