POWER OF ATTORNEY

20161006000369120 1/5 $27.00
Shelby Cnty Judge of Probate, AL
10/06/2016 02:58:07 PM FILED/CERT

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, Shane Gable, DOB [redacted], residing at 6119 Cahaba Valley Road Birmingham, Alabama 35244, being of sound mind and disposing memory do hereby name the following person as my agent:

Name of Agent: Stephani Gable

Agent's Address: 6119 Cahaba Valley Road, Birmingham, Alabama 35244

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. _____

(Signature of Principal)

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

_____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.

EFFECTIVE DATE

This power of attorney is effective September 12, 2016 until revoked.

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

X _____

Shane Gable

Your Signature Date: 9-12-16

Your Name Printed: Shane Gable

Your Address: 6119 Cahaba Valley Rd

Your Telephone Number: [redacted]

State of Alabama

County of Shelby

NOTARY

I, Terri Barnett, a Notary Public, in and for the County or state, hereby certify that **Shane Gable**, 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 12th day of Sept, 2016.

Tony Barnes (Seal, if any)
Signature of Notary

My commission expires: 7-30-19

This document prepared by:

SID HUGHES, ATTORNEY AT LAW
P.O. BOX 19852
HOMEWOOD, ALABAMA 35219

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STATE OF ALABAMA }

COUNTY OF SHELBY }

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CORRECTION OF NAME SPELLING AFFIDAVIT

COMES NOW the undersigned, Stefanie Gable, and does certify that in the Power of Attorney executed by her husband on or about September 12, 2016 has her name misspelled. This is to state that Stephani Gable and Stefanie Gable are one and the same person and that Stefanie Gable is the executor of the Power of Attorney given to her by her husband, Shane Gable.

Done and sworn by me to be true on this the 15th day of September, 2016.

Stefanie Gable

Stefanie Gable

NOTARY

I, Paula D Thompson, a Notary Public, in and for the County or state, hereby certify that **Stefanie Gable**, 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 15 day of Sep, 2016.

Paula D Thompson (Seal, if any)
Signature of Notary

My commission expires: 6/18/18