

STATE OF ALABAMA)
COUNTY OF SHELBY)

Inst # 1999-05093

02/03/1999-05093
DURABLE POWER OF ATTORNEY IDENTIFIED

SHELBY COUNTY JUDGE W. F. HARRIS

02/03/1999 11:00

This instrument is intended to constitute a Durable Power of Attorney, through which I, **MARY E. BOWLIN**, the undersigned, of the City of Maylene, County of Shelby, State of Alabama, do hereby make, constitute and appoint the following designated person to act as my agent.

I. FINANCIAL

I appoint my sister, **DOROTHY SMITH**, my true and lawful attorney in fact, for me and in my name, place and stead, and on my behalf and for my use and benefit, to do, perform and execute all and every act that I may legally do through an attorney in fact, including, but not limited to, specifically the power to sell, convey, encumber and transfer ownership to anyone (including my attorney in fact, whether with or without consideration) of any and all of my real and personal property, including my homestead, and to change ownership or beneficiary of my life insurance to anyone (including my attorney in fact, whether with or without consideration), and to make gifts to anyone (including my attorney in fact), and to possess every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my said attorney in fact shall lawfully do or cause to be done by my said attorney in fact by virtue of the power herein conferred upon my said attorney in fact.

II. ALL MEDICAL DECISIONS EXCEPT END OF LIFE DECISIONS

I appoint my sister, **DOROTHY SMITH**, my medical attorney in fact in my name place and stead, and on my behalf and for my use and benefit, to make all health care decisions for me that do not include end of life decisions, and to possess every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my said medical attorney in fact shall do by virtue of the power herein conferred upon my said medical attorney in fact.

III. END OF LIFE DECISIONS

It is my specific intent that this durable power of attorney shall serve as a medical directive pursuant to Code of Alabama § 26-1-2(g)(1)-(14) through which I designate my sister, **DOROTHY SMITH**, to serve as my health care proxy empowered to make end of life health care decisions for me in accordance with those powers granted to health care proxies as set forth in the Natural Death Act, Code of Alabama § 22-8A-4, if, in the opinion of my attending physician, I am no longer able to give directions to health care providers. My health care proxy may make any end of life health care decision on my behalf that I could make but for the lack of capacity to make a decision, subject only to specific applicable limitations provided for in Code of Alabama § 26-1-2(g)(1). My health care proxy shall have the authority to make decisions regarding provision, withholding or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration if my physician and another physician determine that I have an incurable terminal illness or injury which will lead to my death within six months or less or if, in the judgment of my attending physician and another physician, I am in a condition of permanent unconsciousness.

The rights, powers and authority of my said agent herein granted shall commence and be in full force and effect on the date I shall have signed this Durable Power of Attorney. The authority conferred herein shall not be affected by disability, incompetency or incapacity of the said principal, **MARY E. BOWLIN**, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me by written notice to my herein designated agent. 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, as principal, I have signed this Durable Power of Attorney at Alabaster, Alabama, this 2 day of Dec, 1998, and I have directed that photographic copies of this power be made that shall have the same force and effect as an original.

Mary E. Bowlin
MARY E. BOWLIN
DATE: 12-2-98

STATE OF ALABAMA)
COUNTY OF SHELBY)

I, John Bailey, a Notary Public in and for said County in said State, hereby certify that MARY E. BOWLIN, whose name is signed to the foregoing Durable Power of Attorney and who is known to me, acknowledged before me on this day that, being informed of the contents of said Durable Power of Attorney, MARY E. BOWLIN executed the same on the day the same bears date.

Given under my hand this the 2nd day of December, 1998.

(SEAL)

John Bailey
NOTARY PUBLIC
My commission expires May 11, 2002

MARY E. BOWLIN has been personally known to me and I believe her to be of sound mind I did not sign her signature above for or at her direction and I am not appointed as the medical health care proxy therein. I am not related to her by blood, adoption, or marriage, entitled to any portion of her estate according to the laws of intestate succession or under any Will of declarant or Codicil thereto, or directly financially responsible for her medical care.

12-2-98
DATE

Dorothy Smith
WITNESS

12-2-98
DATE

John Bailey
WITNESS

I, DOROTHY SMITH, accept the health care proxy designation of the declarant.

12-2-98
DATE

Dorothy Smith
DOROTHY SMITH

Inst # 1999-05093

This document prepared by Jan Neal, Davis & Neal, Post Office Drawer 711, Opelika, Alabama 36801-0711

02/05/1999-05093
08:39 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 CDR 11.00