


STATE OF ALABAMA

SHELBY COUNTY


20220426000170960 1/10 \$50.00
Shelby Cnty Judge of Probate, AL
04/26/2022 01:42:47 PM FILED/CERT

ALABAMA POWER OF ATTORNEY

DESIGNATION OF AGENT

I, Patricia C. Norris, name the following person as my agent:

Full Name of Agent: John Thomas Norris, Sr., Agent's Address:

6145 Rushing Parc Lane, Hoover, Al 35244-6756, Agent's Telephone

Number: [REDACTED] & [REDACTED]

DESIGNATION OF FIRST SUCCESSOR AGENT:

If my agent is unable or unwilling to act for me, I name as my First

Successor Agent: Full Name of Agent: James Richard Norris, Agent's Address:

5885 Waterstone Place, Hoover, Al 35244-5104, Agent's Telephone

Number: [REDACTED] & [REDACTED]

DESIGNATION OF SECOND SUCCESSOR AGENT

If my agent or first successor agent is unable or unwilling to act for me, I

name as my Second Successor Agent: Full Name of Agent: John Thomas Norris, Jr.,

Agent's Address: 4112 Crossings Lane, Hoover, Al 35242, Agent's Telephone

Number: [REDACTED]


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GRANT OF GENERAL AUTHORITY:

I grant my agent (and any successor agent) * general authority to act for me with respect to the subjects as defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:

GRANT OF SPECIFIC AUTHORITY AND LIMITATIONS:

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:

- P.N. Real Property as defined in Section 26-1A-204
- P.N. Tangible Personal Property as defined in Section 26-1A-205
- P.N. Stocks and Bonds as defined in Section 26-1A-206
- P.N. Commodities and Options as defined in Section 26-1A-207
- P.N. Banks and Other Financial Institutions as defined in Section 26-1A-208
- P.N. Operation of Entity or Business as defined in Section 26-1A-209
- P.N. Insurance and Annuities as defined in Section 26-1A-210
- P.N. Estates, Trusts and Other Beneficial Interests as defined in Section 26-1A-211
- P.N. Claims and Litigation as defined in Section 26-1A-212

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P.N.

Personal and Family Maintenance as defined in Section 26-1A-213

P.N.

Benefits from Government Programs or Civil or Military Service
 as defined in Section 26-1A-214

P.N.

Retirement Plans as defined in Section 26-1A-215

P.N.

Taxes as defined in Section 26-1A-216

P.N.

Gifts as defined in Section 26-1A-217

SPECIFIC MEDICAL AUTHORIZATION:

By virtue of Section 26-1A-213 and Section 26-1A-404 of the Code of Alabama, said Agent shall have authority for my financial medical needs, and additional authority is given as part of my health care. Should I become incapacitated, and unable to express my wishes, my above-named agent is authorized and directed to make all decisions regarding my health, both medical and otherwise; including, without limitation, admissions to health care facilities of any nature (including) any assisted living facility; medical treatment of any nature for me, including the services of the hospices program and to consent to surgery or other healthcare procedures of any nature. And further, said agent is authorized and directed to make all decisions with references to the withholding or withdrawing of life-sustaining treatment; including withholding artificially provided nutrition or hydration, or any other medical procedure that may prolong or terminate my life, and to the release of any medical provider from liability of


 Patricia C. Norris



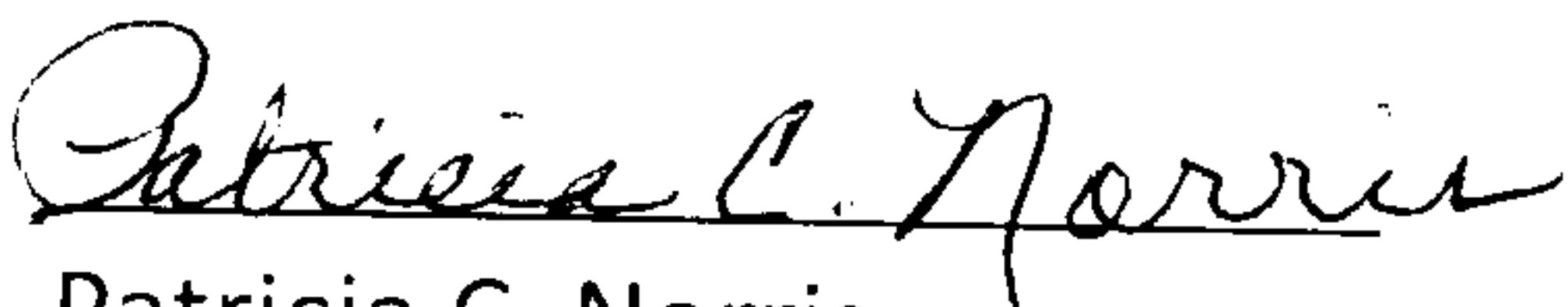
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such acts. Said agent is directed to give due and proper consideration to any express desires or opinion that I have communicated or expressed about this medical problem. Further, said agent is directed to consult with my immediate family for guidance or suggestion; however, the decision by my agent shall be final.

Further, I may elect to exercise a Living Will that shall be applicable if attached to this Durable Power of Attorney.

HIPPA

It may be necessary for my agent to have access to my medical records to establish whether medical bills are valid and appropriate or for other purposes. I grant to my agent the authority and power to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, the regulation in 45 C.F.R. Sec 160 et seq. and any other applicable federal, state or local laws or regulations (collectively "HIPPS"). Including the authority to request, receive, obtain and review, and be granted full and unlimited access to, and consent to the disclosure of complete unredacted copies of any and all health, medical and financial information and any information or records referred to in 45 C. F.R. Sec. 164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reb 82462 as protected private records or otherwise covered under HIPPA. I understand that health and medical records can include information relating to subjects such as sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex


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(ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, and treatment for alcohol or drug abuse or addiction. I understand that I may have access to or receive an accounting of the information to be used or disclosed as provided in 45 C.F.R. Sec. 164.524 et seq. I further understand that authorizing the disclosure of this health information is voluntary and that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of information by third parties and that such further disclosure may not be protected under HIPPA. In order to induce the disclosing party do disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPPA as a consequence of said disclosure. I authorize my agent to execute any and all releases or other documents that may be necessary in order to obtain disclosure of my patient records and other medical information subject to and protected by HIPPA.

GRANT OF ADDITIONAL SPECIFIC AUTHORITY (OPTIONAL)

My agent shall also have the following specific acts for me:

(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


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you WANT to give your agent.)

- _____ Create, amend, revoke, or terminate an inter vivo trust, by trust or applicable 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 execute the authority granted under this power of attorney
- _____ Waive the principal's right to be beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- P.N. Exercise fiduciary powers that the principal may delegate.

LIMITATIONS OF AGENT'S AUTHORITY

- A. My agent MAY NOT use my property to benefit the agent or any person or entity to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.
- B. Except for any special instructions given herein to the agent, the following shall apply:

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Any power or authority granted to my Agent herein shall be limited so as to prevent this Power of Attorney from causing any Agent to be taxed on my income or from causing my assets to be subject to a “general power of appointment” by my Agent as defined in 26 U.S.C. 2041 and 26 U.S.C. 2514 of the Internal Revenue Code of 1986, as amended.

C. My Agent shall have no power or authority whatsoever with respect to any policy of insurance owned by me on the life of my Agent, or any trust created by my Agent as to which I am trustee.

SPECIAL INSTRUCTIONS:

At no time shall my agent secure or provide “anything of value” from my assets that are a benefit to said agent directly or indirectly; or that may be of any value to said agent. That all said transactions under this section are Null and Void and without any legal impact. Any such transaction shall be construed as a breach of a fiduciary duty to me or my estate.

EFFECTIVE DATE:

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions and shall continue without regard to my


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competency. But, said Power of Attorney shall terminate immediately on my death or revocation.

NOMINATION OF CONSERVATOR OR GUARDIAN:

If it becomes necessary for a court to appoint a conservator of my estate or Guardian of my person, I nominate the following person(s) for appointment:

Full Name of Nominee for (conservator or guardian) of my estate:

Nominee's Name: John Thomas Norris, Sr.

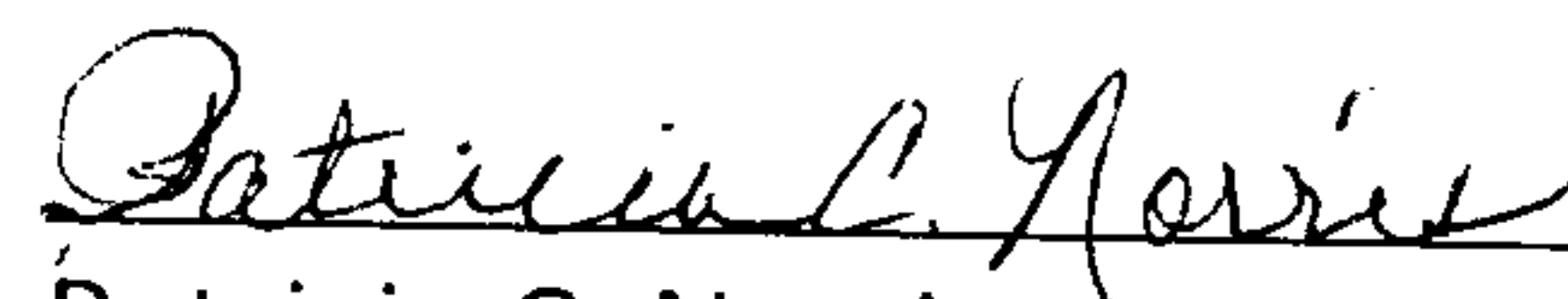
Nominee's Address: 6145 Rushing Parc Lane

Hoover, Al 35244-6756

Nominee's Telephone Number: [REDACTED] & [REDACTED]

RELIANCE ON THIS POWER OF ATTORNEY:

Any person or legal entity, including my agent, may rely upon the validity of this power of attorney or a copy thereof unless that person knows it has been terminated or is invalid.


Patricia C. Norris



SIGNATURE AND ACKNOWLEDGMENT

Patricia C. Norris
Patricia Ann Norris
(SIGNATURE OF PRINCIPAL)

Patricia C. Norris
Print Name of Principal

6145 Rushing Parc Lane
Hoover, Al 35244-6756
Address

[REDACTED] & [REDACTED]
Telephone number

June 29, 2021
Date

Shaneel Key
Witness
6141 RUSHING PARC LANE
HOOVER, AL 35244
Address

Shaneel Key
Witness
6141 RUSHING PARC LANE
HOOVER, AL 35244
Address

Patricia C. Norris
Patricia C. Norris

NOTARY

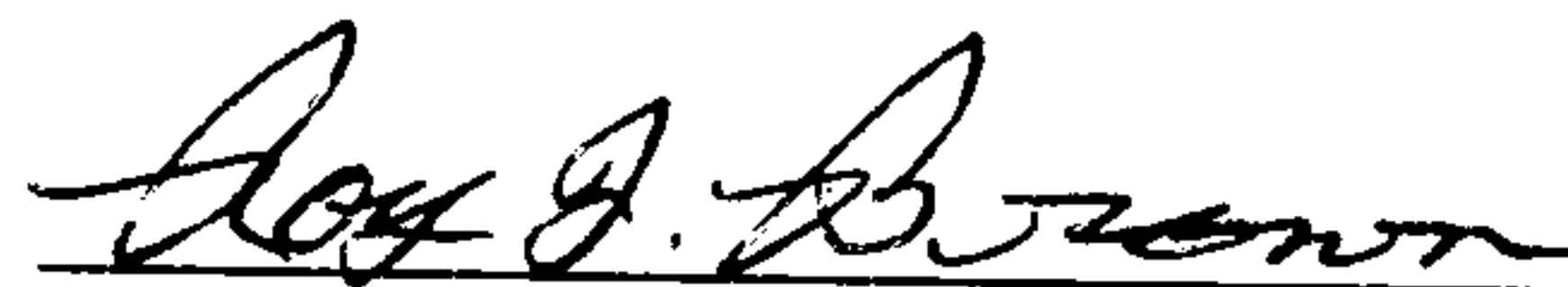
STATE OF ALABAMA

COUNTY OF JEFFERSON

I, the undersigned, a Notary Public, in and for the County in the State, hereby certify that Patricia C. Norris, 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 bear date.

Given under my hand this 29th day of June, 2021.

(Seal)

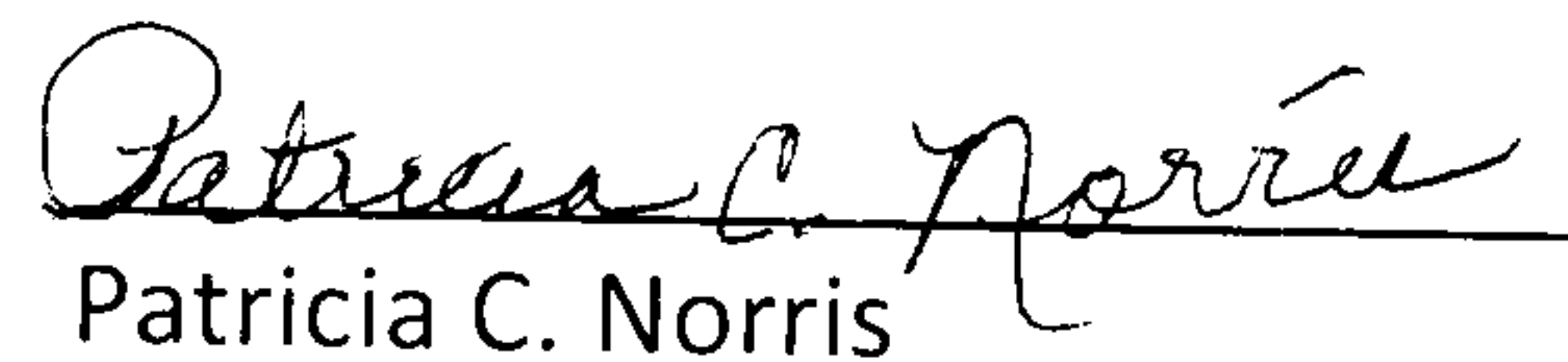


Notary Public

My Commission Expires: 5/05/2025

This document prepared by:

Roy J. Brown
Attorney at Law
PO Box 36035
Hoover, AL 35236
(205) 328-7958


Patricia C. Norris