

STATE OF ALABAMA)
)
SHELBY COUNTY) DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, which are intended to constitute a Durable Power of Attorney, that I, Jack C. Awbrey, of Shelby County, State of Alabama, the undersigned, DO HEREBY MAKE, CONSTITUTE AND APPOINT, Mary Awbrey of Shelby County, State of Alabama and/or Letitia A. Youngblood of Walker County, State of Alabama, as my true and lawful Attorney-In-Fact, to act independently of one another, 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 any attorney-in-fact, and 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 the said Mary Awbrey and/or Letitia A. Youngblood, independent of one another, or her substitute shall lawfully do or cause to be done by herself or her substitute lawfully designated by virtue of the power herein conferred upon her.

The rights, powers and authority of my said Attorney-in-Fact herein granted shall commence upon the execution of this instrument and shall be in full force and effect upon the execution of this instrument; the authority herein conferred shall not be affected by disability, incompetency, or incapacity of the said principal, Jack C. Awbrey; and such rights, powers and authority shall remain in full force and effect until the death of the principal, Jack C. Awbrey, or until his disability, incompetency, or incapacity is otherwise terminated by order of a court of competent jurisdiction. 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 addition to the foregoing plenary powers and authority conferred upon my said Attorney-in-Fact, Mary Awbrey or Letitia A. Youngblood, I hereby designate my said Attorney-in-Fact to make health care decisions on my behalf in the manner provided by the Natural Death Act, and to the extent provided and allowed by Code of Alabama,

1975, Section 26-1-2 (Act No. 97-360). My said Attorney-in-Fact shall have the authority to make decisions regarding the provision, withholding or withdrawal of life – sustaining treatment, including artificially provided nutrition and/or hydration.

I hereby revoke any and all other powers of attorney heretofore made by me. Any previously executed power of attorney is hereby expressly revoked, avoided and declared null and void.

IN WITNESS WHEREOF, as Principal, I have signed this Durable Power of Attorney at Alabaster, Alabama, this the 25th day of November, 2009, and I have directed that photographic copies of this power be made which shall have the same force and effect as an original.

Jack C. Awbrey (L.S.)
PRINCIPAL

STATE OF ALABAMA)
)
SHELBY COUNTY)

I, Cherie Horton, A Notary Public in and for said County and State, hereby certify that Jack C. Awbrey, 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, he executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND AN OFFICIAL SEAL OF OFFICE at Alabaster, Alabama, on this the 25 day of Nov., 2009.

Cherie Horton
Notary Public
My Commission Expires
CHERIE NORTON
Notary Public, State of Alabama
Alabama State At Large
My Commission Expires
August 25, 2013