

**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 by 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, **BETTY D. CROWSON**, name **JOAN GILREATH** as my financial agent.

DESIGNATION OF SUCCESSOR FINANCIAL AGENT

If my agent is unable or unwilling to act for me, I name **GARY CURTIS CROWSON** 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 my successor financial agent, upon his or her resignation, to appoint another person to exercise the authority granted under 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 **JOAN GILREATH**.

DESIGNATION OF SUCCESSOR GUARDIAN AND CONSERVATOR

If said **JOAN GILREATH** 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: **GARY CURTIS CROWSON**.

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 **JOAN GILREATH** 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 **JOAN GILREATH** 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: **GARY CURTIS CROWSON**.

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 Calera, Alabama, this 4th day of December, 2017, and I have directed that photographic copies of this power be made that shall have the same force and effect as an original.

Betty D. Crowson
BETTY D. CROWSON
DATE OF BIRTH [REDACTED]

STATE OF ALABAMA)
COUNTY OF SHELBY)

I, B. Kimberly C. Joiner, a Notary Public in and for said County in said State, hereby certify that **BETTY D. CROWSON**, 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, **BETTY D. CROWSON** executed the same on the day the same bears date.

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

Kimberly C. Joiner
NOTARY PUBLIC
My commission expires: 8/17/19

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 4th day of December, 2017.

Courtney D Foster
WITNESS (Print)

Courtney D Foster
WITNESS (Signature)

MARtha K. GILES
WITNESS (Print)

Martha K. Giles
WITNESS (Signature)

I, **JOAN GILREATH**, am willing to serve as the health care proxy for **BETTY D. CROWSON**.

Joan Gilreath
JOAN GILREATH
HEALTH CARE PROXY
DATE: 12/4/2017

I, **GARY CURTIS CROWSON**, am willing to serve as alternate health care proxy for **BETTY D. CROWSON**.

Gary Curtis Crowson
GARY CURTIS CROWSON
ALTERNATE HEALTH CARE PROXY
DATE: 12-4-2017



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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