

GENERAL DURABLE POWER OF ATTORNEY

I. DESIGNATION OF AGENT

I, JAMES S. HORTON, name, designate and appoint the following person(s) as my Agent:

Name of Agent: DEBORAH M. HORTON
Agent's Address: 100 Padding Station, Maylene, AL 35514
Agent's Telephone Number: (205)

II. DESIGNATION OF SUCCESSOR AGENT

If my Agent is unable or unwilling to act for me, I name, designate and appoint as my Successor Agent:

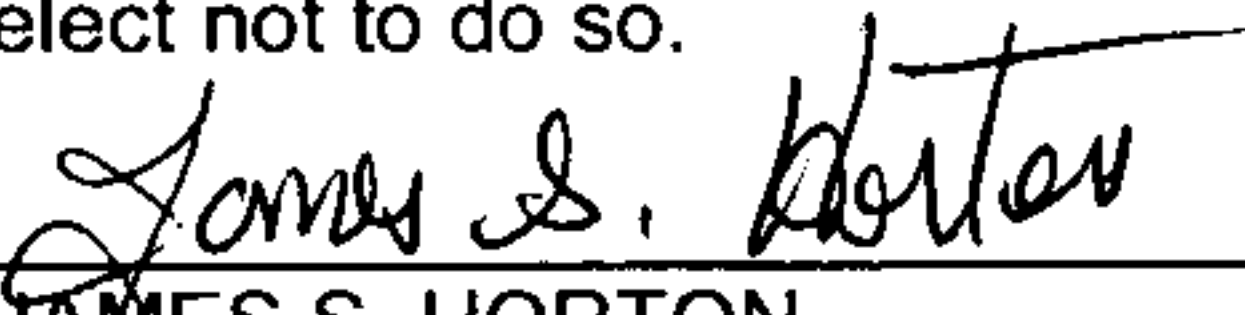
Name of Successor Agent:
Successor Agent's Address:
Successor Agent's Telephone Number:

III. GRANT OF GENERAL AUTHORITY

I grant my Agent and any Successor Agent general authority to act for me with respect to each and all subjects defined and enumerated in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, including but not limited to the following subjects:

1. Real Property as defined in Section 26-1A-204
2. Tangible Personal Property as defined in Section 26-1A-205
3. Stocks and Bonds as defined in Section 26-1A-206
4. Commodities and Options as defined in Section 26-1A-207
5. Banks and Other Financial Institutions as defined in Section 26-1A-208
6. Operation of Entity or Business as defined in Section 26-1A-209
7. Insurance and Annuities as defined in Section 26-1A-210
8. Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211
9. Claims and Litigation as defined in Section 26-1A-212
10. Personal and Family Maintenance as defined in Section 26-1A-213
11. Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214
12. Retirement Plans as defined in Section 26-1A-215
13. Taxes as defined in Section 26-1A-216
14. Gifts as defined in Section 26-1A-217

I acknowledge that I could grant my Agent general or specific authority with respect to less than all the subjects defined and enumerated in the said Act but I choose and elect not to do so.



JAMES S. HORTON

IV. GRANT OF SPECIFIC AUTHORITY

I further grant my Agent and any Successor Agent specific authority to have and exercise the following powers on my behalf:

A. PROPERTY POWERS

1. GENERAL GRANT OF POWER: To exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me, including, without limitation, the following



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specifically enumerated powers. I grant to my Agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my Agent shall lawfully do or cause to be done by virtue of this power of attorney and the powers herein granted;

(a) Powers of Collection and Payment: To forgive, request, demand, sue for, recover, collect, receive, and hold all such sums of money, debts, dues, commercial papers, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension, profit sharing, retirement, social security, insurance and other contractual benefits and proceeds, all documents of title, all property, real or personal, intangible and tangible property and property rights and demands whatsoever, liquidated or unliquidated, now or hereafter owned by, or due, owing, payable or belonging to, me or in which I have or may hereafter acquire an interest; to have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same;

(b) Power to Acquire and Sell: To acquire, purchase, exchange and grant options to sell, mortgage, pledge, lease, sell and convey real or personal property, tangible or intangible, or interests therein, on such terms and conditions as my Agent shall deem proper, with full authority to sign, endorse, execute and deliver any sales agreement, deed, bill of sale and all other instruments or documents pertaining to the sale of any of my real or personal property; and to enter into bonds, contracts, mortgages and deeds connected therewith;

(c) Management Powers: To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with real or personal property, tangible or intangible, or any interest therein, that I now own or may hereafter acquire in my name and for my benefit, upon such terms and conditions as my Agent shall deem proper;

(d) Banking Powers: To make, receive and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposit, in banks, savings and loan associations and other institutions, execute or release such deeds of trust or other security agreements as may be necessary or proper in the exercise of the rights and powers herein granted;

(e) Motor Vehicles: To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup, van, motorcycle or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment;

(f) Business Interests: To conduct or participate in any lawful business of whatever nature for me and in my name; to execute partnership agreements and amendments thereto; to incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate or dissolve any business; to elect or employ officers, directors and agents; to carry out the provisions of any agreement for the sale of any business interest or the stock therein; and to exercise voting rights with respect to stock, either in person or by proxy, and to exercise stock options;

(g) Tax Powers: To prepare, sign and file joint or separate income tax returns or declarations of estimated tax for any year or years; to prepare, sign and file gift tax returns with respect to gifts made by me for any year or years; to consent to any gift and to utilize any gift-splitting provision or other tax election; and to prepare, sign and file any claims for refund of any tax;

(h) Safe Deposit Boxes: To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the

contents thereof, and to surrender or relinquish said safe deposit box, and any institution in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result of permitting my Agent to exercise this power;

(i) Power to Hold Property and Make Investments: The power to hold or acquire any property or securities, regardless of whether such property or securities are a so-called "legal" investment, where such course is, in the said Agent's opinion, for my best interest;

(j) Trusts: To create a Trust for my benefit. To place assets in a Trust;

(k) Government Benefits: To make application for and receive on my behalf Government Benefits such as benefits under Social Security, Medicare and Medicaid;

(l) Powers of Appointment: To exercise any general or special power of appointment exercisable by me;

(m) Disclaimers: To disclaim interest in property pursuant to the Alabama Uniform Disclaimer of Property Interests Act, as the same may be amended.

(n) Miscellaneous:

(i) In the event any Agent named herein should be of the opinion at any time that he does not have the expertise to manage all or any part of my assets, I grant to said Agent the right and power to delegate the management powers hereinabove granted over all or any part of my assets to any solvent bank or trust company, and to enter into any management or agency agreements with the said bank or trust company pertaining thereto, with the right on the part of the Agent named herein to revoke and cancel any such agreement at any time upon not more than ninety (90) days' written notice to said bank or trust company;

(ii) I grant full and absolute authority to the Agent named herein to make annual gifts to my children, as well as to their spouses and to their children;

(iii) I further authorize and empower the Agent named herein to use and apply so much of the income and principal of the assets comprising my estate as may be necessary or desirable, in the sole discretion of said Agent, for my maintenance and support, and for any person dependent upon me, taking into consideration other income, resources, or financial assistance available to any of them from all other sources.

Any decisions made by the said Agent with respect to the matters set forth hereinabove in subsections (ii) and (iii) shall be final, binding and conclusive upon all of the beneficiaries of my estate, and said Agent shall be released and discharged of and from all liability for any such decisions that he may make in good faith with respect thereto.

B. PERSONAL POWERS

1. GENERAL GRANT OF CARE OF MY PERSON: I authorize and empower my Agent named herein to determine my place of residence from time to time, to pay my ordinary household expenses, to arrange for and pay the cost of medical, dental, nursing, hospital, convalescent and other health care and treatment, including admission to hospitals, nursing homes, rest home or other care facilities or institutions; to consent to treatment, and to make application for insurance, pension or employee benefits related 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 other related information concerning me made or taken before or after the date of this instrument, and to execute any written consents on my behalf for the disclosure of such reports, summaries, or related information as may be required under any applicable federal

statute, statutes of any state of the United States, or ordinances, rules or requirements of any local governmental municipality, authority or agency.

2. HEALTH CARE POWERS: In the exercise of the following powers, I suggest that my Agent consult with my regular physician, but the decision of my Agent will govern. These powers are an expansion of any other health care provisions contained herein. I hereby authorize my Agent who is then so serving:

(a) Gain Access to Medical and Other Personal Information: To request, review and receive any information, verbal or written, regarding my personal 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 this information.

(b) Employ and Discharge Others: To employ and discharge physicians, psychiatrists, dentists, nurses, therapists and other professionals as my Agents deem appropriate for my physical, mental and emotional well-being; and to pay them reasonable compensation.

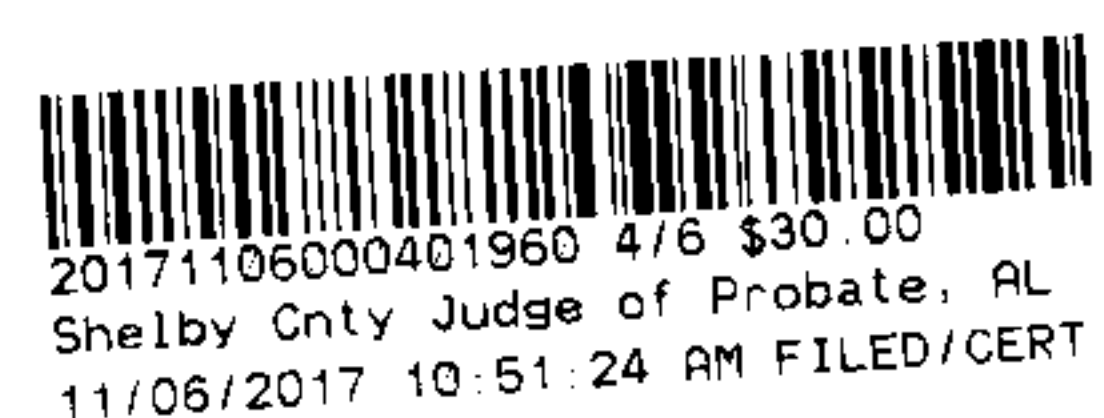
(c) Authorize, Consent, or Refuse Consent, to Medical Care: To authorize or to give or withhold consent to my medical care, surgery or any other medical procedures or tests; to arrange for my hospitalization, convalescent care or home care; and to revoke, withdraw, modify or change consent to my medical care, surgery or any other medical procedures or tests, hospitalization, convalescent care or home care which I or my Agents may have previously allowed or impliedly consented to due to emergency conditions. I ask my Agents to be guided in making any such decisions by any personal preferences I may have expressed regarding such care. Based on any such preferences, my Agents may summon paramedics or other emergency medical personnel and seek emergency treatment for me, or may choose not to do so, as my Agents deem appropriate in light of my expressed wishes and my medical status at the time. My Agents are authorized, when dealing with hospitals and physicians, to execute all pertinent documents, including any waivers of or releases from liability required by any hospital or physician to implement any decision regarding medical treatment, the failure to institute treatment or the termination of treatment.

"Medical care" shall also encompass nutrition and hydration.

(d) Authorize, Consent, or Refuse Consent, to Psychiatric Care: Upon the execution of a certificate by two (2) independent psychiatrists who have examined me, and in whose opinion I am in immediate need of hospitalization because of mental disorders, alcoholism or drug abuse, to arrange for my voluntary admission to an appropriate hospital or institution for treatment of the diagnosed problem or disorder; to arrange for private psychiatric or psychological treatment for me; to refuse consent for any such hospitalization, institutionalization, or private psychiatric or psychological care; and to revoke, modify, withdraw or change any consent to such hospitalization, institutionalization or private treatment which I or my Agents may have given at an earlier time.

(e) Protect Rights of Privacy: To exercise my right of privacy and liberty, to make decisions regarding my medical treatment and my right to be left alone even though the exercise of such rights might hasten death or run counter to conventional medical advice. My Agents may take appropriate legal action, if necessary in their judgment to enforce my rights in this regard.

(f) Self-executing: It is my intention that this instrument shall serve both as a self-executing document and as a delegation of power to my Agent, and shall be deemed an exercise of all rights that I may have under the United States Constitution, the Constitution of the State of my domicile, State and Federal laws, rules, regulations and decisions, judicial and administrative, to refuse medical treatment.



(g) Change of Domicile or Residence: I authorize my Agent to establish a new residence or domicile for me, from time to time and at any time, within or without Alabama, and within or without any other state, and within or without the United States, for the purpose of exercising effectively the powers granted to my Agent in this document.

(h) Discussion with Agent: I have discussed my wishes with my Agent and authorize him/her to make all and any health care decisions for me, including decisions to withhold or withdraw any form of life-sustaining procedure. I expressly authorize my agent (and successor agent) to make decisions for me.

V. LIMITATIONS ON AGENT'S AUTHORITY

1. 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.

2. *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.S. 2041 and 26 U.S.C.S. 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.

VI. SPECIAL INSTRUCTIONS

(You may give special instructions on the following lines. For your protection, if there are no special instructions write NONE in this section.)

VII. EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the 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, designate and appoint the following person(s) for appointment:

Name of Nominee for conservator or guardian of my estate:

DEBORAH M. HORTON

Nominee's Address: 100 Padding Station, Maylene, AL 35514

Nominee's Telephone Number:

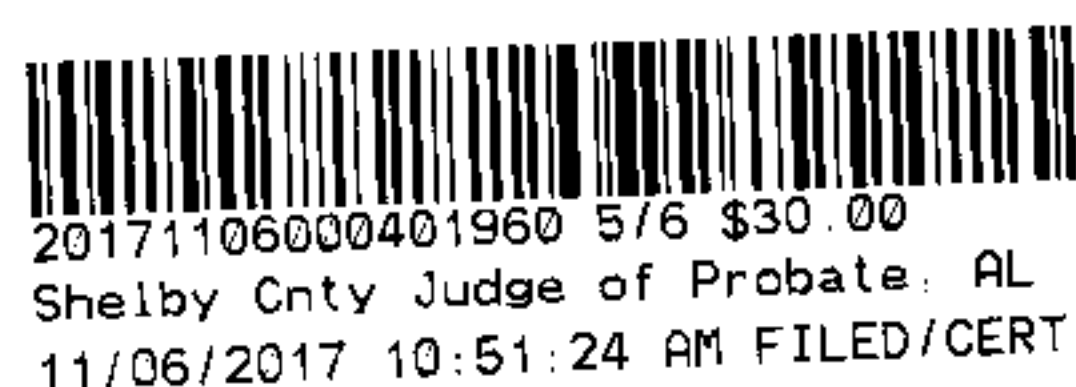
Name of Nominee for guardian of person: DEBORAH M. HORTON

Nominee's Address: 100 Padding Station, Maylene, AL 35514

Nominee's Telephone Number:

IX. 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.



X. GENERAL PROVISIONS

1. **INTERPRETATION AND GOVERNING LAW**: This instrument is to be construed and interpreted as a general durable power of attorney. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my Agent. This instrument is executed and delivered in the State of Alabama, and the laws of the State of Alabama shall govern all questions as to the validity of this power and the construction of its provisions. Where the words "Agent" or "Agents" and any pronouns are used herein, they shall be construed as either singular or plural, and masculine, feminine or neuter, whichever is appropriate in accordance with the context and applicable circumstances.

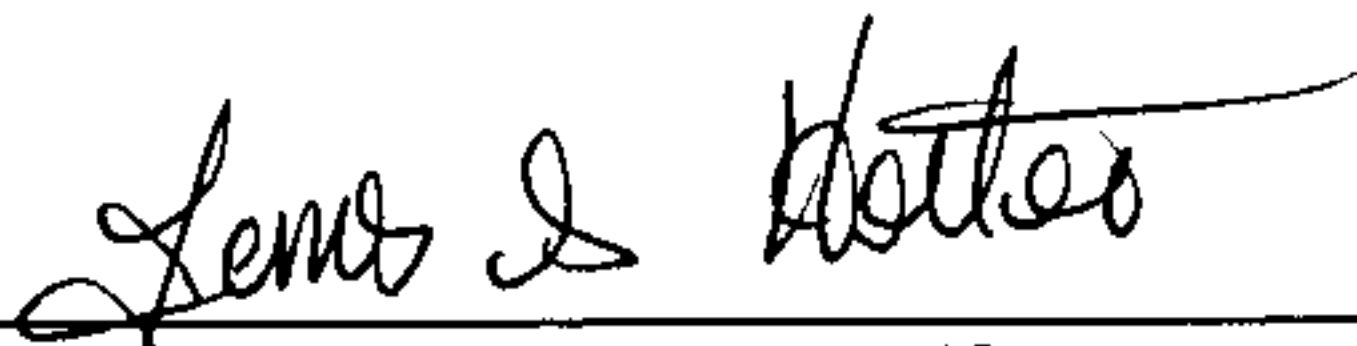
2. **CO-AGENCY**: If I have simultaneously appointed two or more persons to serve as my Agent hereunder, such persons shall have the joint and several power and authority to act as my sole Agent or as my Co-Agents, as the case may be, and each of said persons shall have the power and authority to execute documents, transact business, or otherwise act in my behalf in the absence of the other person(s) and without the necessity of obtaining the concurrence or consent of the other person(s).

3. **REVOCATION OF PREVIOUS POWER OF ATTORNEY**: By executing this document, I hereby revoke all previous General Powers of Attorney made by me.

4. **POWER TO AMEND AND REVOKE**: I hereby reserve to myself the right to amend or revoke this instrument.

5. **ADDITIONAL PROVISIONS**:

XI. SIGNATURE AND ACKNOWLEDGMENT



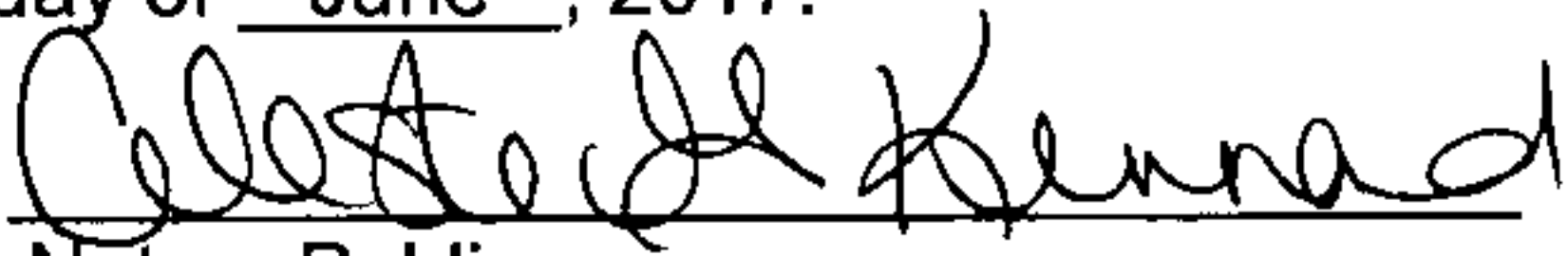
JAMES S. HORTON (Signature of Principal)
Date: 6/15/17

STATE OF ALABAMA
COUNTY OF FAYETTE

Celeste G. Kennard, a Notary Public in and for said County in said State, hereby certify that JAMES S. HORTON, 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/she executed the same voluntarily on the day the same bears date.

Given under my hand this 15th day of June, 2017.

My Commission Expires: 11/24/19



Notary Public

Instrument Prepared By:
Steven M. Nolen
Attorney at Law
PO Box 399
Fayette, AL 35555
(205)932-5204


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