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**ALABAMA DURABLE POWER OF ATTORNEY
KAY H. BAGGETT**



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Birmingham, AL 35203

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ALABAMA DURABLE POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney gives power to another person, known as your "agent," to make decisions about your property for you, known as the "principal." Your agent will be able to make decisions and act with respect to your property (including your money) both now and if you lose mental capacity in the future. You can learn more about this area of Alabama law in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975.

Limited Health Care Authority. This power of attorney is designed to comply with the Alabama Uniform Power of Attorney Act. The Act does not authorize the agent to make health care decisions for you. Such powers are governed by other applicable law. This document does, however, allow your agent to admit you to a facility and allow your agent access to your health care information if you choose to make that election in Section IV.

Agent Should Be Someone You Trust. You should select someone you trust to serve as your agent. Your agent must be over nineteen (19) year of age because that is the age of the majority when a person is considered an "adult" in Alabama. Please note, unless you sign a legal document revoking your agent's authority, your agent's authority will continue until you die. Your agent's authority stops only if you revoke this power of attorney, the agent resigns, or the agent is unwilling or unable to act for you if he/she is diagnosed by a physician to be incompetent. If your agent is your spouse, his/her authority terminates upon filing an action for divorce, annulment, or legal separation.

Agent Compensation for Acting on Your Behalf. Your agent is entitled by default to reimbursement of reasonable expenses and reasonable compensation unless you state otherwise in the Special Instructions.

Successor Agent or Co-Agent. This document provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions. If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

Effective Immediately. This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions. The agent accepts appointment by exercising authority or performing duties. The agent does not need to sign any document. A power of attorney is only valid while you are alive. A will, trust, or Alabama laws of intestacy govern your estate after your death.

Questions. If you have questions about the power of attorney or the authority you are granting to your agent, please ask now before executing this document.

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**STATE OF ALABAMA
JEFFERSON COUNTY**

**DURABLE POWER OF ATTORNEY OF
KAY H. BAGGETT**

I, **KAY H. BAGGETT**, of Jefferson County, Alabama, appoint the following Agent and Successor Agents as my Attorney-in-Fact, to act on my behalf and to perform and execute the acts I authorized in this document. I grant to him/her every power necessary to carry out the purposes for which this power is granted.

This power of attorney SHALL NOT be affected by disability, incompetency, or incapacity of the principal for my Agent. My agent has the same power today as he/she will have if I no longer have mental capacity to make decisions about my property.

DESIGNATION OF AGENT

I, **KAY H. BAGGETT**, name the following person as my agent:

Name of Agents: **GERMAINE LESLEY GRAY WARREN and MELANIE BAGGETT KIN.**
My agents shall be able to act jointly or severally.

DESIGNATION OF SUCCESSOR AGENT

If my agent is unable or unwilling to act for me, I name successor agents. These agents shall have authority in the order the names are listed.

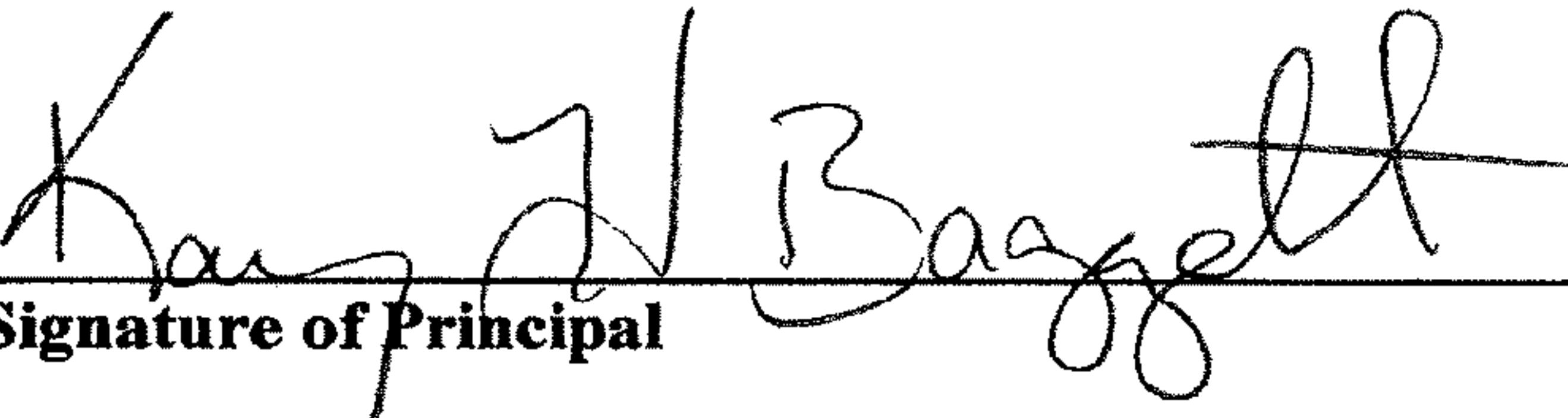
Successor agents shall only be able to exercise this Power of Attorney if my agent renounces his or her role or is diagnosed with an incapacity by a treating physician. The Successor agents shall have access to my medical records to assist in making this determination.

Name of Successor Agent:

JULIANA ALESIA GRAY

I. GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent 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 and listed in Section II of this document.



Signature of Principal

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II. GRANT OF SPECIFIC AUTHORITY

If you wish to grant specific authority over less than all subjects enumerated in this section you must initial by EACH subject you want to include in the agent's authority:

- _____ 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
- _____ Exercise fiduciary powers that the principal has authority to delegate
- _____ 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

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III. GRANT OF ADDITIONAL SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL the specific authority you want to give your agent.

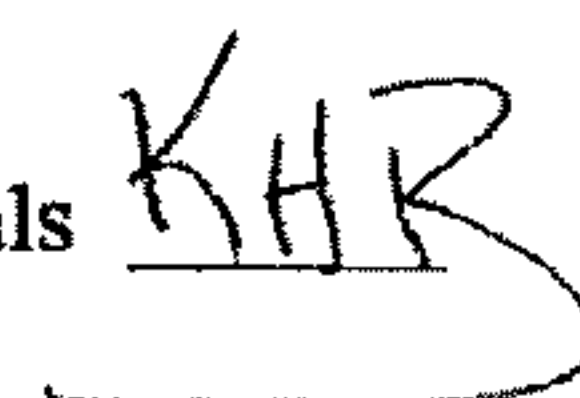
- _____ Create, amend, revoke, or terminate an inter vivos trust, by trust or law
- _____ Make a gift to which exceeds the monetary limitations of Section 26- 1A- 217 of the Alabama Uniform Power of Attorney Act, but subject to any special instructions in this power of attorney
- _____ Create or change rights of survivorship
- _____ Create or change a beneficiary designation
- _____ Authorize another person to exercise the authority in this power of attorney
- _____ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- _____ Exercise fiduciary powers that the principal has authority to delegate

IV. AUTHORITY TO ACCESS HEALTH INFORMATION

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:



Arrange for my care at home or by admitting me to an appropriate facility, and, effective immediately, to serve as my personal representative as that term is used in 45 CFR 164.502 (commonly known as "HIPAA privacy regulations"), and to have the same access to my personal health information as I have myself, including, but not limited to, viewing and obtaining copies of any and all of my personally identifiable medical records of any kind whatever, and consulting with medical providers; and I authorize covered medical Entities to provide such access and to cooperate with my Agent under this document as well as any health care agent or proxy I may appoint; further, my Agent appointed herein may make medical decisions for me, consistent with applicable law and with any health care directive I may have in effect at the time decisions may be needed. I do not intend, by this appointment, to prohibit other family members from access to my private health care information, and I authorize covered entities to provide to my Agent(s), the same access to them and cooperation with them to which I am entitled myself.



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V. SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines. For your protection, if there are no special instructions write NONE in this section.

None

VI. NOMINATION OF CONSERVATOR OR GUARDIAN

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following persons for appointment:

Name of Nominee for Conservator/Guardian of my estate:

GERMAINE LESLEY GRAY WARREN

Name of Successor Nominee for Conservator/Guardian of my estate:

JULIANA ALESIA GRAY

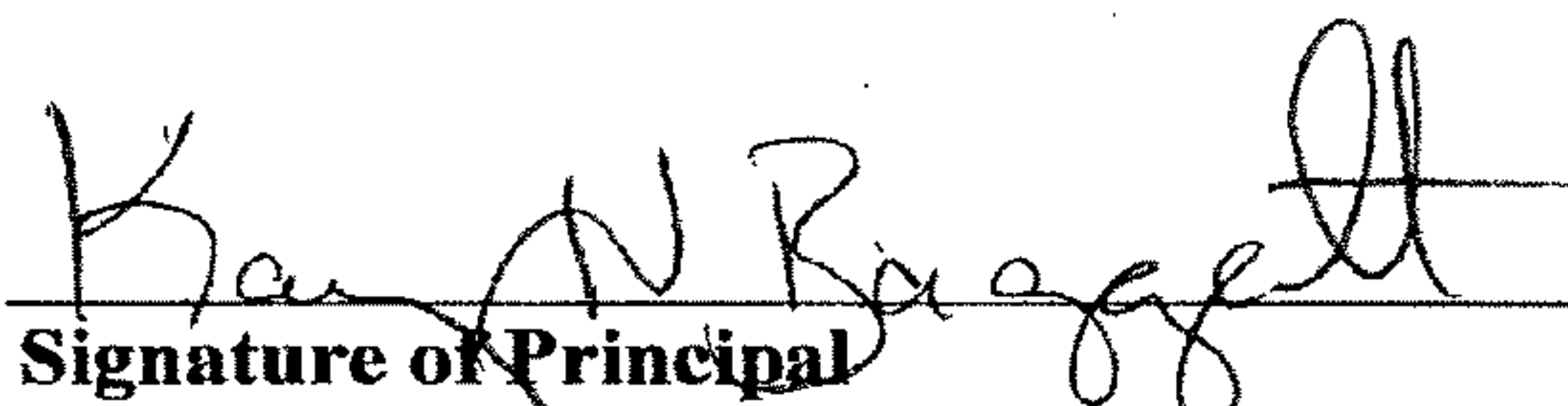
VII. EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

VIII. 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.

IX. SIGNATURE AND ACKNOWLEDGMENT


Signature of Principal

Your Signature Date: January 4, 2022

Your Name Printed: KAY H. BAGGETT

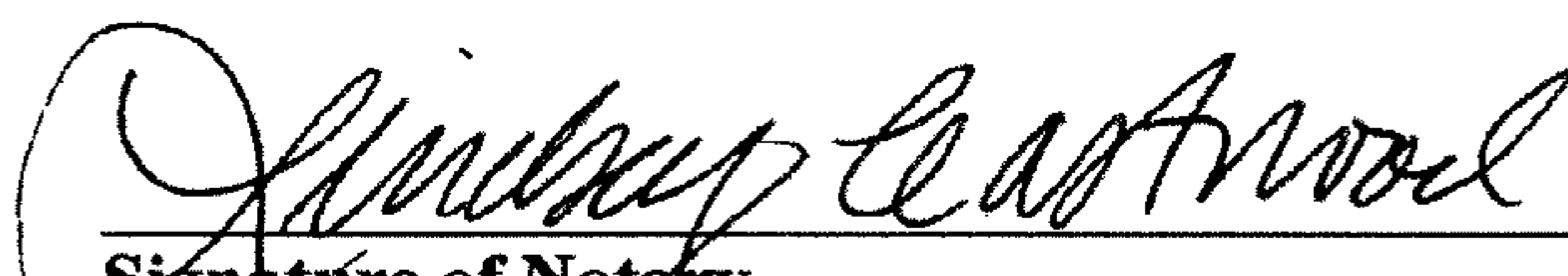
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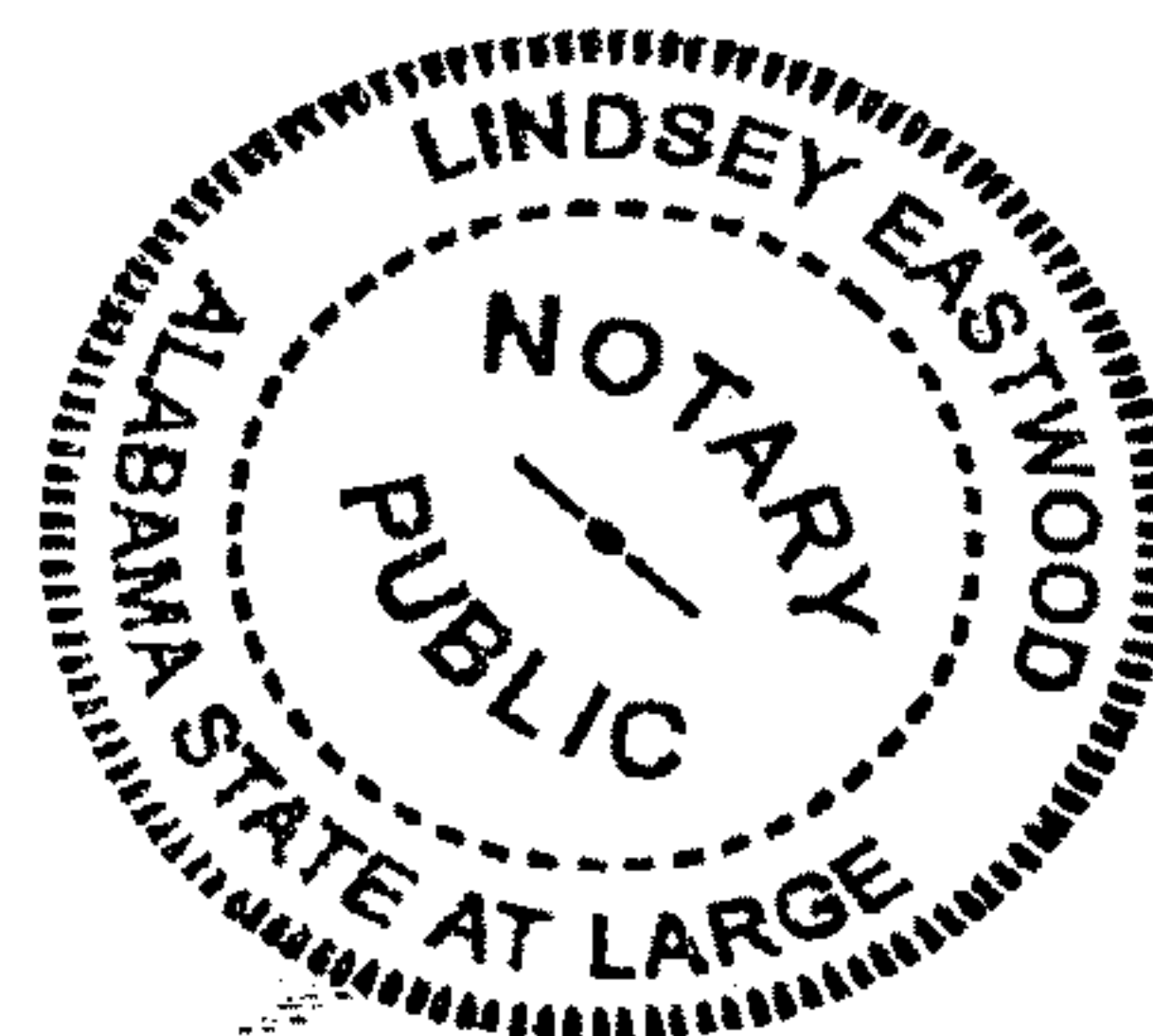
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STATE OF ALABAMA
JEFFERSON COUNTY

I, **LINDSEY EASTWOOD**, a Notary Public, in and for the County in this State, hereby certify that, **KAY H. BAGGETT**, whose name is signed to this Durable Power of Attorney, 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, January 4, 2022.


Signature of Notary



My commission expires: _____

LINDSEY M. EASTWOOD
Notary Public, Alabama State at Large
My Commission Expires 2/5/2023



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
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Alvin S. Bayl

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