

## ALABAMA STATUTORY FORM POWER OF ATTORNEY

### Important Information

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the **Alabama Uniform Power of Attorney Act**, Title 26, Chapter 1A of the Code of Alabama.

This power of attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney **becomes effective immediately** unless you state otherwise in the Special Instructions.

**If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.**

### DESIGNATION OF AGENT

I, **RICHARD C. ABEL**, name the following person as my agent:

Name of Agent: my sister **LYNDA A. WHEAT**

Agent's Address: 6504 Bridgewater Way, Unit 304, Panama City Beach, FL. 32407

Agent's Telephone Number: [REDACTED]

### DESIGNATION OF SUCCESSOR AGENTS

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: my niece **GINGER M. WALKER**

Successor Agent's Address: 168 Mill Creek Crossing, Madison, AL 35758

Successor Agent's Telephone Number: [REDACTED]

**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, Title 26, Chapter 1A of the Code of Alabama:

**(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
- (  ) Operation of Entity or Business
- (  ) Insurance and Annuities
- (  ) Estates, Trusts, and Other Beneficial Interests
- (  ) Claims and Litigation, including against previous Agents under any Power of Attorney
- (  ) Personal and Family Maintenance
- (  ) Benefits from Governmental Programs or Civil or Military Service
- (  ) Retirement Plans
- (  ) Taxes
- (  ) **All Preceding Subjects**

**GRANT OF SPECIFIC AUTHORITY**

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 ONLY the specific authority you WANT to give your agent.)**

- (  ) Amend, revoke, or terminate an inter vivos trust.
- (  ) Make a gift, subject to the limitations of the Alabama Uniform Power of Attorney Act, §26-1A-217, 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 my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.
- (  ) Exercise fiduciary powers that I have authority to delegate.
- (  ) Access the content of electronic communications.
- (  ) 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 MAY 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**

- (1) Exercise all powers I may have over any digital device, digital asset, user account and electronically stored information, including any user account and digital asset that currently exists or may exist as technology develops, whether the same is in my own name or that I own or lawfully use jointly with any other individual (such accounts shall include, without limitation, electronic banking accounts, "cryptocurrency" accounts, electronic investment accounts, debt management accounts, automatic bill payment directives, and social media accounts). Such powers include, but are not limited to, changing and circumventing my username and password to gain access to such user accounts and information; accessing any of my passwords or other electronic profile data from applicable electronic record host entities; transferring or withdrawing funds or other digital assets among or from such user accounts; opening new user accounts in my name; all as my agent determines is necessary or advisable to effectively conduct my personal and financial affairs, to discharge any and all obligations I may owe and to maintain my public reputation. I hereby give my lawful consent and fully authorize my agent to access, manage, control, delete and terminate any electronically stored information and communications of mine to the fullest extent allowable under the federal Electronic Communications Privacy Act of 1986, 18 USC 2510 et seq., as amended from time to time, the Revised Uniform Fiduciary Access to Digital Assets Act and any other federal, state or international law; and, to take any actions I am authorized to take under all applicable terms of service, terms of use, licensing and other account agreements or laws. To the extent a specific reference to any federal, state, local or international law is required in order to give effect to this provision, I specifically provide that my intention is to so reference such law, whether such law is now in existence or comes into existence or is amended after the date of this document.
- (2) My agent has the power and authority to request, review, and receive, to the extent I could do so individually, any information, verbal or written, regarding my physical or mental health, including, but not limited to, my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164. I hereby authorize any physician, health care 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 mental health condition. This authority given my agent shall supersede any other agreement which I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. This authority given my agent shall be effective immediately, 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.

- (3) My agent has the power and authority to create an irrevocable trust, to name the Trustees and successor Trustees of such irrevocable trust, and to fund such irrevocable trust with all or any assets of mine or other interests in property which are capable of being held in said trust, including those assets which may then be held in a revocable trust for my benefit. **This authority includes the power to create and fund a trust which may qualify me for Medicaid.** My Agent may serve as the Trustee of the trust. My Agent shall have the power to exercise whatever trust powers or elections might be necessary.
- (4) My agent(s) shall be entitled to compensation for services in handling my financial affairs; in addition, my agent(s) shall also be entitled to reimbursement from my assets for reasonable expenses incurred on my behalf.
- (5) I revoke all prior General Powers of Attorney that I may have executed and I retain the right to revoke or amend this document and to substitute other agents in place of the agent herein named. Amendments to this document shall be made in writing by me personally (not by my agent) and they shall be attached to the original of this document and recorded in the same county or counties as the original if the original is recorded.

## **NOMINATION OF CONSERVATOR**

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

Name of nominee for conservator of my estate:

(RA) my Agent named above

## **CONTINUING EFFECT**

This is a "durable" power of attorney and the authority of my agent shall not terminate if I become disabled or incapacitated or in the event of later uncertainty as to whether I am dead or alive. It shall also not be affected by lapse of time.

**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**

*R. Abel*

April 30, 2021.

**RICHARD C. ABEL**

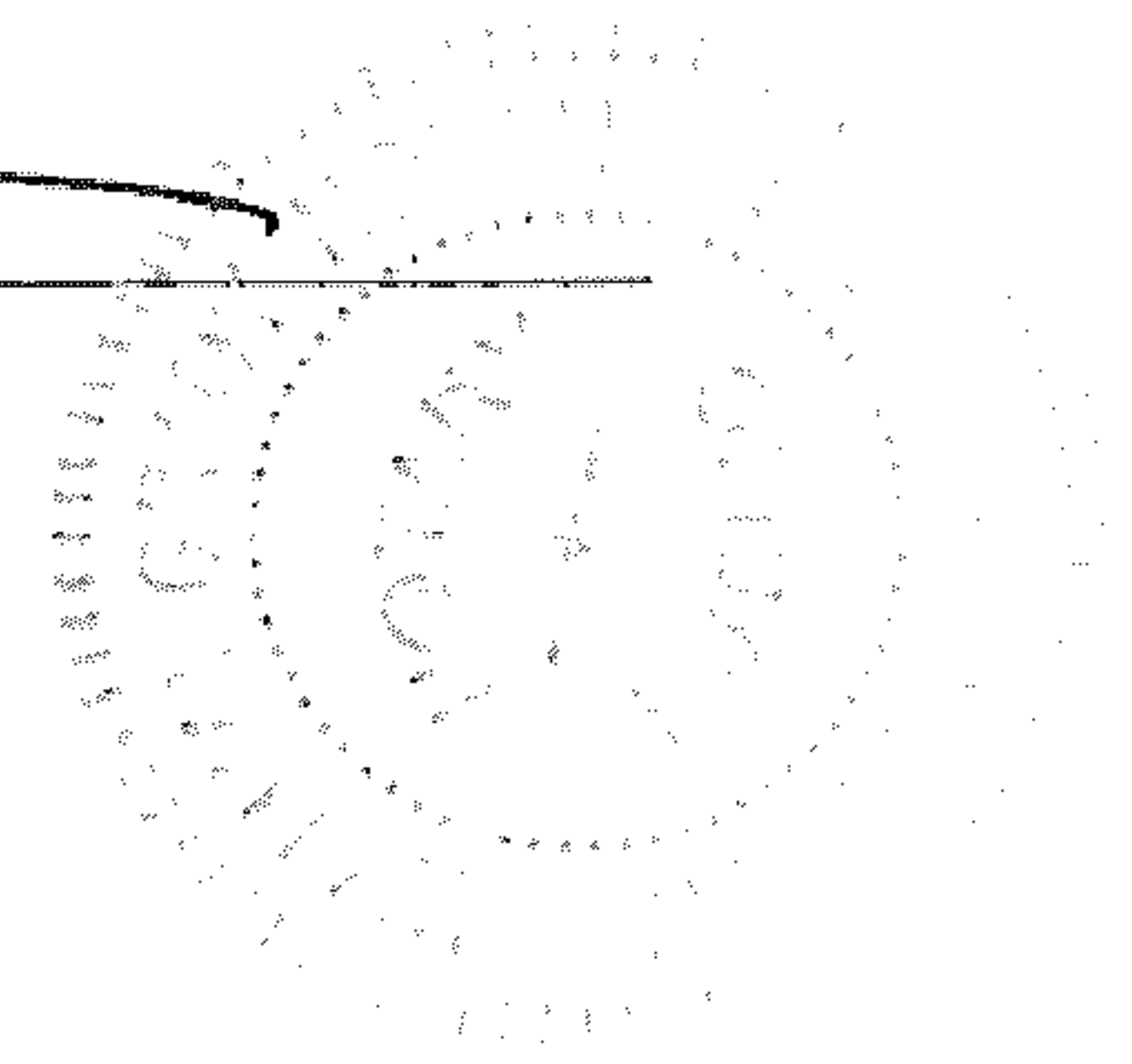
235 Inverness Center Drive, #223  
Birmingham, Alabama 35242

STATE OF ALABAMA )  
 ) ss.  
COUNTY OF SHELBY )

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that RICHARD C. ABEL, whose name is signed to the foregoing, and who is known to me, acknowledged before me on this day that, being informed of the contents of the foregoing, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this the 30 day of April, 2021.

*[Signature]*  
\_\_\_\_\_  
NOTARY PUBLIC



My commission expires:

**WILLIAM GRADY NOLAN**  
NOTARY PUBLIC, ALABAMA STATE AT LARGE  
MY COMMISSION EXPIRES JAN. 15, 2025



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
05/03/2021 01:36:30 PM  
\$34.00 CHERRY  
20210503000218750

*Allie S. Boyd*