

**After Recording, Mail To:**

MARK EUGENE BROADHEAD, as co-Trustee  
3893 Highway 10  
Montevallo, AL 35115

**This Document Prepared By:**

WILLIAM G. NOLAN  
*Attorney at Law*  
Nolan Elder Law and Estate Planning LLC  
1232 Blue Ridge Blvd  
Hoover, Alabama 35226  
2053900101



20171117000416340 1/9 \$78.50  
Shelby Cnty Judge of Probate, AL  
11/17/2017 08:34:20 AM FILED/CERT

Assessor's Parcel Number: \_\_\_\_\_

## QUITCLAIM DEED

STATE OF ALABAMA

KNOW ALL MEN BY THESE PRESENTS:

SHELBY COUNTY

THAT in consideration of ONE AND NO/100 DOLLAR (\$1.00), to the undersigned grantors, in hand paid by the grantee herein, the receipt whereof is acknowledged, we,

HOWARD E. BROADHEAD and PEGGY W. BROADHEAD, husband and wife, the GRANTORS,

Whose mailing address is 3893 Highway 10, Montevallo, AL 35115;

hereby convey and quitclaim to

MARK EUGENE BROADHEAD, co-trustee of THE BROADHEAD RESIDENCE TRUST, U/A dated November 6, 2017, the GRANTEE,

Whose mailing address is 3893 Highway 10, Montevallo, AL 35115;

All of THE FOLLOWING described real property situate in Shelby County, **Alabama**, to wit:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

COMMONLY known as: 3893 Highway 10, Montevallo, AL.

TO have and to hold to the said grantee and grantee's assigns forever.

The land described herein (You must make a selection):

  X   is homestead property of the said grantors

       is **NOT** homestead property of the said grantors


SUBJECT TO the Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any.

The then-acting Trustee has the power and authority to encumber or otherwise to manage and dispose of the hereinabove described real property; including, but not limited to, the power to convey.

IN WITNESS WHEREOF, WITNESS we have set our hands and seals this 6 day of November, 2017.



HOWARD E. BROADHEAD BY HIS AGENT UNDER  
POWER OF ATTORNEY DATED JULY 19, 2016

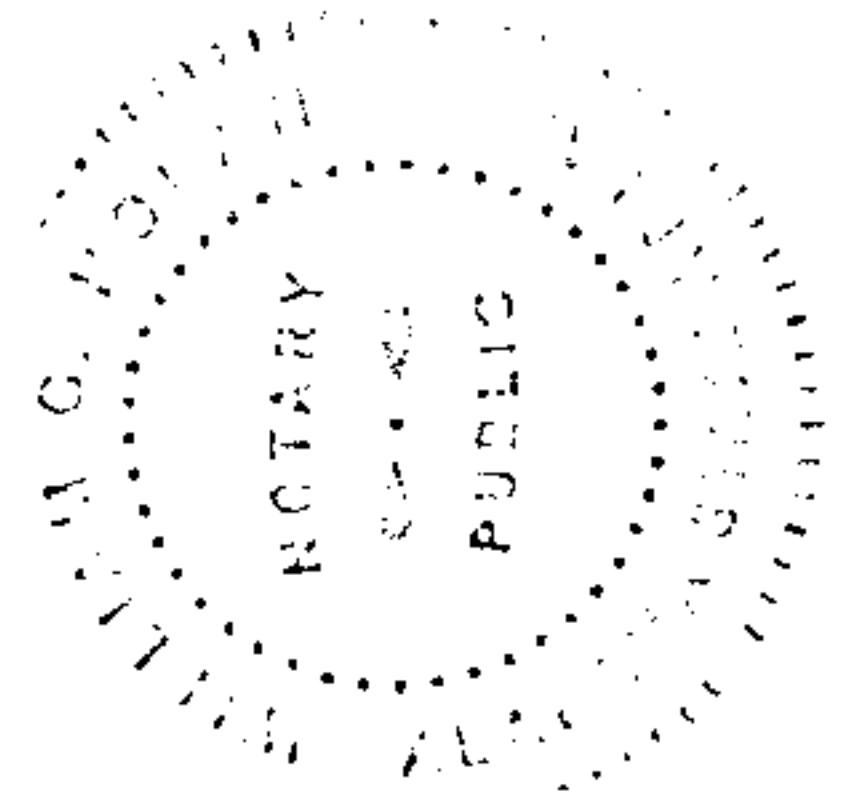


PEGGY W. BROADHEAD

Shelby County, AL 11/17/2017  
State of Alabama  
Deed Tax: \$39.50

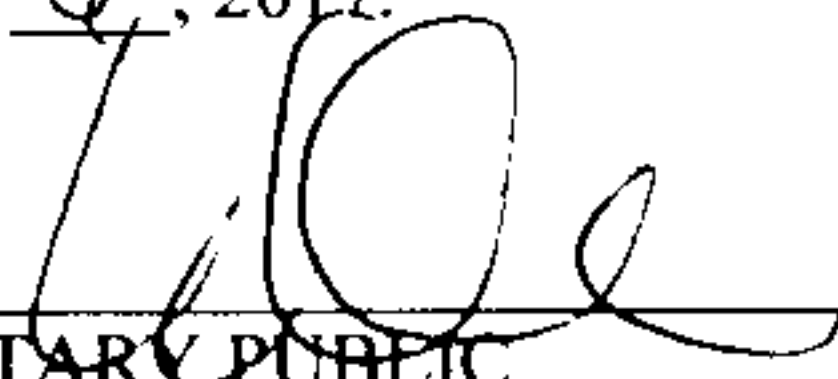
STATE OF ALABAMA  
COUNTY OF JEFFERSON

)  
) ss.  
)



I, the undersigned, a Notary Public in and for said County in said State, hereby certify that HOWARD E. BROADHEAD and PEGGY W. BROADHEAD, whose names are signed to the foregoing, and who are known to me, acknowledged before me on this day that, being informed of the contents of the foregoing, they executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this the November 6, 2017.

  
\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: 11/5/21



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## **EXHIBIT A**

A part of the N1/2 of N1/2 of SW1/4 of SW1/4 of Section 12, Township 22 South, Range 4 West described as follows: Begin at the NW corner of said SW1/4 of SW1/4 of Section 12; thence East along the North boundary of said SW1/4 of SW1/4 of Section 12, a distance of 90 feet, more or less, to the Montevallo-Boothton Road right of way; thence in a Southwest direction along the West boundary of said Road right of way 288 feet; thence West 85 feet, more or less, to West boundary of said SW1/4 of SW1/4 of Section 12; thence North along West boundary of said SW1/4 of SW1/4 of Section 12 a distance of 285 feet, more or less, to point of beginning. Except the North 9 feet reserved for roadway. Minerals and mining rights excepted.



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**ADVANCE DIRECTIVE  
DURABLE POWER OF ATTORNEY,  
HEALTH CARE POWER OF ATTORNEY,  
AND APPOINTMENT OF HEALTH CARE PROXY**

This power of attorney authorizes my agent to make decisions concerning my property for me. My agent will be able to make decisions and act with respect to my property, including my money, whether or not I am able to act for myself. This power is made to grant authority over subject matter pursuant to and listed in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama (1975).

This power of attorney also contains authority authorizing my medical attorney in fact to make any and all health care decisions for me permitted by law, including the powers given to health care proxies in the Natural Death Act as found in § 22-8A-4, Code of Alabama (1975), and to make decisions regarding provision, withholding or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration if my physician and another physician determine that I have an incurable terminal illness or injury which will lead to my death within six months or less or if, in the judgment of my attending physician and another physician, I am permanently unconscious.

It is my intent that the authority of the herein selected person(s) to serve as my agent, health care attorney in fact and/or health care proxy will continue until I die or revoke this power of attorney or the agent/medical attorney in fact/health care proxy resigns or becomes unable or unwilling to act for me.

I understand that my herein designated agent(s) is entitled to reimbursement of reasonable expenses, but I have provided that my agent(s) is not entitled to payment of any fee, salary or other compensation from me based solely on service as my herein designated agent/medical attorney in fact/health care proxy. I do understand, however, that in the event that any herein designated agent/medical attorney in fact/health care proxy shall be appointed by a court to serve as my guardian and/or conservator, then such compensation shall be allowed and payable from my conservatorship estate in accordance with the law governing the compensation of conservators as ordered the court.

I have not appointed co-agents, co-medical attorneys in fact, or co-health care proxies, herein granting my agent, medical attorney in fact and/or health care proxy who will have sole authority to act on my behalf. If I have appointed a successor agent/medical attorney in fact/health care proxy, that such successor agent/medical attorney in fact/health care proxy shall only act in the event that my first named agent/medical attorney in fact/health care proxy dies, resigns or otherwise becomes unable or unwilling to act on my behalf. I understand that if I have not named a successor agent, medical attorney in fact and/or health care proxy that the authority herein granted will end if my first named agent, medical attorney in fact and/or health care proxy becomes unable or unwilling to act on my behalf.

This power of attorney shall be effective immediately upon my execution of this document.

I revoke any and all power of attorney documents previously signed by me.

STATE OF ALABAMA       )  
COUNTY OF SHELBY     )

**DURABLE POWER OF ATTORNEY: DESIGNATION OF FINANCIAL AGENT**

I, **HOWARD E. BROADHEAD**, name **PEGGIE M. BROADHEAD** as my financial agent.

**DESIGNATION OF SUCCESSOR FINANCIAL AGENT**

If my agent is unable or unwilling to act for me, I name **MARK EUGENE BROADHEAD** as my successor financial agent.

**GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to all the following subjects as defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama (1975):





Real Property as defined in *Code of Alabama* § 26-1A-204  
Tangible Personal Property as defined in *Code of Alabama* § 26-1A-205  
Stocks and Bonds as defined in *Code of Alabama* § 26-1A-206  
Commodities and Options as defined in *Code of Alabama* § 26-1A-207  
Banks and Other Financial Institutions as defined in *Code of Alabama* § 26-1A-208  
Operation of Entity or Business as defined in *Code of Alabama* § 26-1A-209  
Insurance and Annuities as defined in *Code of Alabama* § 26-1A-210  
Estates, Trusts, and Other Beneficial Interests as defined in *Code of Alabama* § 26-1A-211  
Claims and Litigation as defined in *Code of Alabama* § 26-1A-212  
Personal and Family Maintenance as defined in *Code of Alabama* § 26-1A-213  
Benefits from Governmental Programs or Civil or Military Service as defined in *Code of Alabama* § 26-1A-214  
Retirement Plans as defined in *Code of Alabama* § 26-1A-215  
Taxes as defined in *Code of Alabama* § 26-1A-216  
Gifts as defined in *Code of Alabama* § 26-1A-217

#### **GRANT OF SPECIFIC AUTHORITY**

In addition to the Grant of General Authority, my agent may also do any of the following specific acts:

Create, implement, open an account at any bank or other financial institution, deposit my income into, amend, revoke, or terminate a Medicaid Qualifying Income Trust pursuant to 42 U.S.C. § 1396p(d)(4)(B);

Create, implement, deposit my money or other property into, serve as "co-trustee" or "trust protector" (but not as trustee), amend, revoke, or terminate a pooled first party special needs trust, such as the Alabama Family Trust, pursuant to 42 U.S.C. § 1396p(d)(4)(C);

If I am under the age of 65 years at the time of the creation and funding of the trust, create, implement, deposit my money or other property into, serve as trustee under, designate another person or entity as trustee of, amend, revoke, or terminate an individual first party special needs trust pursuant to 42 U.S.C. § 1396p(d)(4)(A);

If no natural person or persons have been designated as such, create a beneficiary designation, payable on death designation, or transfer on death designation on any of my life insurance or annuity contracts, any accounts within any "retirement plan" as defined in *Code of Alabama* § 26-1A-215(a), or any of my accounts with any bank, brokerage, or other financial institution, provided, however, that such designation shall be consistent with my then existing Last Will and Testament or inter vivos trust, if any, and if none, then the laws of intestacy, but I further require that any beneficiary whose eligibility for means tested government benefits whose benefits would be adversely effected by inclusion as such beneficiary, shall be eliminated from any such designation;

Change a beneficiary designation, payable on death designation, or transfer on death designation on any of my life insurance or annuity contracts, any accounts within any "retirement plan" as defined in *Code of Alabama* § 26-1A-215(a), or any of my accounts with any bank, brokerage, or other financial institution if the existing beneficiary designation would result in such beneficiary's eligibility for means tested government benefits being adversely effected upon my death as the result of receiving proceeds from such contracts or accounts, provided, otherwise, however, that such designation change shall be consistent with my then existing Last Will and Testament or inter vivos trust, if any, and if none, then the laws of intestacy;

With professional legal advice, waive, change or eliminate my right to receive money or other property by right of survivorship upon the death of any other person or persons if my receipt of same would cause me to be unable to receive or to continue to receive means tested government benefits to which I would otherwise be entitled but for the receipt of such money or other property upon the death of such other person or persons;

With professional legal advice, waive, change, or eliminate my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan, if the receipt of benefits upon the death of the other owner of such annuity or of the other beneficiary under such retirement plan would cause me to be unable to receive or to continue to receive means tested government benefits to which I would otherwise be entitled upon the death of such other person or persons;

With professional legal advice, make gifts that exceeds the monetary limitations of *Code of Alabama* § 26-1A-217 as part of planning for future eligibility for Medicaid or for means tested veterans benefits, provided that any money or other property that is thus protected for distribution at my death be distributed consistent with my Last Will and Testament or inter vivos trust, if any, and if none, then the laws of intestacy;

Authorize another person to exercise the authority granted under this power of attorney if no successor agent is designated in this power of attorney.

#### **LIMITATIONS ON AGENT'S AUTHORITY**

My agent may not use my property to benefit the agent or a person to whom the agent owes an



obligation of support or to benefit any other person except as is authorized under General Authority herein with respect to Personal and Family Maintenance as defined in *Code of Alabama* § 26-1A-213 or as is authorized in the various provisions stated under Grant of Special Authority hereinabove.

My agent may not exercise fiduciary powers that I have the authority to delegate, except that my agent may make partial or final settlement of any decedent's estate or conservatorship estate for which I am personal representative or conservator in the event that I shall be unable to make such settlement.

#### **LIMITATION OF POWER**

Except for the power to make gifts under General Authority and Grant of Specific Authority hereinabove, the following shall apply:

(a) Any power or authority granted to my agent herein shall be limited so as to prevent this Power 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. §§ 2601 and 2514, 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 for which I am a trustee.

#### **NOMINATION OF GUARDIAN AND CONSERVATOR**

If the appointment of a guardian of my person or of a conservator of my estate by a court shall become necessary, I nominate **PEGGIE M. BROADHEAD**.

#### **DESIGNATION OF SUCCESSOR GUARDIAN AND CONSERVATOR**

If said **PEGGIE M. BROADHEAD** shall be unable or unwilling to serve as such guardian or conservator or is deemed inappropriate by the court for appointment or for continued service as such, I name the following person as my guardian and conservator: **MARK EUGENE BROADHEAD**.

#### **MEDICAL DIRECTIVE:**

#### **DESIGNATION OF HEALTH CARE POWER OF ATTORNEY/HEALTH CARE PROXY**

It is my specific intent that this durable power of attorney shall also serve as a medical directive through which I designate **PEGGIE M. BROADHEAD** as my medical health care power of attorney to make routine medical decisions for me and, pursuant to *Code of Alabama* § 26-1-2(g)(1)-(4), to act as my health care proxy in accordance with the Natural Death Act, *Code of Alabama* § 22-8A-4, to include withholding or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration, if in the opinion of my attending physician, I am no longer able to give directions to health care providers and provided two doctors have determined that I have an incurable terminal illness or injury which will lead to my death within six months or less or if my condition is I am permanently unconscious. My medical attorney in fact/health care proxy may make any health care decision for me that I could make but for the lack of capacity, subject only to specific applicable limitations provided for in *Code of Alabama* § 26-1-2(g)(1).

#### **DESIGNATION OF SUCCESSOR MEDICAL ATTORNEY IN FACT/HEALTH CARE PROXY**

If said **PEGGIE M. BROADHEAD** shall be unable or unwilling to serve as such medical attorney in fact/health care proxy, I name the following person(s) as my successor medical attorney in fact/healthcare proxy: **MARK EUGENE BROADHEAD**.

#### **COMPENSATION AND REIMBURSEMENT OF MY AGENT/MEDICAL ATTORNEY IN FACT/HEALTH CARE PROXY**

My agent/medical attorney in fact/health care proxy shall be entitled to reimbursement of reasonable expenses, but shall not be entitled to payment of any fee, salary, or other compensation from me based solely on service as such agent/medical attorney in fact/health care proxy. In the event that my agent/health care proxy/medical attorney in fact shall be appointed by a court to serve as my conservator, then such compensation as shall be allowed and ordered by such court shall be due and payable from my conservatorship estate in accordance with the law governing the compensation of conservators.

#### **EFFECTIVE DATE**

This power of attorney is effective immediately upon my signature and acknowledgment below.

#### **RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent, may rely upon the validity of this power of attorney or upon a copy of it



unless that person knows that it has been revoked or terminated or that it is invalid.

In Witness Whereof, as principal, I have signed this Advance Directive at Montevallo, Alabama, this 19 day of July, 202016, and I have directed that photographic copies of this power be made that shall have the same force and effect as an original.

Howard E. Broadhead  
HOWARD E. BROADHEAD  
DATE OF BIRTH [REDACTED]

STATE OF ALABAMA )  
COUNTY OF SHELBY )

I, Sandra B Byrd, a Notary Public in and for said County in said State, hereby certify that **HOWARD E. BROADHEAD**, 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, **HOWARD E. BROADHEAD** executed the same on the day the same bears date.

Given under my hand this the 19 day of July, 2016.

Sandra B Byrd  
NOTARY PUBLIC  
My commission expires: 8-26-17

#### WITNESSES

I sign as witness to this Advance Directive because I believe this person to be of sound mind. I did not sign the person's signature, and I am not the health care proxy. I am not related to the person by blood, adoption, or marriage and not entitled to any part of his or her estate. I am at least 19 years of age and not directly responsible for paying for his or her medical care. I am witnessing this form on the 19 day of July, 2016.

Eva Krukowski  
WITNESS (Print)

Eva Krukowski  
WITNESS (Signature)

TERRY M. KILLINGSWORTH  
WITNESS (Print)

Terry M. Killingsworth  
WITNESS (Signature)

I, **PEGGIE M. BROADHEAD**, am willing to serve as the health care proxy for **HOWARD E. BROADHEAD**.

Peggie M. Broadhead  
PEGGIE M. BROADHEAD  
HEALTH CARE PROXY  
DATE: July 19, 2016

I, **MARK EUGENE BROADHEAD**, am willing to serve as alternate health care proxy for **HOWARD E. BROADHEAD**.

Mark E. Broadhead  
MARK EUGENE BROADHEAD  
ALTERNATE HEALTH CARE PROXY  
DATE: 6/19/16





## **IMPORTANT INFORMATION FOR AGENT/MEDICAL ATTORNEY IN FACT/HEALTH CARE PROXY**

### **AGENT'S DUTIES**

When you accept the authority herein granted, a special legal relationship is created between you and the person for whom you will act, aka 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 that the principal reasonably expects you to do with his or her property or, if you do not know the principal's expectations or believe the principal to be incompetent, 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 agent whenever you act for the principal by writing or printing the name of the principal and signing your name as "agent" in the following manner: John Public by (Your Name) as Agent. 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; and (5) attempt to preserve the principal's estate plan if you know the plan and if preserving the plan is consistent with the principal's best interest. You have also been appointed as medical attorney in fact/health care proxy. You therefore have the 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 or believe the principal to be incompetent, to act in 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 your authority under this power of attorney. Events that terminate a power of attorney or that terminate your authority to act under a power of attorney include: (1) the death of the principal; (2) the principal's revocation of the power of attorney or your authority; (3) if you are married to the principal, a legal action filed with a court to end your marriage or requesting legal separation; or (4) your resignation as agent. If you intend to resign as agent, you should (1) notify the principal that you intend to resign as agent so that the principal can make arrangements to deal with any matters with which you have been assisting the principal; (2) sign and date a written resignation; and (3) deliver the written resignation to the principal and to the next successor agent if the principal has named a successor agent in this power of attorney.

### **LIABILITY OF AGENT**

The meaning of 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 you do not understand anything about this document or your duties under this document or the law, you should seek legal advice.



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# Real Estate Sales Validation Form

This Document must be filed in accordance with Code of Alabama 1975, Section 40-22-1

Grantor's Name Howard E. + Peggy W. Broadhead Grantee's Name The Broadhead Prescience Trust  
Mailing Address 3893 Highway 10 Mailing Address 3893 Highway 10  
Montevallo AL 35115 Montevallo AL 35115

Property Address 3893 Highway 10  
Montevallo AL 35115

Date of Sale 11/6/2017  
Total Purchase Price \$ 39,320

or  
Actual Value \$  
or  
Assessor's Market Value \$ 39,320

The purchase price or actual value claimed on this form can be verified in the following documentary evidence: (check one) (Recordation of documentary evidence is not required)

☐ Bill of Sale  
☐ Sales Contract  
☐ Closing Statement  
☒ Appraisal  
☒ Other Shelby County Citizens Portal

If the conveyance document presented for recordation contains all of the required information referenced above, the filing of this form is not required.

## Instructions

Grantor's name and mailing address - provide the name of the person or persons conveying interest to property and their current mailing address.

Grantee's name and mailing address - provide the name of the person or persons to whom interest to property is being conveyed.

Property address - the physical address of the property being conveyed, if available.

Date of Sale - the date on which interest to the property was conveyed.

Total purchase price - the total amount paid for the purchase of the property, both real and personal, being conveyed by the instrument offered for record.

Actual value - if the property is not being sold, the true value of the property, both real and personal, being conveyed by the instrument offered for record. This may be evidenced by an appraisal conducted by a licensed appraiser or the assessor's current market value.

If no proof is provided and the value must be determined, the current estimate of fair market value, excluding current use valuation, of the property as determined by the local official charged with the responsibility of valuing property for property tax purposes will be used and the taxpayer will be penalized pursuant to Code of Alabama 1975 § 40-22-1 (h).

I attest, to the best of my knowledge and belief that the information contained in this document is true and accurate. I further understand that any false statements claimed on this form may result in the imposition of the penalty indicated in Code of Alabama 1975 § 40-22-1 (h).

Date 11/6/2017

☐ Unattested

Print Britann Joyner

Sign Britann Joyner as Agent  
(Grantor/Grantee/Owner/Agent) circle one



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Form RT-1