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Shelby Cnty Judge of Probate, AL  
09/01/2006 02:25:34PM FILED/CERT

STATE OF ALABAMA )  
JEFFERSON COUNTY )

KNOW ALL MEN BY THESE PRESENTS:

**POWER OF ATTORNEY**

I, **HORACE M. HAGOOD**, a resident citizen of Jefferson County, Alabama, under the authority of Act No. 81-98, Regular Session 1981, of the Legislature of Alabama, Codified in the 1975 Code as Section 26-1-2, do hereby declare that "this power of attorney shall not be affected by disability, incompetency or incapacity of principal" . . . I, the undersigned, **HORACE M. HAGOOD**, recognizing this contingency and intending to create a durable power of attorney do nominate and appoint, **MARY GLOVER HAGOOD**, as my true and lawful general attorney, to do each and every thing that I could do myself, if personally present, without limitation, restriction or condition. I grant to my said general attorney the power to withdraw in any financial institution where I may have any money to withdraw the same for and on my behalf, and to sign my name as general attorney to any and all accounts in any corporation, partnership or business organization as fully and as completely as I, myself, could do if I were present. I grant to my attorney, without limitation, the authorization of my entry into any hospital, nursing home, or any treatment by any surgeon or physician or the authorization for any medical operation or other treatment that may be recommended by a physician or surgeon; for the employment of nurses to take care of me under any and all conditions where I may not be able to care for myself; to authorize any treatment that may be recommended by a physician or surgeon, and to pay from any funds that I may have on deposit in any bank or trust company or savings and loan association; to borrow on the security of any personal or real property that I may own and to do any and things as fully and as completely as I, myself, could do if I were present and acting.

*Estes Sanders*



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I grant to my said attorney-in-fact on any and all savings bonds of any nature to redeem said bonds and obtain payment thereof, issued by the United States of America or any agency of the Federal Government of the State of Alabama or any agency of the State of the United States of America or any private corporation.

I specifically grant to my said attorney-in-fact, the power to sell any and all real estate owned by me or in which I have any right, title, interest and to sign and execute any and all contracts to sell, options deeds or documents or any nature to sell and any all of said real estate. same powers and duties as stated in the original appointment.

In the event that **MARY GLOVER HAGOOD**, declines to accept the appointment as my attorney-in-fact, or otherwise shall for whatever reason withdraw from such capacity, then I hereby nominate and appoint **SALLY HAGOOD FULTON and/or SUZIE HAGOOD LAVETT**, as the Contingent or Successor attorneys-in fact with the one on my behalf by my said general attorney and I do hereby ratify and confirm any and all acts or things that may be done by my said general attorney on my behalf.

I hereby specifically authorize my attorneys-in-fact to make all decisions concerning any medical care, hospitalization or life saving decisions that must be made in the event of my hospitalization. This is intended to include the right to determine what hospitals that am admitted to and/or what other facilities including assisted living facilities, nursing homes, or other health care providing facilities in which I may need to be entered. I further specifically intend for all decisions concerning medication, surgery, treatment, continuation of life support or all other medical decisions that must be made to be made by my attorney-in-fact.

All of the foregoing, I do hereby authorize to be done on my behalf by my said general attorney and I do hereby ratify and confirm all acts or things that may be done by my said

general attorney on my behalf.

**WITNESS MY HAND AND SEAL**, this 3rd day of February, 2000.

  
**HORACE M. HAGOOD**

**STATE OF ALABAMA )**  
**JEFFERSON COUNTY )**

I, the undersigned, a Notary Public, in and for said State and County, hereby certify that **HORACE M. HAGOOD** whose name is signed to the foregoing general power of attorney, and who is known to me, acknowledged before me on this date that being informed of the contents of said power of attorney, he executed the same voluntarily on the day the same bears date.

**IN WITNESS WHEREOF**, I hereunto set my hand and official seal this 3rd day of February, 2000.

  
**NOTARY PUBLIC**