



**III. GRANT OF AUTHORITY**

I grant my Co-Agents 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:

- I hereby grant general authority over all of the subjects enumerated in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, *Code of Alabama* 1975:

  
 Eleanor Jane Faulkner

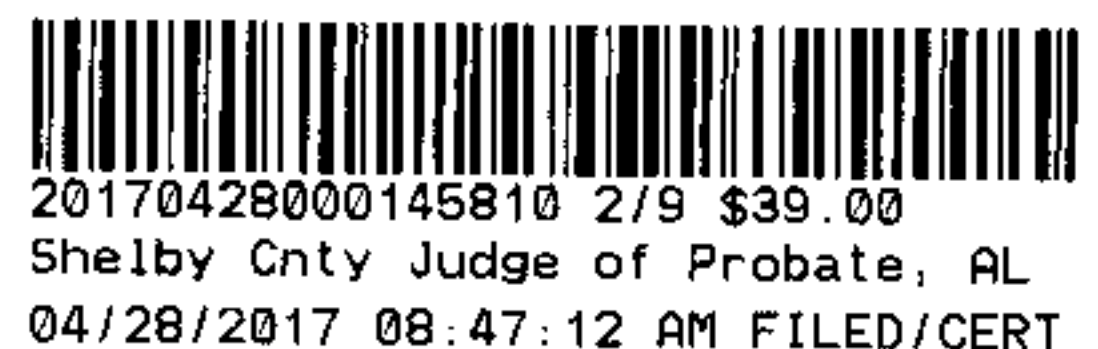
**OR**

- I hereby grant specific authority over less than all of the subjects enumerated in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, *Code of Alabama* 1975, and limit the authority granted to my Co-Agents to the following powers next to which I have written my initials and withhold authority over those powers next to which I have written my initials, as follows. The meaning of authority over the following subjects is explained in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, *Code of Alabama* 1975:

I hereby grant authority relating to:

I hereby withhold authority relating to:

- |            |       |  |
|------------|-------|--|
| <u>EQF</u> | _____ | Real Property as defined in Section 26-1A-204                          |
| <u>EQF</u> | _____ | Tangible Personal Property as defined in Section 26-1A-205             |
| <u>EQF</u> | _____ | Stocks and Bonds as defined in Section 26-1A-206                       |
| <u>EQF</u> | _____ | Commodities and Options as defined in Section 26-1A-207                |
| <u>EQF</u> | _____ | Banks and Other Financial Institutions as defined in Section 26-1A-208 |
| <u>EQF</u> | _____ | Operation of Entity or Business as defined in Section 26-1A-209        |
| <u>EQF</u> | _____ | Insurance and Annuities as defined in Section 26-1A-210                |




- EFJ \_\_\_\_\_ Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211
- EFJ \_\_\_\_\_ Claims and Litigation as defined in Section 26-1A-212
- EFJ \_\_\_\_\_ Personal and Family Maintenance as defined in Section 26-1A-213
- EFJ \_\_\_\_\_ Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214
- EFJ \_\_\_\_\_ Retirement Plans as defined in Section 26-1A-215
- EFJ \_\_\_\_\_ Taxes as defined in Section 26-1A-216
- EFJ \_\_\_\_\_ Gifts as defined in Section 26-1A-217

**IV. GRANT OF SPECIFIC AUTHORITY**

My Co-Agents MAY NOT do any of the following specific acts for me UNLESS I have written my INITIALS next to the specific authority listed below:

(CAUTION: Granting any of the following will give your Co-Agents the authority to take actions that could significantly reduce your property and affect other personal matters or change how your property is distributed at your death. INITIAL the specific authority you WANT to give your Co-Agents).

- \_\_\_\_\_ 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

  
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**V. LIMITATIONS ON CO-AGENT'S AUTHORITY**

My Co-Agents that are not my ancestor, spouse, or descendant MAY NOT use my property to benefit the Co-Agents, a person to whom the Co-Agents owes an obligation of support or any other person who has a special relationship with my Co-Agents unless I have included that authority in Article VI, Special Instructions.

*Limitation of Power.* Except for any special authority given herein to my Co-Agents to make gifts, the following shall apply:

(a) Any power or authority granted to my Co-Agents herein shall be limited so as to prevent this Power of Attorney from causing either Co-Agent to be taxed on my income or from causing my assets to be subject to a "general power of appointment" by either of my Co-Agents 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 Co-Agents shall have no power or authority whatsoever with respect to any policy of insurance owned by me on the life of my Co-Agents, or any trust created by my Co-Agents as to which I am a trustee.

**VI. SPECIAL INSTRUCTIONS**

I give the following special instructions:

I have named Co-Agents in Article II, and it is my direction and instruction that my Co-Agents act together. If either of my Co-Agents should be unable or unwilling to act for me, the other Co-Agent shall serve as the sole Agent.

If I have no special instructions, I have written "NONE" in this Article VI.

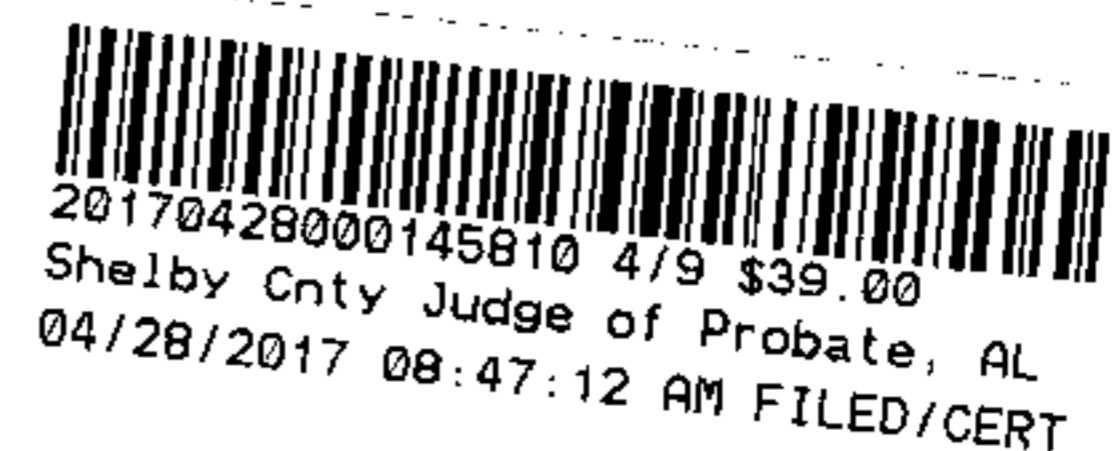
**VII. EFFECTIVE DATE**

This Power of Attorney is effective immediately unless I have stated otherwise in Article VI, Special Instructions.

**VIII. NOMINATION OF CONSERVATOR OR GUARDIAN**

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:

A. Name of Nominee for conservator or guardian of my estate: Kate F. Parker



Nominee's Address: \_\_\_\_\_ 5548 Duke Oak Lane

\_\_\_\_\_ Birmingham, Alabama 35242

Nominee's Telephone Number: \_\_\_\_\_

Name of Second Nominee for conservator  
or guardian of my estate: \_\_\_\_\_ James C. Faulkner

Nominee's Address: \_\_\_\_\_ 4309 Heritage View Road

\_\_\_\_\_ Birmingham, Alabama 35242

Nominee's Telephone Number: \_\_\_\_\_

B. Name of Nominee for guardian of my person: Kate F. Parker

Nominee's Address: \_\_\_\_\_ <sup>Double</sup> 5548 ~~Duke~~ Oak Lane

\_\_\_\_\_ <sup>Kp</sup> Birmingham, Alabama 35242

Nominee's Telephone Number: \_\_\_\_\_

Name of Second Nominee for guardian  
of my person: \_\_\_\_\_ James C. Faulkner

Nominee's Address: \_\_\_\_\_ 4309 Heritage View Road

\_\_\_\_\_ Birmingham, Alabama 35242

Nominee's Telephone Number: \_\_\_\_\_



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**IX. RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my Co-Agents, 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 ACKNOWLEDGEMENT**

Eleanor Jane Faulkner  
Eleanor Jane Faulkner

Your Signature Date: Jan 20, 2013

Your Name Printed: Eleanor Jane Faulkner

Your Address: 875 Jasmine Hill Road

Indian Springs, Alabama 35124-3323

Your Telephone Number: [REDACTED]

STATE OF ALABAMA )

COUNTY OF JEFFERSON )

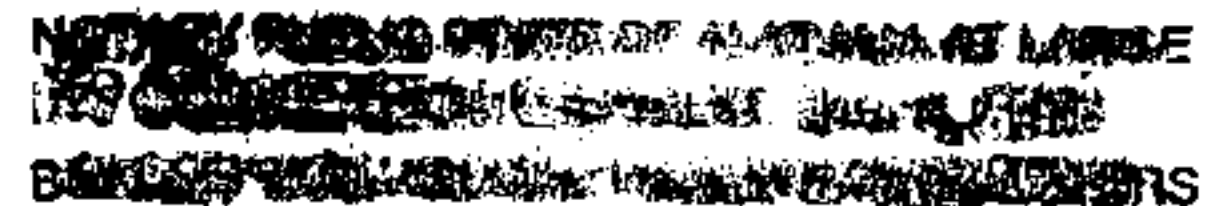
I, Kim T. Wooten, a Notary Public, in and for the County in this State, hereby certify that Eleanor Jane Faulkner, whose name is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of the contents of the document, she executed the same voluntarily on the day the same bears date.

Given under my hand this the 20<sup>th</sup> day of January, 2013.

[ NOTARIAL SEAL ]

[Signature]  
Signature of Notary

My Commission Expires: 12/04/2013



This document prepared by:  
Ross N. Cohen, Esq.  
Haskell Slaughter Young & Rediker, LLC  
2001 Park Place North, Suite 1400  
Birmingham, Alabama 35203



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## X. IMPORTANT INFORMATION FOR CO-AGENTS

*Co-Agent's Duties.* When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and Eleanor Jane Faulkner. 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 Eleanor Jane Faulkner reasonably expects you to do with their property or, if you do not know their expectations, act in Eleanor Jane Faulkner'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 Eleanor Jane Faulkner by writing or printing the name of Eleanor Jane Faulkner and signing your own name as "Co-Agent" in the following manner:

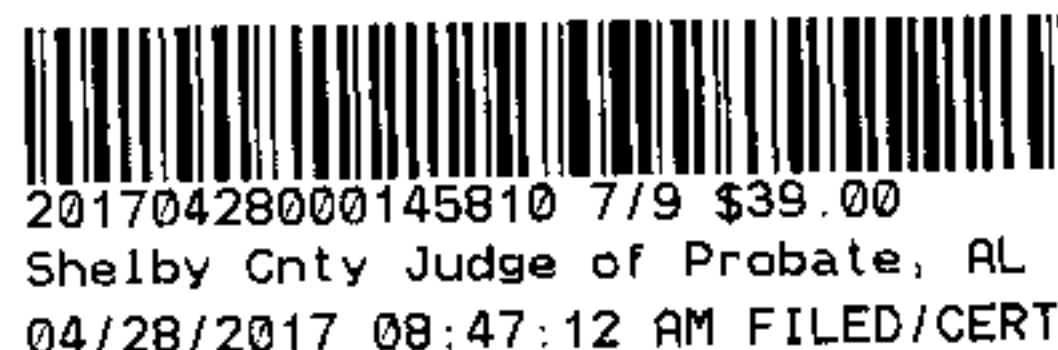
"Eleanor Jane Faulkner by (your signature) as Co-Agent"

Unless the Special Instructions in this Power of Attorney state otherwise, you must also:

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

*Termination of Co-Agent's Authority.* You must stop acting on behalf of Eleanor Jane Faulkner 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 a co-agent's authority to act under a power of attorney include:

- (1) death of the principal;





**SIGNATURE AND ACKNOWLEDGEMENT**

\_\_\_\_\_

Co-Agent's Signature Date: \_\_\_\_\_

Co-Agent's Name Printed: \_\_\_\_\_

Co-Agent's Address: \_\_\_\_\_

\_\_\_\_\_

Co-Agent's Telephone Number: \_\_\_\_\_

Co-Agent's Signature Date: \_\_\_\_\_

Co-Agent's Name Printed: \_\_\_\_\_

Co-Agent's Address: \_\_\_\_\_

\_\_\_\_\_

Co-Agent's Telephone Number: \_\_\_\_\_


This document was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

[ NOTARIAL SEAL ]

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

This document prepared by:  
Ross N. Cohen, Esq.  
Haskell Slaughter Young & Rediker, LLC  
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