ALABAMA POWER OF ATTORNEY FORM

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975.

This power of attorney does not authorize the agent to make health care decisions for you. Such powers are governed by other applicable law.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reimbursement of reasonable expenses and reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent in unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting your agent, you should seek legal advise before signing this form.

DESIGNATION OF AGENT I JOE J. Chiace IIa (Name of Principal) name the following person as my agent: Name of Agent: Name of Agent: Name of Agent: Do Chiace IIa Agent's Address: 6552 Quait Run Drive, Pethan, AL 35124 Agent's Telephone Number:

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

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Name of Successor Agent: Lisa Action
Successor Agent's Address: 6552 Queil R. Drive Pelhan AL 35124
Successor Agent's Telephone Number: $(205) 97 - 0/02$ If my successor agent is unable or unwilling to act for me, I name as my second successor agent:
Name of Second Successor Agent:
Second Successor Agent's Address:
Second Successor Agent's Telephone Number:
GRANT OF GENERAL AUTHORITY
I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:
If you wish to grant general authority over all of the subjects enumerated in this section you may SIGN here:
Joe J. Chiarella
GRANT OF SPECIFIC AUTHORITY (OPTIONAL)
My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below: (CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL the specific authority you WANT to give your agent: Create, amend, revoke, or terminate an inter vivos trust, by trust or applicable law Make a gift to which exceeds the monetary limitations of Section 26-1A-217 of the Alabama Uniform Power of Attorney Act, but subject to any special instructions in the power of attorney Create or change rights of survivorship Create or change a beneficiary designation Authorize another person to exercise the authority granted under this power of attorney Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan Exercise fiduciary powers that the principal has authority to delegate
LIMITATIONS ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

Limitation of Power. Except for any special instructions given herein to the agent to make gifts, the following shall apply:

Initials

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this Powers	Any power or authority granted to my Agent herein shall be limited so as to prevent of Attorney from causing any Agent to be taxed on my income or from causing my be subject to a "general power of appointment" by my Agent as defined in 26 U.S.C.S. and 26 U.S.C.S 2514 of the Internal Revenue Code of 1986, as amended.
(b) insurance am a trus	My Agent shall have no power or authority whatsoever with respect to any policy of owned by me on the life of my Agent, or any trust created by my Agent as to which I tee.
	SPECIAL INSTRUCTIONS (OPTIONAL)
You may special in	give special instructions on the following lines. For your protection, if there are no structions write NONE in the section.
initial her If this pow withholdi	wer of attorney is to take effect only upon my disability, incompetency or incapacity, re: wer of attorney confers the authority to make decisions regarding provision, ing, or withdrawal of life-sustaining treatment and artificially provided nutrition and initial here:
	EFFECTIVE DATE
This pow Instructio	er of attorney is effective immediately unless I have stated otherwise in the Special ons.
	NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)
[guardian Name of Nominee Name of Nominee	mes necessary for a court to appoint a [conservator or guardian] of my estate or of my person, I nominate the following person(s) for appointment: Nominee for [conservator or guardian] of my estate: Náncy To Chiceella or Lisa hadress: 6552 Quail Run Prize Pointment 35124 's Telephone Number: 1205) 536-3450 Nominee for [guardian] of my person: Nancy To Chiceella or Lisa Actor is Address: 6552 Quail Run Prize, Pethan AL 35124 's Telephone Number:
	RELIANCE ON THIS POWER OF ATTORNEY
	on, including my agent, may rely upon the validity of this power of attorney or a copy of that person knows that is has been terminated or is invalid.
	SIGNATURE AND ACKNOWLEDGMENT
· A201	e of Principal)
(Signatur	e of Principal)

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Your Signature Date: $\sqrt{3}a_{n_{er}}$ 7, 2015
Your Name Printed: Joe J. Chiacella
Your Address: 6552 Quail Run Drive Pelham, Ac 35124
Your Telephone Number:
State of ALABAMA
County of SHELBY
the undersigned
I, Joe J. CHARIEL , a Notary Public, in and for the County in this State, hereb
certify that JOEJ. CHIARELLA, whose name is signed to the foregoing
document, and who is known to me, acknowledged before me on this day that, being informed of
the contents of the document, he or she executed same voluntarily on the day the same bears
date.
Given under my hand this the 1th day of January 2015
Signature of Notary My commission expires: OFFICIAL SEAL KITTY C. WHITWORTH Notary Public - Alabama State at Large My Comm. Expires 9-17-2017

This Instrument Prepared By:

Jim Pino & Associates, P.C. 363 Canyon Park Drive Pelham, Alabama 35124 Telephone: 205-663-1581 Facsimile: 205-663-1424

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you the legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

(1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;

(2) act in good faith;

(3) do nothing beyond the authority granted in this power of attorney; and

(4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

(1) act loyally for the principal's benefit;

(2) avoid conflicts that would impair your ability to act in the principal's best interest;

(3) act with care, competence, and diligence;

(4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;

(5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and

(6) attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF THE AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

(1) death of the principal;

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- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;

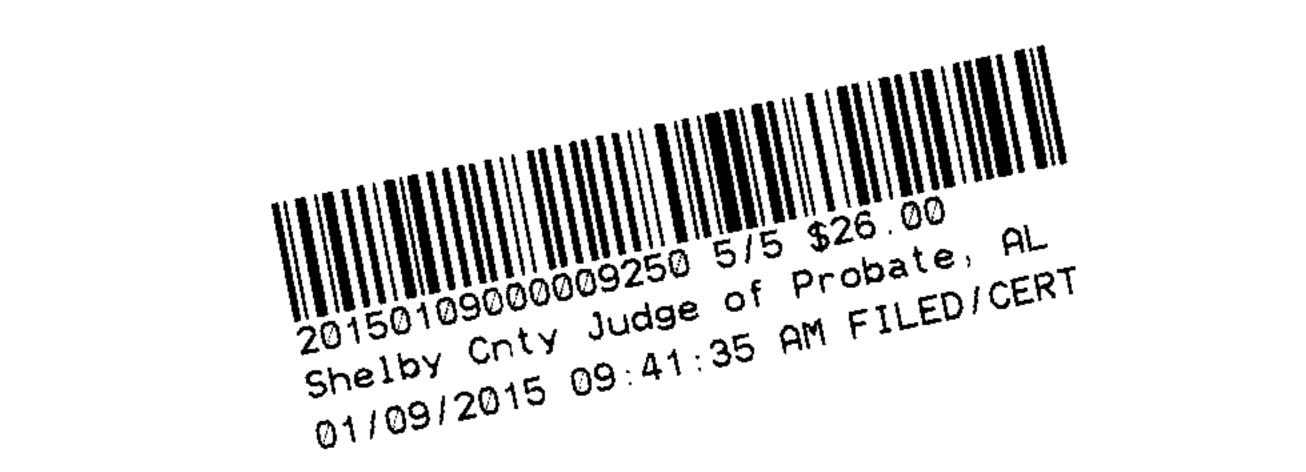
(4) the purpose of the power of attorney is fully accomplished; or

(5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975. If you violate the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, or act outside the authority granted, you may be liable for any damages caused by your violation. If there is anything about this document or your duties that you do not understand, you should

seek legal advice.



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