

## Power of Attorney for Health Care

I, the undersigned Jeffrey Allen Hardage [REDACTED] residing at 520 Portobello Road, Birmingham, AL 35242, revoke any and all previous Power of Attorney for Health Care made by me and appoint Ryan Kristopher Faught [REDACTED] residing at 520 Portobello Road, Birmingham, AL 35242, to be my Agent for my health and personal care.

If my Agent is unwilling to serve, I appoint Candace Leigh Roy [REDACTED] residing at 5530 SW 140<sup>th</sup> Avenue, Ocala, FL 34481, as substitute agent for my health and personal care.

1. I direct my Agent to make health care decisions according to my wishes as set out in my Health Care Directive (Living Will) attached hereto.
2. I further authorize my Agent to make personal care decisions for me if I am mentally unable to do so.
3. I further authorize my Agent to all the same privileges offered to any of my family members of blood while I am in hospital care.
4. This power of Attorney for Health Care shall take effect when I become unable to make my own health care decisions and it shall remain in full force and effect until my death unless I revoke it.

Executed this 13<sup>th</sup> day of April 2010 at 2:12 pm

Signature: Jeffrey Allen Hardage

### Declaration of Witnesses

As witnesses we declare that the above named person is personally known to us, appears to be of sound mind and signed this directive willingly and free of undue influence or duress. We are legal adults and are not related to him / her by blood, marriage or adoption and are not appointed as agents in this directive. To our knowledge we are not beneficiaries of his / her estate and have no claims against his / her estate. We are not directly involved in his / her health care. We declare that he / she signed this will in our presence as we signed as witnesses in the presence of each other, all being present at the same time. Under penalty of perjury we declare these statements to be true and correct on this 13<sup>th</sup> day of April 2010.

#### Witness 1.


Name: Andrea Manzella

Address: 3537 Pinewood Trace B'ham, AL 35242

Signature: Andrea Manzella

#### Witness 2.

Name: Ashley Pfeiffer

  
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Shelby Cnty Judge of Probate, AL  
07/01/2010 01:30:57 PM FILED/CERT

Address: 2300 Chamblaud Dr Pelham, AL 35124

Signature: [Signature]

**Acknowledgment**

This document was acknowledged before me on this 13<sup>th</sup> day of April 2010 by  
Jeffrey Allen Hardage (Principal's full legal name)

Signature of Notary Public


[Signature]

Full Legal Name **Donna McDaniel**  
**Notary Public, State of Alabama**  
**My Commission Expires October 18, 2010**

My commission expires

State of \_\_\_\_\_

County of \_\_\_\_\_

  
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