

ALABAMA DURABLE POWER OF ATTORNEY - BROAD POWERS

1. Know all persons by these presents: That I Ronald Wayne Cummings, residing at 90 Cummings Drive in Shelby County, Montevallo, Alabama 35115, hereby make, constitute and appoint Ellery Wayne Cummings as my true and lawful attorney with full powers. Marsha R. Cummings is my appointed back up attorney in fact should Ellery Wayne Cummings not be able to act as an attorney due to his incapacitation. Marsha R. Cummings will then become the true and lawful attorney with full powers. Ellery Wayne Cummings has the authority to act on my behalf 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 have and gain entry and access to my safe deposit box or vault at anytime; to remove any or all contents thereof; to sign any papers or documents relating thereto; to deposit any papers, documents or securities in such safety deposit box or vault and to do with respect to any of the contents of said safety deposit boxes, safes or vaults as my said attorney(s) may see fit;

(B) 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;

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

(D) To borrow sums of money from time to time from any person, firm or corporation, including the borrowing any sums of money from any insurance company, and to make and execute promissary notes;



mortgages;pledges of insurance policies and any other transfers of security;

(E) To sign checks and otherwise withdraw funds from any bank accounts or other accounts, to endorse any checks, to deposit any checks or other sums of money in any bank account;

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

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

(H) 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;

(I) To redeem or cause to be redeemed Government Bonds, belonging to me;

(J) To vote at meetings of stockholders or other meetings to act as my attorney or proxy in respects of any stocks, shares or other instruments now or hereafter held by me therein, and for that purpose to execute any proxies or other instruments;

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

(L) To sign, make, excute and file any Federal or State income tax returns, claims, for refund and defend me against any proposed additional taxes;

(M) To make health care decisions for me: provided; however, that this particular power shall exist only when I am unable, in the judgement of my attending physician, to make those health care

decisions. My attorney(s) in fact shall have the power to make health care decisions on my behalf, including decisions regarding admissions to hospitals or other institutions or placement in a nursing home, to make decisions on my medical or domiciliary care, to consent to, refuse to consent to, or 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 to 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, THEN SUBSTANTANIVE PROVISIONS OF THE REVISED ALABAMA NATURAL DEATH ACT MUST BE INCLUDED AND THE POWER OF ATTORNEY MUST BE EXECUTED AND ACCEPTED IN SUBSTANTIALLY THE SAME FORM AS THE REVISED ALABAMA NATURAL DEATH ACT; CONSIDER

(N) 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 information of any type from any physical or other health care professional who may be treating me;

(O) To do and generally perform all matters and things, transact all business matters, 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 herein above 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 confirming whatsoever my said attorney(s) shall and may do by virtue hereto.

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

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

(4) 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 NOT WITHSTANDING ANY UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.

(5) IF ELLERY WAYNE CUMMINGS SHALL DIE, RESIGN, BECOME INCOMPETENT OR OTHERWISE CEASE TO SERVE AS MY "ATTORNEY(S)-IN-FACT" HEREUNDERR THEN I MAKE, CONSTITUTE AND APPOINT MARSHA R CUMMINGS HIS/HER SUCCESSOR, WITH ALL OF THE POWERS, DUTIES AND AUTHORITIES ORIGINALLY GRANTED TO MY ATTORNEY(S)-IN-FACT HEREIN. (NOTE) IF MORE THAN ONE ATTORNEY-IN-FACT WAS APPOINTED AND THE ATTORNEY(S)-IN-FACT WERE NOT REQUIRED TO ACT JOINTLY. THE REMAINING ATTORNEY(S)-IN-FACT ARE NOT REQUIRED TO ACT JOINTLY AND MAY ACT ALONE.

(6) IF AT ANYTIME PRECEEDINGS ARE COMMENCED IN ANY COURT TO A GUARDIAN, CONSERVATOR OR OTHER FIDUCIARY FOR ME, THEN I NOMINATE RICK SANDLIN TO SERVE IN A FIDUCIARY CAPACITY AND NO BOND SHALL BE



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REQUIRED.

IN WITNESS WHEREOF, I HAVE HERE UNTO SET MY HAND
AND SEAL ON March 10, 2015
DATE YEAR

SIGNATURE

Ronald W. Cummings

PRINTED NAME

RONALD W. CUMMINGS

ACKNOWLEDGEMENT

State of Alabama
County of Shelby

I, the undersigned, a Notary Public, in and for the
said Shelby County, in said State, hereby certify
that Elley Wayne Cummings and
Marsha R. Cummings whose names are
signed to the foregoing Power of Attorney and who
are known to me, acknowledge before me on this day
that, being fully informed of the contents of the
foregoing instrument, they executed the same
voluntarily on this day the same bears date. Given
under my hand and official seal

on March 10, 2015
DATE YEAR

Brooklyn Dyer

Notary Public

Notary Public - Alabama State At Large
My Commission Expires
October 15, 2017
Bonded Thru Notary Public Underwriters

My Commission expires: _____.

Notary Seal



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Prepared by : Marsha A. Cummings