

STATE OF ALABAMA )  
COUNTY OF SHELBY )

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### DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, which are intended to constitute a Durable Power of Attorney, that I, **CHARLES DENSON KIRTON**, the undersigned, do hereby make, constitute and appoint **SHERRY K JONES OR MICHAEL DENSON KIRTON**, with independent authority to act, as my true and lawful Agent, for me in my name, place and stead, and on my behalf and for my use and benefit, to do, perform and execute all and every act that I may legally do through an Agent, and every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my said Agent shall lawfully do or cause to be done by virtue of the rights and powers herein granted.

My said Agent shall have the power to do any and all acts for me including, but not limited to, the following:

1. To forgive, request demand, recover, collect, receive and hold all sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension, profit sharing, retirement, Social Security, Medicare, Medicaid, insurance and other contractual benefits and proceeds, all documents of title, all property, real or personal, tangible or intangible, and property rights, and demands whatsoever, liquidated or unliquidated, now or hereafter owned by me, or due and owing to me or payable to me, or in which I have or may acquire an interest;
2. To institute, prosecute, defend, compromise, arbitrate and dispose of legal, equitable, or administrative hearings, action, suits, attachments, or other proceedings or otherwise engage in litigation on my behalf;
3. Write checks upon or otherwise withdraw all funds or account balances now or hereafter standing to my credit on the books of any bank, trust company, savings bank or association, federal savings and loan association, or other firm, corporation or association, however organized and wherever situated, whether or not the check or other instrument is drawn to the order of my Agent;
4. Endorse checks drawn to my order, and cash them or deposit them to any account;
5. Collect amounts at any time owed to or payable to me;

6. Enter any safe deposit box that I may own or lease or cancel a lease for a safe deposit box for me or on my behalf;
7. Maintain, repair, improve, manage, insure, rent, lease, sell, convey, purchase, exchange, mortgage, or in any way or manner deal with all or any part of any real or personal property, tangible or intangible, that I may own or have an interest in;
8. To conduct, engage in, and transact any and all lawful business of whatever nature or kind for me, on my behalf, and in my name;
9. Prepare or have prepared any tax returns and estimates of tax, to sign tax returns and to deal with the Internal Revenue Service and the Alabama Department of Revenue or any federal or state taxing authority. The agent is authorized to handle income tax returns (Form 1040), and gift and estate tax returns (Forms 709 and 706). The agent is authorized to sign Internal Revenue Service Form 2848 (Power of Attorney and Declaration of Representative) and to appoint a representative to act on behalf of the principal;
10. Take action with any annuities I own, including but not limited to make partial withdrawals, surrender annuity for cash, appoint or change beneficiaries, or change ownership;
11. Take any action with any life insurance policies I own, including but not limited to, appoint or change beneficiaries, take loans against a policy, cancel or cash in a policy or change ownership of a policy;
12. Manage any IRAs or any similar retirement account I may have, including but not limited to designating primary and alternate beneficiaries, terms of distribution, rollover or any other matter;
13. To engage, employ, compensate, and dismiss agents, clerks, attorneys-at-law, accountants, investment advisers, custodians or other persons as my attorney may deem advisable, to pay such person's reasonable compensation and to determine whether or not to act on the advice of such persons without liability for acting or failing to act;
14. To vote in person or by restricted or unrestricted proxy, to sell or otherwise dispose of, to cause to be registered in the name of a nominee selected by my attorney, and to transfer, redeem, convert or exchange, any security that now belongs to me or may belong to me in the future or in which I may have an interest that may be issued by the United States, any state, agency, county, municipality or other public body, any person or any corporation, trust, association or other entity, whether private or public, and to make, execute and deliver any endorsement or assignment, certification or other document in connection with any security;

15. To transfer and convey to the trustee of any trust I may create for my benefit any of my assets, including without limitation real property, as my attorney may deem appropriate and to direct distributions from such a trust to me or for my benefit in the event I become incapacitated;

16. To create revocable or irrevocable trusts for my benefit or for estate planning purposes and to transfer to such trusts any of my assets;

17. To disclaim, either in whole or in part, any interest or power otherwise passing to me by testate or intestate succession or by inter vivos transfer;

18. To make gifts for estate planning or other purposes, including gifts to my Agent;

19. Execute any and all instruments necessary to carry out any power granted in this Power of Attorney.

Further, my said Agent shall have the power to do any and all acts for me relating to matters involving my health and medical care, including, but not limited to the following:

1. To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;

2. To authorize my admission to or discharge from any hospital, nursing home, residential care, assisted living or similar facility or service;

3. To contract on my behalf for any health care related service or facility, without my Agent incurring personal financial liability for such contracts;

4. To employ and discharge medical, social service, and other support personnel responsible for my care;

5. To authorize or refuse to authorize, any medication or procedure intended to relieve pain;

6. To take any other action necessary to do what I authorize here, including, but not limited to, granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force

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compliance with my wishes as determined by my Agent, or to seek actual or  
punitive damages for the failure to comply;

7. My attorney in fact under this instrument is hereby designated as my "Personal Representative" as defined by 45 CFR 164.502, otherwise known as the Health Insurance Portability and Accountability Act of 1996, as amended, or HIPAA. This "Personal Representative" may view my medical records, execute releases of confidential information from medical providers and insurers or other third parties, and shall be considered my "personal representative for health care disclosure under HIPAA. This authorization and consent to disclosure shall apply whether or not I continue to have the capacity to give informed consent, and is effective immediately. I further consent to and direct covered entities to provide my protected health information to my "personal representative" at any time upon his or her request.

This instrument is to be construed and interpreted as a durable and general power of attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my said Agent.

The rights, powers and authority of my Agent herein granted shall commence and be in full force and effect on the date on which this document is executed and shall remain in full force and effect until my death or until this Power of Attorney is revoked by me in writing. Any action taken in good faith pursuant to the foregoing authority without actual knowledge of my death shall be binding upon me, my heirs, assigns, and personal representatives.

It is my intention, by this document, to provide that the acts of my said Agent, during any period in which I am disabled, incompetent or incapable, shall have the same effect and inure to the benefit of and bind the principal and my successors in interest as if I were competent, not disabled and not incapacitated.

IN WITNESS WHEREOF, as Principal, I have signed this Durable Power of Attorney this 26<sup>th</sup> day of February, 2020, and I have directed that photographic copies of this power be made which shall have the same force and effect as an original.

  
**CHARLES DENSON KIRTON**

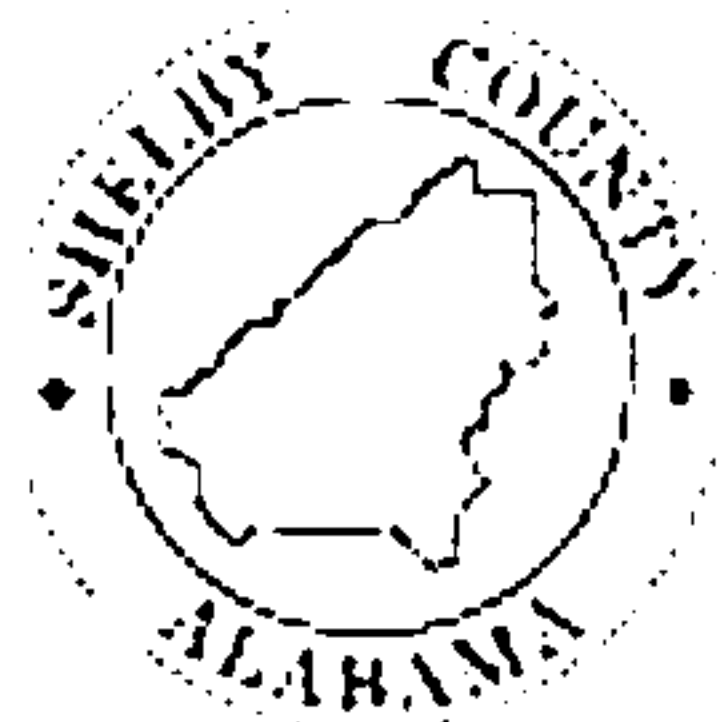
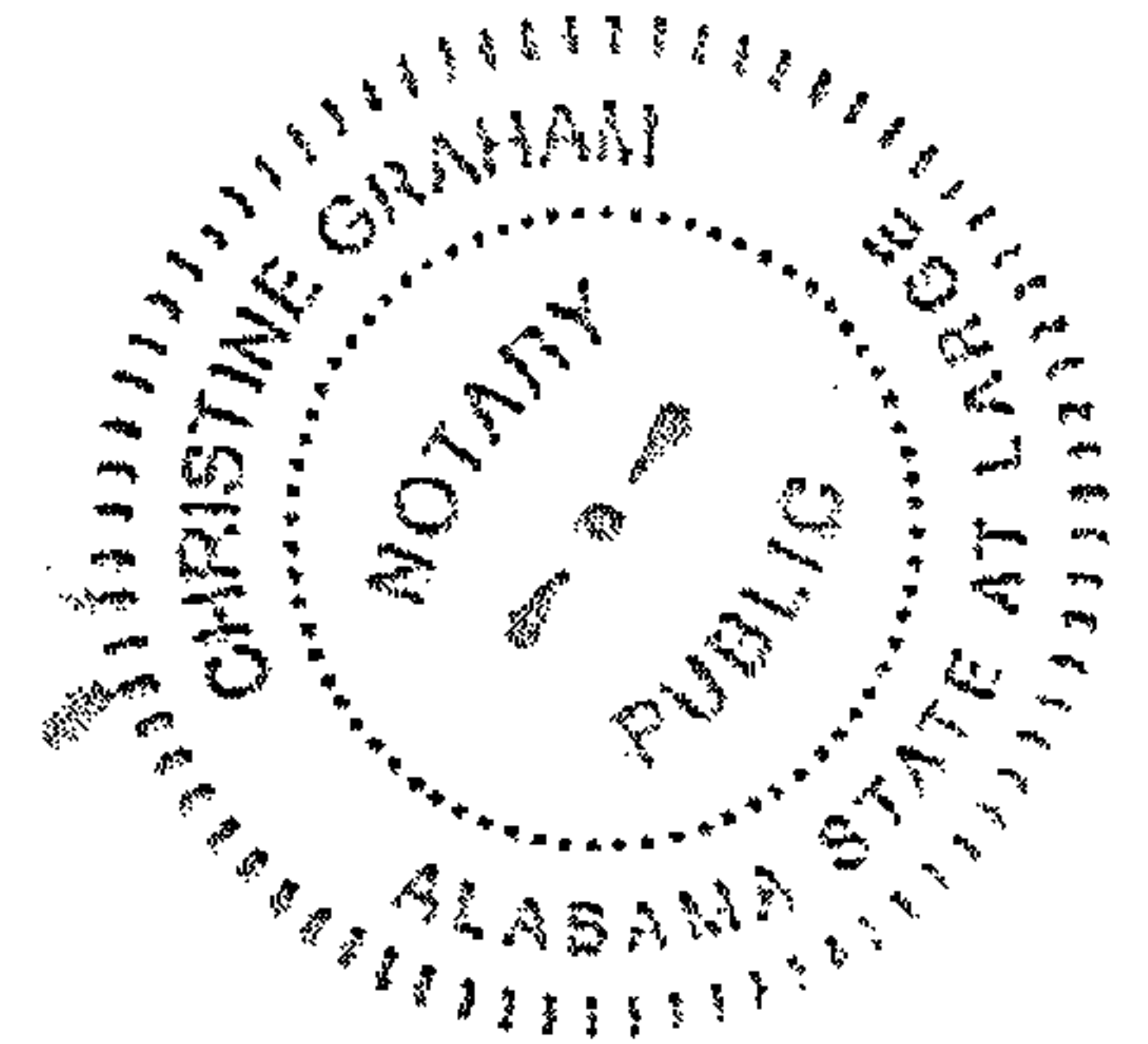
STATE OF ALABAMA )  
SHELBY COUNTY )

I, the undersigned authority, a Notary Public, in and for said County and State, do hereby certify that **CHARLES DENSON KIRTON**, whose name is signed to the foregoing Durable Power of Attorney, and who is known to me, acknowledged before me on this day, that being informed of the contents thereof, he executed the same voluntarily on the day the same bears date.

GIVEN under my hand and official seal on this the 26<sup>TH</sup> day of February, 2020.

*Christine Graham*  
NOTARY PUBLIC

My Commission Expires  
March 8, 2021



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County  
Clerk  
Shelby County, AL  
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*Allie S. Boyd*