

STATE OF ALABAMA

SHELBY COUNTY

GENERAL DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, **DOYLE CHAMBERS WOOD**, with residence address of 145 County Road 435, P.O. Box 433, Columbiana, AL 35051, being of sound mind and not being under mental disability, incompetency, or incapacity, and revoking any powers of attorney heretofore created or executed by me, do hereby nominate, constitute and appoint my son, **WESLEY DEWAYNE WOOD**, as and for my true and lawful attorney-in-fact, under the provisions of and in accordance with Section 26-1-2, Code of Alabama (1975), so that this power of attorney shall not be affected by my subsequent disability, incompetency or incapacity. I hereby bestow and vest my said attorney-in-fact with the following powers for me and in my name and on my behalf:

(1) Request, demand, receive, obtain, acquire, enforce, recover, collect, endorse, liquidate, change, modify, pay, transfer, dispose of, forgive, sue for, and hold all sums of money, payments, checks, commercial paper, amounts, assets, debts, accounts, certificates of deposit, interests, property, papers, materials, documents, pension, profit-sharing, retirement, social security, insurance, other contractual benefits and proceeds, tort claims, documents of title, and demands whatsoever as now or shall hereafter become due, owing, payable or belonging to me; sign and endorse documents, receive and disclose information, enter into contracts and agreements, obligate and incur debt or responsibility, make gifts, and perform lawful acts in my name or on my behalf; take, have and use all lawful means, and institute and pursue any equitable and legal proceedings and remedies, on my behalf, for the enforcement, resolution, recovery and collection thereof, including such as may pertain to my personal and property rights or interests, and otherwise; and to adjust, settle, compromise and agree for the same, and to execute and deliver from me, on my behalf, and in my name, all endorsements, receipts, releases, documents, or sufficient discharges for the same.

(2) Make, do and transact all and every kind of business of whatever nature he considers necessary; make, receive, draw and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposits, make decisions and transact business with respect to any negotiable instruments or commercial paper made payable to me or to my order or in which I may have an interest, or which may require my endorsement including, to change, modify and liquidate such, and to collect the proceeds therefrom; make and renew loans, and perform any and all other banking functions, or matters involving my financial affairs; handle any transaction or matters with the Social Security Administration, Alabama Medicaid Agency, Medicare, Internal Revenue Service, Department of Revenue, and any other Federal or State governmental agency, or quasi-governmental or private entity contracting with such or administering benefits or rights, including the right to cash and receive checks or payments therefrom, file or submit necessary or appropriate documents and returns, resolve issues or disputes therewith, and otherwise; buy, sell, liquidate, invest, reinvest, or make any transactions involving stocks, bonds, mutual or other funds, accounts, securities, or other financial activities, matters or interest; have right and access to any safe deposit box, or other like holder

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or receiver of property, documents and belongings, etc., and obtain said documents, contents and property, or otherwise therefrom.

(3) Act for me in any and all matters concerning my financial affairs and all property which may be mine at the present time, and which may hereafter become mine, or to which I may now or hereafter be entitled to receive, whether the same be real, personal, or mixed, wherever the same may be situated. I specifically appoint, empower, and authorize my said attorney to act for me as he sees fit in order to protect my interests, and I do hereby specifically grant to and vest in my said attorney full power and authority in my name to sell, at private sale or public sale, and to convey, transfer, lease, exchange, mortgage, pledge, and otherwise alienate any or all of my said property, or any interest therein, on such terms as he deems to be proper, including to members of my family, and to sign, endorse, execute and deliver any documents or instruments as may be necessary or appropriate, in his sole discretion, without the order or authority of any Court.

(4) Make all arrangements and execute all papers and documents that may be necessary or desirable hereafter to cause me to be admitted to and maintained in a Hospital, Nursing Home, assisted living, or other medical, convalescent, or medical facility or boarding facility of any nature, should the same become necessary or desirable in the sole discretion of said attorney, and otherwise.

(5) Make decisions concerning medical, dental, surgical, psychological or psychiatric treatment, administration of medicine or drugs, and in sum, have authority to make any decisions involving my physical or mental health or well-being; request, review and receive, obtain and disseminate any information, verbal or written or electronic, regarding my physical or mental health, including medical, dental, surgical, psychological, psychiatric, and hospital communications and records, and disclose such information to such persons, organizations, firms or corporations as my said attorney shall deem appropriate; and to employ and discharge medical and other personnel, including such physicians, psychiatrists, psychologists, dentists, nurses, and therapists as my attorney shall deem necessary for my physical, mental and emotional well-being, and pay such persons or entities, reasonable compensation, as may be necessary or appropriate.

(6) Institute, enforce, and defend any and all claims, rights, lawsuits or legal proceedings brought against or on behalf of me, and compromise, settle, arbitrate or litigate any claims, disputes or controversies in regard thereto and otherwise have authority to handle any legal matters applicable to me or in which I may have an interest.

This General Durable Power of Attorney, and the authority and powers herein granted, shall not, however, give or grant my said attorney the authority or power to modify or revoke my Last Will and Testament, nor to make any testamentary dispositions of my property, nor any part thereof.

Giving and granting unto the said **WESLEY DEWAYNE WOOD**, as my true and lawful attorney, so that this General Durable Power of Attorney shall not be affected by my said subsequent disability, incompetency, or incapacity--and subject only to the sole limitations as specifically set forth in the preceding paragraph--full power and authority to do and perform all and every act or thing whatsoever requisite and necessary to be done in and about the premises (including but not limited to the specific powers granted herein) as full to all intent and purposes as I might or could do if personally present and not disabled, incompetent, or incapacitated, it being my purpose and intention to grant unto my

Wesley Dewayne Wood



said attorney all of the powers over my said property and estate that I am capable of granting to her as such attorney, all without the order or approval of any Court.

I hereby ratify and confirm all that the said **WESLEY DEWAYNE WOOD**, as my true and lawful attorney, shall lawfully do or cause to be done by virtue of the presents.

I hereby nominate and appoint the said **WESLEY DEWAYNE WOOD**, by this General Durable Power of Attorney, to be my guardian, curator, conservator, and other fiduciary, in the event such becomes necessary due to my disability, incompetency, or incapacity, and without bond.

It is my intention that notwithstanding my subsequent disability, incompetency or incapacity, this power of attorney shall remain in full force and effect until expressly revoked or amended as provided by law, provided that such revocation or amendment shall be of no effect with respect to parties acting or things done in reliance upon this General Durable Power of Attorney prior to the actual receipt by them of written notice of such revocation or amendment.

IN WITNESS WHEREOF, I set my hand and seal this 9 day of May, 2008.

[Signature]
Witness

[Signature]
DOYLE CHAMBERS WOOD

[Signature]
Witness

State of Alabama
Shelby County

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that **DOYLE CHAMBERS WOOD**, whose name was signed to the foregoing instrument in my presence and who is known to me, acknowledged before me on this day, that, being informed of all contents of the foregoing General Durable Power of Attorney, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 9th day of May, 2008.

[Signature]
Notary Public



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Shelby Cnty Judge of Probate, AL
07/13/2010 12:10:00 PM FILED/CERT