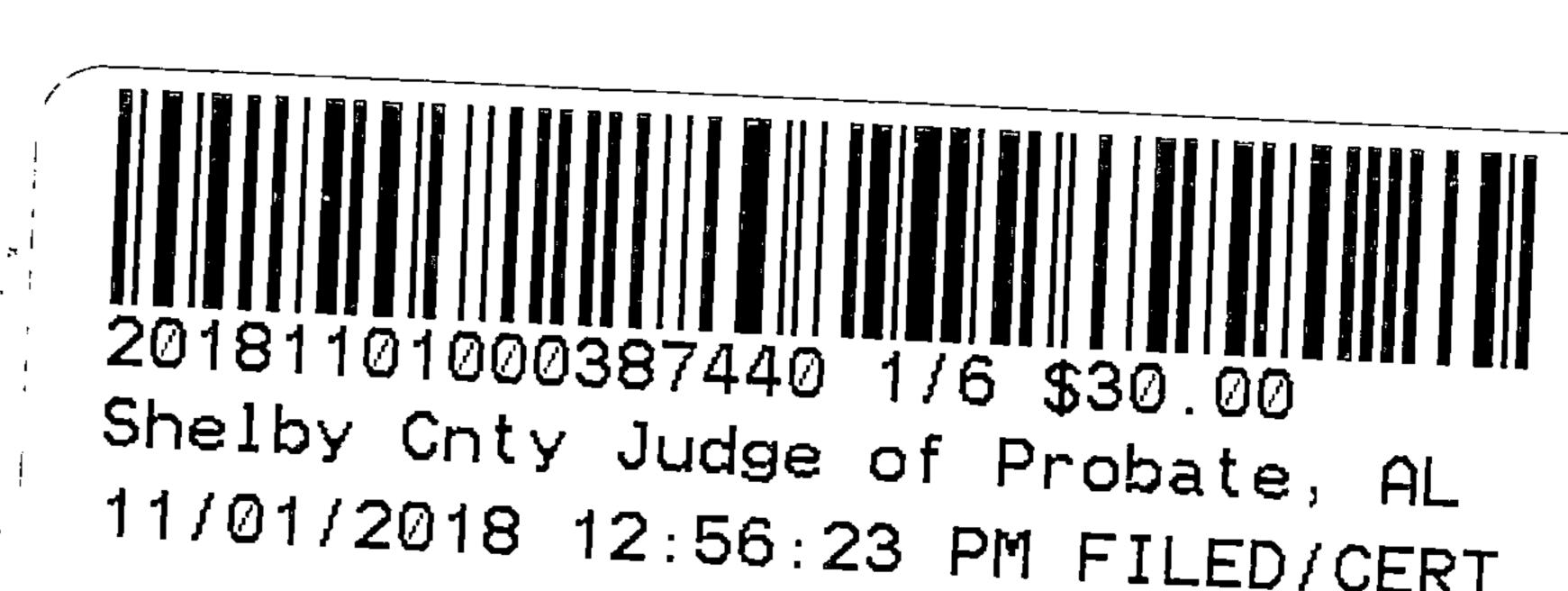
ALABAMA POWER OF ATTORNEY FORM



INPORTANT INPORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975.

This power of attorney does not authorize the agent to make health care decisions for you. Such powers are governed by other applicable law.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reimbursement of reasonable expenses and reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, DAVID W. GRAHAM (Name of Principal),

name the following person as my agent:

Name of Agent:

DEBIE GRAHAM

Agent's Address:

2511 ELIZABETH DRIVE

PELHAM, AI, 35124

Agent's Telephone Number:

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DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as m	y successor agent:	
Name of Successor Agent: <u>ALLISON GRAHAM</u>		
Successor Agent's Address: 113 ELM CIRCLE		**
ALABASTER, AL 35007		
Successor Agent's Telephone Number:		
If my successor agent is unable or unwilling to act for me, I r	name as my second successor ag	
Name of Second Successor Agent:		
Second Successor Agent's Address:	Empringua Anto da disentanten di partica partica di anto di an	
Second Successor Agent's Telephone Number:		
GRANT OF GENERAL AUTHORITY		
I grant my agent and any successor agent general authorit following subjects as defined in the Alabama Uniform Powe 26, Code of Alabama 1975: If you wish to grant general authority over all of the subjects	r of Attorney Act, Chapter 1A,	Title
SIGN here:		
David W. Lacham DAVID W. GRAHAM		
(Signature of Principal)		
OR		
If you wish to grant specific authority over less than all sub- must INITIAL by each subject you want to include in the age	jects enumerated in this section	1 you
Real Property as defined in Section 26-1A-204		· · · · · · · · · · · · · · · · · · ·
Tangible Personal Property as defined in Section 26-1	A-205	
Stocks and Bonds as defined in Section 26-1A-206	20181101000387440 2/6 \$30.0	

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Commodities and Options as define	ed in Section 26-1A-207
Banks and Other Financial Instituti	ons as defined in Section 26-1A-208
Operation of Entity or Business as	defined in Section 26-1A-209
Insurance and Annuities as defined	in Section 26-1A-210
Estates, Trusts, and Other Beneficia	al Interests as defined in Section 26-1A-211
Claims and Litigation as defined in	
Personal and Family Maintenance a	as defined in Section 26-1A-213
Benefits from Governmental Progra	ams or Civil or Military Service as defined in
Retirement Plans as defined in Sect	tion 26-1A-215
Taxes as defined in Section 26-1A-	

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.)

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

DB Create or change rights of survivorship

DB Create or change a beneficiary designation

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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

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)

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EFFICIEVE 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 or guardian] of my estate or [guardian] of my person, I nominate the following person(s) for appointment:

Name of Nominee for [conservator or guardian] of my Estate	
Nominee's Address:	
Nominee's Telephone Number:	
Name of Nominee for [guardian] of my person:	
Nominee's Address:	——————————————————————————————————————
Nominee's Télephone Number:	
RELIANCE ON THIS POWER OF ATTORNEY	
Any person, including my agent, may rely upon the validity of it unless that person knows it has terminated or is invalid. SIGNATURE AND ACKNOWLEDGMENT	of this power of attorney or a copy
David W. Staham DAVID W. GRAHAM (Signature of Principal) Your Signature Date: 10-23-18	Witness Bittle (print name of witness above) Trank (whatele Witness
Your Name Printed: DAVID W. GRAHAM	(print name of witness above)
Your Address: 2511 ELIZABETH DRIVE PELHAM, AL 35124	20181101000387440 5/6 \$30.00 Shelby Cnty Judge of Probate, AL 11/01/2018 12:56:23 PM FILED/CERT
Vour Telephone Number	· · · · · · · · · · · · · · · · · · ·

State of ALABAMA

County of JEFFERSON

I, the undersigned authority, a Notary Public, in and for the County in this State, hereby certify that **DAVID W. GRAHAM**, 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 executed the same voluntarily on the day the same bears date.

Given under my hand this the 23 day of October, 2018.

COOK A Manning Signature of Notary

My commission expires: 12-10-2017

This document prepared by:
Clayton T. Sweeney, Attorney at Law
2700 Highway 280 East, Suite 160
Birmingham, Alabama 35223

(Affic Scal)

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IMPORTANT INFORMATION FOR AGENT

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When you accept the authority granted under this power of attorney, a special legal relationship is created between you and 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 the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, 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 an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also: