

This Instrument was Prepared by:
✓ Ronald A. Davidson
Attorney at Law
2230 Third Avenue North
Birmingham, Alabama 35203

STATE OF ALABAMA)

JEFFERSON COUNTY)

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **RUTH POOR MILLOIT**, constitute and appoint **JOHN FREDERICK MILLOIT** as my agent and attorney-in-fact, for me and in my name and stead to sell and convey any real and personal property owned by me, including mortgages, for such price and upon such terms and conditions as he/she shall deem advisable, including the execution of a purchase money mortgage as a part of the consideration thereof, and upon receipt of the consideration or purchase price for the same or any part thereof, my said attorney-in-fact is authorized to give receipt therefor, which receipt shall exonerate the person paying such money from seeing to the application thereof, or being responsible for the loss or misapplication thereof. My said attorney-in-fact is authorized to sign and seal as my act and deed any instrument in writing and to do every other thing necessary or proper for carrying into effect and execution any agreement of sale made by me in such manner that all my estate, right, title or interest in or to any property and appurtenances included in such agreement of sale may be effectually and absolutely conveyed. My said attorney-in-fact is authorized to sign checks or drafts on any savings, or checking accounts standing in my name in any bank or trust company, savings

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and loan association, or any other financial institution, within or without the State of Alabama, and to withdraw from said accounts any or all of the funds standing therein to my name or credit and my said attorney-in-fact is also authorized to liquidate any certificate of deposit, money market fund or other accounts of a similar nature, in said bank or other financial institution in my name at or before maturity thereof; and as my act and deed to sign, seal acknowledge and deliver all such leases and agreements as shall be requisite or as my attorney-in-fact shall deem necessary or proper in the care and management of my estate; and to receive and collect all the rents that may be payable to me or to my estate, and in my name to sign effectual receipts for the same; and generally to act as my attorney-in-fact or agent in relation to the premises and all other matters in which I may be interested or concerned, and on my behalf to execute all instruments including the endorsement for sale, transfer, pledge or assignment of any and all stocks evidenced by certificates or otherwise standing in my name for me or on my behalf, as well as any and all mutual funds, bonds, debentures and annuities owned by me or in which I may have an interest, and my said attorney-in-fact shall also have the authority to make the annual gift allowed by the Internal Revenue Service to any child or children of mine.

In the event that I am confined to or a resident of a nursing or retirement home or similar facility, or at home, whether voluntarily or involuntarily, I give and grant unto my said attorney-in-fact the power to make health care decisions. My attorney-in-fact also has the authority to talk with health care personnel, to see, review and copy all of my medical and personal records, obtain information and to sign forms necessary to carry out those

decisions, as well as to execute authorizations for medical treatment, and for the administration of drugs, therapy, testing, radiological testing, anesthetic drugs and devises, surgery, cosmetic surgery, reconstructive surgery, blood transfusions, and in general for any type of medical treatment administered by any practitioner of the healing arts (including but without limitation to medical doctors, registered nurses, licensed practical nurses, therapists, allied health professionals, home health agencies, psychiatric doctors and psychologists), and to make any other decisions required by such facility or under any governmental guidelines, and to 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, and I further empower my said attorney-in-fact to sign waivers of liability or hospital documents releasing any hospital or any of the practitioners as set out above in carrying out the decisions of my said attorney. I hereby ratify and confirm whatsoever my said attorney-in-fact shall do or cause to be done in the premises.

This Durable Power of Attorney shall be effective immediately, and shall not be affected by my disability, incompetency or incapacity of the principal.

In the event that my son, JOHN FREDERICK MILLOIT, is unable to fulfill this position, I appoint as my alternate attorney-in-fact my beloved granddaughter, **ELIZABETH POOR BACHMAN**, with all rights and authority herein granted to John Frederick Milloit.

IN WITNESS WHEREOF, I have hereunto set my signature and seal on this the 12
day of August, 1999.

Veronica Mitchell
Witness

Sandra Jenkins
Witness

Ruth Poor Milloit
RUTH POOR MILLOIT

STATE OF ALABAMA)

JEFFERSON COUNTY)

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that **RUTH POOR MILLOIT**, 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, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal on this the 12 day of August, 1999.

Shirley M. Patton
Notary Public
My commission expires 4/20/2003

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