

STATE OF ALABAMA)

COUNTY OF SHELBY)

Chilton County, Alabama
I certify this instrument was filed
and fees collected on:
2011 April - 8 10:27AM
Book R 2011 Page 162812
Instrument Number 162812 Pages 8
Recording 25.00 Mortgage
Min Tax
Index 8.00 DP 5.00
Archive
Total Fees ----- 38.00
Judge Robert M. Martin

DURABLE GENERAL AND HEALTHCARE POWER OF ATTORNEY

AND

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

KNOW ALL MEN BY THESE PRESENTS: That I, **Margaret Lucille Atchison**, Social Security Number [REDACTED] of Shelby County, Alabama, being nineteen (19) years of age or older, born on the 19th day of January, 1928, and being of sound mind and disposing memory, do hereby nominate, constitute and appoint **Ronald L. Atchison, D. Wayne Atchison, Pamela R. Franklin** or **Deborah L. Mayfield**, each with full separate authority, as my attorney-in-fact, with all of the authority, powers, and obligations hereinafter stated.

I. EFFECTIVE DATE AND AUTHORITY

This Durable General and Healthcare Power of Attorney and Authorization to Disclose Health Information shall become effective immediately and shall remain in full force and effect until such time as I revoke it or until it terminates by operation of law. This appointment is made pursuant to Section 26-1-2, *1975 Code of Alabama*, and is to be construed and interpreted as a General Durable Power of Attorney, which shall not be affected by my disability, incompetency or incapacity. It is my intent that the authority conferred herein shall be exercisable notwithstanding any disability, incompetency or incapacity I may have.

II. GENERAL POWERS

As my true and lawful attorney-in-fact, I do hereby authorize and empower my said attorney-in-fact to act in my behalf and to do all things as follows:

(a) To ask, demand, sue for, collect, compromise, settle, adjust, recover and receive all sums of money, debts, accounts, interest, legacies, bequests, dividends, annuities, owing, payable or belonging to me, directly, indirectly, by, through or according to any power of appointment, as beneficiary or by any other means, manner or description;

(b) To operate any business which I may own, whether a sole proprietorship, partnership, limited liability company or corporation, to form and amend partnerships and limited liability companies, incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate, or dissolve any business, elect or employ officers, directors and agents, carry out the provisions of any agreement for the sale of any business interest or the stock therein, and exercise voting rights with respect to stock, either in person or by proxy, and exercise stock options, to hire and fire any employees or managers, to change the legal form of any business, to sell, borrow against, or liquidate any business, to delegate management responsibilities to any person, to elect Subchapter S or any other provision of the Internal Revenue Code;

(c) To do and transact all of my affairs, business or personal, draw checks on my account or accounts, endorse checks or drafts in my name, do all things necessary concerning any savings or checking account and all other accounts that may be in any banks, credit unions, savings and loan associations and all other financial institutions, and further to make deposits to any said accounts, to borrow money, and to otherwise perform any and all other banking or financial functions;

(d) To have access at any time or times to any safe-deposit box rented by me or to which I may have access, wheresoever located, including drilling, if necessary, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe-deposit box; and any institution in which any such safe-deposit box may be located shall not incur any liability to me or my estate as a result of permitting my attorney-in-fact to exercise this power;

(e) To pay or to deposit in my name or in the name of any other person with any bank, credit union, broker, financial institution or person any money or property that may belong to me, to withdraw from any bank, broker, financial institution or person any money or property that may now or hereafter belong to me or be due me, and to give instructions or consent to any agent who shall be acting for me and to any trustee of property for my benefit, to transmit, either orally or in writing, in accordance with the procedures established by any investment firm, instructions for the purchase, sale, exchange, or transfers of shares of all funds invested with such firm;

(f) To do all things with respect to my brokerage accounts, to effect purchases and sales (including short sales), to subscribe for and to trade in stocks, bonds, options, rights, and warrants or other securities, domestic or foreign, whether dollar or non-dollar denominated, or limited partnership interests or investments and trust units, whether or not in negotiable form, issued or unissued, foreign exchange, commodities, and contracts relating to same (including commodity futures) on margin or otherwise for my account and risk, to deliver to my broker securities for my account and to instruct my broker to deliver securities from my accounts to my attorney-in-fact or to others, and in such name and form, including his own, as he or she may direct, to instruct my broker to make payment of moneys from my accounts with my broker, and to receive and direct payment therefrom payable to him or her or others, to sell, assign, endorse and transfer any stocks, bonds, options, rights and warrants or other securities of any nature, at any time standing in my name and to execute any documents necessary to effectuate the foregoing, to receive statements of transactions made for my account(s), to approve and confirm the same, to receive any and all notices, calls for margin, or other demands with reference to my account(s), and to make any and all agreements with my broker with reference thereto for me and in my behalf, to vote in person, or by general or limited proxy, with or without power of substitution, with respect to any stock or other securities I may own, to execute on my behalf any powers of attorney in whatever form which may be required by any broker with whom I have deposited any securities;

(g) To make, seal and deliver, bargain, contract, agree for, buy, sell, mortgage, give a security interest in, hypothecate and in any way and manner deal in and with goods, fixtures, personal property, bonds, stocks, certificates of deposit, securities and any other property in possession or action;

(h) To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup truck, van, motorcycle, boat, or vehicle of any description whatever, and to represent in such transfer or assignment that the title to said vehicle is free and clear of all liens and encumbrances, except those specifically set forth in such transfer or assignment;

(i) To bargain, contract, agree for, purchase, receive and take lands, and real property, tenements, hereditament and accept the possession of all lands and deeds, lease, bargain, sell (at private or public sale), release and make satisfactions of mortgages and other liens, judgments or other encumbrances, convey, mortgage and hypothecate real property, tenements, hereditament, upon such terms and conditions, and under such covenants as may be advisable, to make, sign, seal, execute, acknowledge and deliver such deeds, leases, assignment of leases, agreements, mortgages, and such other instruments and documents in writing of whatever kind and nature as may be necessary or proper;

(j) To sell, maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interests therein, that I now own or may hereafter acquire, in my name and for my benefit, upon such terms and conditions as my attorney-in-fact shall deem proper;

(k) To be my attorney-in-fact, or otherwise, enter into and become my attorney-in-fact on any and all powers of attorney that may be required by any level of government or any agency thereof, including but not limited to, before the Internal Revenue Service, Health and Human Services, the Social Security Administration, and all agencies and administrations of said federal government, and also all other governmental agencies, be they state, county, municipal or otherwise, and to further do all things necessary or advisable in relation to any said governmental agency or administration;

(l) To act without limitation on my behalf with regard to federal income taxes (Forms 1040, 1040EZ, 1040X, *etcetera*), state and local income taxes, estate and gift (Form 709), and other tax returns of all sorts, whether federal, state or local, including where appropriate joint returns, FICA returns, payroll tax returns, claims for refunds, request for extensions of time to file returns or pay taxes, extensions and waivers of applicable periods of limitation, protests and petitions to administrative agencies or courts, including the tax court, regarding tax matters, and any and all other tax related documents, including but not limited to consents and agreements under Section 2032A of the Internal Revenue Code or any successor section thereto and consents to split gifts and closing agreements, for all tax periods, and for all jurisdictions, to complete Internal Revenue Service Form 2848, Power of Attorney and Declaration of Representative (or other prescribed form) on my behalf as well as to perform all other functions contemplated by that form whether they are required or merely permissible, to consent to any gift and to utilize any gift-splitting provisions or other tax election, and to prepare, sign, and file any claims for refund or any tax, to post bonds, receive confidential information, and contest deficiencies determined by the Internal Revenue Service or any state or local taxing authority, to exercise any and all elections that I may have under federal, state, or local tax laws including without limitation the allocation of any generation-skipping tax exemption to which I may be entitled, and to the extent that I may have omitted some power or discretion, some tax period, some form, or some jurisdiction, I hereby grant to my attorney-in-fact the power to amend the Internal Revenue Service power of attorney form (presently Form 2848 or Form 2848-D) in my name;

(m) To make a disclaimer and renunciation on my behalf and for me pursuant to Section 2518 of the *Internal Revenue Code* of 1986, and any subsequent applicable section and Section 43-8-290, *et sequel*, 1975 *Code of Alabama*, the Alabama Uniform Disclaimer of Property Interest Act, for any bequest, devise or gift to me made in any manner whatever;

(n) To exercise in any manner any election or option under and to make any one or more withdrawals from any Individual Retirement Account or any stock option, profit sharing, pension, thrift, savings, or other employee benefit plans in which I may have any interest, and to become a participant in such a plan or to establish an Individual Retirement Account in my name, to change the designation of beneficiary in effect for any such Individual Retirement Account or employee benefit plan, to waive any rights which I may have with respect to any employee benefit plan in which my spouse is a participant, to contribute to an existing Individual Retirement Account or other employee benefit plan in my name, and to roll over the proceeds of a lump-sum distribution from any qualified pension or profit-sharing plan into an Individual Retirement Account or another qualified pension or profit-sharing plan;

(o) To exercise any and all rights with respect to any insurance policy on my life or any annuity contract, or any interest in any such policy or contract, as fully as any owner or beneficiary of the same, to engage in any transaction and to exercise all options, benefits, rights, and privileges under such policy or contract, including the right to borrow upon the same, to pledge the same for a loan or loans, to assign ownership of the same to any person, trust, or other entity, and to surrender, assign, exchange, or otherwise modify any such policy or contract;

(p) To do all things appropriate under the Alabama Uniform Trust Code or any similar law;

(q) To make gifts in conformity with the Internal Revenue Code for estate tax planning purposes and to such persons or entities and in such amount as my attorney-in-fact may select in conformity and to the extent ascertainable with my overall estate plans, and to whom I might make gifts;

(r) To represent my interests in any court proceeding including probate, circuit and other courts of competent jurisdiction within and without the State of Alabama;

(s) To make, do and transact all and every kind of business of whatever nature that may be necessary and enter into all agreements, contracts, offers and all other documents in writing or otherwise, as may be necessary to effectuate or do all things requisite and necessary to be done in and about the premises, including but not limited to the powers granted above.

III. HEALTH CARE POWERS

Unless I direct otherwise, or if I am not able, due to disability, incompetency or incapacity, my attorney-in-fact shall have authority concerning my health care as follows:

(a) I hereby grant to my attorney-in-fact full power to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my attorney-in-fact shall make health care decisions that are consistent with my desires as stated in this document.

(b) I hereby authorize all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my attorney-in-fact all information contained in my medical records, which my attorney-in-fact may request. I hereby waive all privilege and confidentiality attached to the patient relationship and to any communication, verbal or written, arising out of such a relationship. My attorney-in-fact is authorized to request, receive, and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers or other documents that may be required in order to obtain such information and to disclose such information to such persons, organizations and health care providers as my attorney-in-fact shall deem appropriate.

(c) My attorney-in-fact is authorized to employ and discharge health care providers including physicians, psychiatrists, dentists, nurses, and therapists and is also authorized to pay reasonable fees and expenses for such services contracted.

(d) My attorney-in-fact is authorized to apply for my admission to a hospital, medical, nursing, residential or other facility, execute any consent or admission forms required by such facility and enter into agreements for my care at such facility or elsewhere during my lifetime.

(e) My attorney-in-fact is authorized to arrange for and consent to medical, therapeutical and surgical procedures for me including the administration of drugs. The power to make health care decisions for me shall include the power to give consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition, except as limited in paragraph (f) below.

(f) To be my attorney-in-fact on my behalf for all matters related to my healthcare including Medicare, Medicaid, any other governmental entity or program of any description, any healthcare, health maintenance organization, or medical insurance plan or program of any description, and for every other provider of any nature with whom my attorney-in-fact may act on my behalf.

(g) My attorney-in-fact is authorized to make decisions regarding provision, withholding, or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration only if he or she has been appointed as my healthcare proxy in my Advance Directive for Health Care and then in conformity with such Advance Directive For Health Care. It is not the intent of the provisions of this power of attorney to address these issues and all such decisions shall be made in conformity with my said Advance Directive For Health Care. In the

event that I do not have an Advance Directive For Health Care, I direct my healthcare providers to consult with my attorney-in-fact and cooperate with him or her to the extent permitted by law in making decisions regarding the provision, withholding, or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration and circumstances involving terminal illness or injury and permanent unconsciousness.

(h) Notwithstanding any provision herein to the contrary, for so long as I am able to give informed consent and am otherwise able, I retain the right to make medical and other healthcare decisions. In the event I become temporarily unable to make such decisions, but recover the ability, I reserve unto myself the right to revoke the authority granted to my attorney-in-fact herein to make healthcare decisions and no treatment may be given to me or withheld from me over my objection.

IV. AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I further direct and authorize my attorney-in-fact, who is my personal representative defined by 45 CFR § 164.502(g)(2), as follows:

(a) I hereby request and authorize every health care provider, person or entity, including but not limited to, physicians, psychiatrists, hospitals, nursing or assisted living facilities, rehabilitation agencies, laboratories, therapists, nurses, governmental agencies, and for any of the foregoing, any agent or employee, to release to my attorney-in-fact any and all medical or health information of any description, including but not limited to, protected health information, medical history, reports and documents, laboratory and consultation reports, financial and insurance information, and any and everything of any description whatever. I hereby waive all privilege and confidentiality attached to the patient relationship and to any communication, verbal or written, arising out of such a relationship. My attorney-in-fact is authorized to request, receive, and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers or other documents that may be required in order to obtain such information and to disclose such information to such persons, organizations and health care providers as my attorney-in-fact shall deem appropriate. This authorization to release information shall not in anyway be limited by 45 CFR § 164.502(b)(1) and all uses and purposes, and information requested shall be in the discretion and by the authority of my personal representative.

(b) I understand the information in my health record may include information of a confidential personal nature, possibly including information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), alcohol and drug abuse, psychiatric or psychological counseling, and all other medical or health information of every description.

(c) I hereby make this authorization with full understanding of my legal rights and further state that it shall not be limited in any manner whatever by any state or federal law, including the Health Insurance Portability and Accountability Act of 1996, any Medicare or Medicaid regulation, or any other federal or state law or regulation. This authorization is given in conformity with 45 CFR § 164.508.

(d) I understand that I have the right to inspect and copy any such information as provided in 45 CFR 164.524 and that there is the potential for release of unauthorized information which would not be protected by federal or state confidentiality laws.

(e) By way of illustration and not limitation, I authorize any physician or other health care provider to express an opinion concerning my ability to manage property and business affairs effectively for such reasons as illness, mental deficiency, disability, infirmities accompanying advanced age, or other cause. This authorization is intended to provide my health care providers with the authorization necessary to allow each of them to disclose protected health information regarding me to the persons described above for the purpose of allowing each of them to make the specified determinations regarding my capacity or need for protective proceedings.

(f) I intend that my attorney-in-fact be considered a personal representative under privacy regulations related to protected health information and that my designated agent be

entitled to health information in the same manner as if I personally made the request. This authorization and request is a consent to the release of such information under current laws, rules, and regulations as well as under future laws, rules, and regulations and amendments to such laws, rules, and regulations to include but not be limited to the express grant of authority to personal representatives as provided by Regulation Section 164.502(g) of Title 45 of the Code of Federal Regulations and the medical information privacy law and regulations generally referred to as "HIPAA".

(g) This authorization shall stay in effect until revoked in writing and signed by me. Otherwise, this authorization has no expiration date and shall continue for the duration of my life and for a period of seven (7) years thereafter.

(h) There shall be no limitation upon the information to be given pursuant to this authorization. No further authority from me shall be necessary. A photocopy of this authorization which includes my signature shall be sufficient and shall have the same legal effect as the original authorization.

V: APPOINTMENT OF GUARDIAN OR CONSERVATOR

In accordance with Section 26-1-2(c)(2), 1975 *Code of Alabama*, I direct as follows:

(a) In the event I need a Guardian, then I nominate the within named persons. I direct that any guardian appointed hereunder shall: (1) have the responsibilities of my well-being and needs, but shall not be personally liable for my expenses and shall not be liable to third persons by reason of the relationship of guardian to me; (2) be exempt from the necessity of giving bond or other security, of filing an inventory, or of being answerable, as an incident of such guardianship, to any court; and (3) be entitled to reimbursement for room, board, clothing and other needs personally provided to me. Nothing expressed herein shall be construed as a limitation on the powers, rights, duties and responsibilities of a guardian conferred by statute or general rules of law.

(b) In the event I need a Conservator, then I nominate the within named persons. I hereby exempt the Conservator from the necessity of giving bond or other security. To the extent that such requirements can be legally waived, no Conservator shall be required to file an inventory or appraisal, or accounting to any court, or obtain the order or approval of any court before exercising any power, authority, duty or discretion granted to such Conservator by statute or general rules of law.

VI. MISCELLANEOUS PROVISIONS

I direct that the following provisions govern the use of this Durable General and Healthcare Power of Attorney and Authorization to Disclose Health Information for the benefit of my attorney-in-fact and other persons:

(a) I hereby give and grant unto my attorney-in-fact full power and authority to do and perform every act and thing requisite, necessary and/or advisable to be done in and about the premises (including but not limited to the specific powers granted herein), as fully as I might or could do if personally present or able. This instrument shall be construed and interpreted as a General Power of Attorney. The enumeration of specific items, rights, acts or powers herein shall not limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers granted to my attorney-in-fact.

(b) My disability, incompetency, or incapacity may be determined by my personal or treating physician and a written letter signed by said physician attesting to my disability, incompetency, or incapacity, shall be adequate as proof of the fact and may be relied upon by my attorney-in-fact and all the world.

(c) Any person, firm or corporation dealing with my attorney-in-fact under the authority of this instrument is authorized to deliver to my attorney-in-fact all considerations of every kind or character with respect to any transaction so entered into by my attorney-in-fact,

and shall be under no duty or obligation to see to or examine into the disposition thereof or to inquire into the validity or propriety of any act by my attorney-in-fact or any provision of this instrument.

(d) My attorney-in-fact shall be entitled to reimbursement for all reasonable costs and expenses incurred or paid by my attorney-in-fact on my behalf pursuant to the provisions of this instrument.

(e) My attorney-in-fact shall not be personally responsible or liable to me or any other party for (i) any debts or obligations incurred for me or on my behalf, or (ii) any mistake or error of judgment, except for my attorney-in-fact's own wanton or willful misconduct.

(f) Copies of this document may be substituted by my attorney-in-fact for the original and shall have the same force and effect as an original.

(g) If I have provided other and different authority to an attorney-in-fact for general purposes, not including for healthcare as provided herein, I direct this document be construed liberally to provide to my attorney-in-fact named herein for healthcare all authority he may need to provide for my well being, care and needs. If there is any conflict between this document and any other power of attorney I may grant, I direct the conflict be resolved in favor of this document and the power and authority of my attorney-in-fact named herein.

(h) I hereby ratify and confirm all that my attorney-in-fact, as my true and lawful attorney-in-fact, shall do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 17th day of SEPTEMBER, 2010.

Margaret Lucille Atchison
Margaret Lucille Atchison

STATE OF ALABAMA)
COUNTY OF SHELBY)

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

Given under my hand and official seal, this the 17th day of SEPTEMBER, 2010.

Husti A. Buchfield
NOTARY PUBLIC
My Commission Expires: 08/02/2014

We, Ronald L. Atchison, D. Wayne Atchison, Pamela R. Franklin and Deborah L. Mayfield, accept the attorney-in-fact designation of the declarant.

Signed: Ronald L. Atchison

Date: 9-17-2010

Signed: D. Wayne Atchison

Date: 9-17-2010

Signed: Pamela R. Franklin

Date: 9/17/10

Signed: Deborah L. Mayfield

Date: 9-17-2010