

STATE OF ALABAMA
SHELBY COUNTY

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, **Elizabeth H. Nolen**, a legal resident of the State of Alabama, presently being of sound mind and not being under any mental disability, incompetency or incapacity, do hereby nominate, constitute and appoint **Thomas M. Nolen, M.D.**, a legal resident of the State of Alabama, as and for my true and lawful attorney-in-fact under the provisions of and in accordance with Section 26-1-2, 1975 Code of Alabama, so that this power of attorney shall not be affected by my subsequent disability, incompetency or incapacity. I hereby bestow and vest my said attorney-in-fact with the following powers for me and in my name and on my behalf:

To withdraw any and all monies deposited with any bank, trust company or other financial institutions now or hereafter having monies belonging to me or held in my name, and for that purpose to draw checks in my name;

To deposit in my name and for my account with any bank, trust company or other financial institution, all monies payable or belonging to me or that may come into possession of my said attorney-in-fact; and all bills of exchange, drafts, checks, promissory notes and other instruments for money payable or belonging to me, and for that purpose to sign my name and endorse same for deposit or collection;

To have free access to safe deposit boxes and other places of safekeeping and storage, and to withdraw any or all of the property therefrom;

To invest and reinvest funds now or hereafter belonging to me in such securities or other properties as my said attorney shall deem proper;

To collect, sue, compromise or otherwise dispose of any claim or debt in which I now or hereafter may have an interest;

To pay, compromise or otherwise discharge and secure releases from any obligations or claims against me as my said attorney shall deem proper;

To exercise all present or future rights and powers with respect to any security now or hereafter owned by me, including mutual funds and their investments;

To sell, transfer, exchange or otherwise dispose of any of my property, real, personal or mixed, whether presently owned or hereafter acquired in my name, and to execute and deliver good and sufficient deeds or other instruments for the conveyance or transfer of the same;

Elizabeth H. Nolen

06/29/2001-26865
09:30 AM CERTIFIED
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Inst # 2001-26865

To lease, lease with option to sell, manage and delegate management of all real properties now or hereafter owned by me, and to take a lease of or to rent real property as a tenant; and,

To do, generally, any or all acts on my behalf on any other matters or things pertaining to or belonging to me with the same validity as I might act or could do if personally present and not under any disability, incompetency or incapacity.

To exercise all powers and do all acts on my behalf deemed by my said attorney-in-fact to be incidental to, or necessary or proper to carry into full effect, the foregoing powers hereby ratifying and confirming all that my said attorney-in-fact can lawfully do or cause to be done by virtue hereof.

In the event that during my disability, incompetency or incapacity any proceedings are commenced in any Court to appoint a guardian, curator or other fiduciary for and on my behalf, then and in those events, I do hereby nominate and request the Court to appoint **Thomas M. Nolen, M.D.** as such guardian, curator or other fiduciary.

It is my intention that notwithstanding my subsequent disability, incompetency or incapacity, this power of attorney shall remain in full force and effect until expressly revoked or amended as provided by law, provided that such revocation or amendment shall be of no effect with respect to parties acting or things done in reliance upon this durable power of attorney prior to the actual receipt by them of written notice of such revocation or amendment.

IN WITNESS WHEREOF, I set my hand and seal this 10 day of May, 2001.

WITNESSES:

Lance Brasher

Paula Head

Elizabeth H. Nolen (SEAL)
Elizabeth H. Nolen

STATE OF ALABAMA
SHELBY COUNTY

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that **Elizabeth H. Nolen**, whose name was signed to the foregoing instrument in my presence, and who is known to me, acknowledged before me on this day, that, being informed of all contents of the foregoing Durable Power of Attorney, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 10 day of May, 2001.

Paula Head
Notary Public

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