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Shelby Cnty Judge of Probate, AL
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STATE OF ALABAMA)
SHELBY COUNTY)

GENERAL DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **Lorna L. White**, a resident of Shelby County, Alabama, have made, constituted and appointed and by these presents do make, constitute and appoint my beloved husband, **Thomas Dale White**, of Shelby County, Alabama, my true and lawful Attorney-in-Fact

1. I hereby authorize and empower my Attorney-in-Fact to affix my signature to the necessary documents in the following manner:

Lorna L. White by Thomas Dale White hereon signed by me as if I personally affix my signature to the documents.

2. General Powers. I hereby empower and grant to my said Attorney-in-Fact, as named above, full authority to:

(a) ask, demand, sue for and recover, collect and receive all money, deposits, accounts, interest, dividends and any other credits of whatsoever kind or nature as are now or hereafter shall become due, owing or payable to me and to make, execute and deliver acquittances, receipts, releases or other discharges therefore;

(b) Settle, adjust or compromise any and all claims, accounts, or debts, owing to or by me and to take or deliver all necessary and proper releases therefore;

(c) Grant, bargain, sell, exchange, lease, mortgage or otherwise convey any part or all of the real estate or personal property now owned or hereafter acquired by me or to which I now have or may in the future acquire any interest, whether legal or equitable, and in my name to make, execute, acknowledge and deliver good and sufficient deeds, leases, deeds of trust, bills of sale, mortgages or other conveyances of the same;

(d) Deposit money or securities to my account or for collection with any financial institution and to sign or endorse any instrument to effect such deposit and to

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withdraw money or securities from any financial institution and to sign or endorse any instrument to effect such withdrawals;

(e) Sell, assign and transfer stocks and bonds and securities of all kinds in my name and for my account and at such prices as shall seem good to my said attorney-in-fact, and to sign, execute, acknowledge and deliver in my name all transfer and assignments of securities;

(f) Pay any and all taxes, including income taxes, charges and assessments that may be assessed, imposed or levied by any government agency and in this connection to make and execute all income tax return or other tax forms or returns;

(g) Contract for me, in writing or orally, in rendering or receiving services, property or money, in selling or purchasing property, real, personal, or mixed, wherever situated and in binding me as principal or agent or as surety, in all matters for my continued health, care, support and comfort; and to execute, sign, and acknowledge all such written contracts and make all such oral contracts for me;

(h) Make any and all arrangements deemed appropriate and in my best interests for my personal care, support, maintenance, living arrangements, medical, surgical or dental care; to authorize, consent or request for me and in my name that I be admitted or placed as a patient or resident in any type of retirement home or facility as selected by my Attorney-in-Fact; and to give consent for me and in my name (or to withhold such consent) to any and all types of medical treatment or procedures, or surgical procedures.

And I, Lorna L. White, do give to my Attorney-in-Fact as named above, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in about the premises, as fully to all intents and purposes as I might or could do if personally present at the time thereof, hereby ratifying and confirming all that my said attorney may or shall lawfully do or cause to be done by virtue thereof.

3. Durable Power of Attorney for Health Care. If I become incapacitated and unable to make and communicate health care decisions for myself, then I grant to my Attorney-in-Fact, as named above, full authority to:

(a) Give consent to prohibit, or withdraw any type of health care, treatment, or procedures, even if death my result, including **the withholding or withdrawal of artificially supplied nutritions and hydration.**

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(b) Make all necessary arrangements for health care services on my behalf, and to hire and discharge medical personnel responsible for my care;

(c) Move me into or out of any health care facility (even if against medical advice) to obtain compliance with the decisions of my Attorney-in-Fact;

(d) Take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any health care provider, and taking any legal action at the expense of my estate to enforce this Durable Power of Attorney;

(e) Relationship Between This Durable Power of Attorney and any Health Declaration I may Execute. I have executed a Health Care Declaration and I require my Attorney-in-Fact to follow my wishes as expressed in the Declaration in making decisions regarding life-prolonging procedures.

4. Protection of Third Parties Who Rely on my Attorney-in-Fact. No person who relies in good faith upon any representation by my Attorney-in-Fact shall be liable to me, my estate, my heirs or assigns, for recognizing the authority of said Attorney-in-Fact.

5. Revocation of Prior Durable Power of Attorney. I hereby revoke any prior Power of Attorney which I have executed.

6. Validity. This document is intended to be valid in any jurisdiction in which it is presented. The provisions of this document are separable, so that the invalidity of one or more provisions shall not affect the others. A copy of this document shall be as valid as the original.

7. Financial Liability and Compensation of Attorney-in-Fact. My Attorney-in-Fact acting under this Durable Power of Attorney will incur no personal financial liability. My Attorney-in-Fact shall not be entitled to compensation for services performed under this Durable Power of Attorney, but my

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

8. This General Durable Power of Attorney shall not be voided due to my disability, incompetency, or incapacity and shall remain effective at that time. It is my intent and desire and I direct that this Power of Attorney shall remain in full force and effect under the terms and conditions set forth herein. No powers granted by this instrument shall be revoked, terminated, or otherwise limited in any manner whatsoever by my mental or physical disability or incapacity.

9. This Power of Attorney shall remain in full force and effect until written notice of cancellation thereof is filed by me with the Probate Court, Shelby County, Alabama.

THIS IS A GENERAL DURABLE POWER OF ATTORNEY.

IN WITNESS WHEREOF, I, **Lorna L. White**, sign my name of this instrument this 25 day of September, 2009, and being first duly sworn, do hereby declare to the undersigned authority that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am nineteen years of age or older, of sound mind, and under no constraint or undue influence.

Lorna L White (SEAL)
Lorna L. White

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STATE OF ALABAMA)
SHELBY COUNTY)

I, the undersigned authority, notary Public in and for said County, in said State, hereby certify that **Lorna L. White**, whose name is signed to the foregoing Power of Attorney, and who is known to me, acknowledged before me on this day and that, being informed of the contents of the Power of Attorney, he has executed the same voluntarily on the same bears date.

Given under my hand and official seal this 25 day of September, 2009.

Notary Public

My commission expires: 9/16/2013

ACKNOWLEDGMENT OF AGENT

By accepting or acting under the appointment, the agent assumes the fiduciary duty and other legal responsibilities of an agent.

Thomas Dale White

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