

# 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, Sybil Mosko, (Name of Principal) name the following person as my agent:

Name of Agent: Sonya Boatright

Agent's Address: 705 Cahaba Manor Trail, Pelham, AL 35124

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: John M. Self II

Successor Agent's Address: 5631 Bridgeview Dr. Trussville, AL 35173

Successor Agent's Telephone Number: [REDACTED]

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

Name of Second Successor Agent: Christina Wint Self

Second Successor Agent's Address: 5631 Bridgeview Dr. Trussville, AL 35173

Second Successor Agent's Telephone Number: [REDACTED]



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**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:

*Am*  
\_\_\_\_\_

(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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- \_\_\_\_\_ Create or change rights of survivorship
- \_\_\_\_\_ Create or change a beneficiary designation
- \_\_\_\_\_ Authorize another person to exercise the authority granted under this power of attorney
- \_\_\_\_\_ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- \_\_\_\_\_ Exercise fiduciary powers that the principal has authority to delegate

**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. § 2041 and 26 U.S.C. § 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, or any trust created by my Agent as to which I am a trustee.

**SPECIAL INSTRUCTIONS (OPTIONAL)**

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

None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

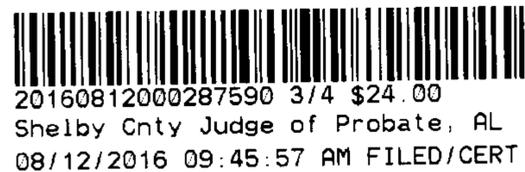
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\_\_\_\_\_

\_\_\_\_\_

**EFFECTIVE DATE**

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



**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.

X **SIGNATURE AND ACKNOWLEDGMENT** AM  
(Signature of Principal)

Your Signature Date: August 11, 2016

Your Name Printed: Sybil Mosko

Your Address: 705 Cahaba Manor Trail, Pelham, AL 35124

Your Telephone Number: [REDACTED]

State of Alabama

County of Shelby

I, Robert Dale Logan Jr, a Notary Public, in and for the County or state, hereby certify that Sybil Mosko, 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 11<sup>th</sup> day of Aug, 2016 Robt Dale Logan Jr (Seal, if any)

Signature of Notary

My commission expires: 10/10/18

This document prepared by:

