

**DURABLE POWER OF ATTORNEY
DESIGNATION OF AGENT**

I, **JOHN D. ATCHLEY**, name the following persons as my agent and alternate agents:

MING CHU ATCHLEY, having an address at 605 Kewanee Drive, Byron, Georgia 31008, or if Ming Atchley is unable, unwilling or unavailable to act then I appoint **CRISTY L. JORDAN**, having an address at 4610 Evandale Way, Cumming, Georgia 30040, as my agent and attorney-in-fact, TO ACT in my name, place and stead in any way which I could do, or if Cristy L. Jordan is unable, unwilling or unavailable to act then I appoint **RYAN ATCHLEY**, having an address at 4314 Silver Peak Parkway, Suwanee, Georgia 30024, as my agent and attorney-in-fact, TO ACT in my name, place and stead in any way which I could if I were personally present, to the extent that I am permitted by law to act through an agent:

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in O.C.G.A. Chapter 6B of Title 10:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "all preceding subjects" instead of initialing each subject.)

Real property

Tangible personal property

Stocks and bonds

Commodities and options

Banks and other financial institutions - to open, move, transfer, close, and/or cash out any investments and/or accounts and/or financial holdings from any institutions, including but not limited to checking, savings, certificates of deposit, investments not otherwise specified, and any and all contents of any safe deposit boxes, as my attorney in fact deems necessary or appropriate

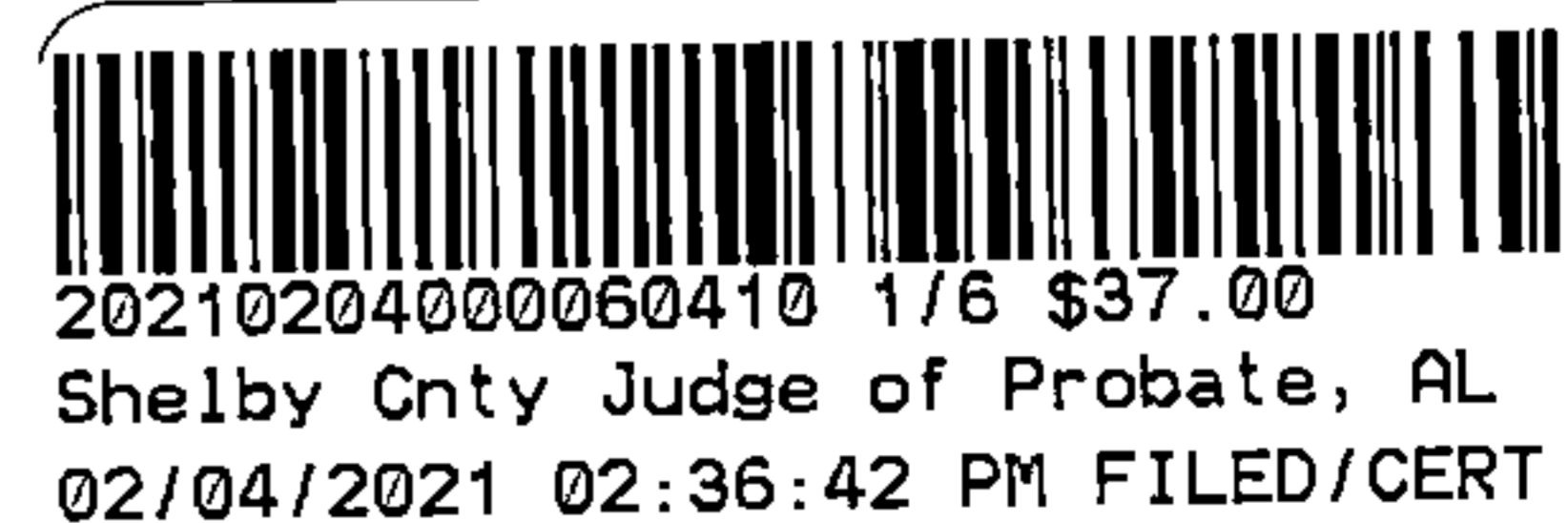
Operation of entity or business

Insurance and annuities

Estates, trusts, and other beneficial interests

Claims and litigation

Personal and family maintenance



- Retirement plans
- Taxes
- All preceding subjects

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 Shelby Cnty Judge of Probate, AL
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GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent SHALL 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 ONLY the specific authority you WANT to give your agent. You should give your agent specific instructions in the Special Instructions when you authorize your agent to make gifts.)

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of O.C.G.A. § 10-6B-56 and any Special instructions in this power of attorney
- Create or change rights of survivorship
- Create or change a beneficiary designation
- Authorize another person to exercise 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
- Access the content of electronic communications
- Exercise fiduciary powers that the principal has authority to delegate
- Disclaim or refuse an interest in property, including a power of appointment

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant SHALL NOT 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.

SPECIAL INSTRUCTIONS (OPTIONAL)

Special Instructions With Regard to Trusts:

- To transfer to the trustee of any revocable or irrevocable trust agreement created

by my attorney-in-fact or me before or after the execution of this instrument, any or all of my cash, property, or interests in property, including any rights to receive income from any source;

() To withdraw and/or receive the income or principal of any trust over which I may have a right of receipt or withdrawal; to request and receive the income or principal of any trust with respect to which the trustee thereof has the discretionary power to make distributions to or on my behalf, and to execute and deliver to such trustee or trustees a receipt and release or similar document for the income or principal so received; and

(*OK*) To take any and all action necessary to establish trusts and to transfer income, in whole or in part, from any source, to an income only trust or Miller Trust (created pursuant to 42 U.S.C. §1396p(d)(4)(B)) for the purpose of enabling me to qualify for any public or private benefits program. If I am married my attorney-in-fact shall have the authority to take any and all action necessary, including transfers and/or assignments of income or assets, to create one or more streams of income for the benefit of my spouse.

Special Instructions With Regard to Gifts:

() To make gifts either outright or in trust (including the forgiveness of indebtedness) of my property to or for the benefit of such persons and organizations as, in the opinion of my attorney-in-fact, would be the donees I might choose, having in mind the resources, both public and private, available for my care after the making of such gifts, and having in mind the objective of preserving the largest amount of my property for my family as a whole. To the extent reasonably possible, my attorney-in-fact shall avoid disrupting the dispositive provisions of my estate plan, whether or not such estate plan is embodied in a will, a trust, non-probate property, or otherwise. In this regard, such gifts shall be limited as follows:

() i. To make gifts in accordance with the dispositive provisions of my Will and/or Living Trust or, if my attorney-in-fact is unable to make gifts exactly in accordance with the dispositive provisions of my Will and/or Living Trust, then as close as is practical.

() ii. Except as may be required for my qualification for public benefits as hereinafter discussed, my attorney-in-fact shall not make any gifts, which are not excluded from gift tax by my federal gift tax annual exclusion, and this annual right shall be non-cumulative and shall lapse at the end of each calendar year.

() iii. To make gifts without limitation as to amount in order to facilitate my qualification for government benefits for my long-term health care and nursing home needs. Such gifts shall be irrevocable, and my attorney-in-fact is authorized to make such gifts so long as my long-term care is reasonably provided for by my attorney-in-fact from the assets subject to this Power or otherwise, during the time period I would be disqualified from receiving long-term care and/or medical assistance under the State of Georgia Medicaid program, Veterans program, or other public assistance program. Any gifts made pursuant to this subsection may be made to any individual who would take my assets pursuant to my then-existing testamentary plan, or, if I have no existing testamentary plan, according to the Intestacy Laws of the State of



Georgia. Any gifts may be made outright or in trust. Any gifts made pursuant to this subsection by my attorney-in-fact may also include a gift to my attorney-in-fact.

() iv. To make gifts to himself or herself under this Section, notwithstanding the fact that my attorney-in-fact is a fiduciary under this instrument.

Special Instructions With Regard to Taxes:

(*AK*) To deal with tax authorities, to execute and sign on my behalf any and all Federal, state, local and foreign income and gift tax returns, including estimated returns and interest, dividends, gains and transfer returns, and to pay any taxes, penalties and interest due thereon; to allocate generation-skipping transfer tax exemptions (within the meaning of Section 2642(a) of the Internal Revenue Code) and to make tax elections; to represent me or to sign an Internal Revenue Service Form 2848 (Power of Attorney or Declaration of Representative) or Form 8821 (Tax Information Authorization), or comparable authorization, appointing a qualified lawyer, certified public accountant or enrolled agent (including my attorney-in-fact if so qualified) to represent me before any office of the Internal Revenue Service or any state, local or foreign taxing authority, and to specify on said authorization said types of taxes and years; to receive from or inspect confidential information in any office of the Internal Revenue Service or state, local or foreign tax authority; to receive and deposit, in any one of my bank accounts, or those of any revocable trust of mine, checks in payment of any refund of Federal, state, local or foreign taxes, penalties and interest; to pay by check drawn on any bank account of mine or of any revocable trust of mine and have accounts to permit my attorney-in-fact to draw checks for payment of said items; to execute waivers (and offers of waivers) of restrictions on assessment or collection of deficiencies in taxes and waivers of notice of disallowance of a claim for credit or refund; to execute consents extending the statutory period for assessment or collection of such taxes; to execute offers in compromise and closing Agreements under Section 7121 or comparable provisions of the Internal Revenue Code or any Federal, state, local or foreign tax statutes or regulations; to delegate authority or to substitute another representative for any one previously appointed by me or my attorney-in-fact; and to receive copies of all notices and other written communications involving my Federal, state, local or foreign taxes at such address as my attorney-in-fact may designate.

Special Instructions With Regard to Medical Information:

(*AK*) In addition, I authorize my agent to request, receive, obtain and review, and be granted full and unlimited access to, and consent to the disclosure of unredacted copies of any and all health, medical and financial information and any information or records referred to 45 C.F.R. Sec. 164.501 and regulated by the Standards of Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that the information contained in my health and medical records may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol or drug abuse addiction. I understand that I may have access to or receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I further understand that authorizing the disclosure of this health

receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies on this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure. I authorize my agent to execute on my behalf any releases or other documents that may be required in order to obtain this information.

EFFECTIVE DATE

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

NOMINATION OF CONSERVATOR (OPTIONAL)


If it becomes necessary for a court to appoint a conservator of my estate, I nominate the following person(s) for appointment:

MING CHU ATCHLEY, having an address at 605 Kewanee Drive, Byron, Georgia 31008, or if Ming Atchley is unable, unwilling or unavailable to act then I appoint **CRISTY L. JORDAN**, having an address at 4610 Evandale Way, Cumming, Georgia 30040, or if Cristy L. Jordan is unable, unwilling or unavailable to act then I appoint **RYAN ATCHLEY**, having an address at 4314 Silver Peak Parkway, Suwanee, Georgia 30024, as my Conservator.

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 has actual knowledge it has terminated or is invalid. This power of attorney is not terminated by the principal's incapacity.

SIGNATURE AND ACKNOWLEDGMENT

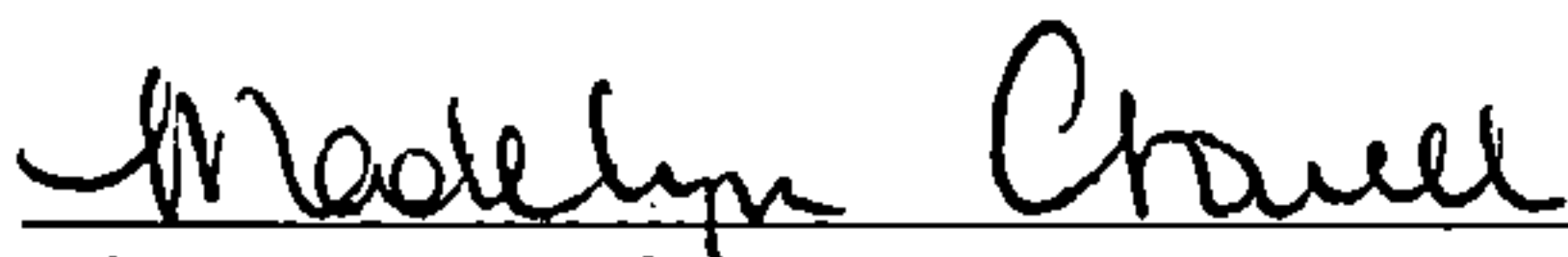


JOHN D. ATCHLEY
605 KEWANEE DRIVE
BYRON, GEORGIA 31008

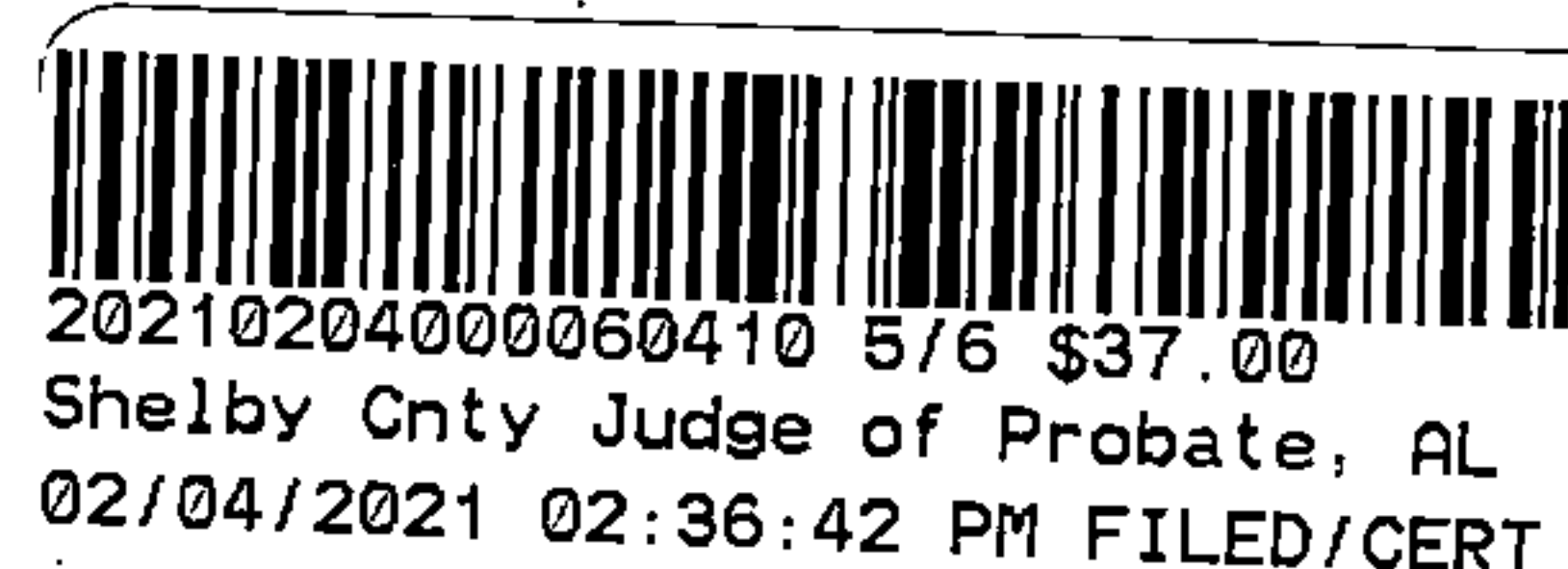
Aug
20, 2023

Date

This document was signed in my presence via audio-visual communication technology pursuant to Executive Order 04.09.10.01 on 8/3/2020 by **JOHN D. ATCHLEY**.



Signature of Witness
Name Madelyn Crowell
Address: 905 Jernigan Street
Perry, GA 31069
Telephone No.: 478-988-0238



This document was signed in my presence via audio-visual communication technology pursuant to Executive Order 04.09.10.01 on Aug 3, 2020 by **JOHN D. ATCHLEY**.

Rebecca C. Moody
Signature of Witness
Name Rebecca C. Moody
Address: 905 Jernigan Street
Perry, GA 31069
Telephone No.: 478-988-0238

STATE OF GEORGIA
COUNTY OF HOUSTON

I, Sharon Heard, a notary public residing in the County and State aforesaid certify that **JOHN D. ATCHLEY**, and the aforesaid witnesses, all of whom are personally known to me, this day appeared before me by means of audio-video communication technology, we all being able to see, hear and communicate at the same time, and we, at the Grantor's request and being able to see, hear and communicate with him and all being able to see, hear and communicate with each other, and that the Grantor being duly sworn, did sign, seal and deliver the foregoing power of attorney of his own free will and accord for the purposes therein expressed; and that the aforesaid witnesses, did agree to sign the same as witnesses in the presence of the Grantor, we all being able to see, hear and communicate at the same time, and we, at his request and being able to see, hear and communicate with him and being able to see, hear and communicate with each other, have subscribed our names as witnesses on the date above written.

IN WITNESS WHEREOF I hereunto set my hand and official seal this 3 day of August, 2020.

Sharon Heard
Notary Public
My Commission Expires:

This document prepared by:
Moody & Associates Law Office, LLC
P.O. Box 422
Perry, Georgia 31069

