DURABLE AND GENERAL POWER OF ATTORNEY

Know All Persons by These Presents, which are intended to constitute a Durable Power of Attorney, that I, Margaret Hanson Taylor, the undersigned "Principal," of Shelby County, Alabama, do hereby make, constitute and appoint my sister, Kathy Lee Walton, of San Jose, California, as my true and lawful "Attorney-in-Fact," to act in my place and stead, and with the same authority as me, and in my name, and on my behalf, and for my use and benefit. My Attorney-in-Fact has the power generally and without qualification 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. I further give and grant unto my Attorney-in-Fact full power and authority to do any and all acts necessary and proper to do so. I hereby ratify and confirm any acts my Attorney-in-Fact may lawfully perform. My Attorney-in-Fact's powers include, but are not limited to, the following:

1. To exercise or perform any act, power, duty, right, or obligation whatsoever that I now have, or may hereafter acquire the legal right, power, or capacity to exercise or perform, in connection with arising from, or relating to any person, item, transaction, thing, business property, real or personal, tangible or intangible, or whatsoever;

2. To pursue any action and/or claim in any court or before any panel or board that I could pursue, and/or defend the same;

3. To request, ask, demand, sue for, recover, collect, receive, buy or sell, and hold and possess all personal and real property for me; to request, ask, demand, sue for, recover, collect, receive, buy or sell, and hold and possess all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, any and all documents of title, and choses in action on my behalf for me; the foregoing includes all property whatsoever, liquidated or unliquidated, as now are, or shall hereafter become, owned by me, or due, owing, payable, or belonging to me, or in which I have or may hereafter acquire interest, to have, use, and take; it also includes the power to use any and all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to make, execute, and deliver for me, on my behalf, and in my name, all endorsements, acquittances, releases, receipts, or other sufficient discharges for the same;

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4. To handle any and all banking transactions on my behalf; to enter into contracts with banking or other similar institutions on my behalf; to create or encumber any of my real or personal property with liens, loans, interests, etc. on my behalf; and to do any and all acts that are necessary and proper to do the same.

5. To lease, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any real or personal property whatsoever, tangible or intangible, or interest thereon, on such terms and conditions, and under such covenants on my behalf;

6. To maintain, repair, improve, manage, insure, rent, lease, sell, convey, mortgage, subject to deeds of trust, and hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, for me, in my behalf, and in my name and under such terms and conditions, and under such covenants, as my said Attorney-in-Fact shall deem proper;

7. To conduct, engage in, and transact any and all lawful business of whatever nature or kind for me, on my behalf, and in my name;

8. To make, receive, sign, endorse, execute, acknowledge, deliver, and possess such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, mortgages, drafts, bills of exchange, letters of credit, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan associations, credit unions, or other financial institutions or associations, proofs of loss, evidence of debts, releases, and satisfaction of mortgages, liens, judgments, security agreements and other debts and obligations and such other instruments in writing or whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted; and

9. To represent me before the Internal Revenue Service in regard to all taxable years and returns.

10. To obtain health care information. I appoint my said Attorney-in-Fact to act as a "personal representative" as that term is used in 45 C.F.R. ' 164 ("HIPAA"), especially '164.502, to have access to my personally identifiable health care and related information of all kinds in any form, and to execute any other document that may be required or requested in order to do so. I intend this authority to be effective immediately, whether or not I am able to make or communicate health care decisions for myself. This authority shall remain in effect until my death unless earlier

revoked by me, and I understand that I may revoke it at any time. Accordingly, I hereby authorize all hospitals, physicians, other health care providers, skilled nursing facilities, assisted living facilities, and other health care providers from whom I have received health care services to release all information about me in their possession, including all medical records, diagnosis and treatment information, all billing records, and all information regarding collections from third parties to my Attorney-in-Fact named in this instrument for the purpose of exercising the authority contained in this Durable Power of Attorney. The authorization contained in this paragraph shall terminate upon the earlier of my death or the revocation of this instrument. I understand that (i) the information referred to in this paragraph is protected under federal law, (ii) I may refuse to sign this instrument which contains the above authorization, (iii) I have the right to revoke this authorization in writing, (iv) any revocation will be effective only to the extent that action has not been taken in reliance of my prior authorization, (v) by signing this instrument, I recognize that the protected health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of this disclosure and may no longer be protected under federal law, (vi) treatment or payment will not be based on my signing this authorization, and (vii) I have retained a copy of this authorization.

11. To make health care decisions. I grant to my Attorney-in-Fact full power to make decisions for me regarding my health care. In exercising his/her authority, my Attorney-in-Fact shall attempt to communicate with me regarding my wishes if I am able to communicate in any way. If my Attorney-in-Fact cannot determine the choice I want made, then (s)he shall make the choice for me based upon what (s)he believes I would do if I were able, or if unable to so determine, then based upon what (s)he believes to be my best interests. I intend the power given to be as broad as possible. In the event that this power conflicts with the directives and powers stated in my Advance Life Care Directive, however, my Advance Life Care Directive controls. Accordingly, unless so limited, my Attorney-in-Fact is authorized: (a) to consent to, refuse or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medications and use of mechanical or other procedures affecting bodily functions; including, without limitation, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation; (b) to have access to and have the right to disclose medical reports, records and information to the extent that I would myself; (c) to authorize admission to or discharge from any hospital, residential care or related facility, even against medical advice; (d) to contract for health care or related services, without the Attorney-in-Fact incurring personal liability therefor; (d) to

hire and fire medical, social service or related personnel responsible for my care; (e) to authorize or refuse to authorize any medication or procedure to relieve pain, even though such use may lead to temporary discomfort or addiction, or inadvertently hasten the moment of death; (f) to make anatomical gifts of part of all of my body for medical purposes; (g) to authorize an autopsy and direct disposition of my remains, to the extent permitted by law; (h) to take any other action necessary to effectuate the intent and purpose of this broad grant of powers, including, without limitation, granting any waiver of release from liability required by any health care provider or related agency; and (i) to sign any document relative to health care in any way whatsoever and pursuing legal action in my name at the expense of my estate, should that be necessary to enforce compliance with my wishes as determined by my Attorney-in-Fact pursuant to the authority given herein. Without in any way limiting the broad powers herein granted, I express the hope that, circumstances permitting, my Attorney-in-Fact will consult family and friends for their advice and support in arriving at what may be difficult decisions; but the final decisions shall be that of my Attorney-in-Fact.

I grant to my said Attorney-in-Fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said Attorney-in-Fact, or his substitute, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.

This instrument is to be construed and interpreted as a Durable and General Power of Attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to my said Attorney-in-Fact.

The rights, powers and authority of my said Attorney-in-Fact herein granted shall commence and be in full force and effect upon my execution of this instrument; the authority conferred herein shall not be affected by disability, incompetency, or incapacity of the Principal, Margaret Hanson Taylor; and such rights, powers and authority shall remain in full force and effect thereafter until the death of the Principal, Margaret Hanson Taylor. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding on me, my heirs, assigns, and personal representatives.

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EXECUTION

In Witness Whereof, as Principal, being first duly sworn on this 7th day of November, 2019, I do hereby declare to the undersigned authority that: I sign and execute this five page instrument and initial each and every page, I sign and initial it willingly as my free and voluntary act for the purposes that I have expressed, I am nineteen years of age or older, I am of sound mind, and I am under no constraint or undue influence. I have further directed that photographic or electronic copies of this power be made, all which shall have the same force and effect as an original.

Margaret Hanson Taylor, Principal

We, the Witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that: Margaret Hanson Taylor willingly signs this five page instrument and initials each and every page. Each of us in the hearing of Margaret Hanson Taylor hereby sign this instrument as witness to her signing and initialing above, and Margaret Hanson Taylor is nineteen years of age or older, of sound mind, and under no constraint or undue influence to the best of our knowledge.

Charlene P. Ford
Print Name

John Mark Ford
Print Name

Charlene P Ford
Signature

Signature

STATE OF ALABAMA)
COUNTY OF Shelby)

The foregoing was subscribed, sworn to, and acknowledged by Margaret Hanson Taylor, Charlene P. Ford, and John Mark Ford, before me this the 7th day of November, 2019.

Christina Burt
NOTARY PUBLIC
My Commission Expires: 3/19/22

CHRISTINA BURT NOTARY PUBLIC ALABAMA STATE AT LARGE

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