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Shelby Cnty Judge of Probate, AL
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STATE OF ALABAMA
COUNTY OF Shelby

**Durable Power of Attorney and Authority to Access Health Information of
(CLIENT NAME)**

Willie Jean Johnson

KNOW ALL MEN BY THESE PRESENTS that I, Sean Johnson of Harpersville in Shelby Co Alabama, do hereby make, constitute and appoint Donita Johnson of Vincent Ala AND [REDACTED] as my Attorney-in-Fact, for me and in my name, place and stead, and on my behalf, to do, perform and execute the acts I have authorized, and I grant to him/her every power necessary to carry out the purposes for which this power is granted, hereby ratifying and affirming that which (s)he or his/her substitute shall lawfully do or cause to be done by virtue of the rights and powers herein granted.

In the event that the above-named agent is for any reason unable or unavailable to so serve, then I appoint Don Isbell, of Vincent Ala ADDRESS AND PH: [REDACTED] as such Attorney-in-Fact, with the same authority.

This power of attorney shall not be affected by disability, incompetency, or incapacity of the principal.

GRANT OF GENERAL AUTHORITY

I grant my agent general authority to act for me with respect to the following subjects as defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:

If you wish to grant general authority over all of the subjects enumerated in this section you may SIGN here:

Willie Jean Johnson
CLIENT NAME

**OR
(See Below)**

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:

- WJG Real Property as defined in Section 26-1A-204
- WJG Tangible Personal Property as defined in Section 26-1A-205
- WJG Stocks and Bonds as defined in Section 26-1A-206
- WJG Commodities and Options as defined in Section 26-1A-207
- WJG Banks and Other Financial Institutions as defined in Section 26-1A-208
- WJG Operation of Entity or Business as defined in Section 26-1A-209
- WJG Insurance and Annuities as defined in Section 26-1A-210
- WJG Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211
- WJG Claims and Litigation as defined in Section 26-1A-212
- WJG Personal and Family Maintenance as defined in Section 26-1A-213
- WJG Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214
- WJG Retirement Plans as defined in Section 26-1A-215
- WJG Taxes as defined in Section 26-1A-216
- WJG Gifts as defined in Section 26-1A-217

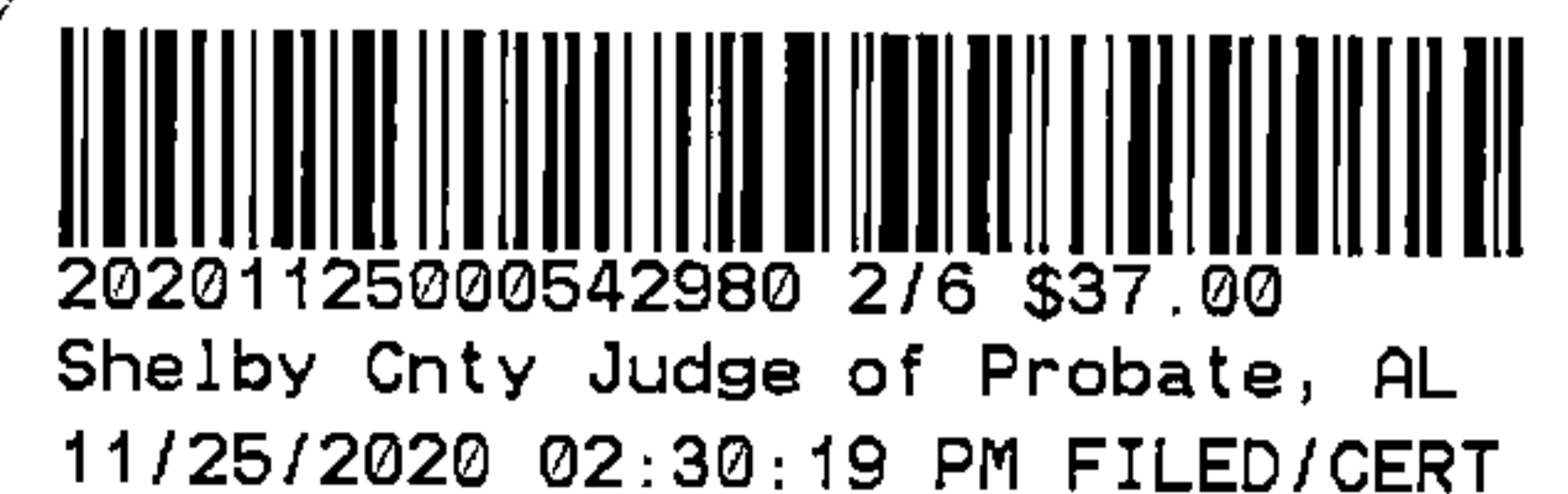
GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

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.)

- WJG Create, amend, revoke, or terminate an inter vivos trust, by trust or applicable law
- WJG 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

(CONTINUED BELOW)



- WJG Create or change rights of survivorship
- WJG Create or change a beneficiary designation
- WJG Authorize another person to exercise the authority granted under this power of attorney
- WJG Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- WJG Exercise fiduciary powers that the principal has authority to delegate

AUTHORITY TO ACCESS HEALTH INFORMATION

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

- WJG Arrange for my care at home or by admitting me to an appropriate facility, and, effective immediately, to serve as my personal representative as that term is used in 45 CFR 164.502 (commonly known as "HIPAA privacy regulations"), and to have the same access to my personal health information as I have myself, including, but not limited to, viewing and obtaining copies of any and all of my personally identifiable medical records of any kind whatever, and consulting with medical providers; and I authorize covered medical Entities to provide such access and to cooperate with my agent under this document, as well as any health care agent or proxy I may appoint; further, my agent appointed herein may make medical decisions for me, consistent with applicable law and with any health care directive I may have in effect at the time decisions may be needed. I do not intend, by this appointment, to prohibit other family members from access to my otherwise private health care information, and I authorize covered entities to provide to any such individuals named in my Advanced Directive or Health Care Power of Attorney the same access to them and cooperation with them to which I am entitled myself.

LIMITATIONS ON AGENT'S AUTHORITY

No agent may 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.

(CONTINUED BELOW)



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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. Section 2041 and 26 U.S.C. Section 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)

Should it ever be necessary, my Power of Attorney agent shall have the authority to establish a Qualifying Income Trust, or "Miller Trust," to qualify me for nursing home Medicaid.

You may give additional special instructions on the following lines. For your protection, if there are no special instructions write NONE in this section.

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.


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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: Bonita n Johnson

Nominee's Address: 57 cornerstone ct
Vincent Ala 35178

Nominee's Telephone Number [REDACTED]

Name of Nominee for guardian of my person: Bonita n Johnson

Nominee's Address: 57 cornerstone ct
Vincent Ala 35178

Nominee's Telephone Number: [REDACTED]

In the event _____ is unable to serve as Conservator or Guardian, I nominate _____ for appointment.

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this Power of Attorney or a copy of it unless that person knows it has terminated or is invalid.

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SIGNATURE AND ACKNOWLEDGMENT

Willie Jean Johnson
CLIENT NAME

Your Signature Date: Willie Jean Johnson

Your Name Printed: Willie Jean Johnson

Your Address: 461 Hwy 62
Harpsville, Ala 35078

Your Telephone Number: [REDACTED]

STATE OF ALABAMA

COUNTY OF Shelby

I, Andrea Danielle Edwards, a Notary Public, in and for the County in this State, hereby certify that **CLIENT NAME**, 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 25 day of November, ~~2018~~ 2020

Andrea Danielle Edwards

Signature of Notary

ANDREA DANIELLE EDWARDS
NOTARY PUBLIC
ALABAMA STATE AT LARGE
COMM. EXP. 08/23/23

(Seal)

My commission expires: 8/23/23



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