

MEDICAL POWER OF ATTORNEY

UNITED STATES OF AMERICA

BY: GUTHRIE HUDSON

STATE OF ALABAMA

SHELBY COUNTY

1. BE IT KNOWN, that on this 11 day of MARCH, in the year Two Thousand Eleven;

2. BEFORE ME, the undersigned authority, a Notary Public duly commissioned and qualified in and for the State and County set forth above, and in the presence of the undersigned competent witnesses, personally came and appeared:

GUTHRIE HUDSON

(the "Principal"), of the full age of majority, who, being first duly sworn, declared and deposed that Principal's residence, domicile and mailing address is 2029 Brook Highland Ridge, Birmingham, Alabama 35242 that Principal hereby appoints Danny G. Hudson (the "Agent") as the Principal's true and lawful agent and attorney-in-fact, granting unto the Agent full power and authority regarding the matters set forth below. QDH

3. Durability. The agency created by this Power of Attorney shall be durable. This power of attorney shall not be affected by subsequent disability or incapacity of the Principal, or lapse of time.

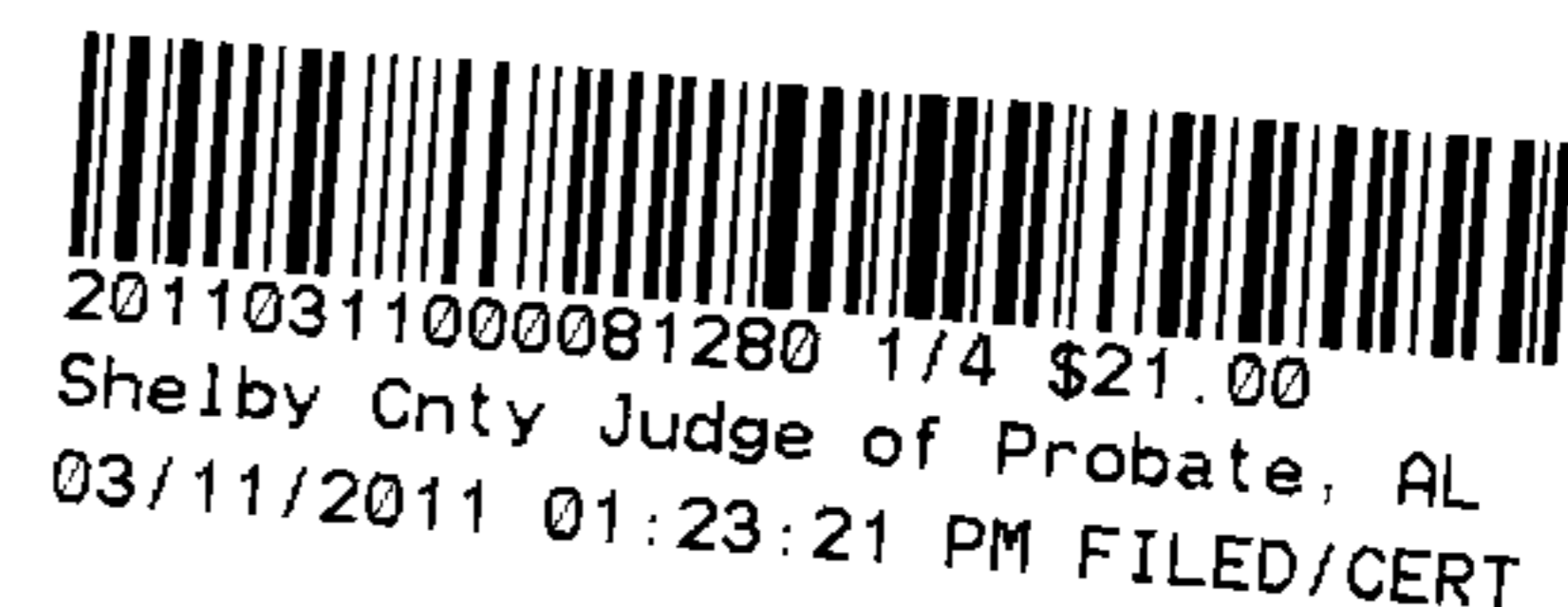
HEALTH CARE

4. The Principal grants unto the Agent full power and authority regarding the following health care matters that the Principal could exercise on the Principal's own behalf, if capable of doing so. The Principal specifically authorizes the Agent to:

4.1 Medical Records. Have access to any medical information in any form regarding the Principal's physical or mental condition, and to execute such consents as may be necessary to obtain such medical information.

4.2 Professionals. Retain, compensate and discharge any health care professionals the Agent deems necessary to examine evaluate or treat the Principal, whether for emergency, elective, recuperative, convalescent or other care.

4.3 Institutionalization. Admit the Principal to any health care facility, whether for physical or mental care or treatment, and remove the Principal from such institution at any time, even if contrary to medical advice.



4.4 Treatment. Consent on the Principal's behalf to tests, treatment, medication, surgery, organ transplant or other procedures, and to revoke that consent, even if contrary to medical advice.

4.5 Chemical Dependency. Consent on the Principal's behalf to a course of treatment for chemical dependency, whether suspected or diagnosed, and to revoke such consent.

4.6 Pain Relief. Consent on the Principal's behalf to pain relief procedures, even if they are unconventional or experimental, even if their use may risk addiction, injury or foreshortening the Principal's life.

4.7 Releases. Release from liability any health care professional or institution that acts on the Principal's behalf in reliance on the Agent.

PERSONAL CARE

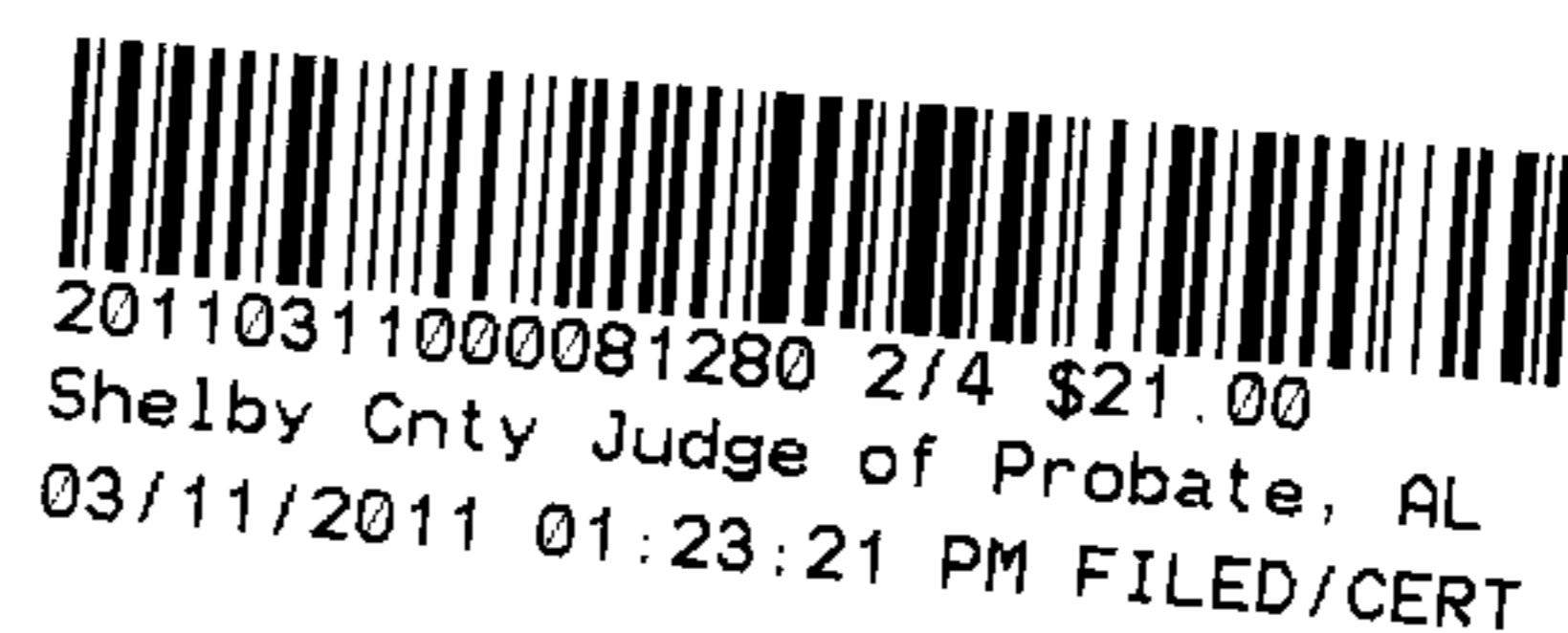
5. The Principal grants unto the Agent full power and authority regarding the following personal care matters that the Principal could act on the Principal's own behalf, if capable of doing so. The Principal specifically authorizes the Agent to:

5.1 Home Care. Provide for the Principal's continued maintenance and support. As nearly as possible, the Principal expressly authorizes the Agent to maintain the Principal's accustomed standard of living. The Agent may retain or discharge domestic servants, attendants, companions, nurses, sitters or other persons who provide care to the Principal and the Principal's home. The Agent may authorize purchases of food, clothing, medical care and customary luxuries on the Principal's behalf.

5.2 Institutional Care. Arrange and contract for institutional health care (hospital, retirement facility, nursing home, hospice or other) on the Principal's behalf. If the Principal's return home is unlikely because of the Principal's condition, the Agent may sell, exchange, lease, sublease or dispose of the Principal's home and its contents, all on such terms as to price, payment and security as the Agent deems reasonable.

5.3 Religious Needs. Continue the Principal's affiliation with the Principal's church, keeping the Principal accessible to the Principal's clergy, members and other representatives, continuing and reviewing any pledge made by the Principal whether for capital, operations or other purposes, and generally to assist the Principal in maintaining the Principal's church relationships to the extent the Principal's health permits.

5.4 Companions and Recreation. Hire, discharge, direct and compensate such companions as may be necessary for the Principal's health, recreation, travel, and general well being.



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5.5 Funeral Arrangements. Arrange and contract for the Principal's funeral including appropriate arrangements and instructions for the Principal's funeral service or memorial service, including purchase of a burial plot or other appropriate disposition of the Principal's body. The Agent shall comply with any known written instructions as the Principal may have or leave.

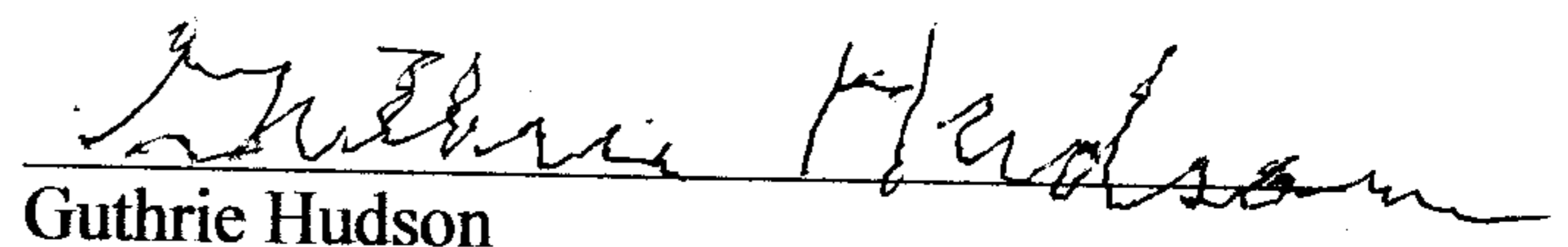
5.6 Curator or Guardian. Nominate on the Principal's behalf any person the Agent deems qualified, including the Agent, as the Principal's curator, undercurator, curator ad hoc, guardian, or conservator or any other fiduciary office the Principal has a right to nominate or designate, to waive any bond on the Principal's behalf and to grant to that fiduciary or representative any powers that the Principal might extend on the Principal's own behalf.

REFUSAL OF MEDICAL TREATMENT

6. The Principal declares that the Principal does not wish the Principal's dying to be prolonged artificially through extraordinary or heroic means. Even over the objection of members of the Principal's family, the Principal authorizes the Agent to: sign on behalf of the Principal any documents, waivers or releases necessary to withdraw, withhold or cease any procedure calculated only to prolong the Principal's life, including the use of a respirator, cardiopulmonary resuscitation, surgery, dialysis, blood transfusion, antibiotics, antiarrhythmic and pressor drugs or transplants; and refuse or discontinue intravenous or parenteral feeding, hydration, misting, and endotracheal or nasogastric tubes.

7. THUS DONE AND PASSED in on the date first above written in the presence of the undersigned competent witnesses, who signed their names with the Principal and me, Notary, after reading of the whole.

THUS DONE AND PASSED on the day and in the month and year first hereinabove written.

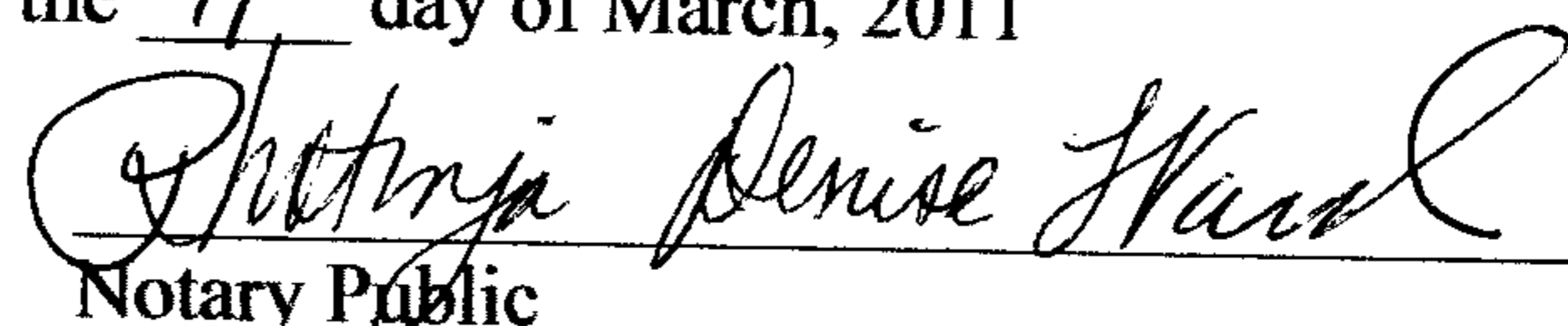

Guthrie Hudson

STATE OF ALABAMA)

COUNTY OF SHELBY)

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Guthrie Hudson, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 11 day of March, 2011


Notary Public

My Commission Expires: 2/10/2013

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