


STATE OF ALABAMA  
MONTGOMERY COUNTY

  
20061005000493420 1/3 \$20.00  
Shelby Cnty Judge of Probate, AL  
10/05/2006 10:08:48AM FILED/CERT

DURABLE POWER OF ATTORNEY  
UNLIMITED TO  
JOANNE ROUSS

KNOW ALL MEN BY THESE PRESENTS, that I, SONIA L. BOYER, residing at 4277 Wares Ferry Road, Montgomery, AL 36109, do hereby nominate, constitute and appoint JOANNE ROUSS, residing at 2533 Single Tree Circle, Birmingham, AL 35242, my true and lawful attorney-in-fact, for me and in my name, place and stead, and for my use and benefit.

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

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

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

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

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

To sign, endorse, execute, acknowledge, deliver, receive and possess such applications, contracts, agreements, options, covenants, deeds, conveyances, 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, 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 or other institutions or associations, proofs of loss, evidence of debts, releases, and satisfaction of mortgages, judgments, liens, 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;

If I am otherwise not able, due to disability, in-competency or incapacity, my attorney-in-fact shall have authority to make decisions concerning my health care as follows:

I hereby grant to my attorney-in-fact full power 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 attorney-in-fact shall make health care decisions that are consistent with my desires as stated in this document.

I hereby authorize all physicians and psychiatrists who have treated me and all other providers of health care, including hospitals, to release to my attorney-in-fact all information contained in my medical records, which my attorney-in-fact all information contained in my medical records, which my attorney-in-fact may request. I hereby waive all privilege and confidentiality attached to the patient relationship and to any communication, 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 attorney-in-fact shall deem appropriate.

My attorney-in-fact is authorized to employ and discharge health care providers including physicians, psychiatrists, dentists, nurses, and therapists and is also authorized to pay reasonable fees and expenses for such services contracted.


My attorney in fact is authorized to apply for my admission to a hospital, medical, nursing, residential or other 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 attorney in fact is authorized to arrange for and consent to medical, therapeutical and surgical procedures for me including the administration of drugs. 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, except as limited in the paragraph below.

My attorney in fact is authorized to make decisions regarding provision, withholding or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration only in conformity with my Advance Directive for Health Care. It is not the intention of the provision of this General Durable General Power of Attorney to address those issues and all such decisions shall be in conformity with my said Advance Directive For Health Care. In the event that I do not have an Advance Directive For Health Care, I appoint my said attorney-in-fact as my "health care proxy" in conformity with Section 22-8A-4, 1975 Code of Alabama. As my health care proxy, my said attorney-in-fact shall have complete authority to make all decisions regarding the provision, withholding, or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration and circumstances involving terminal illness and permanent unconsciousness.

I reserve unto myself the right to revoke the authority granted to my attorney-in-fact 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. In addition, no treatment may be given to me over my objection, and health care necessary to keep me alive may not be stopped if I object.

**GIVING AND GRANTED** unto my said attorney-in-fact full power and authority to do and perform every act necessary, requisite or proper to be done in and about the premises as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

  
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This instrument is to be construed and interpreted as a general durable power of attorney. The enumeration of specific items, acts, rights, or powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney-in-fact.

This power of attorney shall not be affected by my subsequent disability or incapacity. The rights, powers and authority of said attorney-in-fact exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on Sept 25<sup>th</sup>, 2006.


Sonia L. Boyer  
Sonia L. Boyer

STATE OF ALABAMA  
COUNTY OF Montgomery

On September 25, 2006, before me the undersigned Notary Public, in and for said County and State, personally appeared, SONIA L. BOYER, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument subscribed to me that the entity, upon whose behalf he/she acted voluntarily, executed the instrument.

WITNESS my hand and official seal this 25<sup>th</sup> day of September, 2006

Jean A. Kelly  
Notary Public  
My Commission Expires: 2/27/07

  
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