

**DURABLE POWER OF ATTORNEY
AND
MEDICAL POWER OF ATTORNEY**

Dated this the 21st day of September, 2007.

I, **RAYMOND KENNETH COLEMAN, JR.**, do hereby appoint **PATRICIA ANN COLEMAN, SHAWN DAVID COLEMAN and NICHOLAS BLAINE COLEMAN**, as my true and lawful Attorneys In Fact, either of whom may act individually or jointly to perform any act, duty right or obligation that I have or in connection with, or arising from, or relating to any person, item, transaction, thing, business, property, real or personal, tangible, or any matter whatsoever.

I grant to said attorney in fact full power and authority to do all and every act and thing required proper, or necessary to be done on my behalf as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my attorney in fact or any other substitution or revocation, hereby ratifying and confirming all that my attorney in fact or any other substitute shall lawfully do or cause to be done by virtue of this power of attorney.

This authority shall commence on the date of this instrument and shall continue in full force and effect unless revoked by a written instrument recorded in the Office of the Clerk of the County Commission in the County of my residence. This instrument is to be regarded as creating a Durable Power of Attorney under the provision of the Uniform Durable Power of Attorney as set forth in West Virginia Code 39-4-1, and therefore this power of attorney shall not be affected by my subsequent disability or incapacity.

This appointment shall extend to (but not be limited to) decisions relating to medical treatment, surgical treatment, nursing care, medication, hospitalization, care and treatment in a nursing home or other facility, and home health care. The representative appointed by this document is specifically authorized to consent to or refuse any and all diagnostic procedures, if my representative determines that I, if able to do so, would consent to, refuse or withdraw such treatment or procedures. Such authority shall include, but not be limited to, the withholding or withdrawal or life-prolonging intervention when in the opinion of two physicians who have examined me, one of whom is my attending physician, such life-prolonging intervention offers no medical hope or benefit.

I appoint this representative because I believe this person understands my wishes and values and will act to carry into effect the health care decisions that I would make if I were able to do so, and because I also believe that this person will act in my best interests when my wishes are unknown. It is my intent that my family, my physician and all legal authorities be bound by the decisions that are made by the representative appointed by this document, and it is my intent that these decisions should not be the subject of review by any health care provider, or administrative or judicial agency.

It is my intent that this document be legally binding and effective, it is my intent that this document be taken as a formal statement of my desire concerning that method by which any health care decisions should be made on my behalf during any period when I am unable to make such decisions.

In exercising the authority under this medical power of attorney, my representative shall act consistently with any special directives or limitations as may be stated here or in any other instrument or declaration executed by me.

THE MEDICAL POWER OF ATTORNEY PORTION OF THIS INSTRUMENT SHALL BECOME EFFECTIVE ONLY UPON MY INCAPACITY TO GIVE, WITHHOLD, OR WITHDRAW INFORMED CONSENT TO MY OWN MEDICAL CARE, BUT THE GENERAL POWERS GRANTED ABOVE ARE EFFECTIVE UPON EXECUTION OF THIS DOCUMENT.

These directives shall supersede any directives made in any previously executed document concerning my health.

Raymond Kenneth Coleman Jr
RAYMOND KENNETH COLEMAN, JR.

I did not sign the principal's signature or assist the principal in affixing his mark herein above. I am at least eighteen years of age and am not related to the principal by blood or marriage. I am not entitled to any portion of the estate of the principal according to the laws of intestate succession of the state of the principal's domicile, or legally responsible for the costs of the principal's medical or other care. I am not the principal's Attending Physician, nor am I their representative or the successor representative or the principal.

WITNESS *Vonya Defibaugh* DATE *9-21-07*

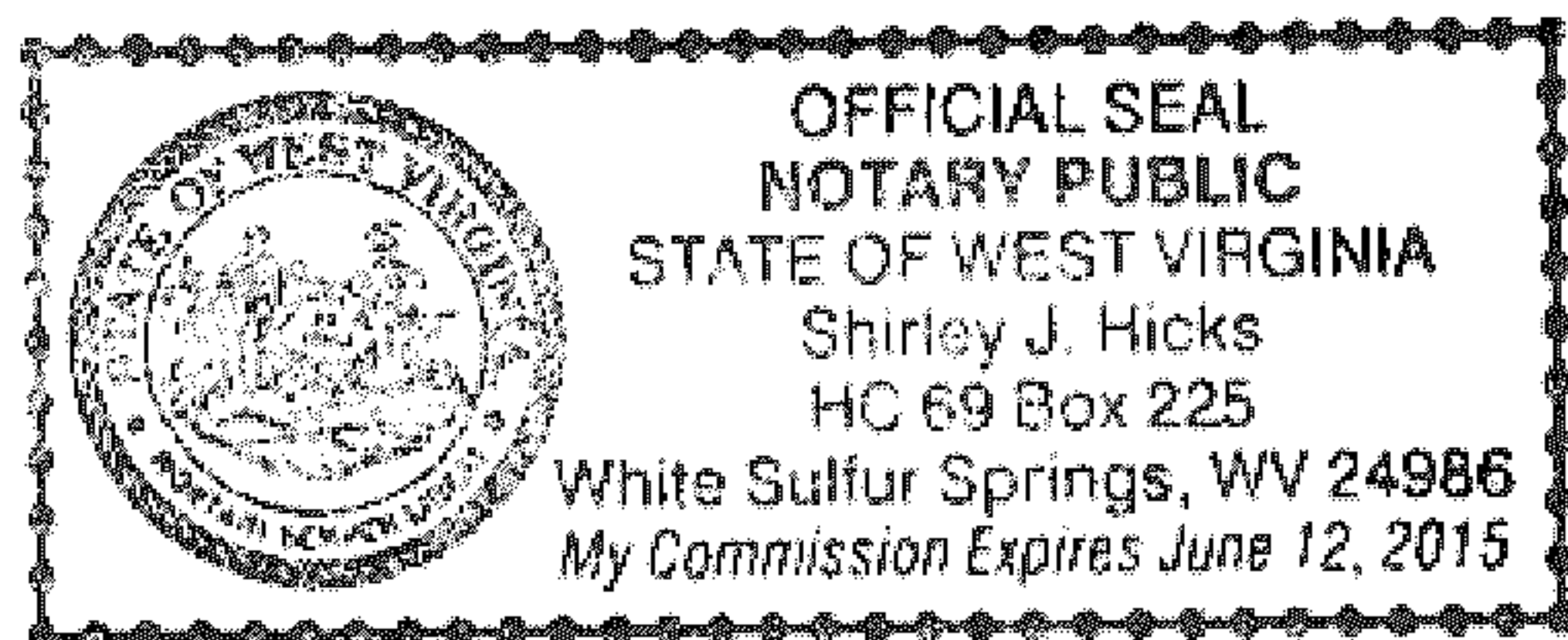
WITNESS *St Zycasone* DATE *9-21-07*

STATE OF WEST VIRGINIA,
COUNTY OF POCAHONTAS, to-wit:

I, *Shirley J. Hicks*, a Notary Public of said County do certify that **RAYMOND KENNETH COLEMAN, JR.**, and acknowledged his signature to the foregoing DURABLE POWER OF ATTORNEY AND MEDICAL POWER OF ATTORNEY, bearing date the *21st* day of *September*, 2007.

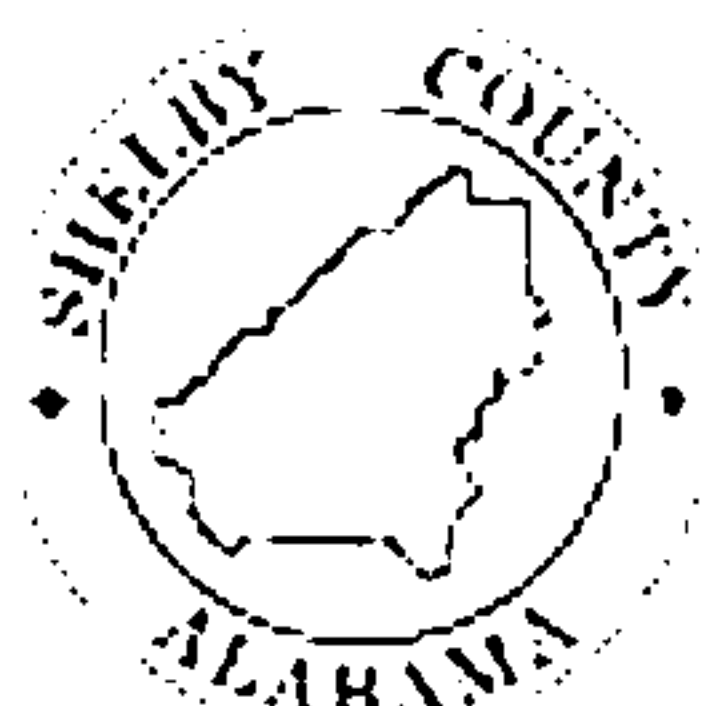
Given unto my hand this the *21st* day of *September*, 2007.

My commission expires *June 12, 2015*.



Shirley J. Hicks
NOTARY PUBLIC

THIS
DURABLE POWER OF ATTORNEY
AND
MEDICAL POWER OF ATTORNEY
WAS PREPARED IN THE OFFICE OF:
MICHAEL C. DOSS
921 TENTH AVENUE
MARLINTON, WV 24954



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
02/16/2022 09:58:11 AM
\$25.00 CHARITY
20220216000067170

Allie S. Beyl