

DURABLE POWER OF ATTORNEY - BROAD POWERS

DURABLE POWER OF ATTORNEY

1. KNOW ALL PERSONS BY THESE PRESENTS: That I, A C Mayfield, residing at 40 Wallace Lane. P o box 102, Vincent, Alabama hereby make, constitute and appoint Cynthia Lee, residing at 2471 Hwy 57, P O Box 482, Vincent, Alabama my true and lawful attorney, to act in, manage and conduct all of my affairs and, for that purpose, in my name, place and stead, to do and execute all or any of the following acts, deeds and things:

(a) To have and gain entry and access to my safety deposit box or vault at any time; to remove any or all contents thereof; to sign any papers or documents relating thereto; to deposit any papers, documents or securities in such safety deposit box or vault and to do with respect to any of the contents of said safety deposit box or vault as my said attorney may see fit;

(b) To sell, lease, exchange or dispose of any of my real estate and/or personal property to any person or persons, for any price, and upon such terms and conditions, for cash or on credit, as he/she may deem fit, and to execute any contracts, conveyances, or other instruments whatsoever, with full covenants of warranty;

(c) To demand, recover and receive, all and any sums of money, debts or effects, due, payable, coming or belonging to me;

(d) To borrow sums of money from time to time from any person, firm or corporation, including the borrowing of any sums from any insurance company, and to make and execute promissory notes, mortgages, pledges of insurance policies and any other transfers of security;

(e) To sign checks and otherwise withdraw funds from any bank accounts or other accounts, to endorse any checks, to deposit any checks or other sums in any bank account;

(f) To purchase any goods, merchandise, stocks, bonds or other personal property, on my account and for such prices and in such amounts as he/she may deem proper;

(g) To settle and adjust all accounts and demands now subsisting or which may hereafter subsist between me and any person or persons as he/she may deem proper;

(h) To pay and discharge all debts and demands due or payable or which may hereafter become due and payable by me unto any persons, firms or corporations;

(i) To redeem or cause to be redeemed any bonds, including United States Government Bonds, belonging to me;

0) To vote at the meetings of stockholders or other meetings of any corporation, to act as my attorney or proxy in respect of any stocks, shares or other instruments now or hereafter held by me therein, and for that purpose to execute any proxies or other instruments;

(k) To commence and prosecute any suit or action which he/she shall deem proper for the recovery, possession or enjoyment of any thing or matter which is or which may hereafter be due, payable or belonging to me; to defend any suit or action which may be brought against me or in which I may be interested as he/she shall deem proper;

(l) To sign, make, execute and file any Federal or State income tax returns, claims for refund and to defend me against any proposed additional taxes;

(m) To make health care decisions for me; provided, however, that this particular power shall exist only when I am unable, in the judgment of my attending physician, to make those health care decisions. My attorney-in-fact shall have the power to make health care decisions on my behalf, including making decisions regarding my medical or domiciliary care, including admissions to hospitals or other institutions or placement in a nursing home, to consent to, to refuse to consent to, or to withdraw consent to the provision of any care, treatment, surgery, service or procedure to maintain, diagnose or treat a physical or mental condition, as well as the right to sign such medical forms as may be necessary to carry out such decisions, talk with health care personnel, examine my medical records and to consent to the disclosure of such records; **ADD SPECIFIC**

REFERENCE TO THE POWER TO MAKE DECISIONS REGARDING THE PROVISION, WITHHOLDING OR WITHDRAWAL OF "LIFESUSTAINING TREATMENT" AND ARTIFICIAL FEEDING OR HYDRATION, IF APPROPRIATE; IF THIS POWER IS ADDED, THE SUBSTANTIVE PROVISIONS OF THE REVISED ALABAMA NATURAL DEATH ACT MUST BE INCLUDED AND THE POWER OF ATTORNEY MUST BE EXECUTED AND ACCEPTED IN SUBSTANTIALLY THE SAME FORM AS THE REVISED ALABAMA NATURAL DEATH ACT; CONSIDER NOMINATING A HEALTH CARE PROXY IN ACCORDANCE WITH THE NEW ADVANCE DIRECTIVE FOR HEALTH CARE FORM SET FORTH IN THE REVISED ALABAMA NATURAL DEATH ACT.

(n) To file claims for medical insurance and to obtain information from any insurance company with respect to any policy of health or medical insurance under which I am insured; to have access to my medical records and to obtain information of any type from any physician or other health care professional who may be treating me;

(o) To generally do and perform all matters and things, transact all business, make, execute and acknowledge all contracts, orders, deeds or other conveyances, mortgages, leases and to execute all other instruments of every kind which may be necessary or proper to effectuate all powers hereinabove specifically granted, or any other matter or thing appertaining or belonging to me, with the same full powers, and to all intents and

purposes, with the same validity as I could, if personally present (giving and granting unto my said attorney, full power to substitute one or more attorneys under her, and the same at her pleasure to revoke); and hereby ratifying and confirming whatsoever my said attorney shall and may do, by virtue hereto.

2. The powers herein granted to my said Attorney (s)-in-Fact shall be exercisable by him/her/them at any time and from time to time.

3. This Power of Attorney shall remain in full force and effect and any party dealing with my said Attorney-in-Fact at any time shall be fully protected and is hereby discharged, released and indemnified from so doing in respect of any matter relating hereto unless such particular party shall have received prior notice in writing of the revocation of this power.

4. THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY DISABILITY, INCOMPETENCY OR INCAPACITY AND MAY BE EXERCISED NOTWITHSTANDING ANY SUCH DISABILITY, INCOMPETENCY OR INCAPACITY AND NOTWITHSTANDING ANY UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

5. If Cynthia Lee shall die, resign, become incompetent or otherwise cease to serve as my Attorney-in-Fact hereunder, then I make, constitute and appoint Demetruis Melton, residing at 40930 Hwy 25, P O Box 22, Vincent, Alabama her successor, with all of the powers, duties and authorities originally granted to my Attorney-in-Fact herein.

6. If at any time proceedings are commenced in any court to appoint a guardian, conservator or other fiduciary for me, then I nominate Cynthia Lee to serve as such fiduciary, and I direct that no bond be required with respect to this appointment. If Cynthia Lee shall die, resign, become incompetent or otherwise cease to serve as such fiduciary, then I nominate Demetruis Melton to serve as such fiduciary, and I direct that no bond be required with respect to this appointment.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on

February 20, 2008.

Sophia D. Melton (SEAL)

INSERT IF GRANTING POWER TO MAKE HEALTH CARE DECISIONS

The declarant has been personally known to me and I believe him or her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant and I am not appointed to make health care decisions as provided herein. I am not related to the declarant by blood, adoption, or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care. Dated as of the day and year first written above.

Name: A C Mayfield

Address: P O Box 102

40 Wallace Lane

Vincent, AL 35178

Signature: *A C Mayfield*

STATE OF ALABAMA

COUNTY OF ST. CLAIR

I, the undersigned, a Notary Public, in and for said County, in said State, hereby certify

that A. C. Mayfield whose name is signed to the foregoing Power of Attorney and who are known to me, acknowledged before me on this day, that, being fully informed of the contents of the foregoing instrument, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal on February 20, 2008.

Sophia M. Melton
Notary Public

My Commission Expires: 1/3/2011

(NOTARIAL SEAL)