

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, **CHARLES COBB**, the undersigned, of ALABAMA - SHELBY COUNTY, do hereby make, constitute and appoint **MARTHA COBB COBERN and LOIS COBB PARTAIN**, jointly or severally, my true and lawful Attorneys in Fact, for me and in my name, place and stead, and on my behalf and for my use and benefit to act in, manage and conduct all of my affairs and, for that purpose, in my name, place and stead, to do and execute all or any of the following acts, deeds and things:

(A) To exercise or perform any act, power, duty, right or obligation whatsoever that I now have, or may hereafter acquire, the legal right, power, or capacity to exercise or perform, in connection with, arising from, or relating to any person, item, transaction, thing, business, property, real or personal, tangible or intangible, or whatsoever; and, without limiting in any way the grant of power contained either in the foregoing or as hereafter set forth;

(B) To request, ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, any and all documents of title, chooses in action, personal and real property, tangible and intangible property and property rights, and demands whatsoever, liquidated or unliquidated, as now are, or shall hereafter become, owned by me, or due, owing, payable, or belonging to, me or in which I have or may hereafter acquire interest, to have, use, and take all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to make, execute and deliver to me, on my behalf, and in my name, all endorsements, acquittances, releases, receipts, or other sufficient discharges for the same; File income tax reports due any federal or state authority.

(C) To lease, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any real or personal property whatsoever, tangible or intangible, or interest therein, on such terms and conditions, and under such covenants, as my said Attorneys in Fact shall deem proper;

(D) To maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens, mortgages, and deeds of trust, and hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, for me, in my behalf, and in my name and under such terms and conditions, and under such covenants, as my said Attorneys in Fact shall deem proper;



(E) To conduct, engage in, and transact any and all lawful business of whatever nature or kind for me, on my behalf, and in my name;

(F) To make, receive, sign, endorse, execute, acknowledge, deliver, and possess such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, letters of credit, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan associations, credit unions, or other financial institutions or associations, proofs of loss, evidences of debts, releases, and satisfactions of mortgages, liens, judgments, security agreements and other debts and obligations and such other instruments in writing of whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted;

(G) To file claims for medical insurance and to obtain information from any insurance company with respect to any policy of health or medical insurance under which I am insured; to have access to my medical records and to obtain information of any type from any physician or other health care professional who may be treating me;

I grant to my said Attorneys in Fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said Attorneys in Fact, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The Power of Attorney shall be granted to each of my Attorneys in Fact jointly and severally.

This instrument is to be construed and interpreted as a durable and general power of attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my said Attorneys in Fact.

**THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY DISABILITY, INCOMPETENCY OR INCAPACITY AND MAY BE EXERCISED NOTWITHSTANDING SUCH DISABILITY, INCOMPETENCY OR INCAPACITY AND NOTWITHSTANDING ANY UNCERTAINTY AS TO WHETHER OR NOT I AM DEAD OR ALIVE.**

The powers granted herein to my said Attorneys-in-Fact shall be exercisable by my said Attorneys-in-Fact at any time and from time to time from this day forward.

This Power of Attorney shall remain in full force and effect and any party dealing with my said Attorneys-in-Fact at any time shall be fully protected and is hereby discharged, released and indemnified from so doing in respect of any matter relating hereto unless such particular party shall

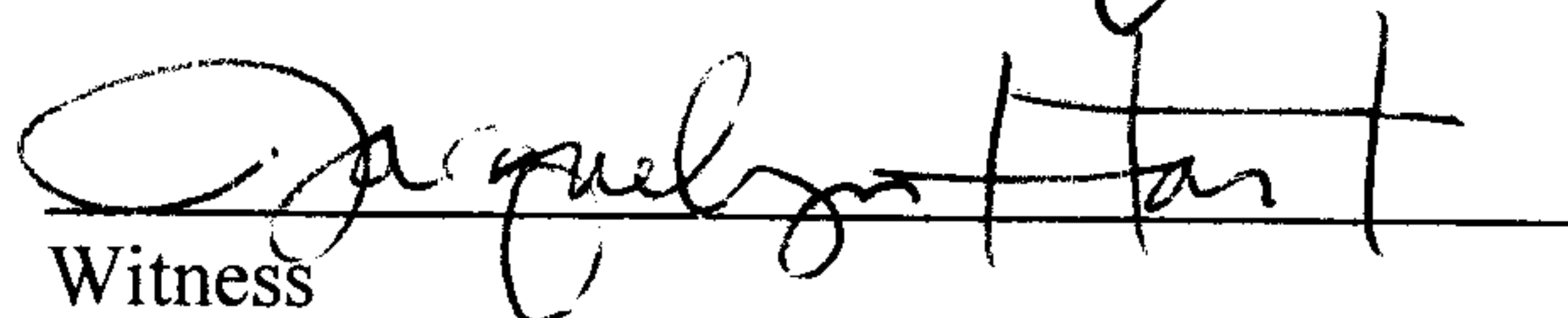
have received prior notice in writing of the revocation of this power.

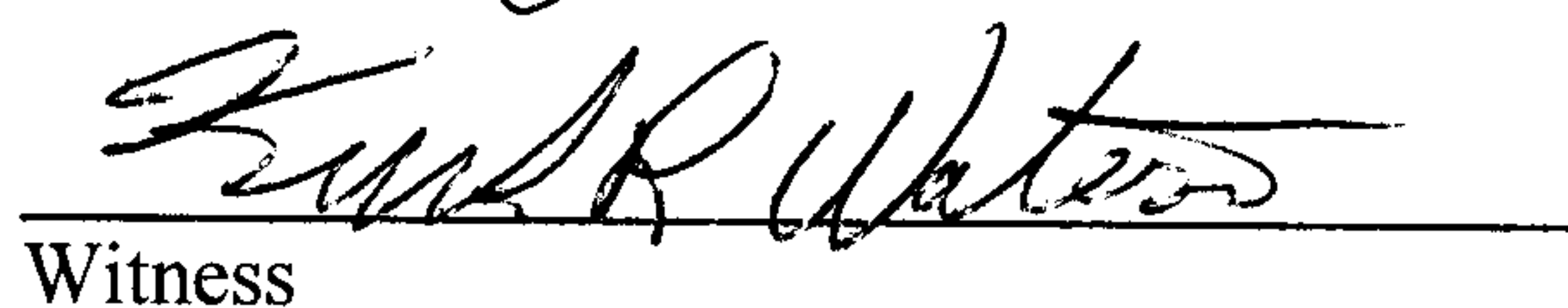
If **MARTHA COBB COBERN** shall die or resign, become incompetent or otherwise cease to serve as my Attorney-in-Fact hereunder, then I make, constitute and appoint **LOIS COBB PARTAIN** as sole Attorney-in-Fact, with all powers, duties and authorities originally granted to my Attorneys-in Fact herein. Alternatively, if **LOIS COBB PARTAIN** shall die or resign, become incompetent or otherwise cease to serve as my Attorney-in-Fact hereunder, then I make, constitute and appoint **MARTHA COBB COBERN** as sole Attorney-in-Fact, with all powers, duties and authorities originally granted to my Attorneys-in Fact herein.

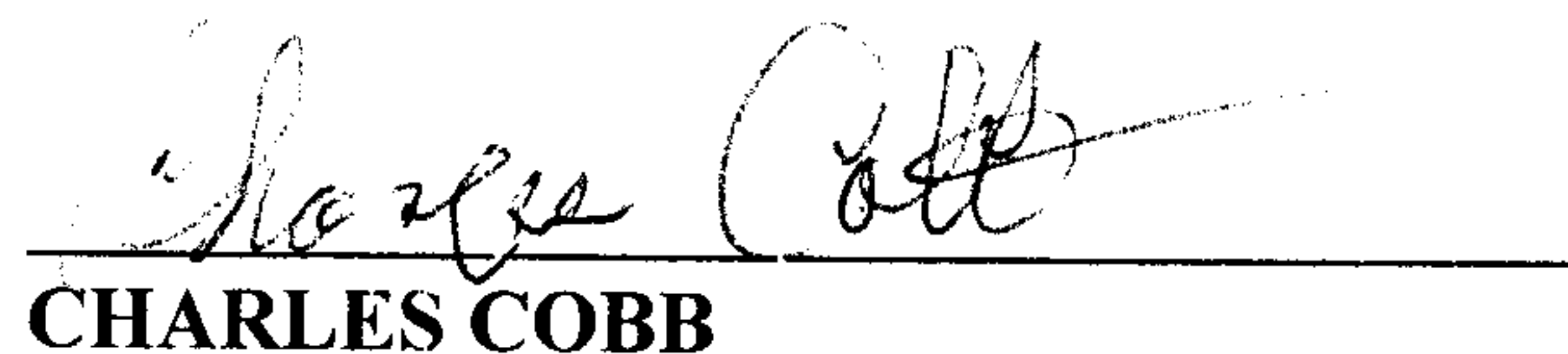
If at any time proceedings are commenced in any court to appoint a guardian, conservator or any other fiduciary for me, then I nominate **MARTHA COBB COBERN and LOIS COBB PARTAIN** to serve jointly as such fiduciaries, and I direct that no bond be required with respect to this appointment. If **MARTHA COBB COBERN** shall die, resign, become incompetent or otherwise cease to serve as such fiduciary, then I nominate **LOIS COBB PARTAIN** to serve solely as such fiduciary, and I direct that no bond be required with respect to this appointment. Alternatively, If **LOIS COBB PARTAIN** shall die, resign, become incompetent or otherwise cease to serve as such fiduciary, then I nominate **MARTHA COBB COBERN** to serve solely as such fiduciary, and I direct that no bond be required with respect to this appointment.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 15<sup>th</sup>

day of February, 2011.

  
Witness

  
Witness

  
**CHARLES COBB**



STATE OF ALABAMA )  
 )  
 )  
 Jefferson COUNTY )

## General Acknowledgment

I, the undersigned, a Notary Public in and for said State and County, hereby certify that **CHARLES COBB**, 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 and seal this 15<sup>th</sup> day of February, 2011.

Magic M. Hat

Notary Public

My Commission Expires: 7/10/2023

Instrument Prepared By:  
Kristin Waters Sullvian, Esq.  
2008 3rd Avenue South  
Birmingham, Alabama 35233

