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Shelby Cnty Judge of Probate, AL
07/31/2008 08:23:15AM FILED/CERT

POWER OF ATTORNEY FOR THE CARE OF CHILDREN

KNOW ALL PERSONS BY THESE PRESENTS:

I, Samuel Earl Biddie ("Parent"), maintaining an address at: 1306 Yellowleaf Ln Maglene, AL 35114. I am an adult and I am the custodial parent having full legal custody of:

Name:	<u>Katherine Leigh-Anne Biddie</u>	born on	<u>12-13-90</u>
Name:	_____	born on	_____
Name:	_____	born on	_____
Name:	_____	born on	_____
Name:	_____	born on	_____
Name:	_____	born on	_____

I hereby make and appoint Jeff and Cheri Barber ("Attorney-in-Fact") maintaining an address at: 202 Odum Crest Lane Birmingham, AL 35206, my true and lawful agent and attorney-in-fact for me and in my name, and in my behalf to act as the guardian of my above-named minor child/children:

The above named Attorney-in-Fact shall have the power and authority to act entirely in loco parentis and to do all acts necessary or desirable for maintaining the health, education, and welfare of my above named child/children, including, but not limited to, the powers to:

1. Provide for, approve, authorize and decline any health care at any hospital or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent, release or waiver of liability required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child/children. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.
2. Determine the education of the child/children and to register and enroll the child/children in any educational programs, schools and extracurricular activities; review any school records of the child/children; allow the child/children to participate in activities and events offered by any group, organization or educational facility.
3. Maintain the customary living standard of the child/children, including, but not limited to, provisions of living quarters, food, clothing, entertainment and other customary matters.



4. Request, ask, demand, sue and take any and all legal steps necessary on behalf of the child/children and to adjust, compromise and settle any claim, the child/children may have against any other person or entity.
5. Apply for, purchase, maintain and/or deal with any health and other insurance for the child/children and to make and file any medical or other type of claim against any health or other type of insurance company.
6. Endorse and execute any documents necessary for the performance of the powers granted by this document, including but not limited to consent forms, releases, waivers, insurance documents, claims, agreements, contracts and legal documents.

Notwithstanding other provisions in this Power of Attorney, Attorney-in-Fact shall not (i) have the authority to withhold or withdraw life sustaining procedures for any child/children; (ii) have the power to consent to the marriage of any of the child/children; (iii) have the power to consent to the adoption of any of the child/children.

This power of attorney shall be in effect from June 29, 2008 to June 29, 2009 ("expiration date").

By signing here, I indicate that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the Attorney-in-Fact named herein.

I hereby ratify and confirm all acts by the Attorney-in-Fact done by virtue of this power of attorney and the rights hereby granted.

The Attorney-in-Fact shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the remaining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.

Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. If this Power of Attorney is terminated by operation of law, any person relying in good faith on the authority of this document, without notice of such termination, shall be held harmless.

I may revoke this Power of Attorney before the expiration date at any time by providing written notice to the Attorney-in-Fact.

Signed on June 27, 2008 (date), at Birmingham (city),
AL (state).

Samuel Eal Biddie
Signature of Parent

Witness Signature: Jamie Pilkington
Name: Jamie Pilkington
City: Birmingham
State: AL

Witness Signature: Deborah Pressley
Name: Deborah Pressley
City: Birmingham
State: Alabama

State of Alabama)
County of JEFFERSON) ss

The foregoing instrument was acknowledged before me this 27 day of June, 2008 by Samuel E. Biddie (name of Principal), who is personally known to me or who has produced AL DL 6522537 as identification.

Candace Goins
Signature of person taking acknowledgment
(Notary Public) NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: May 17, 2010
BONDED THRU NOTARY PUBLIC UNDERWRITERS
Candace Goins
Name typed, printed, or stamped