

STATE OF ALABAMA
COUNTY OF SHELBY

DURABLE GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, RALPH L. ROY, of Shelby County, Alabama, being over the age of nineteen (19) years, and being of sound mind and disposing memory, do hereby revoke and annul any and all previous POWERS OF ATTORNEY (both General and Durable, or both) previously executed by me (or alleged to have been executed by me) and execute the following instrument as my legal right to deal with my legal affairs. I, therefore, nominate, constitute and appoint my sister, NELL R. CASH of Alabaster, Alabama, as my attorney-in-fact, with all of the authority, powers, and obligations hereinafter stated. In the event NELL R. CASH is unable or unwilling to act as my attorney-in-fact, I hereby nominate, constitute and appoint my sister, MARGARET R. FLOWERS of Helena, Alabama, and my brother, C. EDWARD ROY of Brevard, North Carolina, as my alternate attorneys-in-fact, with all of the authority, powers, and obligations hereinafter stated.

I. EFFECTIVE DATE AND AUTHORITY

This Durable General Power of Attorney shall become effective upon my signing of this instrument and shall remain in full force and effect until such time as I revoke it, until one year following my death, or until it terminates by operation of law. This appointment is made pursuant to Section 26-1-2, 1975 Code of Alabama, and is to be construed and interpreted as a General Durable Power of Attorney, which shall not be affected by my disability, incompetency or Incapacity. It is my intent that the authority conferred herein shall be exercisable notwithstanding any disability, incompetency or incapacity I may have.

II. ATTORNEY-IN-FACT POWERS

As my true and lawful attorney-in-fact, I do hereby authorize and empower my said attorney-in-fact to act in my behalf and to do all things as follows:

1. Ask, demand, sue for, collect, compromise, settle, adjust, recover and receive all sums of money, debts, accounts, interest, legacies, bequests, dividends, annuities, owing, payable or belonging to me, directly, indirectly, by, through or according to any power of appointment, as beneficiary or by any other means, manner or description;
2. Do and transact all of my affairs, business or personal, draw checks on my bank account or accounts, endorse checks or drafts in my name, do all things necessary concerning any savings or checking account and all other accounts that may be in any banks, credit unions, savings and loan associations and all other financial institutions, and further to make deposits to any said accounts, to borrow money, and to otherwise perform any and all other banking or financial functions;
3. Make, seal and deliver, bargain, contract, agree for, buy, sell, mortgage, hypothecate and in any way and manner deal in and with goods, fixtures, personal property, bonds, stocks, certificates of deposit, securities and any other property in possession or action;
4. Bargain, contract, agree for, purchase, receive and take lands, and real property, tenements, hereditament and accept the possession of all lands and deeds, lease, bargain, sell (at private or public sale), release and make satisfactions of mortgages and other liens, judgments or other encumbrances, convey, mortgage and hypothecate real property, tenements, hereditament, upon such terms and conditions, and under such covenants as may be advisable;
5. Sign, seal, execute, acknowledge and deliver such deeds, leases, assignment of leases, agreements, mortgages, and such other instruments and documents in writing of whatever kind and nature as may be necessary or proper;

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6. To be my attorney-in-fact, or otherwise, enter into and become my attorney-in-fact on any and all powers of attorney that may be required by the United States Government or any agency thereof, including but not limited to, before the Internal Revenue Service, Health and Human Services, the Social Security Administration, and all agencies and administrations of said federal government, and also all other governmental agencies, be they state, county, municipal or otherwise, and to further do all things necessary or advisable in relation to any said governmental agency or administration;

7. To make gifts in conformity with the Internal Revenue Code for estate tax planning purposes and to such persons or entities and in such amount as my attorney-In-fact may select in conformity and to the extent ascertainable with my overall estate plans, and to whom I might make gifts;

8. Make, do and transact all and every kind of business of whatever nature that may be necessary and enter into all agreements, contracts, offers and all other documents in writing or otherwise, as may be necessary to effectuate or do all things requisite and necessary to be done in and about the premises, including but not limited to the powers granted above.

III. HEALTH CARE POWERS

If I am otherwise not able, due to disability, incompetence or incapacity, my attorney-in-fact shall have authority to make decisions concerning my health care as follows:

1. I hereby grant to my attorney-in-fact full power to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my attorney-in-fact shall make health care decisions that are consistent with my desires as stated in this document.

2. I hereby authorize all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my attorney-in-fact all information contained in my medical records which my attorney-in-fact may request. I hereby waive all privilege and confidentiality attached to the patient relationship and to any communication, verbal or written, arising out of such a relationship. My attorney-in-fact is authorized to request, receive, and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers or other documents that may be required in order to obtain such information and to disclose such information to such persons, organizations and health care providers as my attorney-in-fact shall deem appropriate.

3. My attorney-in-fact is authorized to employ and discharge health care providers including physicians, psychiatrists, dentists, nurses, and therapists and is also authorized to pay reasonable fees and expenses for such services contracted.

4. My attorney-in-fact is authorized to apply for my admission to a hospital, medical, nursing, residential or other facility, execute any consent or admission forms required by such facility and enter into agreements for my care at such facility or elsewhere during my lifetime.

5. My attorney-in-fact is authorized to arrange for and consent to medical, therapeutical and surgical procedures for me including the administration of drugs. The power to make health care decisions for me shall include the power to give consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition, except as limited in paragraph six below.

6. My attorney-in-fact is authorized to make decisions regarding provision, withholding, or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration, only in conformity with any Advance Directive For Health Care that I may execute, either contemporaneous with this instrument or at some future date. It is not the intent of the provisions of this General Durable General Power of Attorney to address those issues and all such decisions shall be made in conformity with any said Advance Directive For Health Care. In the event that I do not have an Advance Directive For Health Care, I appoint my said attorney-in-fact as my "health care proxy" in conformity with Section 22-8A-4, 1975 Code of Alabama. As my health care proxy, my said attorney-in-fact shall have complete authority to make all decisions regarding the provision, withholding, or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration and circumstances involving terminal illness and permanent unconsciousness.

7. I reserve unto myself the right to revoke the authority granted to my attorney-in-fact hereunder to make health care decisions for me by notifying the treating physician, hospital, or other health care provider orally or in writing. Notwithstanding any provision herein to the contrary, I retain the right to make medical and other health care decisions for myself so long as I am able to give informed consent with respect to a particular decision. In addition, no treatment may be given to me over my objection, and health care necessary to keep me alive may not be stopped if I object.

IV. MISCELLANEOUS PROVISIONS

I direct that the following provisions govern the use of this Durable General Power of Attorney for the benefit of my attorney-in-fact and other persons:

1. I hereby give and grant unto my attorney-in-fact full power and authority to do and perform every act and thing requisite, necessary and/or advisable to be done in and about the premises (including but not limited to the specific powers granted herein), as fully as I might or could do if personally present or able. This instrument shall be construed and interpreted as a General Power of Attorney. The enumeration of specific items, rights, acts or powers herein shall not limit or restrict, and are not to be construed or interpreted as limiting or restricting, the general powers granted to my attorney-in-fact. Notwithstanding anything herein to the contrary, my attorney-in-fact shall not have the authority to exercise any power herein granted in such a manner so that my attorney-in-fact would be considered a holder of a "General Power of Appointment" as that term is defined in Section 2041 of the Internal Revenue Code, as amended.
2. My disability, incompetence, or incapacity may be determined by my personal or treating physician and a written letter signed by said physician attesting to disability, incompetence, or incapacity, shall be adequate as proof of the fact and may be relied upon by my attorney-in-fact and all the world.
3. Further I do nominate by this Durable General Power of Attorney my said attorney-in-fact to be my guardian and/or conservator in the event of my disability, incompetence or incapacity. In the event court proceedings become necessary to appoint a guardian and/or conservator, it is my wish and desire that the within named person be appointed by the Court.
4. Any person, firm or corporation dealing with my attorney-in-fact under the authority of this instrument is authorized to deliver to my attorney-in-fact all considerations of every kind or character with respect to any transaction so entered into by my attorney-in-fact, and shall be under no duty or obligation to see to or examine into the disposition thereof or to inquire into the validity or propriety of any act by my attorney-in-fact or any provision of this instrument.
5. My attorney-in-fact shall be entitled to reimbursement for all reasonable costs and expenses incurred or paid by my attorney-in-fact on my behalf pursuant to the provisions of this instrument.
6. My attorney-in-fact shall not be personally responsible or liable to me or any other party for (a) any debts or obligations incurred for me or on my behalf, (b) any decrease in value of any of my assets by reason of my attorney-in-fact's compliance or efforts to comply with any environmental law, specifically including any reporting requirement under such law, or (c) any mistake or error of judgment, except for my attorney-in-fact's own gross negligence or willful misconduct.
7. Copies of this Durable General Power of Attorney may be substituted by my attorney-in-fact for the original and shall have the same force and effect as an original.
8. I hereby ratify and confirm all that my attorney-in-fact, as my true and lawful attorney-in-fact, shall do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 30 day of
March 1999.

Ralph L Roy

RALPH L. ROY
P.O. Box 400
Helena, Alabama 35080

Katie L Sandus

WITNESS:

3-30-99

DATE:

Robert & Cethen

WITNESS:

3-30-99

DATE:

STATE OF ALABAMA
COUNTY OF SHELBY

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

Given under my hand and official seal, this the 30 day of March 1999.

Debra Tress

NOTARY PUBLIC

MY COMMISSION EXPIRES DECEMBER 1, 2001

I, NELL R. CASH, accept the designation as attorney-in-fact and proxy of the declarant.

Nell R. Cash
NELL R. CASH
170 Winterhaven Drive
Alabaster, Alabama 35007

3-30-99

DATE:

I, MARGARET R. FLOWERS, accept the designation as alternate attorney-in-fact and alternate proxy of the declarant.

Margaret R. Flowers
MARGARET R. FLOWERS
P.O. Box 275
Helena, Alabama 35080

3-30-99

DATE:

I, C. EDWARD ROY, accept the designation as alternate attorney-in-fact and alternate proxy of the declarant.

C. Edward Roy
C. EDWARD ROY
125 Franklin Street
Brevard, North Carolina 28712

4/1/99

DATE:

THIS INSTRUMENT WAS PREPARED BY:
ROBERT A. COTHREN
ATTORNEY AT LAW
P.O. Box 361686
Birmingham, Alabama 35236
(205) 979-8818

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