

STATE OF ALABAMA                     )  
COUNTY OF SHELBY                 )

## DURABLE POWER OF ATTORNEY

This instrument is intended to constitute a Durable Power of Attorney, through which I, **LOIS H. McCRORY**, the undersigned, of the County of Shelby, State of Alabama, do hereby make, constitute and appoint the following designated persons to act as my agents. I revoke all prior powers of attorney that I have made.

### I. FINANCIAL

I appoint my niece, **VIRGINIA E. GARNER**, my true and lawful attorney in fact, for me and in my name, place and stead, and on my behalf and for my use and benefit, to do, perform and execute all and every act that I may legally do through an attorney in fact, **including, but not limited to, specifically the power to sell, convey, encumber and transfer ownership to anyone (including my attorney in fact, whether with or without consideration) of any and all of my real and personal property, including my homestead, and to change ownership or beneficiary of my life insurance to anyone (including my attorney in fact, whether with or without consideration), and to make gifts to anyone (including my attorney in fact) and to handle any and all banking related matters, including but not limited to, any checking or savings accounts and certificates of deposit**, and to possess every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my said attorney in fact shall lawfully do or cause to be done by my said attorney in fact by virtue of the power herein conferred upon my said attorney in fact. In the event that the herein designated agent shall be unable or unwilling to serve as my attorney in fact, then I appoint my niece, **GAIL LAWYER**, as my attorney in fact with the same power and authority.

### II. ALL MEDICAL DECISIONS EXCEPT END OF LIFE DECISIONS

I appoint my niece, **VIRGINIA E. GARNER**, my medical attorney in fact in my name place and stead, and on my behalf and for my use and benefit, to make all health care decisions for me that do not include end of life decisions, and to possess every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my said medical attorney in fact shall do by virtue of the power herein conferred upon my said medical attorney in fact. My medical attorney in fact is specifically authorized to obtain protected health information from any and all of my health care providers. In the event that the herein designated agent shall be unable or unwilling to serve as my medical attorney in fact, then I appoint my niece, **GAIL LAWYER**, to serve as my medical attorney in fact with the same power and authority.

### III. END OF LIFE DECISIONS

It is my specific intent that this durable power of attorney shall serve as a medical directive pursuant to **Code of Alabama § 26-1-2(g)(1)-(14)** through which I designate my niece, **VIRGINIA E. GARNER**, to serve as my health care proxy empowered to make end of life health care decisions for me in accordance with those powers granted to health care proxies as set forth in the Natural Death Act, **Code of Alabama § 22-8A-4**, if, in the opinion of my attending physician, I am no longer able to give directions to health care providers. In the event that the herein designated agent shall be unwilling or unable to serve as my health care proxy, then I appoint my niece, **GAIL LAWYER**, to serve as my health care proxy with the same power and authority to make end of life medical decisions. My health care proxy may make any end of life health care decision on my behalf that I could make but for the lack of capacity to make a decision, subject only to specific applicable limitations provided for in **Code of Alabama § 26-1-2(g)(1)**. My health care proxy shall have the authority to make decisions regarding provision, withholding or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration if my physician and another physician determine that I have an incurable terminal illness or injury which will lead to my death within six months or less or if, in the judgment of my attending physician and another physician, I am in a condition of permanent unconsciousness.



The rights, powers and authority of my said agents herein granted shall commence and be in full force and effect on the date I shall have signed this Durable Power of Attorney. The authority conferred herein shall not be affected by disability, incompetency or incapacity of the said principal, **LOIS H. McCRORY**, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me by written notice to my herein designated agents. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns and personal representatives.

In Witness Whereof, as principal, I have signed this Durable Power of Attorney at Pelham, Alabama, this 28<sup>th</sup> day of MAY, 20 10, and I have directed that photographic copies of this power be made that shall have the same force and effect as an original.

Lois H. McCrory  
**LOIS H. McCRORY**  
DATE: 5-28-10

STATE OF ALABAMA                     )  
COUNTY OF SHELBY                 )

I, MATTHEW ALLEN, a Notary Public in and for said County in said State, hereby certify that **LOIS H. McCRORY**, whose name is signed to the foregoing Durable Power of Attorney and who is known to me, acknowledged before me on this day that, being informed of the contents of said Durable Power of Attorney, **LOIS H. McCRORY** executed the same on the day the same bears date.

Given under my hand this the 28<sup>th</sup> day of MAY, 20 10.

(SEAL)

[Signature]  
NOTARY PUBLIC   My Commission Expires March 15, 2011  
My commission expires \_\_\_\_\_

**LOIS H. McCRORY** has been personally known to me and I believe her to be of sound mind. I did not sign her signature above for or at her direction and I am not appointed as the medical health care proxy therein. I am not related to her by blood, adoption, or marriage, entitled to any portion of her estate according to the laws of intestate succession or under any Will of declarant or Codicil thereto, or directly financially responsible for her medical care.

5-28-2010  
DATE

5-28-2010  
DATE

[Signature]  
WITNESS  
[Signature]  
WITNESS

I, **VIRGINIA E. GARNER**, accept the health care proxy designation of the declarant.

5-28-2010  
DATE

Virginia E. Garner  
**VIRGINIA E. GARNER**

I, **GAIL LAWYER**, accept the alternate health care proxy designation of the declarant.

5-28-2010  
DATE

Gail Lawyer  
**GAIL LAWYER**