


DURABLE POWER OF ATTORNEY

STATE OF ALABAMA)
COUNTY OF SHELBY)


20181102000389250 1/3 \$21.00
Shelby Cnty Judge of Probate, AL
11/02/2018 09:28:31 AM FILED/CERT

KNOW ALL MEN BY THESE PRESENTS: That,

I, RALPH BATTLE, of the County of Shelby and State of Alabama, do hereby nominate, constitute and appoint JILL KELLEY and DARLENE CARLISLE, co-agents, as my true and lawful Attorneys in Fact for me and in my name and stead, and grant each independently the general power to do all acts that I could do were I present, to the extent allowed by law; including to receive and receipt for all my funds and property in fact that may be due me from any source whatsoever, to sign draw, endorse and cash checks, and other negotiable instruments in my name and on my behalf, to sell and convey real and personal property for me and in my name and best interest, to make disbursements and to purchase real and personal property for me and on my behalf for such price as to her seems reasonable, and generally to manage, handle, and conduct all matters of my business, and to execute in my name and deliver all legal papers and documents for me in my place and stead to the same extent that I might do were I present in person, hereby giving and granting unto my said Attorney- in Fact full power and authority to do any and all acts necessary and proper to be done in and about the premises, and hereby ratifying and confirming whatsoever my said Attorney-in-Fact shall do pursuant to these presents. This power of attorney shall be effective on the day that said bears date, and shall not be affected by disability, incompetency, or incapacity of the principal.

SPECIFICALLY, and in no way limiting my above general grant of authority, I do hereby grant and authorize my Attorney in Fact to:

- (a) Enroll in, apply for, select, reject, change, amend, or discontinue, on my behalf a benefit or program;
- (b) Prepare, file, and maintain a claim of mine or on my behalf for a benefit or assistance, financial or otherwise, to which I may be entitled under a statute or regulation;
- (c) Initiate, participate in, submit to alternative dispute resolution, settle, oppose, or propose or accept a compromise with respect to litigation concerning any benefit or assistance I might be entitled to receive under a statute or regulation; and
- (d) Receive the financial proceeds of a claim described above and conserve, invest, disburse, or use for a lawful purpose anything so received.

If I become incapacitated and unable to make and communicate health care decisions for myself, then I grant to my Attorney-in-Fact, as named above, full authority to:

- (a) Give consent to prohibit, or withdraw any type of health care, treatment, or procedures, even if death may result.
- (b) Make all necessary arrangements for health care services on my behalf, and to hire and discharge medical personnel responsible for my care;
- (c) Move me into or out of any health care facility (even if against medical advice) to obtain compliance with the decisions of my Attorney-in-Fact:
- (d) Take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any health care provider, and taking any legal action at the expense of my estate to enforce this Durable Power of Attorney:
- (e) Relationship between this Durable Power of Attorney and any Health Declaration I may Execute. If I have executed a Health Care Declaration I encourage my Attorney-in-Fact to follow my wishes as expressed in the Declaration in making decisions regarding life-prolonging procedures.

All references to "Attorney in Fact" shall apply equally to my two co-agents, it is my intention that each is authorized to exercise any and all authority granted herein to the fullest extent, independently and without any consent of the other.


IN WITNESS WHERE OF, I have hereunto set my hand and seal, on this 20 day of June, 2015.

Ralph M Battle
RALPH BATTLE

STATE OF ALABAMA)
COUNTY OF SHELBY)

I, Stephanie Thomas a Notary Public in and for said County, in said State, hereby certify RALPH BATTLE whose name is signed to the foregoing Durable Power of Attorney and who is known to me, acknowledged before me on this day that, being informed of the contents of said Durable Power of Attorney, he executed the same voluntarily on the day the same bears date.

Given under my hand this 20 day of June, 2015.


Notary Public

MY COMMISSION EXPIRES:
April 1, 2018

This Document Prepared By:
Erin McConatha
3425 D Sandner Ct.
Birmingham, AL 35209



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