


DURABLE POWER OF ATTORNEY


20030324000174810 Pg 1/3 17.00
Shelby Cnty Judge of Probate, AL
03/24/2003 12:24:00 FILED/CERTIFIED

STATE OF ALABAMA)
JEFFERSON COUNTY)

Know All Men By These Present, that I, Donnis Lorraine Kalb, pursuant to Section 26-1-2, Code of Alabama 1975, do hereby make, constitute and appoint my spouse, Charles E. Kalb my true and lawful Attorney in Fact, in my name, place and stead, and on my behalf as follows:

1. To exercise or perform any act, power, duty, right, or obligation whatsoever that I now have, or may hereafter acquire in connection with, arising from, or relating to any person, item, transaction, thing, business property, real or personal, tangible or intangible, or whatsoever.

2. To buy, receive, lease, accept, or otherwise acquire; to sell, convey, mortgage, hypothecate, pledge, quit claim, or otherwise encumber or dispose of; or to contract or agree for the acquisition, disposal or encumbrance of; any property whatsoever and wheresoever situated, be it real, personal or mixed, or any custody, possession, interest or right therein or pertaining thereto, upon such terms as my attorney shall think proper.

3. To take, hold, possess, invest, lease or let, or otherwise manage any or all of my real, personal, or mixed property, or any interest therein or pertaining thereto; to eject, remove, or relieve tenants or other persons from, and recover possession of such property by all lawful means; and to maintain, protect, preserve, insure, remove, store, transport, repair, rebuild, modify, or improve the same or any part thereof.

4. To make, do, and transact all and every kind of business of whatever kind or nature, including the receipt, recovery, collection, payment, compromise, settlement, and adjustment of all accounts, legacies, bequests, interests, dividends, annuities, claims, demands, debts, taxes, and obligations, which may now or hereafter be due, owing or payable by me or to me.

5. To make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, hypothecations, checks, notes, bonds, vouchers, receipts, releases, and such other instruments in writing of whatever kind and nature.

6. To make deposits or investments in, or withdrawals from, any account, holding, or interest which I may now or hereafter have, or be entitled to, in any banking, trust, or investment institution, including postal savings depository institutions, credit unions, savings and loan associations, and similar institutions; to exercise any right, option or privilege pertaining thereto; and to open or establish accounts, holdings, or interests of whatever kind or nature, with any such institutions in my name or in my said attorney's name or in both our names jointly, either with or without the right of survivorship.

7. To institute, prosecute or defend, compromise, arbitrate, and arbitrate and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, distresses or other proceedings, or otherwise engage in litigation in connection with the premises.

8. To engage and dismiss agents, counsel, employees, and to appoint and remove at pleasure any substitute for, or agent of, my said attorney, in respect to all or any of the matters things herein mentioned, and upon such terms as my attorney shall think fit.

9. To prepare, execute, and file income and other tax returns, and other governmental reports, declarations, applications, requests and documents.

10. To act as my attorney-in-fact or proxy in respect to any policy of insurance on my life and in the aforesaid capacity to exercise any right, privilege, or option which I may have thereunder or pertaining thereto.

11. To make health care decisions on behalf of myself, in the manner set forth in the Alabama Natural Death Act if in the opinion of my attending physician I am no longer able to give directions to health care providers. This includes whatever medical decisions I could make if I were able, including without limitation decisions regarding the giving or withholding or withdrawing of life-sustaining procedures and artificially provided nutrition and hydration, health treatment, medical procedures, health procedures, health care, or diagnostic procedures; to talk with health care personnel, to request, review and receive any information, oral or written, regarding my physical or mental health, including medical and hospital records, execute a release or other document required to obtain the information, and consent to the disclosure of the information; to sign forms necessary to carry out such decisions, as well as to execute authorizations for medical treatment and for the administration of drugs, therapy, testing, radiological testing, anesthetic drugs and devices, surgery, cosmetic surgery, reconstructive surgery, blood transfusions, and in general for any medical treatment administered by any practitioner of the healing arts (including without limitation medical doctors, registered nurses, licensed practical nurses, therapists, allied health professionals, home health agencies, psychiatric doctors and psychologists) and to do all such acts and things as fully and effectual 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.

GIVING AND GRANTING unto said attorney full power and authority to do and perform all and every act, deed, matter, and thing whatsoever regarding my personal, medical and financial affairs, real and personal property, assets, monies and any other interest as fully and effectual to all intents and purposes as I might or could do in my proper person if personally present, the above specifically enumerated powers being in aid and exemplification of the full, complete and general power herein granted, and not in limitation or definition thereof; and hereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. I further declare that any act or thing lawfully done hereunder by my said attorney shall be binding on myself, my heirs, legal and personal representatives, and assigns.

Should Charles E. Kalb be unable or unwilling to act as my attorney, for whatever reason, then I hereby appoint my daughter, Michelle Walters Paradiso to act as my true and lawful Attorney in Fact, with all the powers, rights, privileges, duties and responsibilities as set forth herein

The enumeration of specific items, rights, acts or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my said attorney in Fact.

This power of Attorney shall become effective upon the disability, incompetency, or incapacity of the principal. .

I hereby nominate Charles E. Kalb for consideration by any court if proceedings to appoint a fiduciary for myself are hereinafter commenced.

This instrument shall be construed as complete and no other documents or instruments shall take precedent, unless by operation of law. Should any portion of this instrument be declared void, such declaration shall not effect any other portion of this instrument, and all such portions shall remain in full force and effect and construed so as to render them effectual.

14 IN WITNESS WHEREOF, as Principal, I have signed this Power of Attorney this the
day of October, 2002.


DONNIS LORRAINE KALB

STATE OF ALABAMA)
JEFFERSON COUNTY)

SWORN to and SUBSCRIBED before me by Donnis Lorraine Kalb
this the 14th day of October, 2002.


NOTARY PUBLIC
My Commission Expires: 1/2/04

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