

ALABAMA DURABLE POWER OF ATTORNEY

STATE OF ALABAMA)

)

SHELBY COUNTY)

DURABLE POWER OF ATTORNEY

and

Authority to Access Health Information

Of, MICHAEL WILLIAM ENTZ

KNOW ALL MEN BY THESE PRESENTS that I Michael William Entz, a resident of Shelby County, Alabama, do hereby make, constitute and appoint **VIVIAN L. ENTZ**, as my Attorney-in-Fact, for me and in my name, place and stead, and on my behalf, to do, perform and execute the acts I have authorized, and I grant to him/her every power necessary to carry out the purposes for which this power is granted, including the powers of revocation and substitution, hereby ratifying and affirming that which (s)he or his/her substitute shall lawfully do or cause to be done by virtue of the rights and powers herein granted. In the event that the above-named agent is for any reason unable or unavailable to so serve, then I appoint **KRISTIN ELIZABETH JOHNSTON** and **MICHAEL WILLIAM ENTZ II**, as Co-Attorney-in-Fact, with the same authority.

This power of attorney shall not be affected by disability, incompetency, or incapacity of the principal.

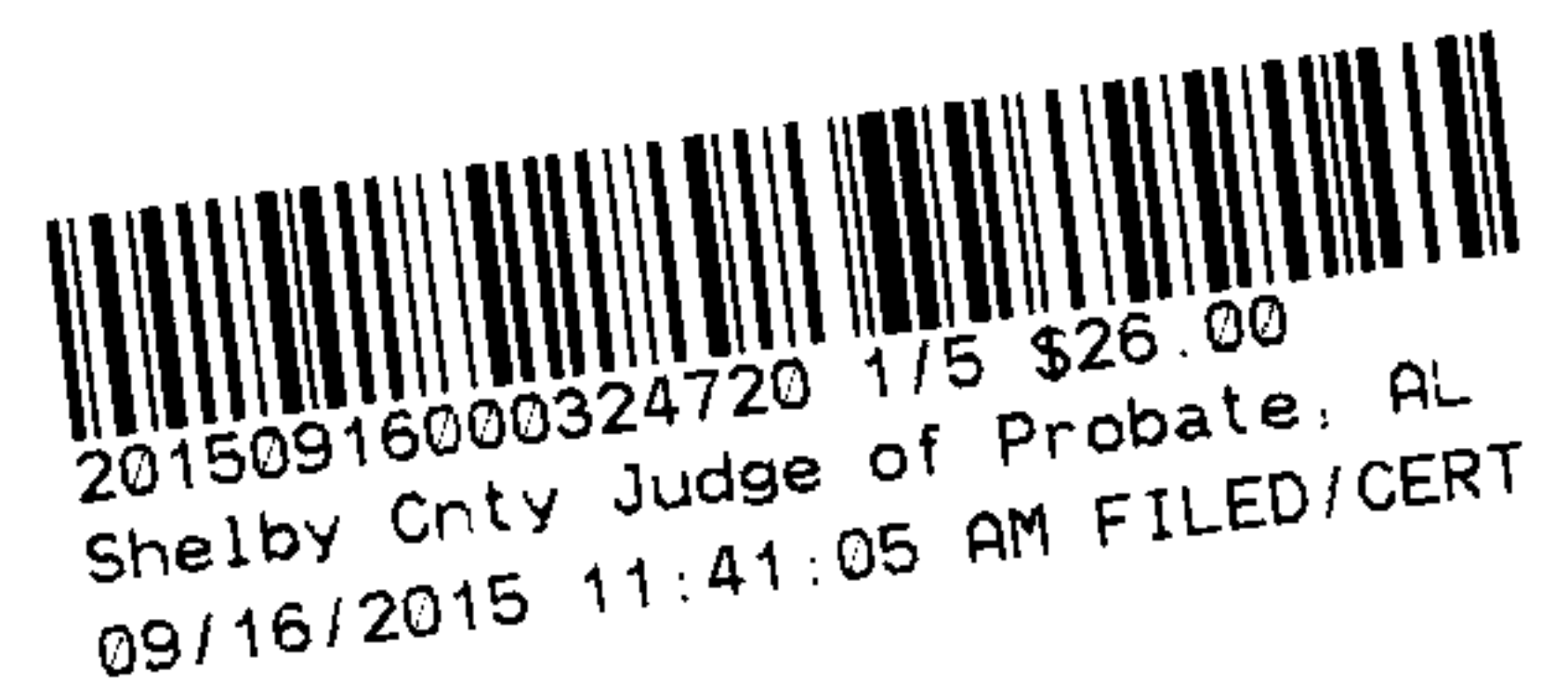
GRANT OF GENERAL AUTHORITY

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:



Michael W. Entz



Alabama Durable Power of Attorney and Authority to Access Health Information  Initials

ALABAMA DURABLE POWER OF ATTORNEY

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:

MUE Create, amend, revoke, or terminate an inter vivos trust, by trust or applicable law

MUE 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

MUE Create or change rights of survivorship

MUE Create or change a beneficiary designation

MUE Authorize another person to exercise the authority granted under this power of attorney

MUE Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

MUE Exercise fiduciary powers that the principal has authority to delegate

AUTHORITY TO ACCESS HEALTH INFORMATION

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

MUE Arrange for my care at home or by admitting me to an appropriate facility, and, effective immediately, to serve as my personal representative as that term is used in 45 CFR 164.502 (commonly known as "HIPAA privacy regulations"), and to have the same access to my personal health information as I have myself, including, but not limited to, viewing and obtaining copies of any and all of my personally identifiable medical records of any kind whatever, and consulting with medical providers; and I authorize covered medical Entities to provide such access and to cooperate with my agent under this document [as well as any health care agent or proxy I may appoint]; [I do not intend, by this appointment, to prohibit other family members from access to my otherwise private health care information, and I authorize covered entities to provide to **VIVIAN L. ENTZ, KRISTIN E. JOHNSTON and MICHAEL W. ENTZ II**, the same access to them and cooperation with them to which I am entitled myself.]



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Shelby Cnty Judge of Probate, AL
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Alabama Durable Power of Attorney and Authority to Access Health Information MUE Initials

ALABAMA DURABLE POWER OF ATTORNEY

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:

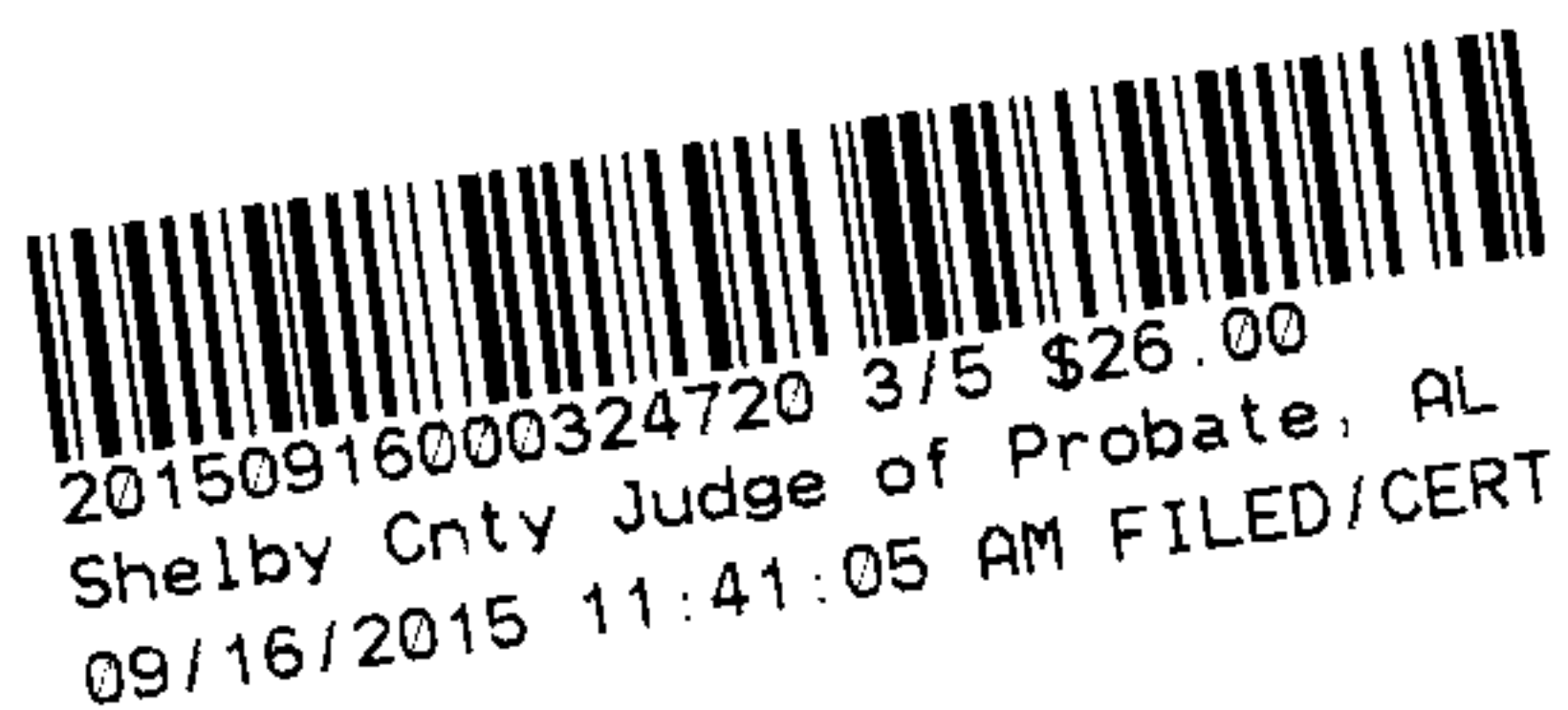
(a) Any power or authority granted to my Agent herein shall be limited so as to prevent this Power of Attorney from causing any Agent to be taxed on my income or from causing my assets to be subject to a "general power of appointment" by my Agent as defined in 26 U.S.C. Section 2041 and 26 U.S.C. Section 2514 of the Internal Revenue Code of 1986, as amended.

(b) My Agent shall have no power or authority whatsoever with respect to any policy of insurance owned by me on the life of my Agent.

SPECIAL INSTRUCTIONS

You may give special instructions on the following lines. For your protection, if there are no special instructions write NONE in this section.

NONE



ALABAMA DURABLE POWER OF ATTORNEY

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF CONSERVATOR OR GUARDIAN

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

Name of Nominee for conservator of my estate: N/A

Nominee's Address: _____

Nominee's Telephone Number: _____

Name of Nominee for guardian of my person: N/A

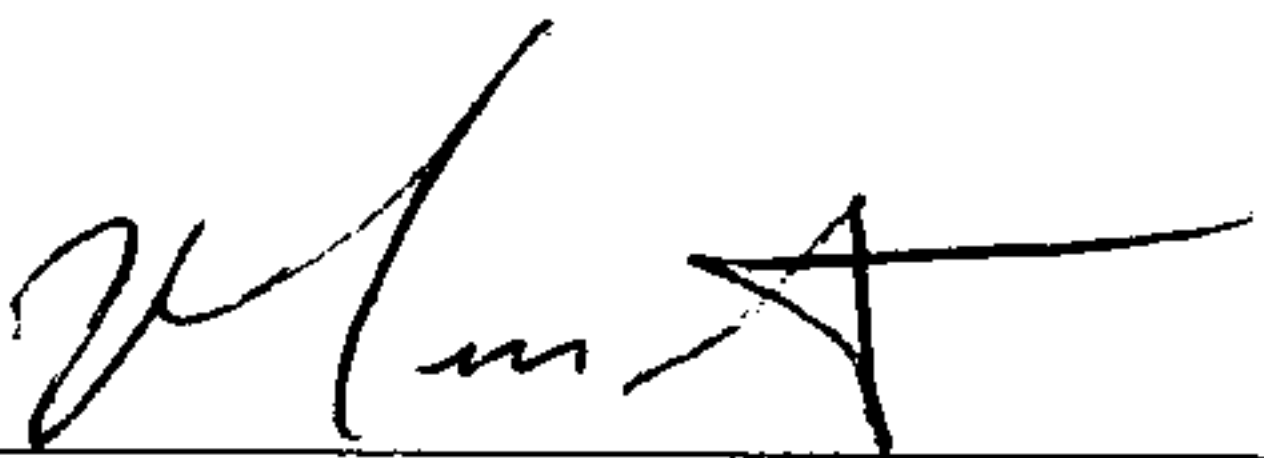
Nominee's Address: _____

Nominee's Telephone Number: _____

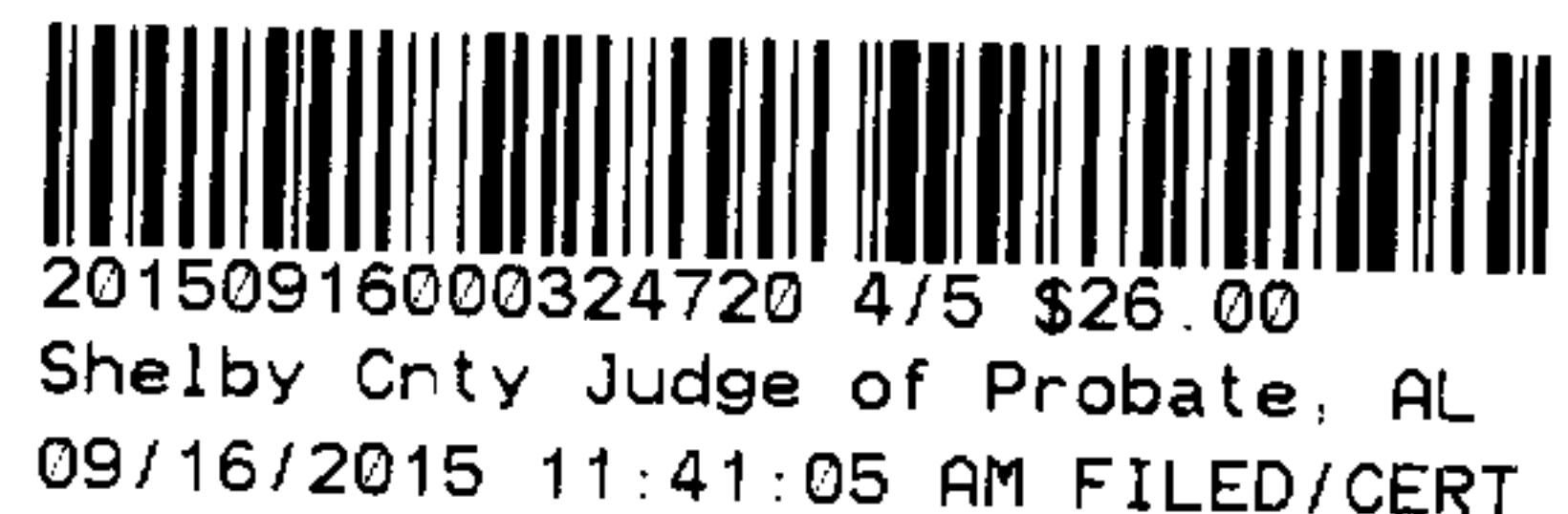
RELIANCE ON THIS POWER OF ATTORNEY

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 W. Entz



Your Signature Date: 3-27-14

Your Name Printed: Michael W Entz

Your Address: 1065 Oak Tree Rd Hoover, AL 35244

Your Telephone Number: [REDACTED]

Alabama Durable Power of Attorney and Authority to Access Health Information ME Initials

ALABAMA DURABLE POWER OF ATTORNEY

State of Alabama

County of Shelby

I, Kristen Deering, a Notary Public, in and for the County in this State, hereby certify that MICHAEL W. ENTZ 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 27 day of March, 2014.

Kristen Deering (Seal, if any)
Signature of Notary

My commission expires: 9/1/2015

This document prepared by: Bradley E. Byrne Jr., Esq.
Beckum Kittle LLP
3108 Blue Lake Dr., Ste 100
Birmingham, AL 35243


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Shelby Cnty Judge of Probate: AL
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Alabama Durable Power of Attorney and Authority to Access Health Information WE Initials