

## ALABAMA DURABLE POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS; That I Terry Wayne Graham, residing Columbiana, Alabama hereby make, constitute and appoint Jennifer Adaway as my true and lawful attorney(s) 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 sell, lease, exchange or dispose of any of my real estate and/ or personal property to any person or persons, for any price, and upon such terms and conditions, for cash or on credit, as he/she may deem fit, and to execute any contracts, conveyances, or other instruments whatsoever, with full covenants of warranty;

(b) To demand, recover and receive, all and any sums of money, debts or effects, due, payable, coming or belonging to me;


© To sing checks and otherwise withdraw funds from any bank accounts or other accounts, to endorse any checks, to deposit any checks or other sums in any bank accounts;

(d) To purchase any goods, merchandise, stocks, bonds or other personal property, on my account and for such prices and in such amounts as he/she deem proper;

(e) To settle and adjust all accounts and demands due or payable or which may hereafter subsist between me and any person or persons as he/she deem proper;

(f) To pay and discharge all debts and demands due or payable or which may hereafter become due and payable by me unto any persons, firms or corporations;

(g) to commence and prosecute any suit or action which he/she shall deem proper for the recovery, possession or enjoyment of any thing or matter which is or which may hereafter be due, payable or belonging to me; to defend any suit or action which may be bought against me or in which I may be interested as he/she shall deem proper;

  
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(h) To sign, make execute and file any Federal or State income tax returns, claims for refunds and to defend me against any proposed additional taxes;

(i) To make health care decisions for me; provided, however, that is particular power shall exist only when I am unable, in judgement of my attending physician, to make those health care decisions. My attorney(s)-in-fact shall have the power to make health care decision on my behalf, including making decisions regarding my medical or domiciliary care, including admissions to hospitals or other institutions or placement in a nursing home, to consent to, to refuse to consent to , or to withdraw consent to the provision of any care, treatment, surgery, service or procedure to maintain, diagnose or treat a physical or mental condition, as well as the right to sign such medical forms as may be necessary to carry out such decisions, talk with health care personnel, examine my medical records and to consent to the disclosure of such records:

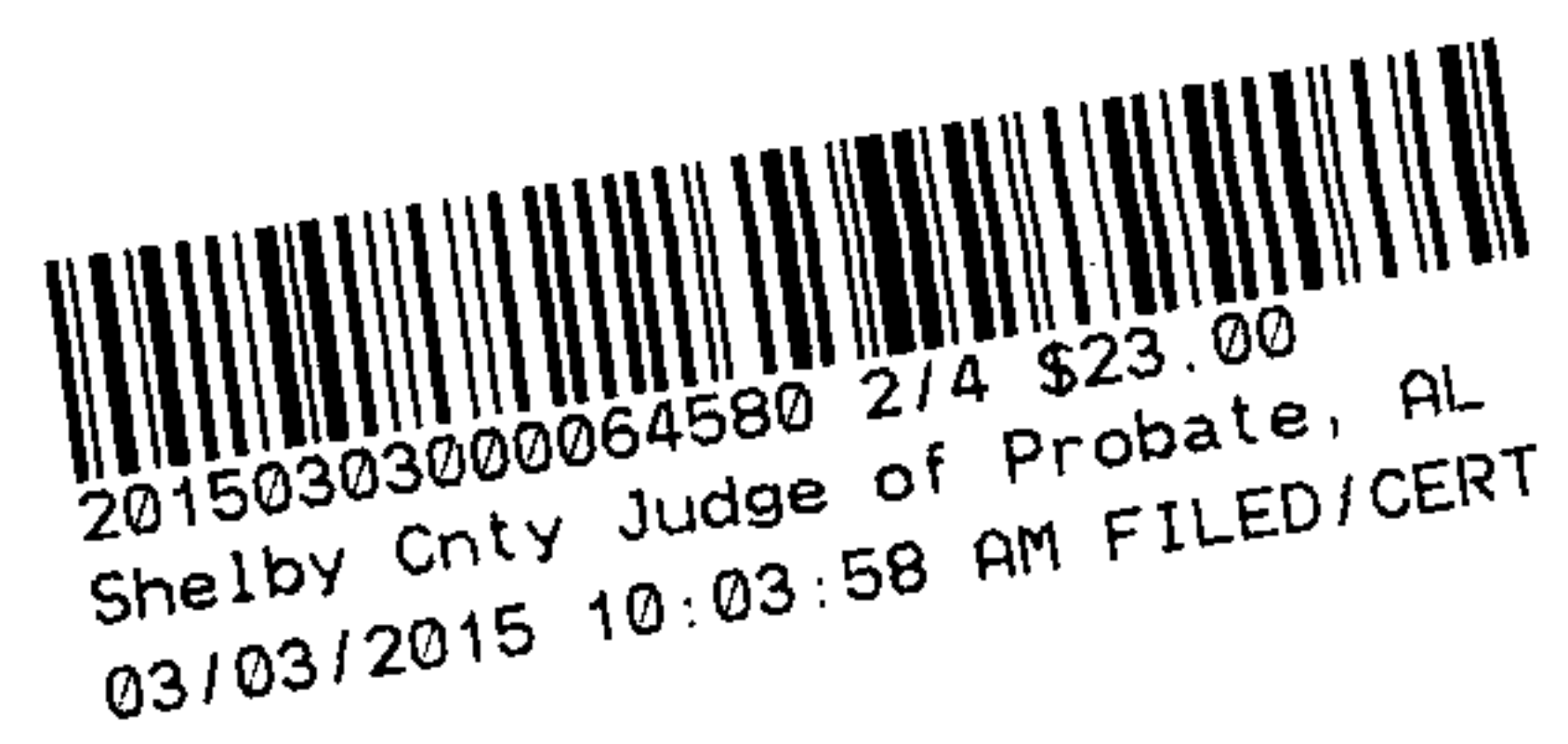
ADD SPECIFIC REFERENCE TO THE POWER TO MAKE DECISIONS REGARDING THE PROVISION, WITHHOLDING OR WITHDRAWAL OF "LIFE SUSTAINING TREATMENT" AND ARTIFICIAL FEEDING OR HYDRATION, IF APPROPRIATE; IF THIS POWER IS ADDED, THE SUBSTANTIVE PROVISIONS OF THE REVISED ALABAMA NATURAL EXECUTED AND ACCEPTED IN SUBSTANTIALLY THE SAME FORM AS THE REVISED ALABAMA NATURAL DEATH ACT; CONSIDER NOMINATING A HEALTH CARE PROXY IN ACCORDANCE WITH THE NEW ADVANCE DIRECTIVE FOR HEALTH CARE FORM SET FORTH IN THE REVISED ALABAMA NATURAL DEATH ACT

(j) 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;

(k) To generally do and perform all matters and things, transact all business, make, execute and acknowledge all contracts, orders, deeds or other conveyances, mortgages, leases and to execute all other instruments of every kind which may be necessary or proper to effectuate all powers hereinabove specifically granted, or any other matter or thing appertaining or belonging to me, with the same full powers, and to all intents and purposes, with the same validity as I could, if personally present (giving and granting unto my said attorney(s), full power to substitute one or more attorneys under him/her, and the same at his /her pleasure to revoke ); and hereby ratifying and conforming whatsoever my said attorney(s) shall and may do, by virtue hereto.

(l) The powers to herein granted to my said Attorney(s)-in-fact shall be exercisable by him/her at any time and from time to time.

(m) This power of attorney shall remain in full force and effect and any party dealing with my said Attorney(s)-in-fact at any time shall be fully protected and is hereby discharged, released and indemnified from so doing in respect of any mater relating hereto unless such particular party shall have received prior notice in writing of the revocation of this power.



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

signature Terry Graham

typed or printed name Terry Wayne Graham



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STATE OF ALABAMA  
COUNTY OF Shelby

I, the undersigned, a Notary Public, in and for said County, in said State hereby certify that Terry Wayne Graham whose name is signed to the foregoing Power of Attorney and who are known to me, acknowledged before me on this day, that being fully informed of the contents of the foregoing instrument, they executed the same voluntarily on the day the same bears date. Given under my hand and official seal on March 3, 2015

Notary Public Terry Banner

My commission Expires 8-4-15

(NOTARIAL SEAL)

  
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