

Unlicensed printer. License is needed

STATE OF ALABAMA)
COUNTY OF SHELBY)

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, which are intended to constitute a Durable Power of Attorney, THAT I, James H. Whitman, presently residing in the State of Alabama, and being an adult of sound mind, do hereby appoint Michele Lacey, presently residing in the State of Texas, as my Attorney in Fact, (hereinafter referred to as "Attorney" in fact), to act in my name, place and stead in any way which I could do, if personally present, and on my behalf, and for my use and benefit.

I. Business Provisions:

My Attorney in fact shall have full authority:

1. To exercise or perform any act, power, duty, right or obligation whatsoever that I now have, or may hereafter acquire the legal right, power or capacity to exercise or perform, in connection with, arising from, or relating to any person, item, transaction, thing, business property, real or personal, tangible or intangible, or matter whatsoever;
2. To request, ask, demand, sue for, recover, collect, receive and hold and possess all such manner of goods, chattels, sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposits, annuities, pension and retirement benefits, insurance benefits and proceeds, any and all documents of title, choices in action, personal and real property, intangible and tangible property, and property rights and demands whatsoever, liquidated or unliquidated, as now are, or shall hereafter become, owned by, or due, owing, payable, or belonging to me or in which I have or may hereafter acquire interest, to have, use, and take all lawful means and equitable and legal remedies, procedures, and writs in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to make, execute, acknowledge and deliver for me, on my behalf, and in my name, all endorsements, acquittances, receipts, releases, satisfactions or other sufficient discharges for the same;
3. To make, receive, sign, execute, endorse, acknowledge, accept and deliver and possess in my name or in the name of my Attorney in Fact such applications, contracts, agreements, options, covenants, conveyances, deeds, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, notes, drafts, securities, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts, and deposit instruments, relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan or other institutions or associations, proofs of loss, evidences of debt, releases, and

Unlicensed printer. License is needed

satisfaction of mortgages, liens, judgments, security agreements and other debts and obligations and such other agreements, acknowledgments, certificates or instruments in writing or whatever kind and nature, as my Attorney in Fact may deem proper;

4. To cause securities or other property to be held or registered in the name of a nominee or nominees or in any other form, and to trade, sell, encumber, transfer, bargain and convey any securities or other property at any brokerage firm without restrictions in the complete discretion of my Attorney in Fact;

5. To execute proxies for voting securities or other instruments;

6. To lease, purchase, exchange and acquire and to agree, bargain and contract for the lease, purchase, exchange and acquisition of, and to accept, take, receive and possess any real or personal property whatsoever, tangible or intangible, or any interest thereon, and to execute, acknowledge and deliver all assignments, extensions, satisfactions, releases, contracts, deeds, leases, mortgages, transfers to trusts, and any other agreements, writings and instruments of any nature affecting said property of any nature and wherever situated, on such terms and conditions and under such covenants, which my Attorney in Fact may deem proper;

7. To enter into any agreement to open a safe deposit box at any financial institution with which I may have an account and to do and perform any and all acts in regards the entry into any safe deposit box which I may enter at said financial institution, including, but not limited to, the execution of any documents in regards to entry into any such box, the receipt of and removal of any and all contents of any such box, the execution of any documents needed to officially close out any such box, and the performance of any other activities necessary to enter any such box and remove the contents of any such box;

8. To enter and take possession of any real or personal property, or any part thereof, belonging to me or to which I may be entitled, and to receive and take for me and in my name all or any rents, issues and profits of any real property to me belonging, and to let the same in such manner as my Attorney in Fact shall deem proper;

9. To maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens, mortgage, subject to deeds of trust, hypothecate, and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I now own or may hereafter acquire, for me, in my behalf, and in my name and under such terms and conditions, and under such covenants, as said Attorney in Fact shall deem proper;

10. To purchase, sell, mortgage or convey any interest which I may have in any real estate or personal property which I shall own for such consideration as shall be determined

Unlicensed printer. License is needed

adequate by my Attorney in Fact so long as the proceeds of such transaction are necessary for my care or to accomplish any purposes set forth herein;

11. To commence any actions or proceedings, for the recovery of any real or personal property or for any other purpose, and to prosecute, maintain and discontinue the same as my Attorney in Fact may deem proper;

12. To appear, answer and defend in any actions or proceedings commenced against me, and to compromise, settle and adjust all actions, proceedings, accounts, dues and demands that may exist as my Attorney in Fact shall deem proper;

13. To take all steps and remedies necessary or appropriate for the conduct and management of my business and personal affairs, and for recovering, obtaining and holding all real or personal property including debts, interest, demands, duties, sums of money or any other things whatsoever, as aforesaid that are thought to be due, owing, belonging or payable to me in my own right or otherwise;

14. To do, execute, perform and finish for me and in my name all things which my Attorney in Fact shall deem necessary or appropriate, in and about or concerning my property or any part thereof;

15. To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup, van, motorcycle, or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment;

16. To conduct or participate in any lawful business of whatever nature for me and in my name; to execute partnership agreements and amendments thereto; to incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate or dissolve any business; to elect or employ officers, directors and agents; to carry out the provisions of any agreement for the sale of any business interest or the stock therein; and to exercise voting rights with respect to stock, either in person or by proxy, and to exercise stock options;

17. To waive notice of any hearings, to settle by consent settlement any estate in which I may be a beneficiary or heir at law, and to waive any need for any accountings therein;

18. To make gifts, including property both real and personal, cash or securities, to any other party or to himself or herself, although he or she is acting as Attorney in Fact, as long as such gifts are consistent with my testamentary plan, up to an amount per person equal to the annual exclusion under Internal Revenue Code § 2503(b), or to carry out any plan or pattern of family and/or charitable gifts which have been established or clearly contemplated by me; to make such gifts that may be in excess of the annual exclusion

Unlicensed printer. License is needed

amount, which, in the opinion of counsel for my Attorney in Fact, my Attorney in Fact would be permitted to make, and which would be considered advisable under the then circumstances to make from my assets as if it were my guardian or conservatorship estate, including the making of additions to any then-existing trust or trusts, (whether created by me or others); or to complete any gifts of my property, both real and personal, including cash and securities, to any one of my lineal descendants, and to authorize my attorney in fact to make all said gifts to himself or herself pursuant to my testamentary plan;

19. To prepare, sign and file joint or separate income tax returns or declarations of estimated tax for any year or years; to prepare, sign and file gift tax returns with respect to gifts made by me for any year or years; to consent to any gift and to utilize any gift-splitting provision or other tax election; and to prepare, sign and file any claims for refund of any tax; to appear and represent me with regard to, and to take all actions convenient or appropriate in connection with, taxes imposed by any municipal, state, United States or foreign authority relating to any tax liability or refund, abatement or credit (including interest or penalties) due or alleged to be due from or to me or any other person or organization, association or trust for which I am responsible for the preparation, signing, executing, verifying, acknowledging or paying of any tax due or filing of a return or report, including without limitation federal or state income or gift tax, and for such purposes to inspect or receive copies of any tax returns filed by or for me, reports, or other papers or documents, compromises, or adjustments of any and all claims, and to execute Internal Revenue Service forms 2848 and 8821, and any other forms required by the Internal Revenue Service, or any other governmental agency from time to time in regard to the granting of powers of Attorneys, and to name my Attorneys in Fact or any other person as my agent thereunder; to appoint and employ, with or without compensation, accountants, attorneys at law, investment counsel, agents, servants or other persons, including their agents and associates, and to dismiss or discharge the same and to appoint or employ any others in their stead as my true and lawful attorneys, to appear and represent me as to all matters covered by this Power of Attorney, or for any other purpose, including but not limited to appearances before the Treasury Department of the United States, the Tax Court of the United States, United States Court of Claims, or any other court of the United States or the District of Columbia, or any state, municipal or foreign court, and any department or official of the United States government or any state, municipal or foreign government; with full power and authority to such agents and attorneys to do any and all acts convenient or appropriate in connection with such matters, including the specific acts described above, and to substitute attorneys and agents subsequent to the date of such appointment and prior to any revocation thereof, and to delegate and revoke the authority so granted to them; to disclaim interests in property pursuant to the Alabama Uniform Disclaimer of Property Interests Act, as the same may be amended; to file any qualified disclaimers with the Internal Revenue Service under Internal Revenue Code Section 2518, as the same shall be amended;

Unlicensed printer. License is needed

20. To exercise or release powers of appointment in whole or in part and to disclaim or renounce in whole or in part any interest that I might otherwise have as a joint owner, beneficiary, heir or otherwise and in exercising such discretion, my Attorneys in Fact may take into account such matters as shall include but shall not be limited to any reduction in estate or inheritance taxes in my estate, and the effect of such renunciation or disclaimer upon persons interested in my estate and persons who would receive the renounced or disclaimed property;

21. To transfer, assign and convey any property or interest in property, the legal or equitable title to which is in my name, to any trust of which I am the primary beneficiary during my lifetime and under the terms of which I expressly have the power to amend or revoke such trust, and to exercise any right of withdrawal of income and/or principal which I may have pursuant to the terms and conditions of such trust, whether such trust was created before or after the execution of this Power of Attorney;

22. To change the beneficiaries, payable on death designation or transfer on death designation on any insurance policies on my life or any account, banking, securities, brokerage or investments and substitute any lineal descendant, or any trust established for my lineal descendants, as said beneficiary in all instances;

23. To establish and fund an intervivos trust on my behalf;

24. To create, amend, terminate, substitute assets therein and to change trustees in and for any Qualified Income Trust established for my benefit;

25. To irrevocably assign to any Qualified Income Trust created for my benefit any income that shall be paid to me;

26. To create an irrevocable trust for my benefit with the Alabama Family Trust, in whatever form my Attorney in Fact should determine, but in accordance with the rules and regulations of the Alabama Family Trust, and to fund such trust with all or part of my estate as my Attorney in Fact shall determine to be in my best interest;

27. To apply for any public assistance benefits which may be available to me based on my medical and/or financial needs; to appeal any denial of benefits made in my behalf and to request any fair hearings or administrative hearings and present in my behalf any claims and defenses which may be necessary to secure said benefits;

28. To take ownership in my name or personally in the name of my Attorney in Fact, jointly and/or severally, in any accounts, savings, certificates of deposits, checks, drafts, draws, and the proceeds therefrom;

Unlicensed printer. License is needed

29. To 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; and exercise fiduciary powers that I have authority to delegate.

30. To convey to any lineal descendent of mine any interest which I may have in any property, both real and personal, which is considered as an exempt or non-countable resource, as determined by the rules and regulations set forth in the Alabama State Medicaid Agency Administrative Code; and

31. To settle, negotiate, cash out, elect pay-out terms, or change beneficiaries, or transfer ownership in and to any IRA, retirement or pension plan, or annuity which shall appear in my name.

32. In addition to the foregoing, I grant my Attorney-in-Fact and any successor Attorney-in-Fact 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; 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. Such authority shall be construed in accordance with the provisions of Section 26-1A-203.

Health Care Provisions:

1. I grant to my Attorney in Fact full authority to act as my health care proxy and to make decisions for me regarding my health care and direct my physician and other health care providers to follow the instructions of my Attorney in Fact hereunder. In exercising this authority, my Attorney in Fact shall follow my desires as stated in this document or otherwise known to my said Attorney in Fact. In making any decision, my Attorney in Fact shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my Attorney in Fact cannot determine the choice I would want made, then my Attorney in Fact shall make a choice for me based upon what my Attorney in Fact, after consultation with my attending physician, believes to be in my best interests. I implore my Attorney in Fact to continue life sustaining procedures and to refrain from the withdrawal of these treatments.

Unlicensed printer. License is needed

2. I further delegate to my Attorney in Fact the power and authority to select, employ and discharge health care personnel, such as physicians, nurses, therapists, home health care providers and other medical professionals, and to contract in my name and on my behalf for all health care services, including without limitation, medical, nursing and hospital care, as my Attorney in Fact may deem appropriate. I confirm that I shall be and remain personally liable for the payment of all such care and services to the same extent as if I had personally contracted therefor.

3. I further authorize my Attorney in Fact to request, receive and review any information regarding my physical and mental health, including without limitation medical and hospital records; to execute on my behalf any releases or other documents that may be required in order to obtain this information; and to consent to the disclosure of this information. I authorize my Attorney in Fact to execute on my behalf any documents necessary or desirable to implement the health care decisions that my Attorney in Fact is authorized to make pursuant to this document, including without limitation all documents pertaining to a refusal to permit medical treatment, or authorizing the leaving of a medical facility against medical advice, or any waivers or releases from liability required by a physician or health care provider. Accordingly, my Attorney in Fact is authorized as follows:

- a. To 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;
- b. To execute on my behalf any releases or other documents that may be required in order to obtain or review any records or information regarding my physical and mental health;
- c. To authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted living or similar facility or service;
- d. To contract on my behalf for any health care related service or facility on my behalf, without said Attorney in Fact incurring personal financial liability for such contracts;
- e. To select, employ and discharge medical, social service and other support and health care personnel responsible for my care;

Unlicensed printer. License is needed

- f. To make anatomical gifts of part or all of my body for medical purposes, authorize an autopsy, and direct the disposition of my remains, to the extent permitted by law;
- g. 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 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 compliance with my wishes as determined by said Attorney in Fact, or to seek actual or punitive damages for the failure to comply;
- h. To execute on my behalf any documents necessary or desirable to implement the health care decisions that my Attorney in Fact is authorized to make pursuant to this document; and
- i. To direct the health care provider responsible for my care to transfer my care to another health care provider who will comply; and if this authority is thwarted, undermined, or not honored to its fullest extent, to initiate action for battery against such providers.

4. No person, physician, institution or healthcare provider who relies in good faith upon any representations or instructions by my Attorney in Fact shall be liable to me, my estate, my heirs or assigns, for recognizing said Attorney in Fact's authority.

5. It being my intent to be cared for in my home for as long as reasonably and medically possible, I authorize my Attorney in Fact to do all such acts and things as shall be necessary to provide for my care and medical treatment in my home and to avoid my admission to any long-term care facilities; to do all such acts and things as shall be necessary to carry out my wishes including but not limited to providing for the hiring, managing and procuring of medical personnel in caring for me in my home; purchasing convalescent care equipment for my needs at home; and modifying the physical structure of my home in order to accommodate my convalescent care.

II. HIPAA Powers:

1. 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. My Personal Representative may view my medical records, execute releases of confidential information from medical providers and insurers or third parties, and shall be considered my Personal Representative for health care disclosure under HIPAA. This authorization and consent to

Unlicensed printer. License is needed

disclosure shall apply whether or not I continue to have the capacity to give to informed consent, and is effective immediately. I further consent to and direct covered entities to provide my health care information to my Personal Representative at any time upon his/her request.

2. I intend for my Attorney in Fact to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any health care provider or to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164. I authorize:

- (a) Any physician, healthcare 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 Attorney in Fact, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse
- (b) The HIPAA authority given my Attorney in Fact 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.

III. General Provisions:

1. I grant to my Attorney in Fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said Attorney in Fact, or his or her successor or successors, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.

2. To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this Power of Attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims

Unlicensed printer. License is needed

that may arise against such third party by reason of reliance upon this Durable Power of Attorney.

3. No powers granted herein shall constitute a general power of appointment for my Attorney-in-Fact.

4. This instrument is to be construed and interpreted as a 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 said Attorney in Fact.

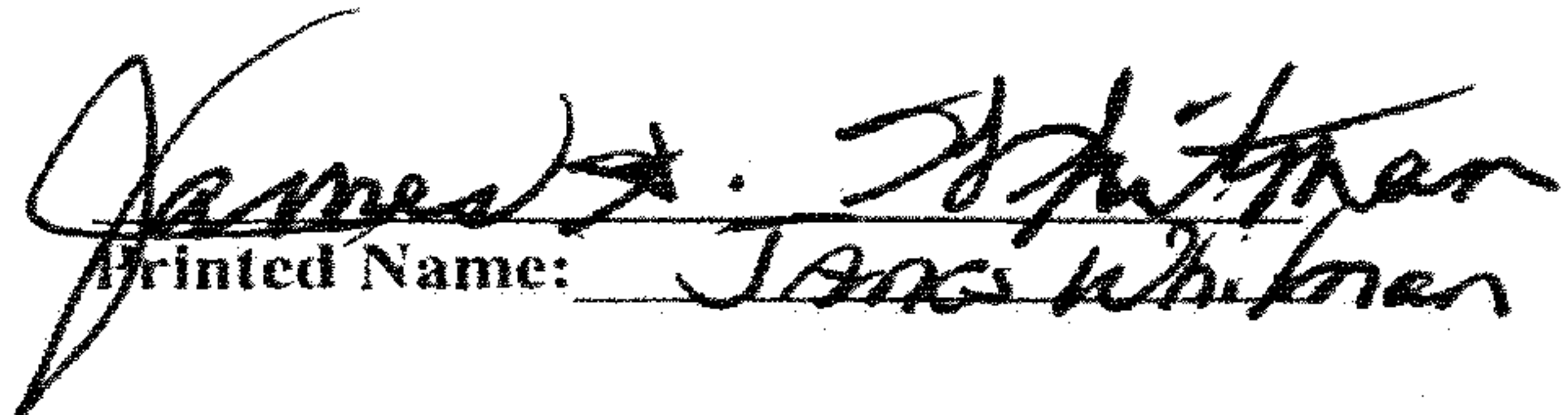
5. *This Durable Power of Attorney shall take effect this the 13 day of September, 2019, and shall continue in existence during any period in which I am incapacitated, incompetent, disabled or otherwise unable to act on my own. This power of attorney shall not be effected by the passage of time.*

6. In the event of the death, resignation, or inability of Michele W. Fries Lacey serve, I appoint Stephanie Bawas to serve as my successor Attorney in fact to act in my name, place and stead with all rights, powers and authority as herein granted to my original Attorney in fact.

7. In the event court proceedings are hereafter commenced to appoint a guardian, conservator, or other fiduciary to take charge of my person, or to manage and conserve my property, I hereby nominate and appoint my above-named Attorney in Fact as my guardian, conservator, or other fiduciary to serve without bond unless otherwise required by a court of competent jurisdiction.

Unlicensed printer. License is needed

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney this 13th day
of September, 2019.


Printed Name: James Whitman

Unlicensed printer. License is needed

WITNESSES

(1) The foregoing instrument was personally executed by the Declarant in my presence, and thereupon I, at the Declarant's request and in the presence of the Declarant and in the presence of the other witnesses, have hereunto subscribed my name as a witness; (2) I did not sign the Declarant's signature above for or at the direction of the Declarant; (3) The Declarant has been personally known to me and I believe the Declarant to be of sound mind and under no constraint, duress, fraud or undue influence; (4) I am not related to the Declarant by blood, marriage or adoption; (5) I am not entitled (to the best of my knowledge and belief) to any portion of the estate of the Declarant according to the laws of intestate succession or under any will or codicil of the Declarant; (6) I do not have any present inchoate claim against any portion of the estate of the Declarant; (7) I do not have any financial responsibility for the medical care of the Declarant; (8) I am not a physician or an employee of any physician, and I am not an operator or employee of, or patient in, any hospital, health care provider, residential care facility, community care facility or similar institution in which the Declarant is a patient; (9) I am not a person named as Attorney in Fact in this instrument; and (10) I and the Declarant are both at least 19 years of age.

Dated: 13th day of September, 20 19

WITNESS:

Steve Whitman
~~Steve Whitman~~

ADDRESS:

1975 Woods River Ln
Duluth, GA 30087

WITNESS:

Stephane Bowers
Steph Bowers

ADDRESS:

1017 Royal Mile
B'ham, AL 35242

Unlicensed printer. License is needed

ACKNOWLEDGMENT

STATE OF ALABAMA)
COUNTY OF JEFFERSON)
SHERBY

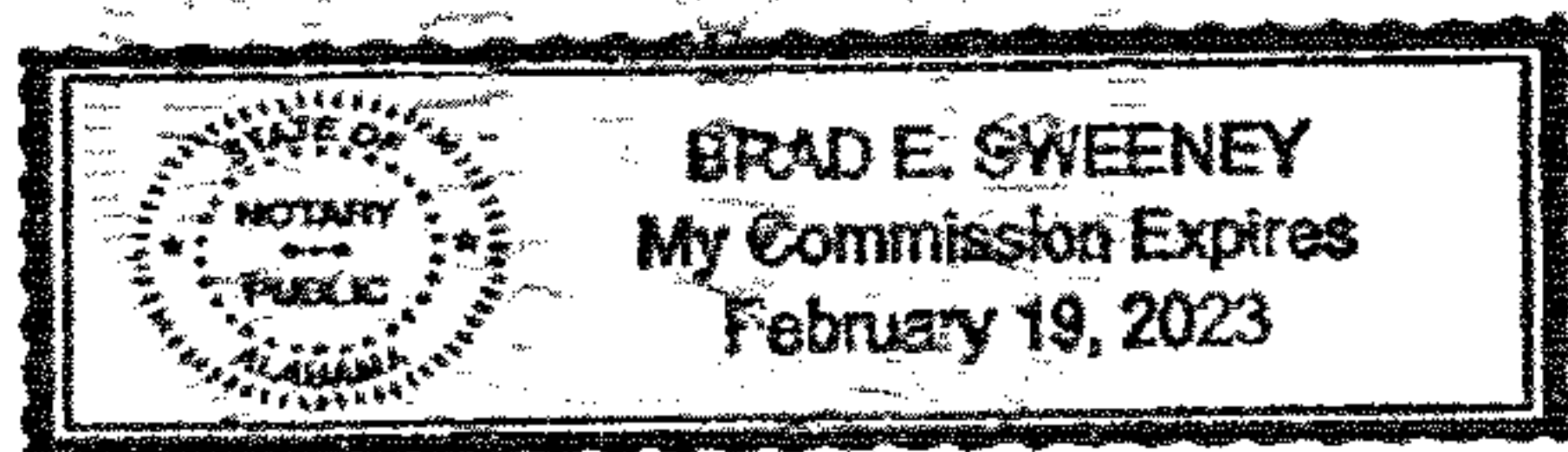
I, the undersigned, a Notary Public, hereby certify that JAMES WHITMAN, whose name is signed to the foregoing Durable Power of Attorney, and who is known to me, acknowledged before me on this day that, being informed of the contents of said Durable Power of Attorney, she executed the same voluntarily on this 13th day of SEPTEMBER, 20 19.

Given under my hand and official seal this 13th day of SEPTEMBER, 20 19.

[Signature]
Notary Public

My commission expires: 02/19/2023

(SEAL)



Unlicensed printer. License is needed

ACCEPTANCE OF ATTORNEY IN FACT

Michelle Lacey, accept the Attorney in Fact designation of the Declarant.

Date: 9/13/19

Michelle Lacey, Attorney in Fact

Address:

77 Karland Dr.
Atlanta GA 30305

I, Stephanie Bowers accept the successor Attorney in Fact designation of the Declarant.

Date: 9/13/19

Stephanie Bowers, Successor Attorney in Fact

Address: 1017 Royal mile
Bham, al. 35242



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
06/09/2021 08:15:32 AM
\$62.00 JOANN
20210609000280900

Allie S. Bayl