


**DURABLE POWER OF ATTORNEY**

  
20040504000234200 Pg 1/6 26.00  
Shelby Cnty Judge of Probate, AL  
05/04/2004 15:01:00 FILED/CERTIFIED

**STATE OF ALABAMA)  
SHELBY COUNTY)**

Know All Men by These Presents, which are intended to constitute a Durable Power of Attorney, that I, **MARVIN FRANKLIN JONES**, the undersigned, of 101 Juniper Road, City of Shelby, County of Shelby, State of Alabama, do hereby make, constitute and appoint **CHERYL DARLENE JONES**, of 101 Juniper Road, City of Shelby, County of Shelby, State of Alabama, my true and lawful Attorney in Fact, for me and in my name, place and stead, on my behalf and for my use and benefit.

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

To request, ask, demand, sue for, recover, collect, receive and hold and possess all such sums of money, debts, dues, commercial notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, any and all documents of title, chooses in action, personal and real property, tangible and intangible property and property rights, and demands whatsoever, liquidated or unliquidated, as now are, or shall hereafter become, owned by me, or due, owing, payable, or belonging to me, or in which I have or may hereafter acquire interest, to have, use, and take all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to make, execute, and deliver for me, on my behalf, and in my name, all endorsements, acquittances, releases, receipts, or other sufficient discharges for the same;

To lease, purchase, exchange and acquire, and to agree, bargain, and contract for the lease, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any real or personal property whatsoever, tangible or intangible, or interest thereon, on such terms and conditions, and under such covenants, as my said Attorney in Fact shall deem proper;

To maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens, mortgage, subject to deeds of trust, and hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest that I now own or may hereafter acquire, for me, in my behalf, and in my name and under such covenants, as my said Attorney in Fact shall deem proper;

To conduct, engage in, and transact any and all lawful business of whatever nature or kind for me, on my behalf and in my name;

To make, receive, sign, endorse, execute, acknowledge, deliver and possess such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, letters of credit, notes,

stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan associations, credit unions, or other financial institutions or associations, proofs of loss, evidences of debts, releases, and satisfaction of mortgages, liens, judgments, security agreements and other debts and obligations and such other instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted;

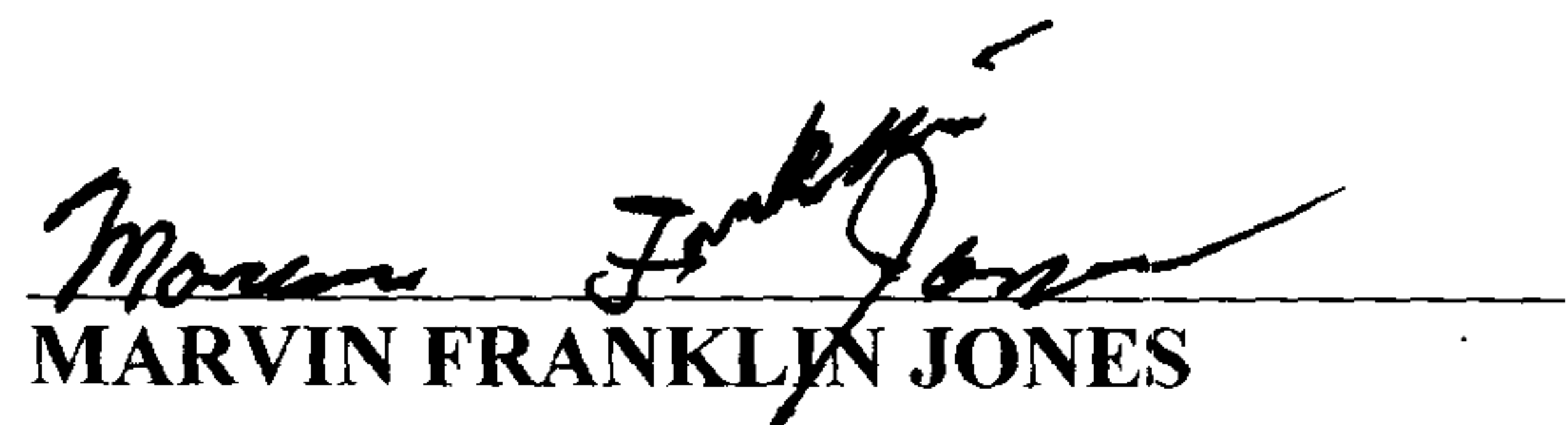
And if my estate is ample to provide for the purposes implicit herein, to make gifts to my family, including the attorney in fact named herein if a family member, to charity and other objects as I might have been expected to make, in amounts which do not exceed in total for any year twenty (20%) percent of the income to my estate for that year.

I grant to my said Attorney in Fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all extent and purposes as I might or could do if personally present with full power of substitution or revocation, hereby ratifying and confirming all that my said Attorney in Fact, or her substitute, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

This instrument is to be construed and interpreted as a durable and general power of attorney. 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.

The rights, powers and authority of my said Attorney in Fact herein granted shall commence upon the execution hereof and shall remain in full force and effect upon the disability, incompetency, or incapacity of the said principal, **MARVIN FRANKLIN JONES**, and such rights, powers and authority shall remain in full force and effect thereafter until the death of the principal, **MARVIN FRANKLIN JONES**, or until his disability, incompetency, or incapacity is otherwise terminated. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal representative.

**IN WITNESS WHEREOF**, as Principal, I have signed this Durable Power of Attorney at Columbiana, Alabama, this 22 day of January, 2004, and I have directed that photographic copies of this power be made which shall have the same force and effect as an original.

  
**MARVIN FRANKLIN JONES**

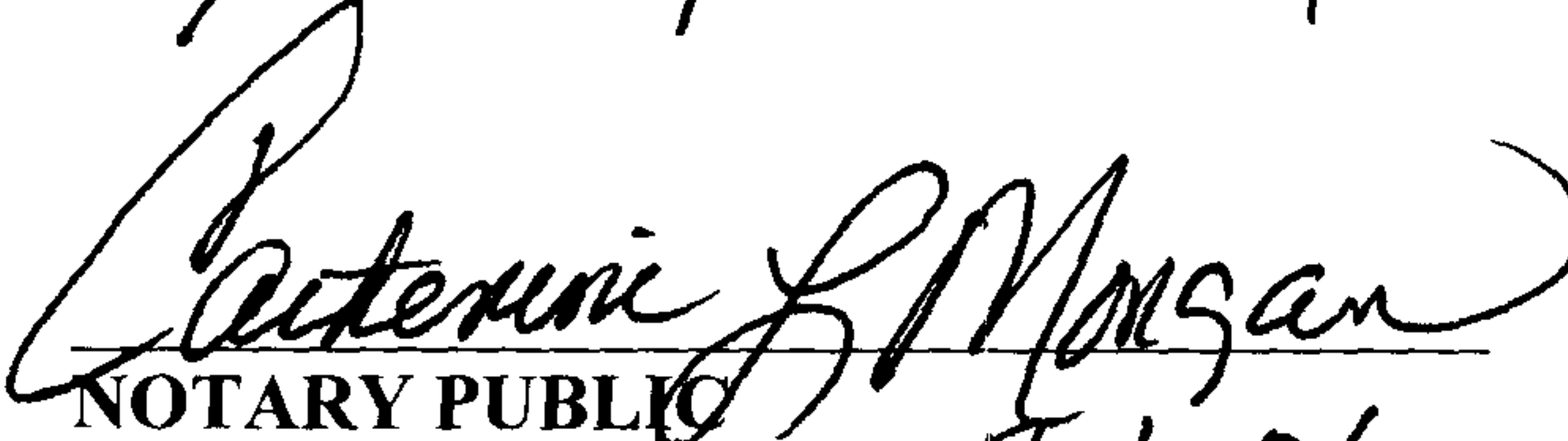
**STATE OF ALABAMA)  
SHELBY COUNTY)**

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that



**MARVIN FRANKLIN JONES**, whose name is signed to the foregoing Durable Power of Attorney and who is known to me, acknowledged before me on this day that, being informed of the contents of said Durable Power of Attorney, he executed the same voluntarily on the day the same bears date.

Given under my hand this the 22 day of January, 2004.

  
NOTARY PUBLIC  
My Commission Expires: 7-1-06

**HOSPITAL AND HEALTH CARE DURABLE POWER OF ATTORNEY**

**STATE OF ALABAMA)**  
**SHELBY COUNTY)**

Know All Men by These Presents, which are intended to constitute a Hospital and Health Care Durable Power of Attorney, separate and apart from the above Durable Power of Attorney that I, **MARVIN FRANKLIN JONES**, the undersigned of 101 Juniper Road, City of Shelby, County of Shelby, State of Alabama, do hereby make, constitute and appoint **CHERYL DARLENE JONES**, of 101 Juniper Road, City of Shelby, County of Shelby, State of Alabama, my true and lawful Attorney in Fact. As my Attorney in Fact she will have the full and complete authority with no limitations to make all lawful hospital and health care decisions for me and that no hospital or health care facility shall maintain any control over these decisions.

This gives my attorney in fact the power to grant, refuse, or withdraw consent on my behalf of any health care service, treatment or procedure, even though my death may ensue. My attorney in fact has the authority to talk to health care personnel, get information, have access to medical records, and sign forms necessary to carry out these decisions. My attorney in fact also has authority to authorize my admission to or discharge from any hospital, nursing home, residential care, assisted living or similar facility or service, and to contract on my behalf for any health care related service or facility (without my attorney in fact incurring personal financial liability for such contracts).

If the person named as my attorney in fact is not available or is unable to act as my attorney in fact, I appoint the following person(s) to serve with all powers granted my original attorney in fact:

1.

NAME

HOME ADDRESS

HOME PHONE NUMBER

WORK PHONE NUMBER

2.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
WORK PHONE NUMBER

With this document, I intend to create a durable power of attorney for health care, which shall take effect upon and only during any period in which, in the opinion of a doctor, I am unable to make or communicate a choice regarding a particular health care decision. My attorney in fact shall make health care decisions as I direct below or as I make known to him or her in some other way. If my attorney in fact is unable to determine the choice I would want to make, then my attorney in fact shall make a choice for me based upon what my attorney in fact believes to be in my best interest.

**A. STATE OF DIRECTIVES CONCERNING LIFE-SUSTAINING CARE, TREATMENT, SERVICES, AND PROCEDURES:** (The directions herein apply to all forms of life-sustaining treatments which include but are not limited to mechanical ventilation, cardiopulmonary resuscitation, kidney dialysis, and artificial nutrition and hydration, unless otherwise limited in these directions).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. SPECIAL PROVISIONS AND LIMITATIONS:** (These limitations and/or provisions apply to specific types of treatment that are inconsistent with my religious beliefs or unacceptable to me for any other reason, such as blood transfusions, convulsive therapy, amputations, psycho surgery, etc., and include treatments that I have discussed with my attorney in fact).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the extent that I am permitted by law to do so, I herewith nominate my attorney in fact

to serve as my guardian, conservator and/or in any similar representative capacity. If I am not permitted by law to make a nomination, then I request in the strongest possible terms that any court consider this nomination.

No person who relies in good faith upon representations by my attorney in fact or alternate attorney in fact shall be liable to me, my estate, my heirs or assigns for recognizing the attorney in fact's authority.

The powers delegated under this power of attorney are separable, so that the invalidity of one or more powers shall not affect any others.

**BY MY SIGNATURE I INDICATE THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT.**

I, MARVIN FRANKLIN JONES, sign my name to this form on this the 22 day of January, 2004, at Columbiana, Alabama.

Marvin Franklin Jones  
MARVIN FRANKLIN JONES

**WITNESSES**

I, the undersigned Witness, declares that the person who signed or acknowledged this document is personally known to me, that the person signed acknowledged this Hospital and Health Care Durable Power of Attorney for health care in my presence, and that the person appears to be of sound mind and under no duress, fraud, or undue influence. I am not the person appointed as attorney in fact by this document, nor am I the person's health care provider or an employee of the person's health care provider. I am not related to the person by blood, marriage or adoption, and to the best of my knowledge, I am not a creditor of the person, nor responsible for paying the person's health care costs, nor entitled to any part of the person's estate under a Will now existing or by operation of law.

**First Witness:**

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Second Witness:**

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

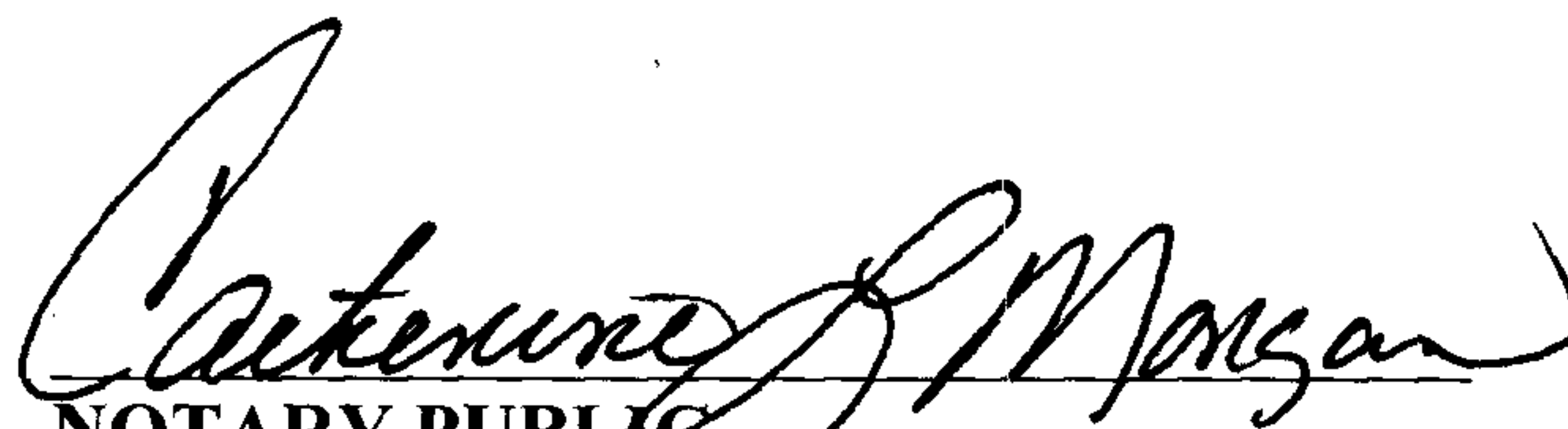
Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**STATE OF ALABAMA)  
SHELBY COUNTY)**

I, the undersigned, a Notary Public in and for said County, in said State, do hereby certify that **MARVIN FRANKLIN JONES**, whose name is signed to the foregoing Hospital and Health Care Durable Power of Attorney, and who is known to me, acknowledged before me on this day that, being informed of the contents of the above and foregoing Hospital and Health Care Durable Power of Attorney, he executed the same voluntarily on the day same bears date.

Given under my hand and official seal of office this the 22 day of January, 20 04.

  
NOTARY PUBLIC  
My Commission Expires: 7-1-06