

State of Alabama)
Jefferson County)

FORM 3/7/2012

ALABAMA POWER OF ATTORNEY

DESIGNATION OF AGENT

I, Gypsy Ann Richards, name the following person as my agent: Full
Name of Agent: James Oliver Richards, 235 FNVLNNESS Conter Drive, APTH 135 Agent's Address: 4000-Milner's Crescent, Hoover, AL 35242
Agent's Address: 4000-Milner's Crescent, Hoover, AL 35242
Agent's Telephone No. 205

I. DESIGNATION OF SUCCESSOR AGENT:

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

Full Name of Successor Agent: Judith Ann Shores Smith

Successor Agent's Address: 1010 2nd St. S. W. Beform, AL 35481,
Telephone

II Grant of General Authority:

I grant my agent (and any successor agent)¹ general authority to act

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¹All reference to agent shall include successor agent.

for me with respect to the subjects as defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:

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III. Grant of Specific Authority and Limitations:

If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each subject you want to include in the agent's authority:

Real Property as defined in Section 26-1A-204

Tangible Personal Property as defined in Section 26-1A-205

Stocks and Bonds as defined in section 26-1A-206

<u>for Rection 26-1A-207.</u>

<u>DAR</u> Banks and Other Financial Institutions as defined in Section 26-1A-208

Operation of Entity or Business ad defined in Section 26-1A-209

Insurance and Annuities as defined in Section 26-1A-210

Estates, Trusts, and Other Beneficial Interests as defined in section 26-1A-211

Lams and Litigation as defined in Section 26-1A-212

Personal and Family Maintenance as defined in Section -1A-

<u>Lare</u> Benefits from Governmental Programs or Civil or Military

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Retirement Plans as defined in Section 26-1A-215

Taxes as defined in Section 26-1A-216

Gifts as defined in Section 26-1A-217

SPECIFIC MEDICAL AUTHORIZATION:

By virtue of Section 26-1A-213 and Section 26-1A-404 of the Code of Alabama, said Agent shall have authority for my financial medical needs, and additional authority is given as part of my health care. Should I become incapacitated, and unable to express my wishes, my abovenamed agent is authorized and directed to make all decisions regarding my health, both medical and otherwise; including, without limitation, admissions to health care facilities of any nature (including) any assisted living facility; medical treatment of any nature for me, including the services of the hospices program and to consent to surgery or other healthcare procedures of any nature. And further, said agent is authorized and directed to make all decisions with reference to the withholding or withdrawing of life-sustaining treatment; including withholding artificially provided nutrition or hydration, or any other medical procedure that may prolong or terminate my life, and to the release of any medical provider from liability of such acts. Said agent is directed to give due and proper consideration to any express desires or opinion that I have communicated or expressed about this medical problem. Further, said agent is directed to consult with my immediate family for guidance or suggestion; however, the decision by my agent shall be final.

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Further, I may elect to exercise a form Living Will that shall be applicable if attached to this Durable Power of Attorney.

V. GRANT OF ADDITIONAL SPECIFIC AUTHORITY (OPTIONAL)

My agent shall also have the following specific acts for me:

(<u>CAUTION</u>: 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.)

<u>DAR</u> 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.

<u>Lane</u> Create or change rights of survivorship

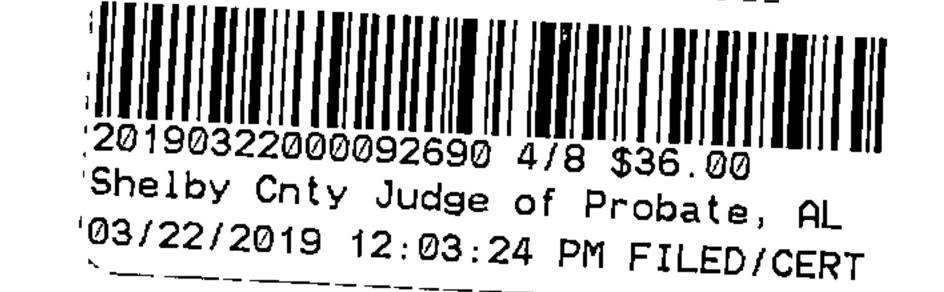
<u>Luke</u> Create or change a beneficiary designation

Authorize another person to execute 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

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DIR Exercise fiduciary powers that the principal to delegate.

VI. LIMITATIONS OF AGENT'S AUTHORITY:

- A. My agent MAY NOT use my property to benefit the agent or any person or entity to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.
- B. <u>Except for any special instructions given herein to the agent</u>
 the following shall apply:

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.

C. 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 trustee.

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201903220000092690 5/8 \$36.00 Shelby Cnty Judge of Probate, AL 03/22/2019 12:03:24 PM FILED/CERT VII. SPECIAL INSTRUCTIONS:

At no time shall my agent secure or provide "anything of value" from

my assets that are a benefit to said agent directly or indirectly; or that may

be of any value to said agent. That all said transactions under this section

are Null and Void and without any legal impact. Any such transaction shall

be construed as a breach of a fiduciary duty to me or my estate.

EFFECTIVE DATE:

This power of attorney is effective immediately unless I have stated

otherwise in the Special Instructions and shall continue without regard to

my competency. But, said Power of Attorney shall terminate immediately

on my death or revocation.

VIII. NOMINATION OF CONSERVATOR OR GUARDIAN:

If it becomes necessary for a court to appoint a conservator of my

estate or guardian of my person, I nominate the following person(s) for

appointment:

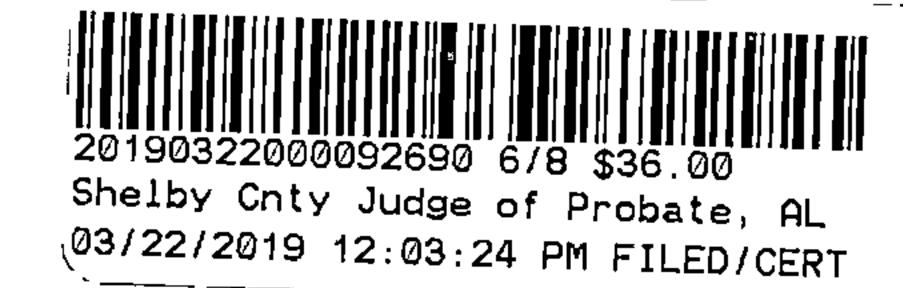
Full Name of Nominee for (conservator or guardian) of my estate:

James Oliver Richards

Nominee's Address: 4000 Milner's Crescent, Hoover, AL 35242

Nominee's Telephone Number:

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RELIANCE ON THIS POWER OF ATTORNEY:

Any person or legal entity, including my agent, may rely upon the validity of this power of attorney or a copy thereof unless that person knows it has been terminated or is invalid.

SIGNATURE		ACKNOW	VIED	CMENT
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(SIGNATURE OF PRINCIPAL)

GYPSY AMARICHARds Printed Name of Principal

4000 MILNER'S CRESCENT

Address

Telephone number

Date

Witness

2230 3rd Ave. No., Bham, AL 35203

Address

2230 3rd Ave. No., Bham, AL 35203

Address

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NOTARY

State of Alabama

County of Jefferson

I, M. Wayne Wheeler, a Notary Public, in and for the County in the State, hereby certify that Gypsy Ann Richards, 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 or she executed the same voluntarily on the day the same bears date.

Given under my hand this the ____ day of .

(Seal)

Notary

My Commission Expires: $\sqrt{-2015}$

This document prepared by:

M. Wayne Wheeler, Esq. 2230 Third Avenue North Birmingham, AL 35203

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