

STATE OF ALABAMA)
SHELBY COUNTY)


20050107000010310 Pg 1/2 14.00
Shelby Cnty Judge of Probate, AL
01/07/2005 13:38:00 FILED/CERTIFIED

POWER OF ATTORNEY

THIS POWER OF ATTORNEY IS MADE AND ENTERED INTO PURSUANT TO THE PROVISIONS OF AND AUTHORITY GRANTED BY §26-2A-7, CODE OF ALABAMA OF 1975, AS AMENDED.

We, the undersigned, **HEATHER NICOLE LAYFIELD** and **CHRISTOPHER ALAN SHEPHERD**, the biological mother and father of **CHRISTIAN ALAN SHEPHERD**, infant son born November 11, 2004, do hereby willingly and voluntarily make, constitute and appoint **DEBRAM. ALEXANDER** (being the maternal grandmother of the infant child) without bond, our true and lawful Attorney-In-Fact for us and in our name, place and stead and on our behalf, for a period not to exceed one (1) year from date hereof, to exercise each and every power or authority regarding healthcare, support, education and maintenance of the person or property of **CHRISTIAN ALAN SHEPHERD** as effectually as we, ourselves, could do in her sole, absolute and unfettered discretion as she deems in the best interests of said infant child.

The Attorney-In-Fact's authority is granted as broadly as possible, including, but not limited to, any or all of the following acts:

1. To determine the infant child's place of residence from time to time, to exercise full and complete care, custody, and control of the infant child; to determine reasonable visitation rights, supervised or unsupervised; to arrange for and pay the costs of medical, nursing, hospital and other healthcare and treatment; to make application for insurance, including, but not limited to, benefits under Social Security, Medicare and Medicaid; to have complete access to and obtain copies of medical reports, birth records, and all medical information whatsoever and to execute written consents for disclosure of same.
2. To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, nutritional support and hydration and cardiopulmonary resuscitation.
3. To authorize admission to or discharge from any hospital or healthcare facility or service and to take any other action necessary to do what is authorized here, including (but not limited to) granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to acceptance or refusal of treatment.
4. No person, physician, institution or health care provider who relies in good faith upon any representations or instructions by my said attorney-in-fact shall be liable to us, our estates, our heirs or assigns, for recognizing said attorneys-in-fact's authority.

This instrument is to be construed and interpreted as a 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 our said attorney-in-fact; provided, however, nothing contained herein shall be construed to grant power to consent to marriage or adoption of the minor child.

This power of attorney shall not be affected by the disability, incompetency or incapacity of either or both of the principals and is a durable power of attorney as defined by the laws of the State of Alabama.

In the event that our said attorney-in-fact shall for any reason fail or cease to serve as such attorney-in-fact, then we nominate, constitute and appoint, **THOMAS ALEXANDER**, as successor attorney-in-fact, without bond. Such successor shall succeed to all of the rights, powers, duties and immunities of our first-named attorney-in-fact.

Reproductions of this executed original (with reproduced signatures and the certificate of acknowledgment) shall be deemed to be original counterparts of this **POWER OF ATTORNEY**.

IN WITNESS WHEREOF, we **HEATHER NICOLE LAYFIELD** and **CHRISTOPHER ALAN SHEPHERD**, have hereunto set our hands and seals this 4th day of January, 2005.

CONSENT:


DEBRA M. ALEXANDER,
ATTORNEY IN FACT


HEATHER NICOLE LAYFIELD

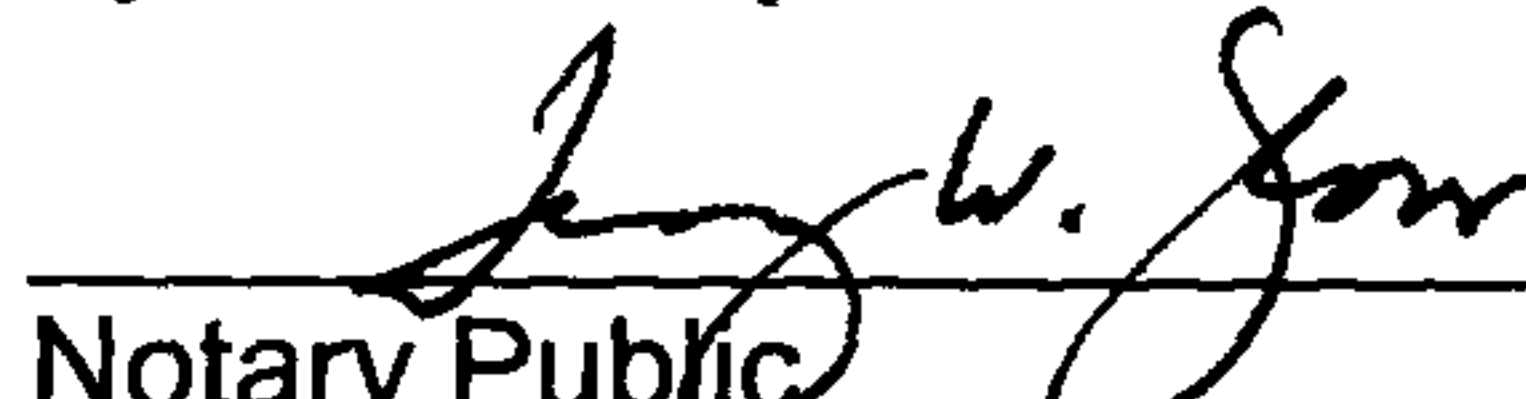
CHRISTOPHER ALAN SHEPHERD

STATE OF ALABAMA)
COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public in and for said County and State hereby certify that **HEATHER NICOLE LAYFIELD** and **CHRISTOPHER ALAN SHEPHERD** whose names are signed to the foregoing Power of Attorney, and who are known to me, acknowledged before me on this day that, being informed of the contents of the Power of Attorney, they executed the same voluntarily on the day the same bears date.

Given under my hand this 4th day of January, 2005.

THIS INSTRUMENT PREPARED BY:
Terry W. Gloor, Esquire
800 Shades Creek Parkway
Suite 335
Birmingham, AL 35209


Notary Public
My Commission Expires: 2/22/08