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Durable Power of Attorney

STATE OF ALABAMA)
COUNTY OF SHELBY)

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, **LINDA COOPER SNEED**, of the City of Pelham, Shelby County, Alabama have made, constituted and appointed, and by these presents do make, constitute and appoint, my Husband, **EDWIN HARGETT SNEED**, of the City of Pelham, Shelby County, 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, bequest, 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, and in any manner deal in and with goods, wares, and merchandise, choices 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 in my name, and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, leases and assignment or leases, covenants, indentures, agreements, mortgages, bills of lading, bills, bonds, notes, receipts, evidence of debt, release and satisfactions of mortgages, judgments and other debts, and such instruments in writing of whatever kind as may become necessary or proper in the premises.

This Power of Attorney shall only become effective upon the 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.

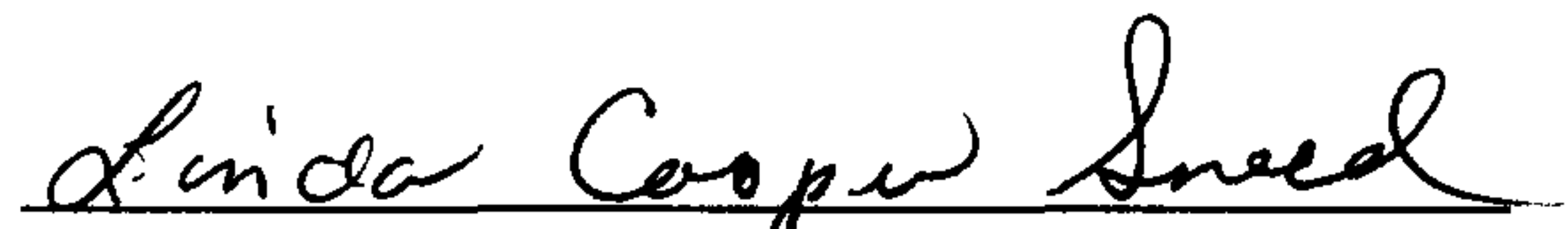
Giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done

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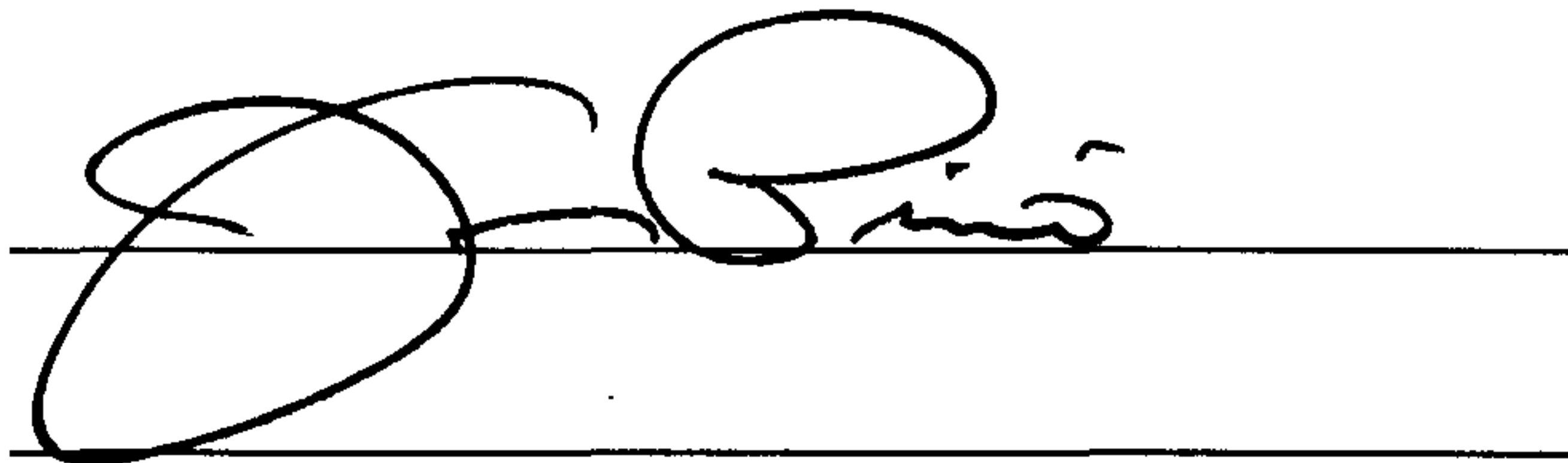
and in and about the premises, as fully to all intents and purposes as I might do if personally present with full power of substitution or revocation, hereby ratifying and confirming that my said attorney, or his/her substitutes, shall lawfully do or cause to be done by these presents.

This Power of Attorney shall remain in effect until revoked by me in writing and said revocation 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.

WITNESS my hand this the 25 day of October, 2004.


LINDA COOPER SNEED

Witnesses:



Sworn to and subscribed before me this the 25th day of October,
2004.

(SEAL)


Notary Public
My Commission Expires: _____