



20030703000419600 Pg 1/2 17.00
Shelby Cnty Judge of Probate, AL
07/03/2003 08:51:00 FILED/CERTIFIED

STATE OF ALABAMA

COUNTY OF Jefferson

See Medical Decisions Addendum
Attached Hereto

DURABLE POWER OF ATTORNEY

Maurice G. Pearson

KNOW ALL MEN BY THESE PRESENTS, that I, Maurice G. Pearson residing in 1617 Delwood, Scottsboro, AL 35769, do hereby nominate, constitute and appoint Lois R. Pearson as my true and lawful attorney-in-fact, 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, dues, accounts, legacies, bequests, interest, 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 attachments, arrests, distress or otherwise, and to compromise and agree to the same and give acquittances or other sufficient discharges for the same;

Also to bargain and agree to buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choses in action and other property in possession or in action, and to make, do and transact all and every kind of business of whatsoever nature and 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, mortgages, hypothecations, bills of lading, bills, bonds, notes, receipts, evidence of debt, releases and satisfaction of mortgage, judgments and other debts and such other instruments in writing of whatsoever kind and nature as may be necessary or proper in the premises;

Giving and granting unto my said attorney-in-fact full power and authority to do and perform every act necessary, requisite or proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

This Power of Attorney shall not be affected by my disability incompetency or incapacity. If, following execution of this Power of Attorney, a court of my domicile appoints a guardian, curator or other fiduciary charged with the management of all my property, or all such property except specified exclusions, the court shall appoint Lois R. Pearson, except for good cause of disqualification.

IN WITNESS WHEREOF, I have hereunto signed my name this the 12 day of June, 2002

Maurice G. Pearson

Sworn to and subscribed before me on this the 12 day of June, 2002.

Kimberly D. Ricci
NOTARY PUBLIC
My Commission Expires: 1-18-05

21, 1/10/02

STATE OF ALABAMA
COUNTY OF JACKSON

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**HEALTH CARE ADDENDUM TO
DURABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS, that I, MAURICE G. PEARSON
in addition to the rights conferred on my true and lawful attorney-in-fact, _____
Lois R. Pearson, as more fully set out on the preceding page, do further
empower my said attorney to make health care decisions for me if and when I am unable
to make my own health care decisions, including the power to consent to giving,
withholding or stopping any health care, treatment, service or diagnostic procedure. My
attorney also has the authority to talk with health care personnel, obtain information and
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 devices, 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, licenses practical nurses, therapists, allied health professionals, home
health agencies, psychiatric doctors and psychologists) 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.

IN WITNESS WHEREOF, I have hereunto signed my name this the 12 day of
June, 2002

Maurice G. Pearson

Sworn to and subscribed before me on this the 12 day of June
2002.

Kimberly J. Ricci
NOTARY PUBLIC
My Commission Expires: 1-18-05

STATE OF ALABAMA JACKSON CO.
I CERTIFY THIS
INSTRUMENT WAS FILED
2002 JUN 12 AM 10:40
U.C. FILE NUMBER OR
REC. NO. & PG. AS SHOWN
440241600-12
JUDGE OF PROBATE

FR _____ 3.00
Rec. _____ 6.00
Index _____ 4.00
Mtg. Tax _____
Deed Tax _____
Misc. _____
Total _____ 13.00

211 - 1/18/05