

STATE OF ALABAMA *
 *
SHELBY COUNTY *

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **BARBARA TURNER HINDS**, being over the age of nineteen (19) years, and being desirous of appointing an attorney-in-fact to act for me and in my name and behalf in all matters in which I have an interest, do hereby nominate, constitute, and appoint **NORMAN DEAN POWERS OR STACY JO POWERS** as my true and lawful attorneys-in-fact for me and in my name and behalf as follows:

1. To demand, sue for, collect, and receive all such sums of money, debts, accounts, interest, dividends, and demands whatsoever as now are, or hereafter shall become due, owing, or payable to me; and

2. To make, execute, and deliver acquittances, receipts, releases, or other discharges therefore; and

3. To satisfy of record all mortgages, notes, judgments, and other evidences of indebtedness; and

4. To pledge, mortgage, sell, transfer, assign, convey or otherwise dispose of any or all of my property, real, personal, or mixed, under such terms or conditions as he may deem proper, and to make, sign, execute, and deliver good and sufficient deeds, leases, assignments, agreements, or other instruments for the accomplishment thereof, including the selling, alienation, relinquishment, or waiver of any homestead interest, exemption, or right, present or contingent; and

5. To pay, compromise, or otherwise discharge and secure releases from any obligations or claims against me; and

6. To deposit in my name and to my account in any bank any check, money, draft, or note belonging to me and to withdraw said moneys so deposited and for this purpose to draw checks in my name, and to endorse and cash checks payable to me, regarding any existing checking or savings account I may now have or which I might have in the future; and

7. To enter into contracts for the provision of medical, health and personal care, and to consult with and provide consent to health care providers, nursing homes or extended care facilities, for any medical treatment, care, maintenance and medical procedures which may be necessary for my health, comfort and well being; This medical authorization is given with full knowledge of my rights under the Health Insurance Portability and Accountability Act, popularly known as 'HIPAA.' I herewith waive and give any and all privacy rights I may or might have under the Privacy Rules promulgated by the Department of Health and Human Services that regulate the use and disclosure of protected health information as contained in the Code of Federal Regulations §§ 160 and 164, in favor of my said Attorney-in-fact, and this is my full permission and authority to any doctor, nurse,

administrator, record librarian, accountant, clerk, admissions clerk, records clerk, business office, business clerk, office manager, or any other person having in their custody my medical records or history or any personal knowledge of the same to freely discuss and allow my said Attorney-in-fact to inspect and copy, if need be, any of my records, case histories, billing files, payment histories, insurance files, including any application for payment, eligibility requirements, doctor's note, nurse's notes, medical charts or records or any kind; and

8. To have full access to, add to, remove from, or otherwise inspect, the contents of any safety deposit box in any bank or other savings or financial institution which I may have; and

9. To have full access to any financial asset or assets which I may own including any stocks, bonds, certificates of deposit, insurance policies, or other securities or like items, and any broker, agent, officer or other person having possession, control or information regarding such item shall be protected from any liability for delivering any such item to my said attorney-in-fact or disclosing any information regarding such item to my attorney-in-fact.

Further, I do hereby authorize my said attorney-in-fact to perform all necessary acts in the execution of the foregoing specific authorization, and the powers therein granted to my aforesaid attorney-in-fact shall not be limited to the powers specifically set forth herein, but I hereby expressly authorize and employ my said attorney-in-fact to do and perform on my behalf and in my place and stead and with equal validity any and all other lawful acts of things which I could do if personally present.

This Power of Attorney is intended to be a Durable Power of Attorney, to survive my disability, incompetency, or incapacity, or until knowledge of my death, pursuant to the Alabama Durable Power of Attorney Act, Act Number 81-98.

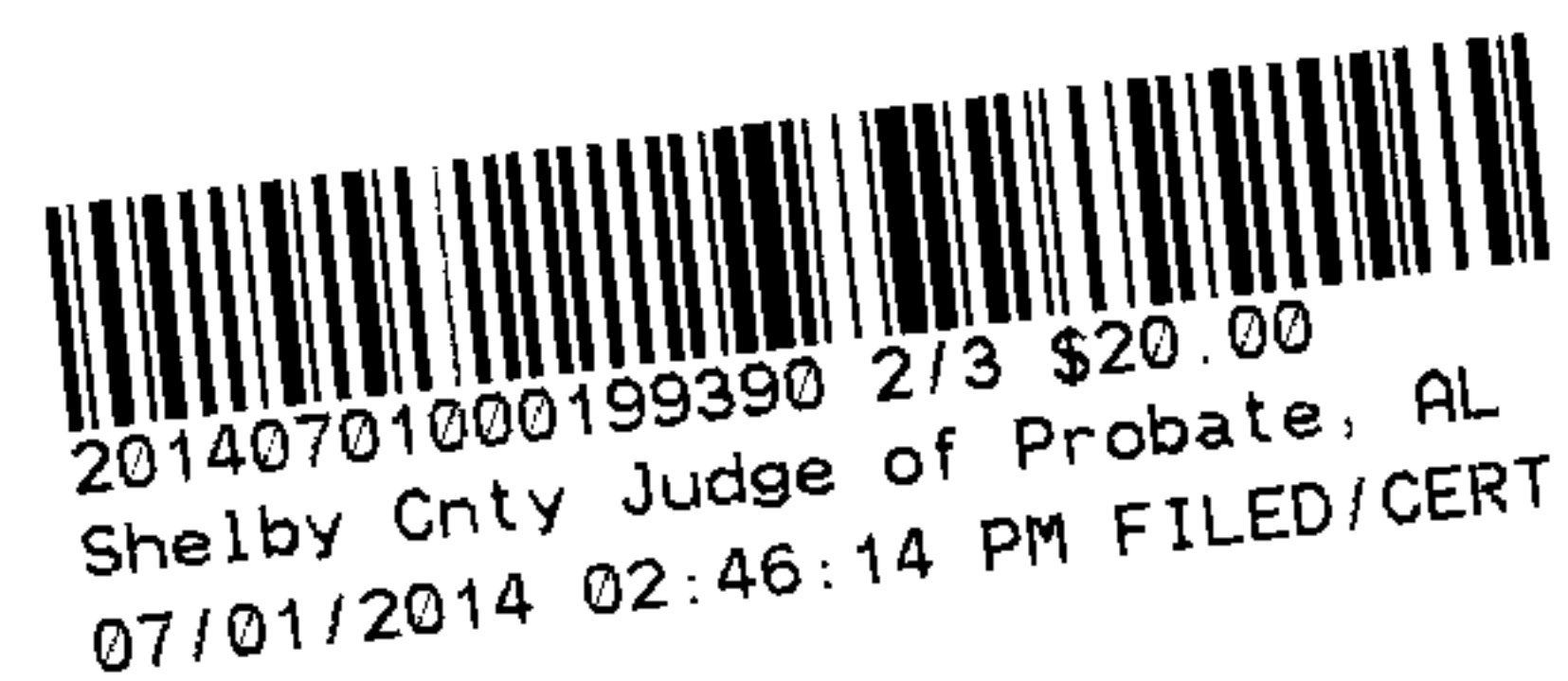
I hereby ratify and confirm whatsoever my said attorney-in-fact may do in the premises.

I hereby revoke any and all other Powers of Attorney I have heretofore made in favor of any person, firm, or corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this the 26 day of

June, 2014.

Barbara Turner Hinds
BARBARA TURNER HINDS



STATE OF ALABAMA *
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Jefferson COUNTY *

I, the undersigned authority, a Notary Public in and for the State and County aforesaid, do hereby certify that **BARBARA TURNER HINDS**, whose name is signed to the foregoing Power of Attorney, and who is known to me, acknowledged before me on this day that, being informed of the contents of the Power of Attorney, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 26th day of June, 2014.

Mary Allison George
NOTARY PUBLIC

MY COMMISSION EXPIRES

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: 10-23-2018
BONDED THROUGH NOTARY PUBLIC


20140701000199390 3/3 \$20.00
Shelby Cnty Judge of Probate, AL
07/01/2014 02:46:14 PM FILED/CERT

This instrument prepared by:
JOEL R. HAMNER
McCutcheon & Hamner, P.C.
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Florence, Alabama 35630
Phone: (256) 764-0112