20220222000076010 1/2 $26.00
Shelby Cnty Judge of Probate, AL
02/22/2022 04:20:59 PM FILED/CERT

DURABLE POWER OF ATTORNEY FOR CHILDREN

KNOW ALL MEN BY THESE PRESENTS:

That pursuant to Ala. Code §26-2A-7 that I, **Gabriel S. Whited**, residing at 1050 Little Sorrel Drive, Calera, Alabama hereby make, constitute, and appoint my wife, **Christyn Breanna Whited**, whose date of birth is 1/4/1995 and who resides with me at 1050 Little Sorrel Drive, Calera, AL as my true and lawful attorney, to act in my name, place and stead, to do and execute all or any of the following acts, deeds and things with respect to the care and custody of my children, **Kathryn E. Whited,** whose date of birth is 09/08/2006, and **Emma L. Whited,** whose date of birth is 09/18/2008:

(a) To participate in decisions regarding their education including attending conferences with their teachers or any other educational authorities, granting permission for their participation in school trips and other activities, and making any other decisions and executing any documents pertinent to their education.

(b) To grant permission and consent to my children participating in any activity sponsored by any group, association or organization which activity our Attorney(s)-in-Fact may deem appropriate.

(c) To make health care decisions on behalf of my children, including making decisions regarding their medical or dental care, whether routine or emergency in nature, including admissions to hospitals or other institutions; to consent to, to refuse to consent to, or to withdraw consent to the provision of any care, tests, treatment, surgery, service or procedure to maintain, diagnose or treat a physical or mental condition, as well as the right to sign such medical forms as may be necessary to carry out such decisions; to talk with health care personnel who may be treating our children and to examine their medical records and to consent to the disclosure of such records in circumstances the attorney may deem appropriate; to file claims for medical insurance and to obtain information from any insurance company with respect to any policy of health or medical insurance under which my children are insured; provided however, that my Attorney-in-Fact shall not be required to execute any documents which would involve incurring any personal liability for any such treatment and care, and I affirm that I will be responsible for payment for any such care or treatment consented to by our Attorney-in-Fact which is not covered by insurance.

(d) To generally do and perform all matters and things, to execute all other instruments of every kind which may be necessary or proper to effectuate all powers hereinabove specifically granted, or any other matter or thing appertaining to my children, with the same full powers, and to all intents and purposes, with the same validity as I could, if personally present; and hereby ratifying and confirming whatsoever my said attorney shall and may do, by virtue hereto.

RESTRICTIONS ON POWERS

It is my intention that the person named above shall have all the powers of the heretofore stated, except the power to consent to marriage or adoption, of said child. I further understand that this temporary power of attorney of my parental powers does not relieve me of the primary responsibility of my children.

EFFECTIVE DATE AND TERM

The powers herein granted to my said Attorney-in-Fact shall remain in full force and effect for one full year from the execution of this instrument.

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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. Any party dealing with my Attorney-in-fact during such time shall be fully protected and is hereby discharged, released and indemnified from so doing in respect of any matter relating hereto unless such particular party shall have received prior notice in writing of the revocation of this Power.

EFFECT OF DEATH OR INCAPACITY

This Power of Attorney shall not be affected by my disability, incompetency, or incapacity and may be exercised notwithstanding any such disability, incompetency, or incapacity, nor any uncertainty as to whether I am dead or alive.

IN WITNESS WHEREOF, I have signed this Power of Attorney (Delegation of Powers) on this the 20th day of February, 2022.

Gabriel S Whited

GABRIEL S. WHITED
1050 Little Sorrel Drive
Calera, Alabama

State of Alabama }
County of Shelby }

I, Timothy S. Steele, a Notary Public, in and for the County in this State, hereby certify that **GABRIEL S. WHITED** whose name is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of the contents of the document, he or she executed the same voluntarily on the day the same bears date.

Given under my hand this the 10 day of Feb, 2022

Signature: [signature]

My commission expires: April 30, 2025

THIS INSTRUMENT WAS PREPARED BY:
Timothy S. Steele, Esq.
The Law Firm of Timothy S. Steele, LLC
126 Shore Front Ln
Wilsonville, AL 35186

[signature]
TIMOTHY S. STEELE
Notary Public, Alabama State At Large
My Commission Expires April 30, 2025