

General Durable Power of Attorney

I, the undersigned

(Full legal name) Samuel Hershel White

(Identity number) [REDACTED] residing at

(Address) 205 White Rd.

Montevallo, AL 35115

appoint

(Full legal name) Calvin Junior Boyd

(Identity number) [REDACTED] residing at

(Address) 2054 White Rd.

Montevallo, AL 35115

as my Attorney-in-Fact (Agent) with the power of delegation and substitution.

If my Agent is unable or unwilling to serve for any reason, I designate

(Full legal name) Tina Marie Boyd

(Identity number) [REDACTED] residing at

(Address) 205 White Rd.

Montevallo, AL 35115

as substitute Agent.

1. I hereby revoke any and all previous powers of attorney signed by me except for my Power of Attorney for Health Care which shall remain in force.

2. This document shall be construed and interpreted as a general-durable power of attorney and my Agent shall have full authority to act on my behalf in relation to all my property and affairs.

OR

2. This document shall be construed and interpreted as a durable power of attorney and my Agent shall have full

20110727000217470 1/3 \$18.00  
Shelby Cnty Judge of Probate, AL  
07/27/2011 11:15:59 AM FILED/CERT

authority to act on my behalf in relation to my property and affairs, save for the following conditions and restrictions:

2.1. \_\_\_\_\_

2.2. \_\_\_\_\_

3. I furthermore grant my Agent the authority to:

3.1. Make gifts within gift tax limits except to himself.

3.2. Execute, amend or revoke any trust agreement.

3.3. Exercise the right to make a disclaimer on my behalf.

4. I indemnify and hold harmless my Agent from any loss that results from an error made in good faith save for willful misconduct or the willful failure to act in good faith.

5. I indemnify any third party from any claims which may arise against the third party because of reliance on this power of attorney.

6. My Agent shall provide accurate records on a monthly basis of all transactions completed on my behalf and shall provide accounting records on a six-monthly basis.

6.1. If I am unable to review the records and accounting, they must be submitted to:

(Full legal name) \_\_\_\_\_

(Identity number) \_\_\_\_\_ residing at

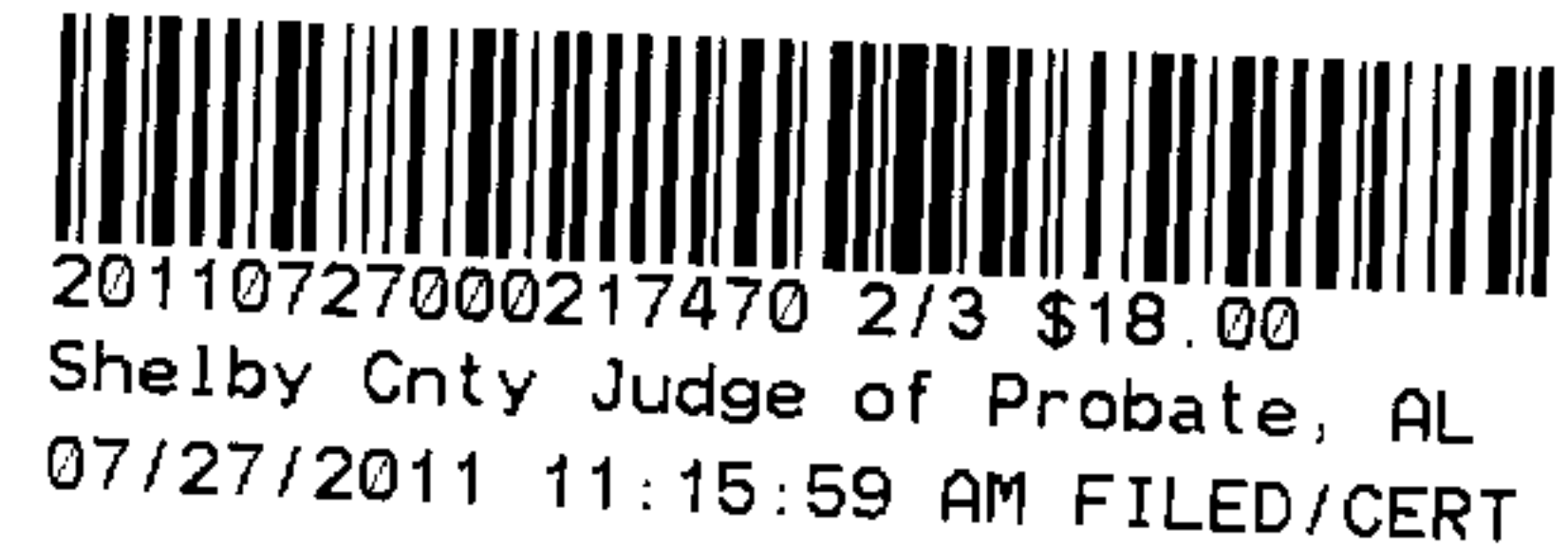
(Address) \_\_\_\_\_

7. My Agent shall be entitled to compensation for his services at a rate as set out by law and for reimbursement of all reasonable expenses in his duties as my Agent.

8. This is a Durable Power of Attorney. Even if I should become disabled or incompetent, it shall remain effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent and interested third parties.

Executed this 27<sup>th</sup> day of July 20 11

at Shelby County



Signature: Samuel Hershel White

in the presence of the undersigned witnesses:

Witness 1.

Name: Wilson L. Gunn

Address: 3582 Hwy 31 S Pelham AL 3524

Signature: [Signature]

Witness 2.

Name: Crystal Bussie

Address: 3582 Hwy 31 S Pelham AL 3524

Signature: Crystal Bussie

Acknowledgement

This document was acknowledged before me on this 27<sup>th</sup> day of July 2011 by Samuel Hershel White (Principal's Full legal name)

Signature of Notary Public Angel Moore

Full legal Name Angel Moore

My commission expires 3/5/2012

State of Alabama

County of Shelby

20110727000217470 3/3 \$18.00  
Shelby Cnty Judge of Probate, AL  
07/27/2011 11:15:59 AM FILED/CERT

