

DURABLE POWER OF ATTORNEY



20170417000128710 1/3 \$21.00
Shelby Cnty Judge of Probate, AL
04/17/2017 09:03:33 AM FILED/CERT

KNOWN ALL MEN BY THESE PRESENTS, That I, **BETTY L. HORTON**, have made, constituted and appointed, and by these presents do make, constitute and appoint my daughter, **LISA L. BRYANT** as my true lawful attorney in fact (hereinafter sometimes referred to as my "attorney"), for me from time to time and in my name, place and stead to do any and all acts which I could do if personally present, hereby intending to give to my said attorney the fullest and broadest powers to act for me.

It is not my intention by setting out specific powers and authorizations to limit or cut down the broad powers given herein but to clarify and support each power by expressly giving and granting unto my said attorney full power:

1. To obtain credit or borrow money in any currency, (including all manner or credits and letter or credit); to renew any loan or extension of credit;
2. To execute and deliver agreements, instruments or documents of any kind and for any purpose deemed necessary or proper by my attorney to carry out the acts herein authorized, including agreements for the extension of time for the payment of any sum of money due me;
3. To pay, renew, secure, settle or compromise any debt, claim or other liability due from me; to collect, accept security for, settle, or compromise any debt, claim or other liability due me;
4. To determine my place of residence from time to time, to manage, budget and pay my ordinary household expenses including upkeep, to arrange for and pay the cost of medical, dental, nursing, hospital, convalescent and other health care and treatment, including admission to hospitals, nursing home, rest home, rehabilitation care, or other care facilities or institutions; to consent to treatment, and to make application for insurance, pension or benefits relate to such health care and treatment, including, but not limited to, benefits under social security, Medicare and Medicaid; to obtain on my behalf copies of medical reports, summaries, or related information as may be required under any applicable federal stature, statues of any state of the United States, or ordinances, rules of requirements of any local government municipality, authority or agency.

B L H

Any bank, bankers, trust companies, national banks, savings banks, safe deposit companies, or other institutions, persons, firms, or corporations my act in reliance hereon and shall be fully protected even though the said attorney, substitute of associate may be dealing with himself / herself as it is contemplated that such may be the case.

In the event court proceedings for a guardian, conservator, curator or other fiduciary for my person and/or property are commenced hereafter, I hereby nominate attorney appointed hereunder (including any successor) to serve as guardian, conservator, curator and /or fiduciary for my person and/or property. This nomination should be viewed as my expression of nomination for such fiduciary and not as a mandate fro such proceeding or as a limitation of any powers granted to my attorney hereunder.


I hereby expressly revoke any power of attorney heretofore given covering the authority and powers herein granted, without prejudice, however, to anything lawfully done or caused to be done under any power of attorney heretofore given, and I hereby ratify and confirm all previous acts of my attorney with the same force as if such acts had been done after the execution and delivery of this power of attorney.

I may at any time revoke this power of attorney, but it shall be deemed in full force and effect as to all persons, institutions and organizations which shall act in reliance thereof prior to the receipt of written revocation thereof signed by me and prior to receipt of actual notice of my death.

This power of attorney shall be governed by the laws of the State of Alabama.

Reproductions of this executed original (with reproduction signatures and the certificate of acknowledgement) shall be deemed to be original counterparts of this power of attorney.

This power of attorney expressly shall not be revoked by my disability, incompetence or incapacity.


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[Handwritten signatures]

IN WITNESS WHEREOF,
I have set my hand and seal this 14 day of April, 2017

Betty L. Horton

Betty L. Horton



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State of Alabama)

Shelby County)

I, the undersigned authority, a Notary Public in and for said County and State, hereby certify that BETTY L. HORTON, whose name is signed to the foregoing Power of Attorney, and who is known to me, personally appeared before me on this day and acknowledged before me on this day that, being informed of the contents of the Power of Attorney, he executed the same voluntarily on the day the same bears date.

Witness my hand and official seal, this the 14th day of April, 2017

Kiyr Gallups

Notary Public

KIYRA GALLUPS
Notary Public, State of Alabama
County of Shelby
My Commission Expires
March 06, 2018
My Commission expires:

3/6/18

B L H