

STATE OF ALABAMA     )  
COUNTY OF ST. CLAIR    )

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POA 1/8

DURABLE GENERAL AND HEALTHCARE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, Michael W. Morton, **(Principal)**, of St. Clair County, Alabama, being nineteen (19) years of age or older, and being of sound mind and disposing memory, do hereby nominate, constitute and appoint Hannelore Morton **(Agent)**, as my agent, with all of the authority, powers, and obligations hereinafter stated. In the event (s)he is unable to or unwilling to act as my agent, I hereby nominate, constitute and appoint Pamela Morton to act as successor agent.

I       EFFECTIVE DATE AND AUTHORITY

This Durable General and Healthcare Power of Attorney shall become effective immediately and shall remain in full force and effect until such time as I revoke it or until it terminates by operation of law. This appointment is made pursuant to Section 26-1A-103, 1975 *Code of Alabama*, for general authority, and Section 26-1A-404, *id.*, for healthcare authority, and is to be construed and interpreted as a Durable Power of attorney pursuant to Section 26-1A-104, *id.*, which shall not be affected by my disability, incompetency or incapacity. It is my intent that the authority conferred herein shall be exercisable notwithstanding any disability, incompetency or incapacity I may have.

II       GRANT OF GENERAL AND SPECIFIC AUTHORITY

General Authority

I grant my agent and any successor agent general authority to act for me on all subjects defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, 1975 *Code of Alabama*.

Specific Authority

Without limitation of the general authority granted above, this power of attorney specifically includes authority to do all things related to the following provisions of law:

- (a) Real Property (Section 26-1A-204)
- (b) Tangible Personal Property (Section 26-1A-205)
- (c) Stocks and Bonds (Section 26-1A-206)
- (d) Commodities and Options (Section 26-1A-207)
- (e) Banks and Other Financial Institutions (Section 26-1A-208)
- (f) Operation of Entity or Business (Section 26-1A-209)
- (g) Insurance and Annuities (Section 26-1A-210)
- (h) Estates, Trusts, and Other Beneficial Interests (section 26-1A-211)
- (i) Claims and Litigation (Section 26-1A-212)
- (j) Personal and Family Maintenance (Section 26-1A-213)
- (k) Benefits from Governmental, Civil or Military Programs or Service (Section 26-1A-214)
- (l) Retirement Plans (Section 26-1A-215)
- (m) Taxes (Section 26-1A-216)
- (n) Gifts (Section 26-1A-217)

Limitation of Authority

My agent shall not have authority to do the following:

- (a) Create, amend, revoke, or terminate an inter vivos trust, by trust or applicable law
- (b) Make a gift which exceeds the monetary limitations of Section 26-1A-217, *id*, of the Alabama Uniform Power of Attorney Act.
- (c) Create or change rights of survivorship
- (d) Create or change a beneficiary designation
- (e) Authorize another person to exercise the authority granted under this power of attorney
- (f) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- (g) Have 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 a trustee
- (h) Exercise fiduciary powers that the principal has authority to delegate
- (i) Use my property to benefit the agent or a person to whom the agent owes an obligation of support, except as provided herein.

### **III HEALTH CARE POWERS**

Pursuant to Section 26-1A-404, *id.*, if I am not able, due to disability, incompetency or incapacity, my agent shall have general authority concerning my health care. My disability, incompetency, or incapacity may be determined by my personal or treating physician in a written letter signed by said physician attesting to my disability, incompetency, or incapacity, shall be adequate as proof of the fact and may be relied upon by my agent and all the world. The general authority concerning my healthcare granted to my agent shall include, but not be limited by, the following:

(a) I hereby grant to my agent full power to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this document.

(b) I hereby authorize all physicians and psychiatrists who have treated me, and all other providers of health care, including hospitals, to release to my agent all information contained in my medical records, which my agent may request. I hereby waive all privilege and confidentiality attached to the patient relationship and to any communication, verbal or written, arising out of such a relationship. My agent is authorized to request, receive, and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers or other documents that may be required in order to obtain such information and to disclose such information to such persons, organizations and health care providers as my agent shall deem appropriate.

(c) My agent is authorized to employ and discharge health care providers including physicians, psychiatrists, dentists, nurses, and therapists and is also authorized to pay reasonable fees and expenses for such services contracted.

(d) My agent is authorized to apply for my admission to a hospital, medical, nursing, residential or other facility, execute any consent or admission forms required by such facility and enter into agreements for my care at such facility or elsewhere during my lifetime.

(e) My agent is authorized to arrange for and consent to medical, therapeutical and surgical procedures for me including the administration of drugs. The power to make health care decisions for me shall include the power to give consent, refuse consent, or withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition, except as limited in paragraph (g) below.

(f) To be my agent on my behalf for all matters related to my healthcare including Medicare, Medicaid, any other governmental entity or program of any description, any healthcare, health maintenance organization, or medical insurance plan or program of any description, and for every other provider of any nature with whom my agent may act on my behalf.

(g) My agent is authorized to make decisions regarding provision, withholding, or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration only if he or she has been appointed as my healthcare proxy in my Advance Directive for Health Care and then in conformity with such Advance Directive for Health Care. It is not the intent of the provisions of this power of attorney to address these issues and all such decisions shall be made in conformity with my said Advance Directive for Health Care. In the event that I do not have an Advance Directive for Health care, I direct my healthcare providers to consult with my agent and cooperate with him or her to the extent permitted by law in making decisions regarding the provision, withholding, or withdrawal of life-sustaining treatment and artificially provided nutrition and hydration and circumstances involving terminal illness or injury and permanent unconsciousness.

(h) Notwithstanding any provision herein to the contrary, for so long as I am able to give informed consent and am otherwise able, I retain the right to make medical and other healthcare decisions. In the event I become temporarily unable to make such decisions, but recover the ability, I reserve unto myself the right to revoke the authority granted to my agent herein to make healthcare decisions and no treatment may be given to me or withheld from me over my objections.

#### **IV AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

I further direct and authorize for my agent, who is my personal representative defined by 45 CFR § 164.502(g)(2), the following:

(a) I hereby request and authorize every health care provider, person or entity, including but not limited to, physicians, psychiatrists, hospitals, nursing or assisted living facilities, rehabilitation agencies, laboratories, therapists, nurses, governmental agencies, and for any of the foregoing, any agent or employee, to release to my agent any and all medical or health information of any description, including but not limited to, protected health information, medical history, reports and documents, laboratory and consultation reports, financial and insurance information, and any and everything of any description whatever. I hereby waive all privilege and confidentiality attached to the patient relationship and to any communication, verbal or written, arising out of such a relationship. My agent is authorized to request, receive, and review any information, verbal or written, pertaining to my physical or mental health, including medical and hospital records, and to execute any releases, waivers or other documents that may be required in order to obtain such information and to disclose such information to such persons, organizations and health care providers as my agent shall deem appropriate. This and all uses and purposes, and information requested shall be in the discretion and by the authority of my personal representative.



(b) I understand the information in my health record may include information of a confidential personal nature, possibly including information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), alcohol and drug abuse, psychiatric or psychological counseling, and all other medical or health information of every description.

(c) I hereby make this authorization with full understanding of my legal rights and further state that it shall not be limited in any manner whatever by any state or federal law, including the Health Insurance Portability and Accountability Act of 1996, any Medicare or Medicaid regulation, or any other federal or state law or regulation. This authorization is given in conformity with 45 CFR §164.508.

(d) I understand that my agent has the right to inspect and copy any such information as provided in 45 CFR §164.524 and that there is the potential for release of unauthorized information which would not be protected by federal or state confidentiality laws.

(e) By way of illustration and not limitation, I authorize any physician or other health care provider to express an opinion concerning my ability to manage property and business affairs effectively for such reasons as illness, mental deficiency, disability, infirmities accompanying advanced age, or other cause. This authorization is intended to provide my health care providers with the authorization necessary to allow each of them to disclose protected health information regarding me to the persons described above for the purpose of allowing each of them to make the specified determinations regarding my capacity or need for protective proceedings.

(f) I intend that my agent be considered a personal representative under privacy regulations related to protected health information and that my designated agent be entitled to health information in the same manner as if I personally made the request. This authorization and request is a consent to the release of such information under current laws, rules, and regulations as well as under future laws, rules and regulations and amendments to such laws, rules, and regulations to include but not be limited to the express grant of authority to personal representatives as provided by Regulation Section 164.502(g) of Title 45 of the Code of Federal Regulations and the medical information privacy law and regulations generally referred to as "HIPAA".

(g) This authorization shall stay in effect until revoked in writing and signed by me. Otherwise, this authorization has no expiration date and shall continue for the duration of my life and for a period of seven (7) years thereafter.

(h) There shall be no limitation upon the information to be given pursuant to this authorization. No further authority from me shall be necessary. A photocopy of this authorization which includes my signature shall be sufficient and shall have the same legal effect as the original authorization.

#### **V AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

In accordance with Sections 26-1-2(c)(2) and 26-1A-108, 1975 *Code of Alabama*, I direct that in the event I need a guardian and/or conservator, then I nominate the within named persons. I direct that any guardian or conservator appointed hereunder shall: (1) have the responsibilities of my well-being and needs, but shall not be personally liable for my expenses and shall not be liable to third persons by reason of the relationship of guardian or conservator to me; (2) be exempt from the necessity of giving bond or other security, and to the extent that such requirements can be legally waived, no guardian or conservator shall be required to file an inventory or appraisal, or accounting to any court, or obtain the order or

approval of any court before exercising any power, authority, duty or discretion granted to such guardian or conservator by statute or general rules of law; (3) be entitled to reimbursement for room, board, clothing and other needs personally provided to me; and (4) if requested, be paid a reasonable fee for services. Nothing expressed herein shall be construed as a limitation on the powers, rights, duties and responsibilities of a guardian or conservator conferred by statute or general rules of law.

#### **VI AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

(a) Any person must accept and rely upon this power of attorney unless he has actual knowledge of the following:

- (1) My signature is not valid.
- (2) The power of attorney is void, invalid or terminated.
- (3) The purported agent's authority is void, invalid or terminated.
- (4) The agent is exceeding or improperly exercising his authority.

(b) Except as limited by Sections 26-1A-119 and 120, *id.*, a person may not refuse to rely upon this power of attorney and if he or she does so without legal justification, he or she shall be subject to a court order pursuant to Section 26-1A-120(c), *id.*, and shall be responsible for attorney's fees and costs incurred in any action to enforce this power of attorney pursuant to Section 26-1A-120(c)(2), *id.*

#### **VII MISCELLANEOUS PROVISIONS**

I direct that the following provisions govern the use of this Durable General and Healthcare Power of Attorney for the benefit of my agent and other persons:

(a) I hereby give and grant unto my agent full power and authority to do and perform every act and thing requisite, necessary and/or advisable to be done in and about the premises (including but not limited to the specific powers granted herein), as fully as I might or could do if personally present or able. This instrument shall be construed and interpreted as a General Power of Attorney. The enumeration of specific items, rights, acts or powers herein shall not limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers granted to my agent.

(b) Any person, firm or corporation dealing with my agent under the authority of this instrument is authorized to deliver to my agent all considerations of every kind or character with respect to any transaction so entered into by my agent and shall be under no duty or obligation to see to or examine into the disposition thereof or to inquire into the validity or propriety of any act by my agent or any provision of this instrument.

(c) My agent shall be entitled to reimbursement for all reasonable costs and expenses incurred or paid by my agent on my behalf pursuant to the provisions of this instrument.

(d) My agent shall not be personally responsible or liable to me or any other party for (i) any debts or obligations incurred for me or on my behalf, or (ii) any mistake or error of judgment, except for my agent's own wanton or willful misconduct.

(e) 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.

(f) If any agent who is named to serve but does not serve, or does serve but ceases to serve, and a successor agent shall become my agent, a notarized renunciation, certified death certificate or other official document from or of the prior agent shall be authority to recognize the successor agent as my agent.

(g) Copies of this document may be substituted by my agent for the original and shall have the same force and effect as an original.

(h) I hereby ratify and confirm all that my agent, as my true and lawful agent, shall do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 7<sup>th</sup> day of April, 2022.

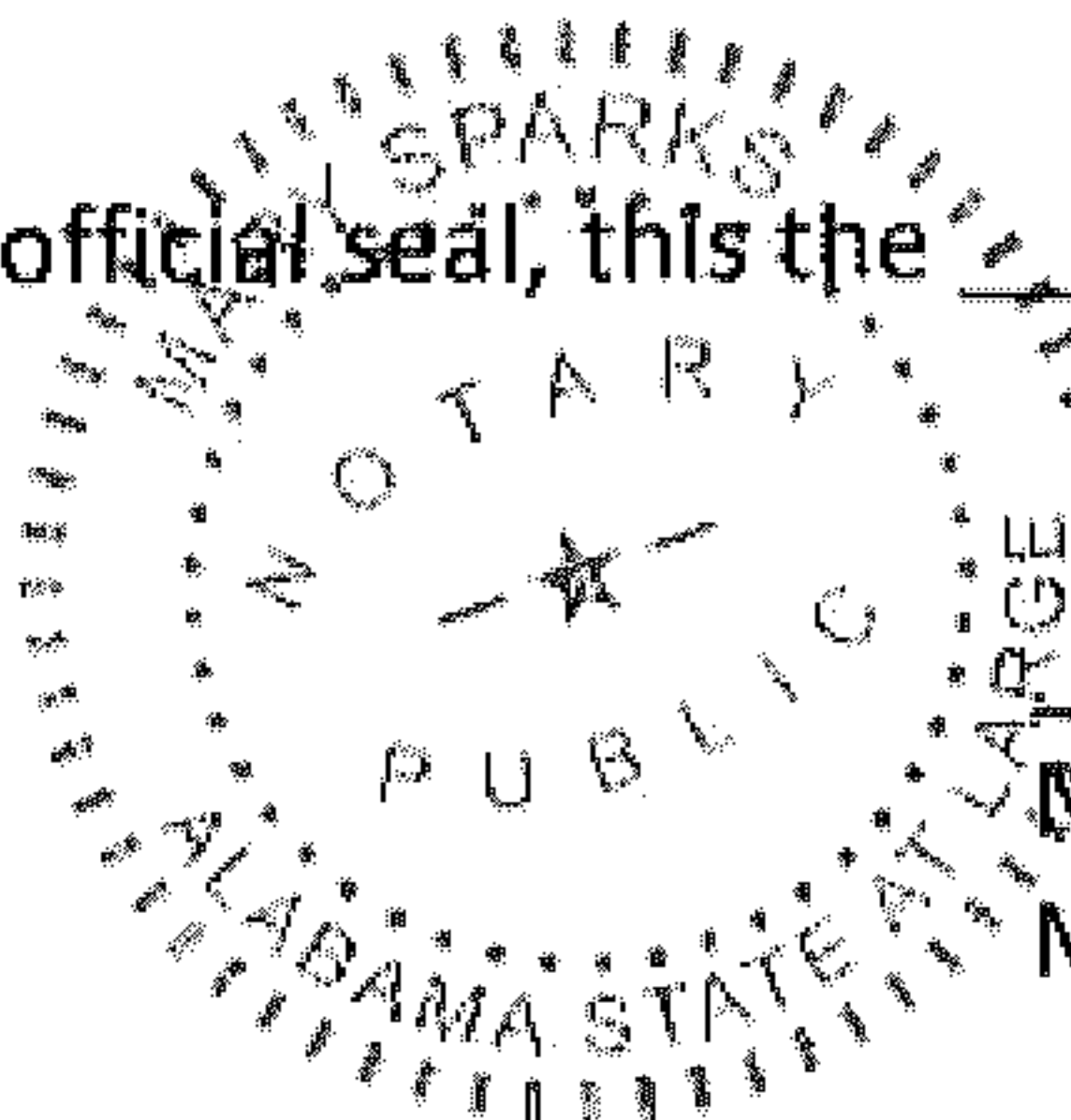
PRINCIPAL

Michael W. Morton  
Michael W. Morton

STATE OF ALABAMA )  
COUNTY OF ST. CLAIR )

I, Mary Sparks, a Notary Public in and for said County in said State, hereby certify that Michael W. Morton, whose name is signed as Principal to the foregoing Durable General and Healthcare Power of Attorney, and who is known to me, acknowledged before me on this date, that being informed of the contents of said instrument, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this the 7<sup>th</sup> day of April, 2022.



Mary Sparks  
NOTARY PUBLIC  
My Commission Expires 3/17/24

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**AGENT'S CERTIFICATION AS TO VALIDITY AND AUTHORITY**

I, Hannelore Morton, Agent accept the designation as agent of the declarant and certify under penalty of perjury that Michael W. Morton (Principal) granted me authority as Agent in the foregoing power of attorney on the date first above written. I further certify that, to my knowledge the Principal is



alive and has not revoked the Power of Attorney or my authority to act under it and the Power of Attorney and my authority to act under it have not terminated.

AGENT:

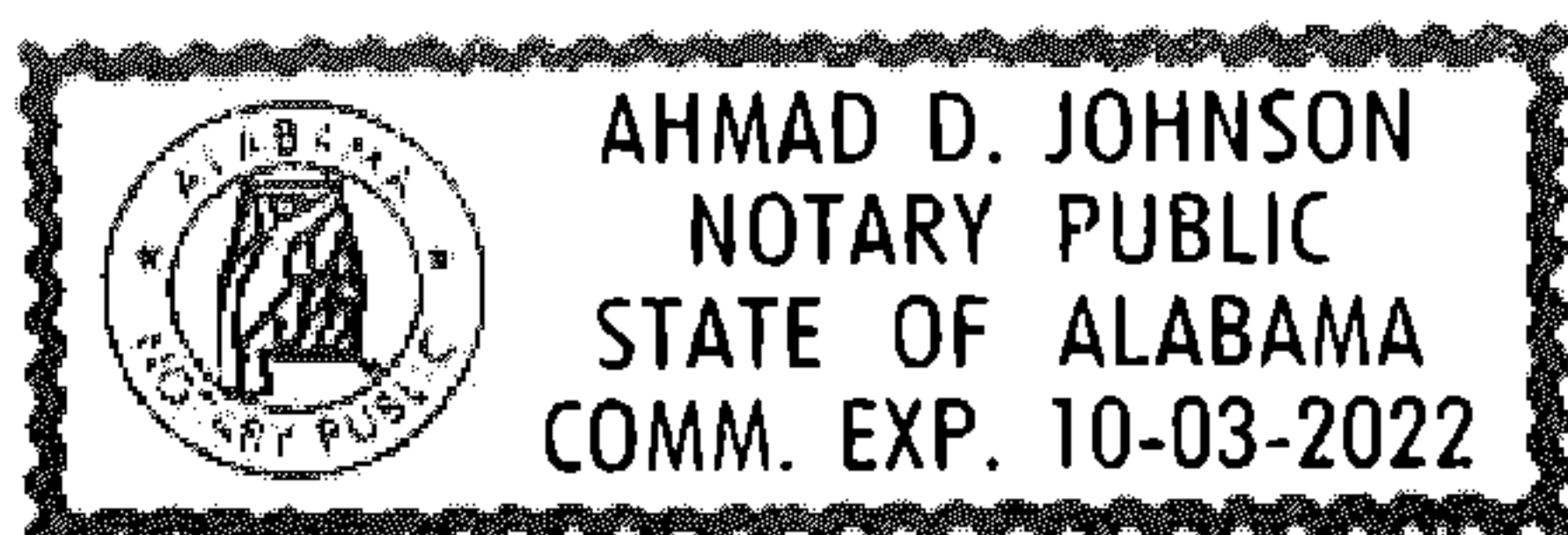
April 18, 2022  
Date

Hannelore Morton  
Hannelore Morton

STATE OF ALABAMA )  
COUNTY OF ST. CLAIR )

I, Ahmad Johnson, a Notary Public in and for said County in said State, hereby certify that Hannelore Morton, whose name is signed as Principal to the foregoing Durable General and Healthcare Power of Attorney, and who is known to me, acknowledged before me on this date, that being informed of the contents of said instrument, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this the 18 day of April, 2022.



Ahmad Johnson  
NOTARY PUBLIC  
My Commission Expires 10-03-2022

**SUCCESSOR AGENT'S CERTIFICATION AS TO VALIDITY AND AUTHORITY**

I, Pamela Morton Agent accept the designation as agent of the declarant and certify under penalty of perjury that Michael W. Morton (Principal) granted me authority as Successor Agent in the foregoing power of attorney on the date first above written. I further certify that, to my knowledge the Principal is alive and has not revoked the Power of Attorney or my authority to act under it and the Power of Attorney and my authority to act under it have not terminated.

SUCCESSOR AGENT:

April 18, 2022  
Date

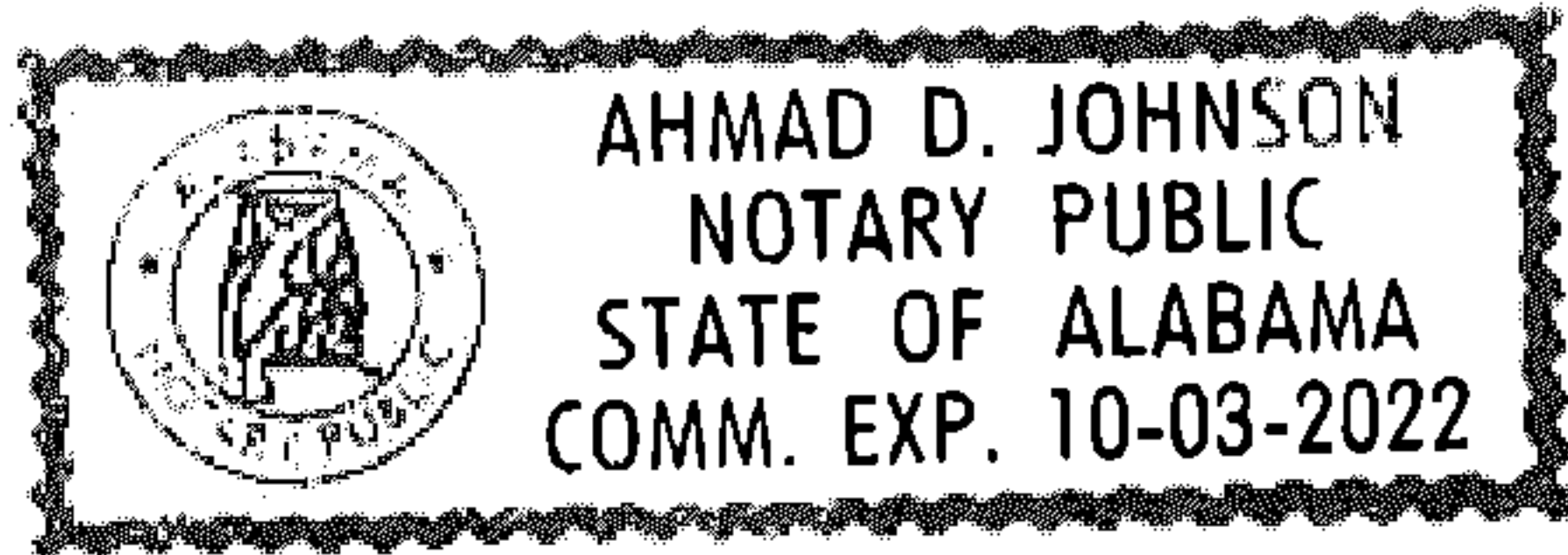
Pamela Morton  
Pamela Morton

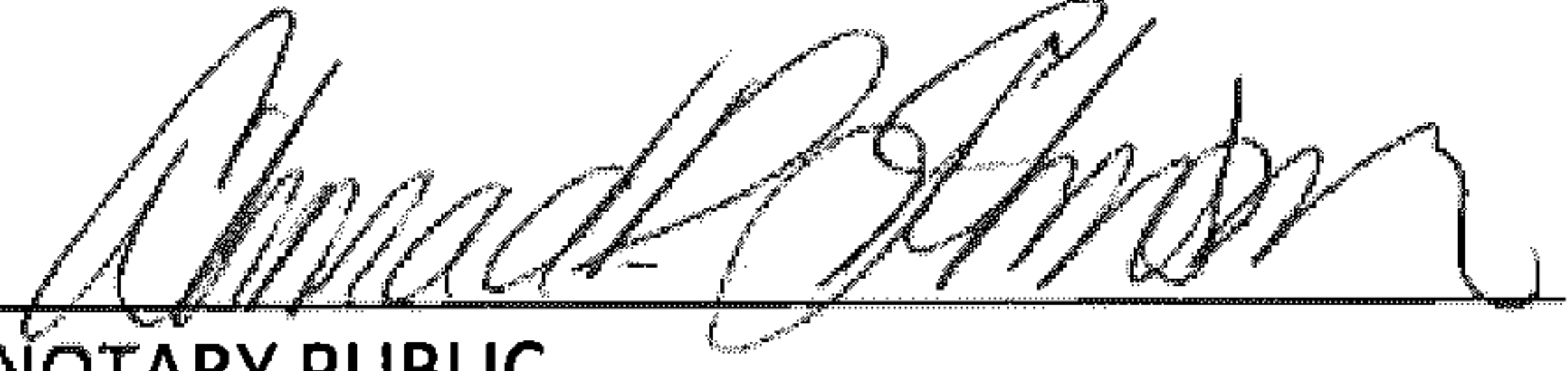
STATE OF ALABAMA )  
COUNTY OF ST. CLAIR )

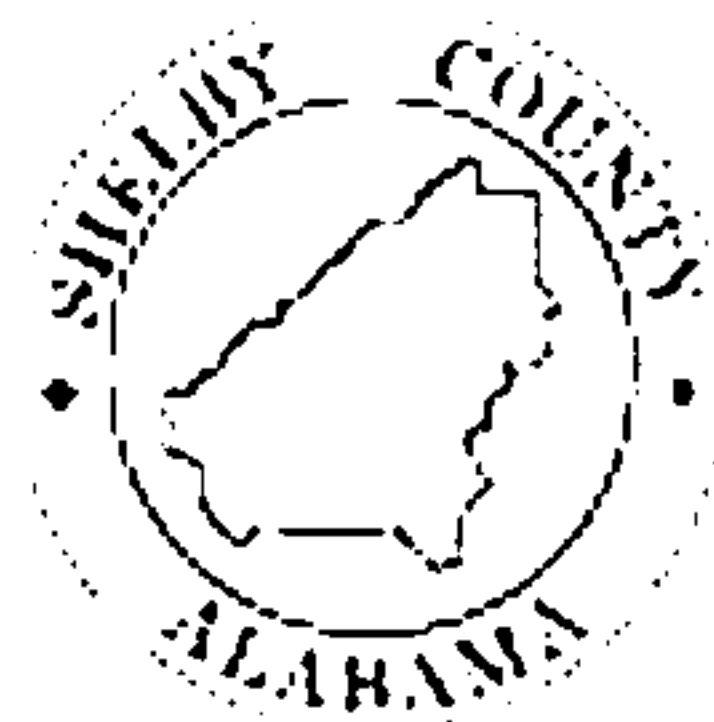
I, Alabama, a Notary Public in and for said County in said State, hereby certify that Michael W. Morton, whose name is signed as Principal to the foregoing Durable General and

Healthcare Power of Attorney, and who is known to me, acknowledged before me on this date, that being informed of the contents of said instrument, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal, this the 18 day of April, 2022.



  
NOTARY PUBLIC  
My Commission Expires 10-03-2022



**Filed and Recorded**  
**Official Public Records**  
**Judge of Probate, Shelby County Alabama, County**  
**Clerk**  
**Shelby County, AL**  
**04/28/2022 11:05:29 AM**  
**\$43.00 CHERRY**  
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