

Power of Attorney for Health Care

I, the undersigned Ryan Kristopher Faught [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 Jeffrey Allen Hardage, [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 Arrice Cecile Faught [REDACTED] residing at 1503 Mallard Circle, Tuscaloosa, AL 35405, as substitute agent for my health and personal care.

1. I hereby authorize my Agent to make personal care decisions for me if I am mentally unable to do so.
2. 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.
3. 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 13th day of April 2010 at 2:07 pm.

Signature: _____

~~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 13th 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

Address: 200 Chandawood Dr Pelham, AL 35124


20100701000210840 1/2 \$15.00
Shelby Cnty Judge of Probate, AL
07/01/2010 01:31:00 PM FILED/CERT

Signature: Shelly Pfeiffer

Acknowledgment

This document was acknowledged before me on this 13th day of April 2010 by
Ryan Kristopher Faught (Principal's full legal name)

Signature of Notary Public

Donna McDaniel
Donna McDaniel

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

My commission expires

State of _____

County of _____



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