

ALABAMA POWER OF ATTORNEY FORM
Important Information

Designation of Agent

I, **NELLIE J. ALEXANDER**, (Principal) name the following person as my agent:

Name of Agent: **GEORGE PAUL ALEXANDER, JR.**
Agent's Address: 5146 Redfern Way Birmingham, AL. 35242

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: JEFFREY BRIAN ALEXANDER
Successor Agent's Address: 245 Twin Oaks Way Cheba, AL. 35013

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:

Also, including the following specific powers:

Power of Access and Disclosure of Medical Records and Financial Information: To request, receive and review any information, verbal or written, regarding my financial affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations, firms or corporations as my Agent shall deem appropriate;

Power to Provide Health Care Services: To give or withhold consent to any medical procedure, test or treatment for me including choice of a physician, choice of a hospital or nursing home; to revoke, withdraw, modify or change consents to such procedures, tests or treatment; and to provide such other care, comfort, maintenance and support as my Agent may deem necessary;

Power to Employ and Discharge Health Care Personnel: To employ and discharge medical personnel including such physicians, psychiatrists, dentists, nurses, and therapists as my Agent shall deem necessary for my physical, mental, and emotional well being, and to pay such individuals, or any of them, reasonable compensation;

Power to Gift Under Section 26-1A-217: To make a gift consistent with the principal's objectives based on all relevant factors, including making a gift which exceeds the monetary limitations of Section 26-1A-217 of the Alabama Uniform Power of Attorney Act, as the agent determines is consistent with the principal's best interest based on all relevant factors, including: (1) the value and nature of the principal's property; (2) the principal's foreseeable obligations and need for maintenance; (3) minimization of taxes, including income, estate, inheritance, generation skipping transfer, and gift taxes; (4) eligibility for a benefit, a program, or assistance under a statute or regulation; and (5) the principal's personal history of making or joining in making gifts.



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If you wish to grant **general authority** over all of the subjects enumerated in this section, you may SIGN here:

Sign Here: Nellie Alexander
NELLIE J. ALEXANDER

-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:

- NA Real Property as defined in Section 26-1A-204
- NA Tangible Personal Property as defined in Section 26-1A-205
- ~~NA~~ Stocks and Bonds as defined in Section 26-1A-206
- NA Commodities and Options as defined in Section 26-1A-207
- NA Banks and Other Financial Institutions as defined in Section 26-1A-208
- NA Operation of Entity or Business as defined in Section 26-1A-209 NA
- NA Insurance and Annuities as defined in Section 26-1A-210
- NA Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211
- NA Claims and Litigation as defined in Section 26-1A-212
- NA Personal and Family Maintenance as defined in Section 26-1A-213
- NA Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214 NA
- NA Retirement Plans as defined in Section 26-1A-215
- NA Taxes as defined in Section 26-1A-216
- NA 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).

- NA Create, amend, revoke, or terminate an inter vivos trust, by trust or applicable law NA

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N/A

Make a gift 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, if any.

NA

Create or change rights of survivorship

N/A

Create or change a beneficiary designation

NA

Authorize another person to exercise the authority granted under this power of attorney

NR

Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

NA

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

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 and/or guardian of my estate or conservator/guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for conservator and/or guardian of my estate and/or person: **GEORGE PAUL ALEXANDER, JR.**

Nominees' Address: 5146 Red Fern way Birmingham, Al. 35242


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Name of Nominee for Successor conservator and/or guardian of my estate or my person (optional):

JERRY B. ALEXANDER
Nominees' Address: 245 TWIN OAKS WAY CHELSEA, AL. 35043

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

Sign Here: Nellie J. Alexander

Your Name Printed: **NELLIE J. ALEXANDER**

Date: 3/4/17

Your Address: 204 West 12th Ave. Gulf Shores, AL 36542

STATE OF ALABAMA)

COUNTY OF Baldwin)

I, the undersigned authority, a Notary Public, in and for the County in this State, hereby certify that **NELLIE J. ALEXANDER**, 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 this document, he/she executed the same voluntarily on the day the same bears date.

Given under my hand this the 4th day of March, 2017

Leslie C. Brett
Notary Public

My Commission Expires:

