

STATE OF ALABAMA)

COUNTY OF SHELBY)

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, **DOMINICK F. GIARDINA**, of the City of Alabaster, County of Shelby, State of Alabama, have made, constituted and appointed, and by these presents do make, constitute and appoint **ANGELA ROSE GIARDINA**, of the City of Alabaster, County of Shelby, State of Alabama, my true and lawful attorney for me and in my name, place and stead, and for my use and benefit, to ask, demand, sue for, recover, collect and receive all sums of money, debts, accounts, legacies, bequests, interests, dividends, annuities, and demands whatsoever as are now or shall hereafter become due, owing, payable or belonging to me, and have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachment, arrests, distress or otherwise, and compromise and agree for the same, or other discharges for the same, for me, and in my name, to make, seal and deliver; to bargain, contract, agree for, purchase, receive, and take lands, tenements, hereditaments and accept the seizing and possession of all lands and all deeds and assurances, in the law therefore, and to lease, let, demise, bargain, sell, remise, release, convey, mortgage, and hypothecate lands, under such covenants, as he shall think fit; also to bargain and agree for, buy, sell, mortgage, hypothecate, and in any manner deal in and with goods, wares, and merchandise, chooses in action and other property in possession or in any action, and to make, do, and transact all and every kind of business of whatsoever nature or kind, and also for me and in my name, and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases and assignments of leases, covenants, indentures, agreements, mortgages, bills of lading, bills, binds, notes, receipts, evidences of debt, releases and satisfactions of mortgages, judgments and other debts, and such instrument in writing of whatever kind as may become necessary or proper in the premises.

This Power of Attorney shall not be affected by disability, incompetence, or incapacity of the principal and shall include the right to make medical decisions concerning any health care treatment, service or diagnostic procedure and shall include the power to make decisions to receive, refuse or withdraw life support, hydration or nutrition.

Giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might do revocation, hereby ratifying and confirming that my said attorney shall lawfully do or cause to be done by these presents.

This Power of Attorney shall remain in effect until revoked by me in writing and said revocation is recorded in the office of the Probate Judge of Shelby County, Alabama. This document hereby expressly revokes any previous Power of Attorney executed by me, regardless of requirements of revocation contained therein.

02/04/2000-03559
09:10 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 HHS 11.00

Inst # 2000-03559

WITNESS my hand this 1st day of February, 2000.

Dominick F. Giardina
Declarant - DOMINICK F. GIARDINA

Witnesses:

Kathy Whitworth

[Signature]

Sworn to and subscribed before me this 1st day of Feb., 2000.

Carla M. Allen
Notary Public

MY COMMISSION EXPIRES MARCH 31, 2003

Inst # 2000-03559

02/04/2000-03559
09:10 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 HHS 11.00