

ALABAMA POWER OF ATTORNEY FORM

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 is 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 to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, Michael Paul White, (Name of Principal) name the following person as my agent:

Name of Agent: Paula Lynn White

Agent's Address: 60 Echo Ln Columbiana AL, 35051

Agent's Telephone Number: [REDACTED]

DESIGNATION OF SUCCESSOR AGENT(S)(OPTIONAL)

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

Name of Successor Agent: _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

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:

X Michael White

(Signature of Principal)

OR

If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each subject you want to include in the agent's authority:

_____ Real Property as defined in Section 26-1A-204

_____ Tangible Personal Property as defined in Section 26-1A-205

_____ Stocks and Bonds as defined in Section 26-1A-206

_____ Commodities and Options as defined in Section 26-1A-207

_____ Banks and Other Financial Institutions as defined in Section 26-1A-208

_____ Operation of Entity or Business as defined in Section 26-1A-209

_____ Insurance and Annuities as defined in Section 26-1A-210

_____ Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211

_____ Claims and Litigation as defined in Section 26-1A-212

_____ Personal and Family Maintenance as defined in Section 26-1A-213

_____ Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214

_____ Retirement Plans as defined in Section 26-1A-215

☒ Taxes as defined in Section 26-1A-216

_____ Gifts as defined in Section 26-1A-217

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 this power of attorney



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NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)

If it becomes necessary for a court to appoint a [conservator or guardian] of my estate or [guardian] of my person, I nominate the following person(s) for appointment:

Name of Nominee for [conservator or guardian] of my estate: _____

Nominee's Address: _____

Nominee's Telephone Number: _____

Name of Nominee for [guardian] of my person: _____

Nominee's Address: _____ Nominee's Telephone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Michael White

(Signature of Principal)

Your Signature Date: 5/22/15

Your Name Printed: Michael White

Your Address: 60 Echo Ln Columbiana, AL 35051

Your Telephone Number: [REDACTED]

State of Alabama

County of Shelby

I, Meagan S. Glass, a Notary Public, in and for the County or state, hereby certify that Michael White, 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 the same voluntarily on the day the same bears date.

Given under my hand this the 22 day of May, 2015. _____ (Seal, if any)

Signature of Notary Meagan S. Glass

My commission expires: 8/27/2017

This document prepared by:

