

STATE OF ALABAMA
SHELBY COUNTY

GENERAL DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, **LEWIS B. WALKER**, a resident of Shelby County, Alabama, do hereby nominate, constitute and appoint, **ROSS T. WALKER and TIMOTHY F. WALKER, or either of them**, to act together, or independently of each other (and not in concert with each other), to carry out the powers given by this Power of Attorney, as and for my true and lawful attorneys-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 attorneys-in-fact (or either of them) with the following powers for me and in my name and on my behalf:

(1) Request, demand, receive, obtain, acquire, recover, collect, transfer, sue for, and hold all sums of money, payments, checks, commercial paper, amounts, assets, debts, accounts, certificates of deposit, property, interests, 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; and have, use and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery thereof, and to adjust, sell, 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 they consider necessary; draw checks and make withdrawals on my bank accounts or any other financial accounts, and make deposits therein, 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, 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, resolve issues or disputes therewith, and otherwise; buy, sell, liquidate, invest, reinvest, or make any transactions involving stocks, bonds, mutual or other funds, accounts, or other securities; have right and access to any safe deposit box, or other like holder 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 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 attorneys to act for me as they see fit in order to protect my interests, and I do hereby specifically grant to and vest in my said attorneys 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 they deem 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 her their 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, 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 my said attorney;

(5) Make all decisions concerning medical or surgical treatment, administration of medicine or drugs, and in sum, have authority to make any decisions involving my physical or mental health or well-being;

(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.

This General Durable Power of Attorney, and the authority and powers herein granted, shall not, however, give or grant my said attorneys 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 **ROSS T. WALKER and TIMOTHY F. WALKER, or either of them**, as my true and lawful attorneys, from this day forward, so that this 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 said attorneys all of the powers over my said property and estate that I am capable of granting to them as such attorneys, all without the order or approval of any court.

I hereby ratify and confirm all that the said **ROSS T. WALKER and TIMOTHY F. WALKER, or either of them**, as my true and lawful attorneys, shall lawfully do or cause to be done by virtue of the presents.

I hereby nominate and appoint the said **ROSS T. WALKER and TIMOTHY F. WALKER or either of them**, by this General Durable Power of Attorney, to be my guardians, curators, conservators, and other fiduciary, in the event of my disability, incompetency, or incapacity, without bond.

It is my intention and I hereby direct that both (or either) of the above named, **ROSS T. WALKER and TIMOTHY F. WALKER**, are hereby granted the power to act together, or independently of each other, and not in concert with each other, to carry out the powers given by this Power of Attorney.


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 7 day of March, 2006.

Stephanie Glass
Witness

Lewis B. Walker (SEAL)
LEWIS B. WALKER


Jamesi Cullen
Witness


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Shelby Cnty Judge of Probate, AL
01/23/2013 09:06:12 AM FILED/CERT

STATE OF ALABAMA
SHELBY COUNTY

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that **LEWIS B. WALKER**, 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 7th day of March, 2006.


Notary Public



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Shelby Cnty Judge of Probate, AL
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