

# General Durable Power of Attorney

I, the undersigned

(Full legal names) Joshua Aiden Matos Joshua Aiden Matos

(Identity / Social Security number) [REDACTED] residing at

8-10-12

4917 COX COVE  
Helena, AL 35080

appoint

(Full legal names) Elizabeth Roane Elizabeth Roane

(Identity / Social Security number) [REDACTED] residing at

8-10-12

4917 COX COVE  
Helena, AL 35080

as my Attorneys-in-Fact (Agents) with the power of delegation and substitution and I give my agents the authority to act jointly and severally.

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

(Full legal names) \_\_\_\_\_

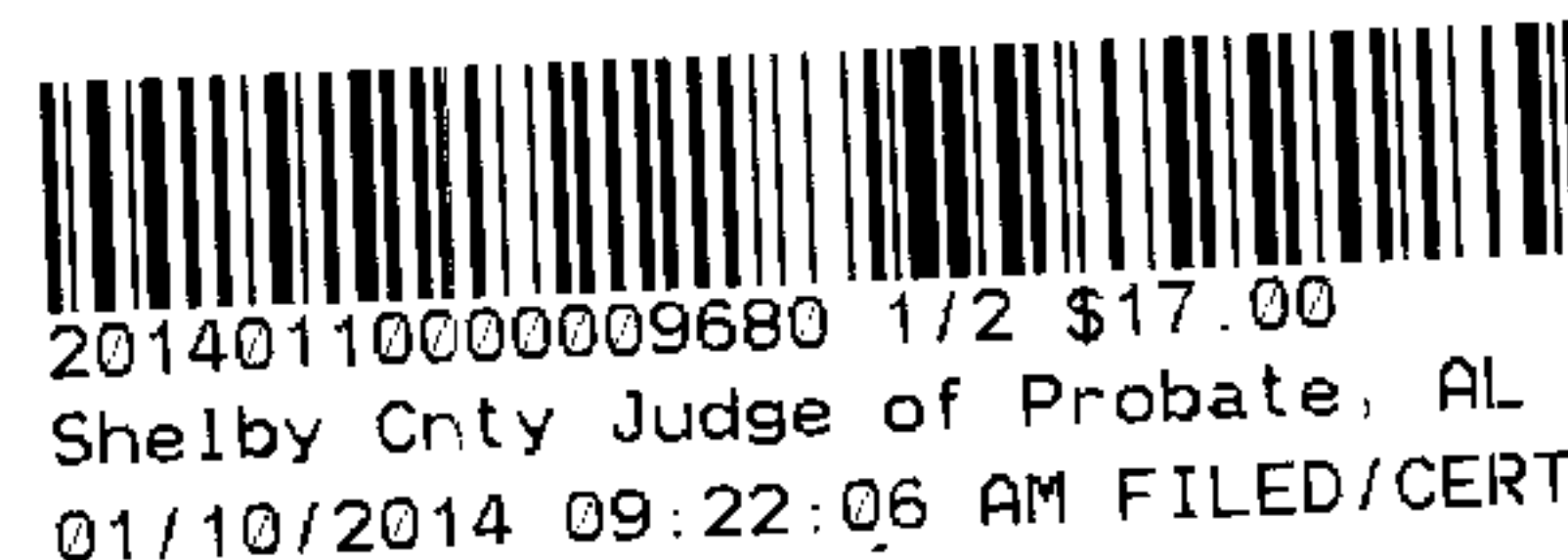
(Identity / Social Security number) \_\_\_\_\_ residing at

\_\_\_\_\_ as first substitute Agent and

(Full legal names) \_\_\_\_\_

(Identity / Social Security number) \_\_\_\_\_ residing at

\_\_\_\_\_ as second 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 Agents shall have full authority to act on my behalf in relation to all my property and affairs.

3. I furthermore grant my Agents the authority to:

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

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 Agents 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 Agents 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 names) N/A

(Identity / Social Security number) \_\_\_\_\_ residing at \_\_\_\_\_

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

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 Agents and interested third parties.

Executed this 10 day of August 2012  
at Black Summer Studios, Inc.

20140110000009680 2/2 \$17.00  
Shelby Cnty Judge of Probate, AL  
01/10/2014 09:22:06 AM FILED/CERT

Signature: Joshua A. Natos / Elizabeth Roae

in the presence of the undersigned witnesses:

Acknowledgement

This document was acknowledged before me on this 10<sup>th</sup> day of August 2012 by \_\_\_\_\_ (Principal's Full legal names)

Signature of Notary Public \_\_\_\_\_

Full legal Names Kendrick J. Mack

My commission expires 2/3/15

State of Alabama

County of Shelby

filled by  
Elizabeth Roae  
Prepared By  
Elizabeth Roae

