ALABAMA POWER OF ATTORNEY FORM

IMPORTANT INFORMATION

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 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 Betty O. Wilson name the following person(s) as my agent:

Name of Agent:

Lisa A. Sides

Agent's Address:

108 Myers Street, Apt 5, Columbiana AL 35051

Agent's Telephone Number:

AND

Name of Agent:

John E. Wilson

Agent's Address:

108 Myers Street, Apt 5, Columbiana AL 35051

Agent's Telephone Number:

If one agent should predecease me the other agent may act alone.

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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:
Successor Agent's Address:
Successor Agent's Telephone Number:
If my successor agent is unable or unwilling to act for me, I name as my second successor agent:
Name of Second Successor Agent:
Second Successor Agent's Address:
Second Successor Agent's Telephone Number:
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 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:
Sitte O. Wilson Betty O. Wilson
OR
If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each 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
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				,
() Gifts as de	fined in Section 26	-1A-217		
•	GRANT OF SP	ECIFIC AUTHO	ORITY (OPTIONA	L)
My agent MAY News the specific authors		ollowing specific	acts for me UNLES	S I have INITIALED
could significantl		erty or change hov	w your property is di	ity to take actions that istributed at your
			vos trust, by trust or	
			n 26-1A-217 of the lial instructions in thi	
	change rights of sur	—		
	change a beneficiar	•		
() Authorize	another person to e	exercise the author	rity granted under th	is power of attorney
() Waive the	principal's right to	be a beneficiary of	of a joint and survivo	or annuity, including a

LIMITATION ON AGENT'S AUTHORITY

Exercise fiduciary powers that the principal has authority to delegate

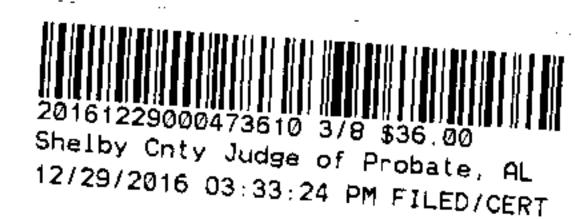
An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

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, 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		1		1
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NOMINATION OF CONSERVATOR OR GUARDIAN (OPTIONAL)

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

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:

Instructions.

Nominee's Telephone Number:

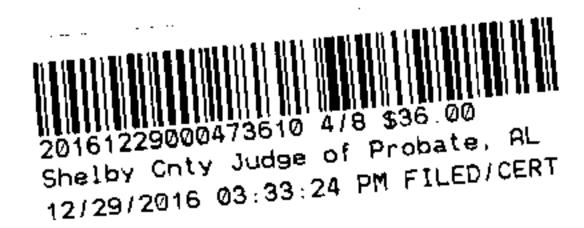
Name of Nominee for guardian of my person:

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.



SIGNATURE AND ACKNOWLEDGMENT

Duly O. Wilson

Betty O. Wilson

Your Signature Date: <u>February 27, 2014</u>
Your Name Printed: <u>Betty O. Wilson</u>

Your Address: 108 Myers Street, Apt 5, Columbiana AL 35051

Your Telephone Number:

State of ALABAMA County of Shelby

I, a Notary Public, in and for the County in this State, hereby certify Betty O. Wilson, 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 17/day of February, 2014

NOTARY PUBILIC

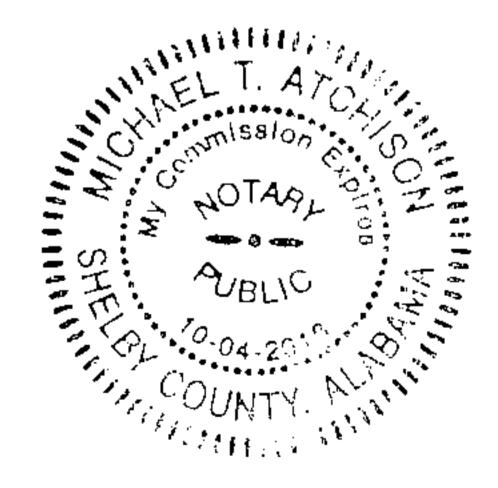
(Seal, if any)

My commission expires: 10-4-2016

This document prepared by:

Mike T. Atchison PO Box 822

Columbiana AL 35051



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IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

- (1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) act in good faith;
- (3) do nothing beyond the authority granted in this power of attorney; and
- (4) disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) act loyally for the principal's benefit;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) act with care, competence, and diligence;
- (4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

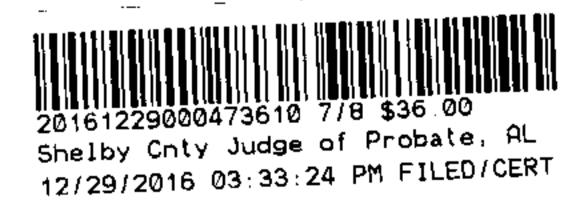
- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or

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Liability of Agent

The meaning of the authority granted to you is defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975. If you violate the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.



STATE OF ALABAMA COUNTY OF SHELBY

REVOCATION OF POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, Betty O. Wilson formerly known as Betty Odom, of the community of Columbiana, County of SHELBY, State of Alabama, do hereby revoke effective immediately that certain Power of Attorney executed by me, which designated my son, Jeffrey Glenn Whitfield as my Attorney in Fact.

Witness my hand this the $27/\sqrt{day}$ day of February, 2014.

Otty O. Wilson

Betty O. Wilson

STATE OF ALABAMA COUNTY OF SHELBY

I, the undersigned authority, a Notary Public, in and for said County and State, hereby certify that Betty O. Wilson, whose name is signed to the foregoing Power of Attorney, and who is known to me, acknowledged before me, on this day that, being informed of the contents of the said Power of Attorney, she executed the same and delivered the same voluntarily on the day the same bears date.

Given under my hand and seal this 27/2 day of February, 2014.

Notary Public

My Commission Expires:

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