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Shelby Cnty Judge of Probate, AL  
07/14/2016 12:56:12 PM FILED/CERT

**REVOCATION OF ADVANCE DIRECTIVE FOR HEALTHCARE**

KNOW ALL MEN BY THESE PRESENTS; that I, CRYSTAL SPENCER JONES, of Helena, Alabama, do hereby revoke in its entirety, effective immediately, that certain Advance Directive for Healthcare executed by me, pursuant to which I appointed Michael Ryan Jones as my initial Healthcare Proxy.

In accordance with the provisions of said instrument, this revocation is executed by me and delivered via United States certified mail to Michael Ryan Jones.

IN WITNESS WHEREOF, I have signed this Revocation of Advance Directive for Healthcare at Birmingham, Alabama this 29 day of June, 2016.

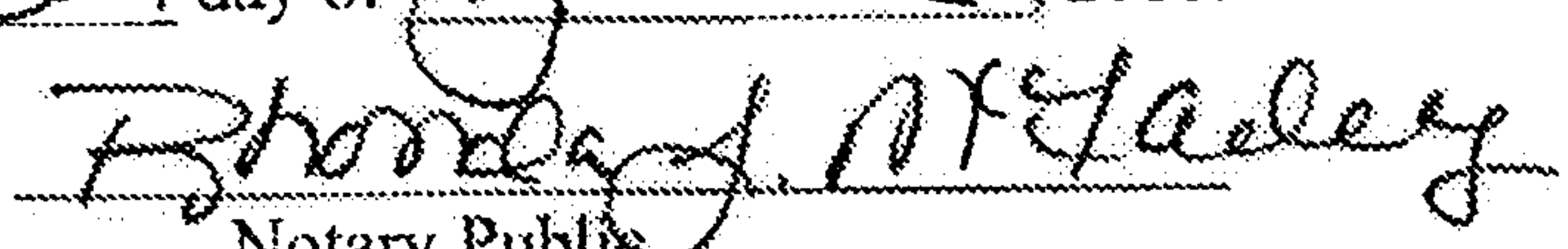
  
\_\_\_\_\_  
Crystal Spencer Jones

STATE OF ALABAMA      )

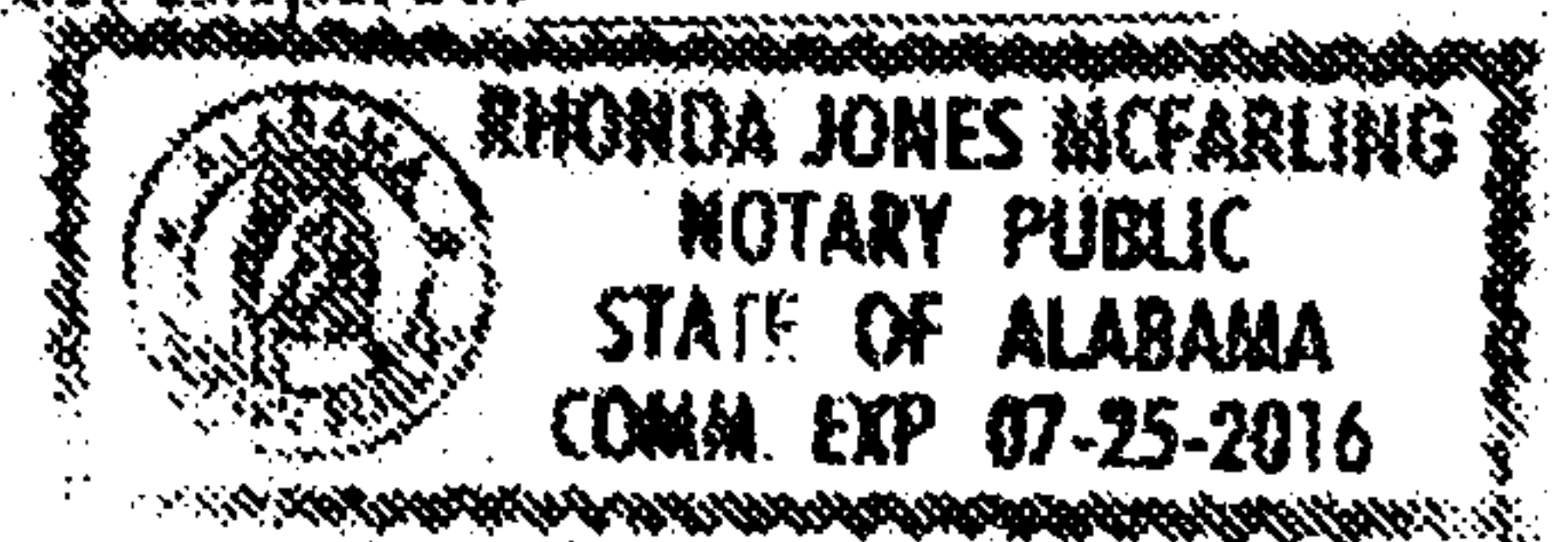
SHELBY COUNTY         )

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Crystal Spencer Jones, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 29 day of June, 2016.

  
\_\_\_\_\_  
Notary Public

My Commission Expires:



**REVOCATION OF POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS; that I, CRYSTAL SPENCER JONES, of Helena, Alabama, do hereby revoke in its entirety, effective immediately, that certain Durable Power of Attorney executed by me, pursuant to which I appointed Michael Ryan Jones as my Initial Agent and Attorney-in-Fact.

In accordance with the provisions of said instrument, this revocation is executed by me and delivered via United States certified mail to Michael Ryan Jones.

IN WITNESS WHEREOF, I have signed this Revocation of Power of Attorney at Birmingham, Alabama this 29 day of June, 2016.

Crystal Spencer Jones  
Crystal Spencer Jones

STATE OF ALABAMA )

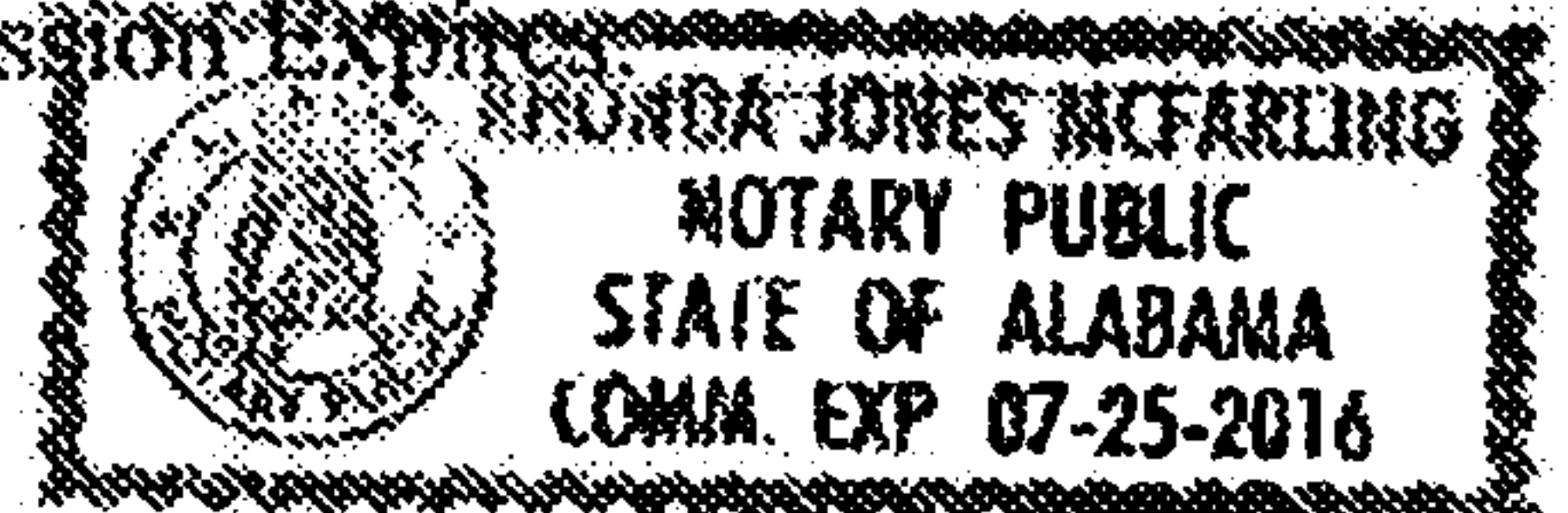
SHELBY COUNTY )

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Crystal Spencer Jones, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 29 day of June, 2016.

Rhonda J. McFarling  
Notary Public

My Commission Expires



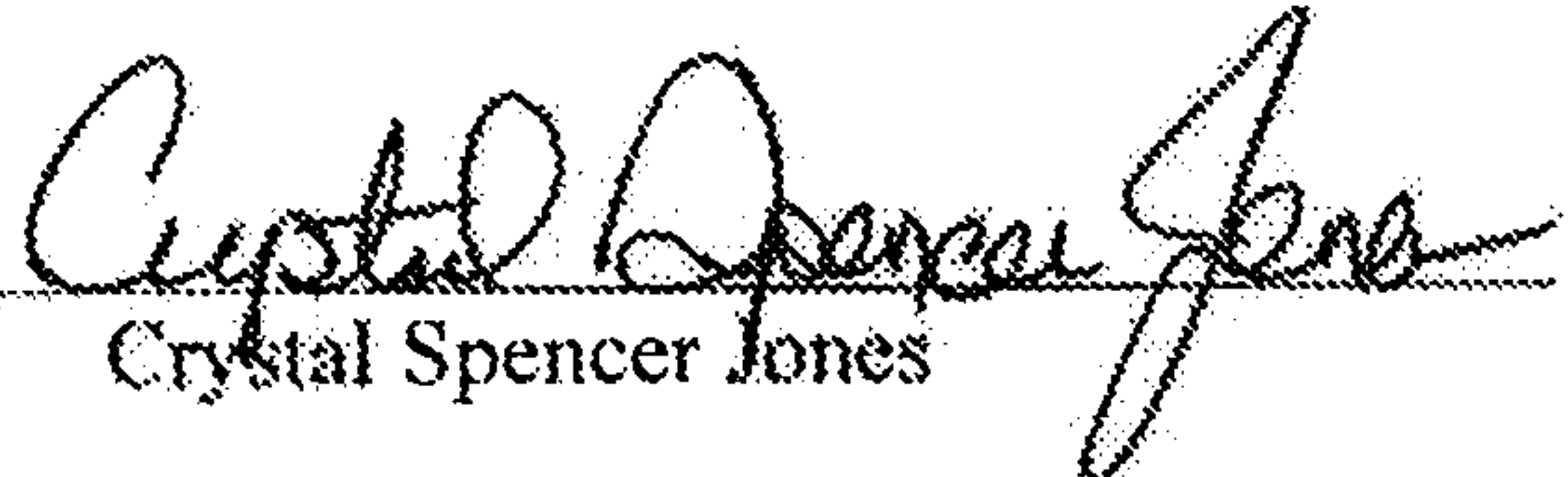


**REVOCATION OF HEALTHCARE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS; that I, CRYSTAL SPENCER JONES, of Helena, Alabama, do hereby revoke in its entirety, effective immediately, that certain Healthcare Power of Attorney executed by me, pursuant to which I appointed Michael Ryan Jones as my Initial Medical Proxy.

In accordance with the provisions of said instrument, this revocation is executed by me and delivered via United States certified mail to Michael Ryan Jones.

IN WITNESS WHEREOF, I have signed this Revocation of Healthcare Power of Attorney at Birmingham, Alabama this 29 day of June, 2016.


  
Crystal Spencer Jones

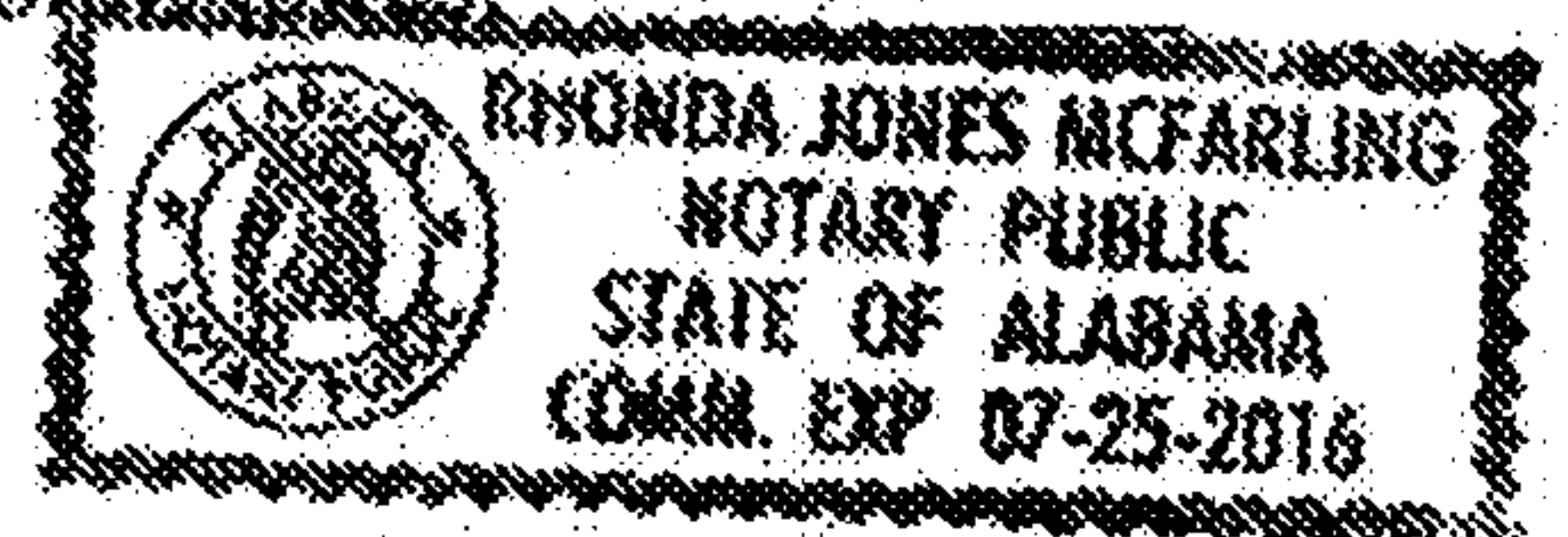
STATE OF ALABAMA     )

SHELBY COUNTY        )

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Crystal Spencer Jones, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 29 day of June, 2016.

  
Notary Public  
My Commission Expires:

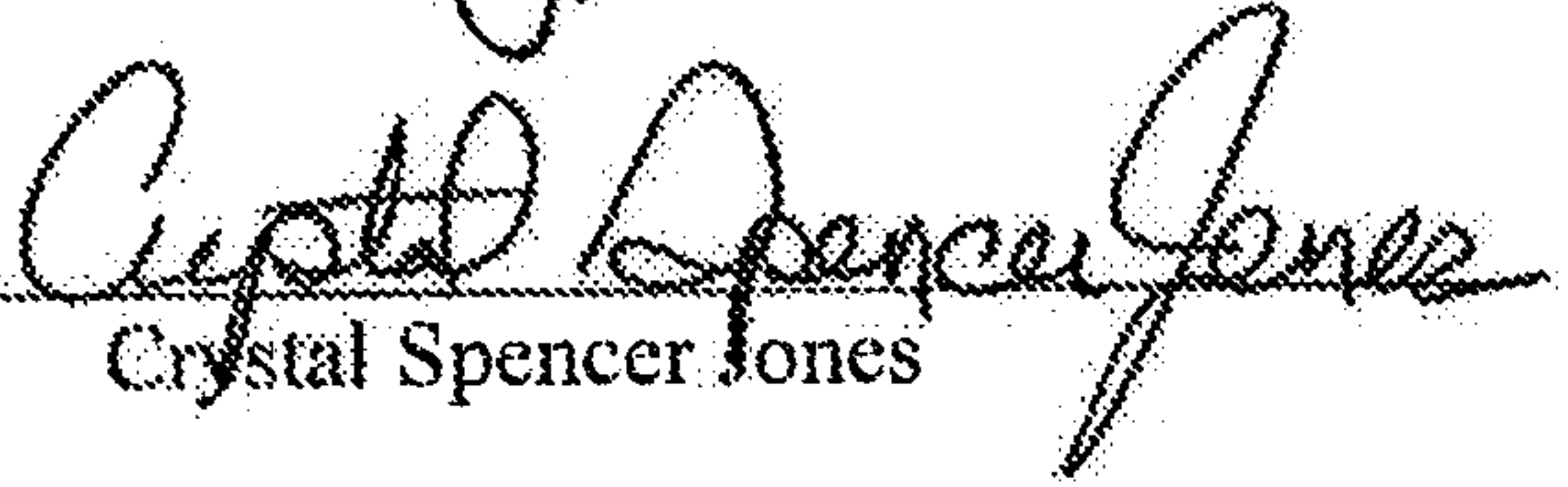


**REVOCATION OF AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH  
INFORMATION**

KNOW ALL MEN BY THESE PRESENTS; that I, CRYSTAL SPENCER JONES, of Helena, Alabama, do hereby revoke in its entirety, effective immediately, that certain Authorization for Release of Protected Health Information executed by me, pursuant to which I appointed Michael Ryan Jones as a Authorized Recipient.

In accordance with the provisions of said instrument, this revocation is executed by me and delivered via United States certified mail to Michael Ryan Jones.

IN WITNESS WHEREOF, I have signed this Revocation of Authorization for the Release of Health Information at Birmingham, Alabama this 29 day of June, 2016.

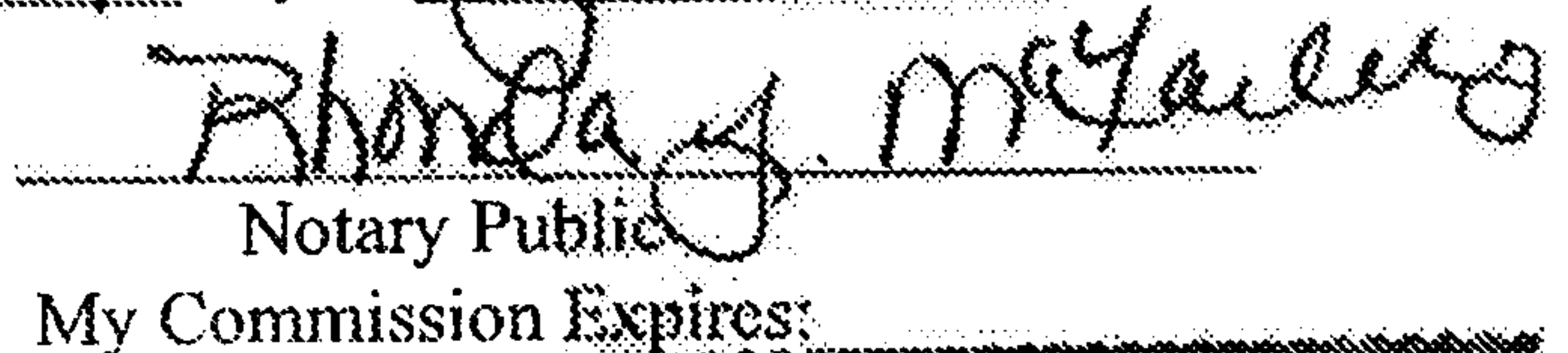
  
Crystal Spencer Jones

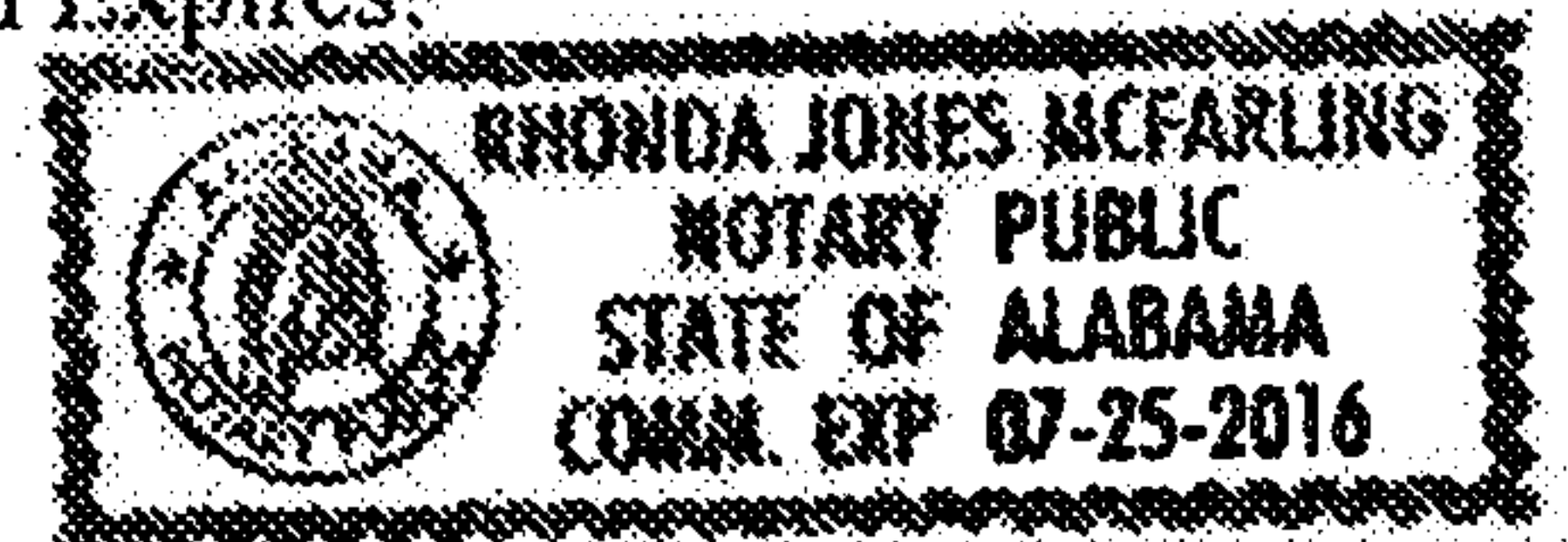
STATE OF ALABAMA      )

SHELBY COUNTY        )

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that Crystal Spencer Jones, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of this instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the 29 day of June, 2016.

  
Notary Public  
My Commission Expires:



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