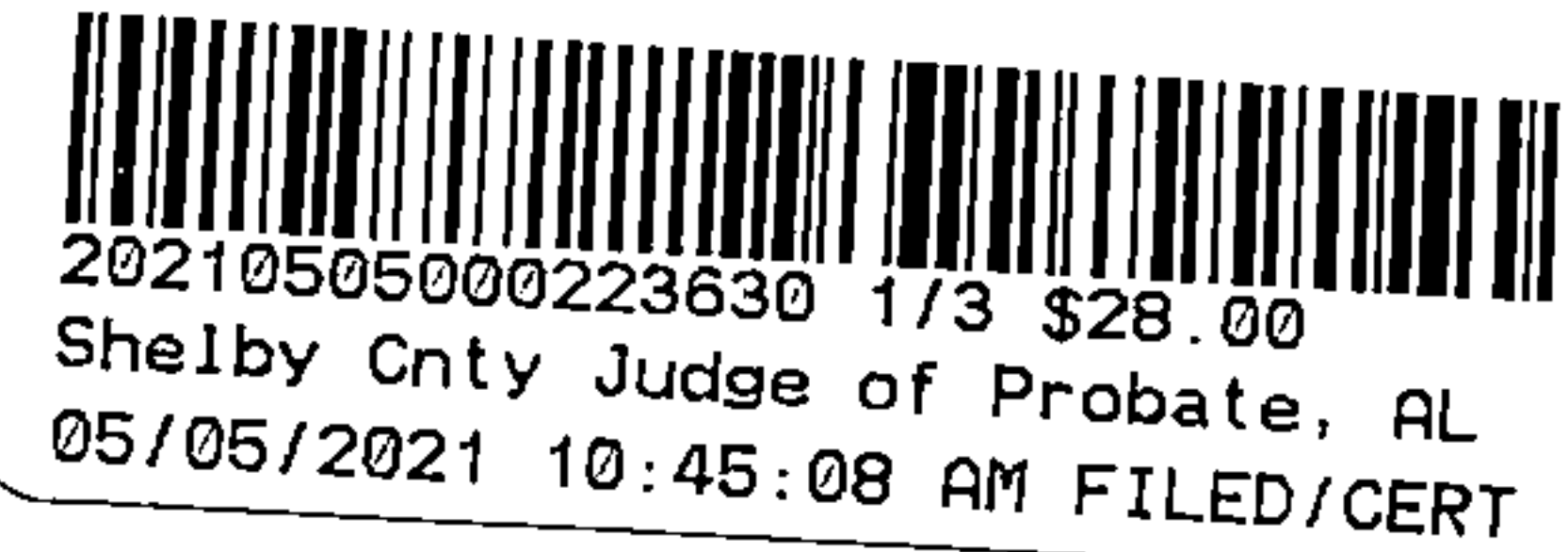


DURABLE POWER OF ATTORNEY

STATE OF ALABAMA §
 §
SHELBY COUNTY §



I, ROMAINE MILLFORD GOINS, residing at 823 Greystone Highlands Drive, Birmingham, AL 35242, hereby appoint SUZETTE WAGNER MOLLICA of 823 Riverchase Parkway West, Hoover, AL 35244, as my attorney in fact ("Agent").

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but shall not be limited to, the power to:

1. Open, maintain, or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions. This power shall include the right to

a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.

b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury securities.

c. Have access to any safety deposit box that I might own, including its contents.

2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.

3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.

4. Take any and all legal steps necessary to collect any amount or debt owed to me or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.

5. Enter into binding contracts on my behalf.

6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.

7. Maintain and/or operate any business that I may own.

8. Employ professional and business assistants as may be appropriate including attorneys, accountants, and real estate agents.

9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I may own in the future.

10. Prepare, sign, and file documents with any governmental body or agency including, but not limited to, authorization to:

a. Prepare, sign, and file income and other tax returns with federal, state, and local and other governmental bodies.

b. Obtain information or documents from any government or its agencies and negotiate, compromise, or settle any matter with any such government or agency (including tax matters).

c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

11. Make gifts from my assets to any members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving.

12. Transfer any of my assets to the trustee of any revocable trust created by me if such trust is in existence at the time of such transfer.

13. Disclaim any interest which might otherwise be transferred or distributed to me from any person, estate, trust, or other entity as may be appropriate.

My Agent shall have the power to make health care decisions for me if and when I am unable to make my own health care decisions. This power shall include, but not be limited to, the power to consent to giving, withholding or stopping any health care treatment, service, or diagnostic procedure. My Agent also shall have the authority to talk with health care personnel, obtain information, and sign forms necessary to carry out those decisions, as well as to execute authorizations for medical treatment and for the administration of drugs, cosmetic surgery, reconstructive surgery, blood transfusions, and in general for any type of medical treatment administered by any practitioner of the healing arts including, but not limited to, medical doctors, registered nurses, licensed practical nurses, therapists, allied health professionals, home health agencies, psychiatric doctors, and psychologists. My Agent shall have the power to do all such acts and things as fully and effectually in all respects and to all of the same intents and purposes as I myself could do by my own hand or in my own person if present and acting.

It is my intention that this be a durable power of attorney. This power of attorney shall not be affected by my disability, incompetency, or incapacity. It is my intention that the authority conferred shall be exercisable notwithstanding my subsequent disability,

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Shelby Cnty Judge of Probate, AL
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incompetency, or incapacity.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this power of attorney from causing (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this power of attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall not be entitled to any compensation during my lifetime or upon my death for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this power of attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent if I so request or if such request is made by any authorized personal representative or fiduciary acting on my behalf.

This power of attorney shall become effective immediately. This power of attorney shall continue effective until my death. This power of attorney may be revoked by me at any time by providing written notice to my Agent.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this, the 15 day of December, 2020.

[Signature]
NAME

STATE OF Alabama §
§
Shelby COUNTY §

BEFORE ME, the undersigned authority, personally appeared Romaine M. Goins who, being known to me to be the person named in the foregoing instrument, acknowledged that, being informed of the contents, he executed the same freely and voluntarily for the purposes stated therein.



[Signature]
NOTARY PUBLIC
My Commission Expires: Nov. 29, 2021