


STATE OF ALABAMA)

COUNTY OF SHELBY)


  
20160518000170050 1/4 \$23.00  
Shelby Cnty Judge of Probate, AL  
05/18/2016 02:31:58 PM FILED/CERT

### DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT, THAT, Robert L. Farrington a legal resident of the City of Montevallo, County of Shelby, State of Alabama, have this day made, constituted and appointed, and by these presents do make, constitute and appoint Sonja Farrington my true and lawful attorney to act in, manage and conduct all my estate and all my affairs, and for that purpose for me and in my name, place and stead, and for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself therein in the doing or executing of all or any of the following acts, deed, and things, that is to say:

1. To buy, receive, lease, accept or otherwise acquire; to sell, convey, mortgage, pledge, quit, claim or otherwise encumber or dispose of, or contract or agree for the acquisition, disposal, or encumbrance of any property wheresoever situated, be it personal, or mixed, or any custody, possession, interest, or right therein or pertaining thereof, upon such terms as my attorney shall think proper.
2. To take, hold, possess, invest, lease, or let, or otherwise manage any or all of my real, personal, or mixed property, or any interest therein or pertaining thereto; to eject, remove, or relieve tenants or other persons from; and recover possession of, such property by all lawful means; and to maintain, preserve, insure or improve the same or any part thereof.
3. To make, do and transact all and every kind of business of whatever kind or nature, including the receipt, recovery, collection, payment, compromise, settlement and adjustment of all accounts, claims, debts and obligations which may now or hereafter be due, owing or payable by me or to me.
4. To make, endorse, accept, receive, sign, execute, acknowledge and deliver deeds, assignments, certificates, checks, notes, vouchers, receipts, releases, and such other instruments in writing of whatever kind and nature may be necessary, convenient, or proper.
5. To make deposits or investments in, or withdrawals from, any account, holding or interest which I may now or hereafter have, or be entitled to, in any banking, trust, or investment institutions, including credit unions, savings, and loan associations, and similar institutions; to exercise my right, option, or privilege pertaining thereto; and to open or establish accounts or interests of whatever kind or nature, in my name or in my said attorney's name or in both our names jointly, either with or without right or survivorship.
6. To institute, prosecute, defend, compromise, arbitrate and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, or other proceedings engage in litigation in connection with the premises.

7. To act as my attorney, or proxy in respect to any stocks, shares, bonds, or other investment, rights or interest which I may now or hereafter hold.
8. To engage and dismiss agents, counsel, and employees and to appoint and remove at pleasure any substitute for, or agent of, my said attorney, in respect to all or any of the matters or things herein mentioned, and upon such terms as my attorney shall think fit.
9. To prepare, execute and file income and other tax returns, and other government reports, declarations, applications, requests and documents.
10. To make health care decisions for me; provided, however, that this particular power shall exist only when I am unable, in the judgment of any attending physician, to make those healthcare decisions. My Attorney-in-Fact is authorized to make whatever medical treatment decisions I could make if I were able, including, without limitation, decisions related to (a)the provision, withholding or withdrawal of life-sustaining treatment, (b)the provision, withholding or withdrawal of artificial nutrition and hydration, (c)medical or domiciliary care and (d)admission to hospitals or other institutions or placement in a nursing home. My Attorney-in-Fact shall also have full authority to (a)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, (b)sign any such medical forms as may be necessary to carry out any such decisions, (c)talk with healthcare personnel and (d)examine my medical records and to consent to the disclosure of such records. It is my intent that my Attorney-in-Fact (a)have all powers related to health care and afforded an Attorney-in-Fact pursuant to Ala. Code 26-1-2 (g)(Supp. 1997) and (b)serve as my healthcare proxy in instances involving terminal illness or injury or permanent unconsciousness as provided in Ala. Code 22-8A-4 (b) (i) Supp. 1997).
11. 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 healthcare professional who may be treating me.
12. To act as my Attorney-in Fact or proxy in respect to any policy of insurance on my life and in that capacity to ascertain any right, privilege, or option which I may have thereunder or pertaining thereto, excluding, however, the right to change the beneficiary, the right to change the method of payment of the insurance proceeds, and the right to make a case surrender of the policy as distinguished from a surrender of the policy for loan, conversion, or other purpose as provided therein.


  
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GIVING AND GRANTING unto my said attorney Sonja Farrington full power and authority to do and perform all and every act, deed, matter and thing whatsoever in and about my estate, property, and affairs as fully and effectively to all intents and purposes as I might or could do in my own proper person if personally present, the above specially enumerated powers being in aid and exemplification of the full, complete, and general powers herein granted and not in limitation or definition thereof, and hereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these present.

AND I hereby declare that any act or thing lawfully done hereunder by my said attorney shall be binding on myself, my heirs, legal and personal representatives, and assigns, whether the same shall have been done before or after my death.

AND I hereby declare that 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 doing so in respect of any matter relating hereto unless such particular party shall have received prior notice in writing of the revocation of this power.

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

IN WITNESS WHEREOF, I have hereunto set my hand on this document consisting of three (3) pages this 9 day of MARCH, 2015.

Robert Farrington

(Signature of Declarant)

The declarant has been personally known to me and I believe him/her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant and I am not appointed to make health care decisions as provided herein. I am not related to the declarant by blood, adoption, or marriage, or entitled to any portion of the estate of the declarant, according to the laws of intestate succession or under any will of the declarant or codicil thereto, or directly financially responsible for declarant's medical care. Dated as of the day and year first written above:

STATE OF ALABAMA )

SHELBY COUNTY )

I, the undersigned authority, a Notary Public in and for said State, hereby certify that Robert Farrington, whose name is signed to the foregoing General Power of Attorney, and is known to me, acknowledged before me on this day, that being informed of the contents of the foregoing General Power of Attorney, \_\_\_\_\_ executed that same voluntarily on the day the same bears date.


GIVEN under my hand and seal this 9 day of MARCH, 2015.

Marie Dawn Moore

Notary Public

My Commission Expires: \_\_\_\_\_

**MY COMMISSION EXPIRES MAY 15, 2017**

  
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