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STATE OF ALABAMA)

TUSCALOOSA **COUNTY)**

**Durable Power of Attorney and Authority to Access Health
Information**

Of

VERNA LYNN HARKEY

KNOW ALL MEN BY THESE PRESENTS that I, VERNA LYNN HARKEY
of TUSCALOOSA in TUSCALOOSA County,
Alabama, do hereby make, constitute and appoint
TERESA LYNN HANVEY of ALABASTER, in
SHELBY County, Alabama, phone number , 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, including the powers of revocation and substitution,
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.

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

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 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:

Verna Lynn Harkey

(Signature of Principal)



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OR

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

_____Commodities and Options as defined in Section 26-1A-207

_____Banks and Other Financial Institutions as defined in Section 26-1A-208

_____Operation of Entity or Business as 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

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

_____Personal and Family Maintenance as defined in Section 26-1A-213

_____Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214

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

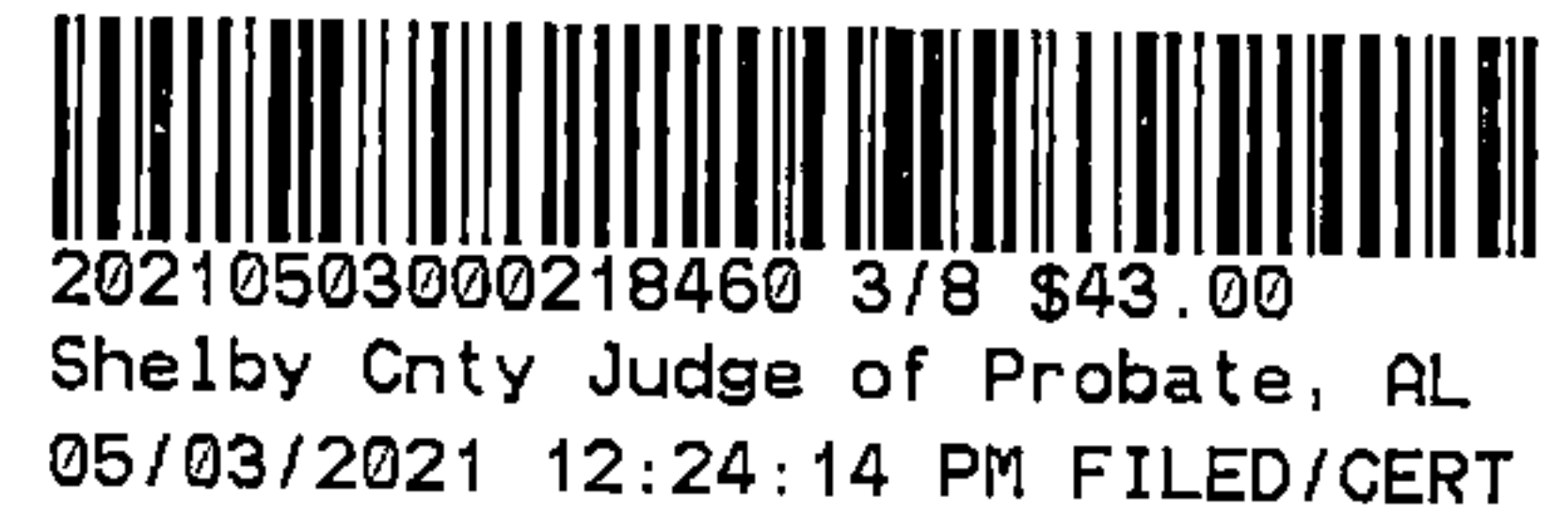
_____Taxes as defined in Section 26-1A-216

_____Gifts as defined in Section 26-1A-217

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.)

_____ 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

_____ 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

_____ 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:

VS 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



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otherwise private health care information, and I authorize covered entities to provide to TERESA LYNN HANVEY, the same access to them and cooperation with them to which I am entitled myself.]

LIMITATIONS ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a per-son to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

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)

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

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:



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Name of Nominee for [conservator or guardian] of my estate:

Nominee's Address:

Nominee's Telephone Number: _____

Name of Nominee for [guardian] of my person:

Nominee's Address:

Nominee's Telephone Number: _____

EFFECTIVE DATE

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

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.

SIGNATURE AND ACKNOWLEDGMENT



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Verna Lynn Harkey

(Signature of Principal)

Your Signature Date: 12/15/21

Your Name Printed: VERNA LYNN HARKEY

Your Address: 1227 Misty Lane Tuscaloosa, AL 35405

Your Telephone Number: [REDACTED]

STATE OF ALABAMA

TUSCALOOSA COUNTY

I, Cynthia Herndon, a Notary Public, in and for the County in this State, hereby certify that Verna Lynn Harkey, 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 15th day of Dec., 2021.

Cynthia Herndon

(Seal, if any)

Signature of Notary

My commission expires: 6/15/2021





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**AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF
ATTORNEY AND AGENT'S AUTHORITY**

STATE OF ALABAMA

COUNTY OF TUSCALOOSA

I, TERESA LYNN HANVEY (Name of Agent),
certify under penalty of perjury that VERNA LYNN HARKEY
granted me authority as an agent or successor agent in a power of attorney
dated _____.

I further certify that to my knowledge:

(1) the Principal is alive and has not revoked the Power of Attorney or my
authority to act under the Power of Attorney and the Power of Attorney and
my authority to act under the Power of Attorney have not terminated;

(2) if the Power of Attorney was drafted to become effective upon the
happening of an event or contingency, the event or contingency has
occurred;

(3) if I was named as a successor agent, the prior agent is no longer able or
willing to serve; and

(4) _____

SIGNATURE AND ACKNOWLEDGMENT

12-15-17 Teresa Lynn Hanvey

Agent's Signature Date:

12-15-17

Agent's Name Printed:

TERESA LYNN HANVEY

Agent's Address:

131 Kingsley Court Alabaster, AL 35007

Agent's Telephone Number:

[REDACTED] or [REDACTED]

This document was acknowledged before me on

12/15/17

(Date)

by TERESA LYNN HANVEY

(Name of Agent)

[Signature]

(Seal, if any)

Signature of Notary

My commission expires: 01/15/2021

