

STATE OF ALABAMA)

DURABLE POWER OF ATTORNEY

COVINGTON COUNTY)

KNOW ALL MEN BY THESE PRESENTS, That I, DOROTHY DENNIS CRAWFORD, Date of Birth: December 8, 1929, and residing in Andalusia, Covington County, Alabama, being desirous of appointing Attorneys-in-Fact to act for me in any and all matters in which I have any interest, do hereby nominate, constitute, and appoint as my Attorneys-in-Fact my daughter, LISA CRAWFORD CHINN, and my son-in-law, JEFFREY WILSON CHINN, to be and act as my true and lawful Attorneys-in-Fact, either jointly or individually, both being empowered hereby to act either jointly or individually with the power to sell, transfer, exchange, mortgage, or otherwise dispose of any and all of my property, real, personal or mixed, and to execute and deliver deeds and/or other instruments necessary for the conveyance or transfer of the same, to collect, sue, compromise or otherwise dispose of any claim or debt in which I now have or heretofore or hereafter may have any interest, to pay, compromise, or otherwise discharge and secure releases from any obligations or claims against me, to deposit in my name and for my account with any bank or banker, or trust company, all monies which may come into either of their hands as such Attorneys-in-Fact, and all bills of exchange, drafts, checks, promissory notes and other securities for the purpose of paying bills to sign my name, and endorse the same for deposits or collections, and from time to time withdraw any and all monies deposited with the same aforesaid bank, banker or trust company or other banking institution having monies belonging to me, and for that purpose to draw checks in my name, and to cash and/or transfer all certificates of deposit in my name;

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, FURTHER, my Attorneys-in-Fact shall be authorized either jointly or individually to perform all necessary acts in the aforesaid authorizations and to do any and all acts on any and all other matters or things pertaining or belonging to me, with the same validity as I could effect, if personally present, and I do hereby ratify and confirm whatsoever either or both my said Attorneys-in-Fact shall and may do, by virtue hereof. It is my intention that the powers conveyed hereby be unlimited and that my said daughter and son-in-law, as my dually appointed Attorneys-in-Fact, have the absolute power to perform any and all acts that I could perform, either jointly or individually, without any exceptions whatsoever;

FURTHER, THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY THE DISABILITY, INCOMPETENCY, OR INCAPACITY OF THE PRINCIPAL, BUT THE SAME SHALL CONTINUE IN FULL FORCE AND EFFECT AS IF SUCH INFIRMITY DID NOT EXIST;

Further, my Attorneys-in-Fact shall be authorized to give or withhold consent to any medical procedure, test, or treatment, to revoke, or modify that consent, upon the written statements duly signed by two (2) or more licensed competent physicians, stating that in their opinion, I am terminally ill, and that I am merely being kept alive artificially, but I do request that I be administered all drugs calculated to relieve me of as much pain as may be reasonably expected by the doctors. I do not want to be kept alive artificially without any hope of recovery;

I, DOROTHY DENNIS CRAWFORD, hereby sign my name to this two page instrument this 27th day of August 1999, and after first being duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am over the age of nineteen years, of sound mind, and under no constraint or undue influence. It is my wish, hope and desire that photographic copies

08/30/1999 02:04 REC FEE: \$8.50 BOOK: 63 PAGE: 929
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Page 1 of 08/13/1999-38336
11:36 AM CERTIFIED
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of this Power will have the same force and effect as the original. The rights, powers and authority of my said Attorneys-in-Fact, herein granted shall commence upon the execution of this instrument and shall be in full force and effect upon the execution of this instrument.

Done this 27th day of August 1999.

Dorothy Dennis (L.S.)
DOROTHY DENNIS CRAWFORD
Crawford

Attested by:

Amy W Jones
WITNESS

Jason B. Jones
WITNESS

STATE OF ALABAMA)
COVINGTON COUNTY)

, Before me, the undersigned authority, a Notary Public in and for said State and County, hereby certify that DOROTHY DENNIS CRAWFORD, who is known to me, and after first being duly sworn, signed the foregoing Durable Power of Attorney in my presence, and acknowledged before me this day that being informed of the contents thereof, she knowingly signed said instrument willingly and voluntarily on the day the same bears date.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this the 27th day of August 1999.

(NOTARIAL SEAL AFFIXED)

Angela Tucker
NOTARY PUBLIC
My Commission Expires: 08/18/2002

STATE OF ALABAMA
I CERTIFY THIS INSTRUMENT WAS FILED ON:

08/30/1999 02:04 REC FEE: \$8.50 BOOK: 63 PAGE: 930
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Inst # 1999-38336

Page 2 of 1999-38336
09/13/1999
11:36 AM CERTIFIED
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