

**DURABLE POWER OF ATTORNEY  
FOR HEALTH CARE DECISIONS**

I, **LOUIS AUGUST JUNEAU III**, of Shelby County, Alabama, hereby appoint **KAREN DEAN RICE** of Jefferson County, Alabama (herein called "my attorney"), my true and lawful agent and attorney, for health care decisions and pursuant to the language stated below, on my behalf:

To consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body.

To make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for my physical, mental and emotional well being.

To request, receive and review any information, verbal or written, regarding my personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information.

In exercising the grant of authority set forth above my agent for health care should withhold or withdraw life sustaining treatment and artificially provided food and hydration if two physicians, one of whom is my attending physician and both of whom are familiar with my condition, have determined with reasonable certainty that:

I am unable to give informed consent to medical treatment.

I have a disease, illness or other condition which is incurable, terminal, and expected to result in my death from that injury, disease or illness within six (6) months, and thus that the use of life sustaining treatment would serve only to prolong the dying process.

I can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. One physician must be qualified to make such a diagnosis.

"Life-sustaining treatment" includes drugs, machines, or other medical procedures that would keep me alive but would not cure me.

My agent's authority will prevail if there is a conflict between my agent's powers and any living will that I may have signed before the use of this power of attorney.

I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records and, therefore, to be recognized as my personal representative. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164. I authorize:

  
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Shelby Cnty Judge of Probate, AL  
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- any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services,
- to give, disclose and release to my agent, without restriction,
- all of my individually identifiable health information and medical records regarding any past, present or future medical or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse.

The authority given my agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

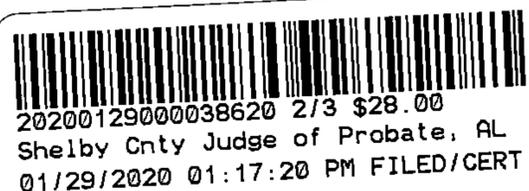
The powers and authorities granted herein shall not be affected, impaired or exhausted by any non-exercise thereof or by any one or more exercises thereof. My attorney shall exercise or fail to exercise the powers and authorities granted herein in each case as my attorney, in my attorney's own absolute discretion, deems desirable or appropriate under existing circumstances. I hereby ratify and confirm as good and effectual, at law or in equity, all that my attorney, and any agents and attorneys appointed by my attorney, and their agents, associates and substitutes, may do by virtue hereof. However, despite the above provisions, nothing herein shall be construed as imposing a duty on my attorney to act or assume responsibility for any matters referred to above or other matters, even though my attorney may have power or authority hereunder to do so.

If any power or authority hereby sought to be conferred upon my attorney should be invalid or unexercisable for any cause or not recognized by any person or organization dealing with my attorney, the remaining powers and authorities given to my attorney hereunder shall nevertheless continue in full force and effect.

This power of attorney shall remain in full force and effect and shall not be affected by disability, incompetency, or incapacity of the principal, it being my intent that the power granted herein shall continue without interruption until my death unless previously revoked by me or as otherwise provided by law. Any person dealing with my attorney may rely without inquiry upon his certification that this power of attorney has not been revoked.

I expressly agree that all acts done hereunder in good faith by my attorney, prior to the receipt by my attorney or by any party with whom my attorney has dealt pursuant to this power of attorney of actual notice of revocation of this authority, whether by my death or otherwise, shall be binding upon me and upon my heirs and legal representatives.

No person relying upon this power of attorney in good faith and without actual notice of revocation of this authority shall incur any liability to me or my estate as a result of permitting my attorney to exercise any power or discretion on my behalf granted herein.



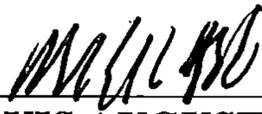
In the event that KAREN DEAN RICE shall resign, become incompetent, or otherwise fail or cease to serve as my attorney for healthcare decisions, then I do hereby designate and appoint **STEPHEN LOUIS JUNEAU**, as my alternate attorney for healthcare decisions. The alternate attorney shall have the same power as the attorney hereinabove named.

This durable power of attorney revokes and cancels any and all powers of attorney for healthcare decisions, durable or otherwise, which I may have executed prior to the date hereof.

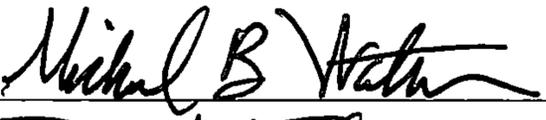
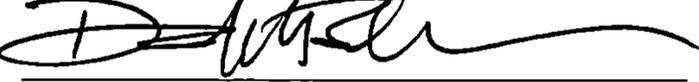
This power of attorney shall be governed by the laws of the State of Alabama and shall be effective from and after the date of execution hereof.

Reproductions of this executed original shall be deemed to be original counterparts of this power of attorney.

In Witness Whereof, I have signed this power of attorney for healthcare decisions this 11th day of December 2019.

  
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**LOUIS AUGUST JUNEAU III**

**WITNESSES:**

  
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**STATE OF ALABAMA     )**  
**JEFFERSON COUNTY    )**

I, the undersigned, a notary public in and for said County and State, hereby certify that **LOUIS AUGUST JUNEAU III**, whose name is signed to the foregoing power of attorney, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he or she executed the same voluntarily on the day the same bears date.

Given under my hand this 11th day of December 2019.

  
\_\_\_\_\_  
**Notary Public**  
**My Commission Expires: 6/10/23**

