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Shelby Cnty Judge of Probate, AL
05/05/2005 09:03:38AM FILED/CERT

DURABLE POWER OF ATTORNEY OF ZORA W. STIPES

KNOW ALL MEN BY THESE PRESENTS:

That I, **ZORA W. STIPES**, a resident citizen of the State of Alabama, do hereby nominate, constitute and appoint my husband, namely, **JACK A. STIPES**, to be my true, sufficient and lawful attorney, for me and in my place and stead at such time as I become incompetent or incapacitated. If my husband, **JACK A. STIPES** is unable to serve for any reason then I nominate, constitute and appoint my daughter, namely, **CHERYL LYNN RAY**, to be my true, sufficient and lawful attorney. However, if my daughter, **CHERYL LYNN RAY**, is unable to serve for any reason then I nominate, constitute and appoint my other daughter, **DEBRA MARGARET STIPES**, to be my true, sufficient and lawful attorney.

My Agents shall have the following powers:

(a) To demand, sue for, collect, recover and receive all goods, claims, debts, monies, interests or demands of any kind whatsoever now due or that may hereafter be due to me or belong to me;

(b) To make, execute, endorse, accept or deliver any and all bills of exchange, checks, drafts, or notes, and to use the same and/or the proceeds thereof for whatever purposes that my said attorney may see fit for my benefit;

(c) To pay all sums of money at any time that may now or hereafter be owing by me or by my said attorney's for me;

(d) To defend, settle, adjust or compromise all actions, suits, accounts, claims or demands whatsoever that may now or

hereafter be pending between me and any legal entity in such manner as my said attorney's shall see fit;

(e) To buy, receive, lease, accept or otherwise acquire, sell, convey, mortgage, hypothecate, pledge, execute deeds, or otherwise encumber or dispose of, or to contract or agree for the acquisition, disposal or encumbrance of, any property whatsoever situated, be it real, personal, interest, or right therein or pertaining thereto, upon such terms as my said attorney's shall think proper;

(f) To act as my attorney or proxy in respect to any stocks, shares, bonds, or other securities or investments, including but not limited to certificates of deposit, which I may now or hereafter hold;

(g) To open, maintain, use or close any or all accounts in any financial institution, i.e., savings or checking accounts, including signing any documents necessary for same;

(h) In the event court proceedings are hereafter commenced to appoint a guardian, conservator or other fiduciary to take charge of my person, or to manage and conserve my property, I hereby nominate and appoint my Agents above-named as my guardian, conservator, or other fiduciary, to serve without bond unless otherwise required by a court of competent jurisdiction.

(i) To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or part of the contents thereof, and to surrender or relinquish said safe deposit box, and any institution in which any such safe deposit box

may be located shall not incur any liability to me or my estate as a result of permitting my Agents to exercise this power;

(j) To prepare, sign and file joint or separate income tax returns or declarations of estimated tax for any year or years; to prepare, sign and file gift tax returns with respect to gifts made by me for any year or years, to file requests for extensions of time to file returns or pay taxes, to consent to any gift and to utilize any gift-splitting provisions or other tax election; and to prepare, sign and file any claims for refund of any tax.

(k) To engage and dismiss attorneys at law, accountants, clerks, workmen or others in respect to any of the matters herein mentioned and upon such terms as my said attorney shall think fit in connection with these premises.

(l) To make gifts, grants, or other transfers without consideration, either outright or in trust to such persons, including my attorney's-in-fact herein named, or organization as my attorney's-in-fact shall select.

(m) I hereby grant to my Agents full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my Agents shall make health care decisions that are consistent with my desires as stated in this document or otherwise made known to my Agents, including, but not limited to, my desires concerning obtaining or refusing or withdrawing life prolonging care, treatment, services and procedures.

I hereby authorize all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my Agents all information contained in my medical records, which my Agents may request. I hereby waive all privileges attached to physician-patient relationship and to any communication, verbal or written, arising out of such a relationship. My Agents are authorized to request, receive and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations and health care providers as my Agents shall deem appropriate. My Agents are authorized to employ and discharge health care providers including physicians, psychiatrists, dentists, nurses, and therapists as my Agent shall deem appropriate for my physical, mental and emotional well being. My Agents are also authorized to pay reasonable fees and expenses for such services contracted.

My Agents are authorized to apply for my admission to a medical, nursing, residential or other similar facility, execute any consent or admission forms required by such facility and enter into agreements for my care at such facility or elsewhere during my lifetime. My Agents are authorized to arrange for and consent to medical, therapeutical and surgical procedures for me including the administration of drugs. The power to make health care decisions for me shall include the power to give consent, refuse consent, or



withdraw consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition.

I reserve unto myself the right to revoke the authority granted to my Agents hereunder to make health care decisions for me by notifying the treating physician, hospital, or other health care provider orally or in writing. Notwithstanding any provision herein to the contrary, I retain the right to make medical and other health care decisions for myself so long as I am able to give informed consent with respect to a particular decision;

Giving and granting unto my said attorney full authority to do and perform each and every act, deed, matter, and thing whatsoever in or about my estate and affairs set forth as fully and effectively to all intents and purposes as I might or could do in my own proper person if personally present, the above enumerated powers being in aid and exemplification of the full, complete and general power herein granted and not in limitation thereof; and hereby ratifying all that my said attorney's may lawfully do or cause to be done by virtue of these presents; and I hereby declare that any act or thing lawfully done or caused to be done by my said attorney's shall be binding upon myself, my heirs, legal and personal representatives and assigns, whether the same shall have been prior to or after my death or other revocation of this instrument, unless and until reliable notice shall have been given or received by any person acting in reliance hereon of such revocation. This power of attorney shall not be affected by my

subsequent disability, incompetency or incapacity.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this
19 day of March, 2003.

Zora W Stipes
ZORA W. STIPES

STATE OF ALABAMA)
COUNTY OF JEFFERSON)

I, the undersigned, do hereby certify that I am a duly qualified, commissioned and authorized Notary Public in and for Jefferson County, State of Alabama, and that **ZORA W. STIPES**, Grantor in the foregoing Durable Power of Attorney, dated this date and to which this acknowledgment is attached, who is personally known to me as the person who executed the said Power, appeared before me this day within the territorial limits of my authority, and being first duly sworn, executed the said instrument after the contents thereof had been read and duly explained to said Grantor, and acknowledged the execution of said instrument by the uses and purposes therein set forth.

In witness whereof, I have hereunto set my hand and affixed my official seal this 19th day of March, 2003.

Michael S. Balch
Notary Public

10/19/03
My Commission Expires.

