DURABLE POWER OF ATTORNEY NOTICE TO THE PRINCIPAL: THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY ALSO USE THIS FORM TO GRANT YOUR AGENT BROAD POWERS TO MAKE IMPORTANT DECISIONS REGARDING YOUR HEALTHCARE. THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THE DIRECTIVES STATED IN THIS POWER OF ATTORNEY. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY. PLEASE KEEP IN MIND THAT A COURT OF COMPETENT JURISDICTION CAN TAKE AWAY YOUR AGENT'S POWERS IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY. SPECIFICALLY, YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS; MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST; ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THIS POWER OF ATTORNEY. IN REGARD TO HEALTHCARE DECISIONS, YOUR AGENT MAY NOT APPOINT ANYONE ELSE TO MAKE THOSE DECISIONS FOR YOU AND MUST ACT IN ACCORDANCE WITH YOUR WISHES AS YOUR EXPRESS THEM IN THIS POWER OF ATTORNEY OR IN YOUR ADVANCED HEALTHCARE DIRECTIVE. THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO YOUR AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. YOU MAY ALSO CHOOSE TO GRANT YOUR AGENT THE AUTHORITY TO MAKE LIFE OR DEATH DECISIONS REGARDING YOUR CARE SHOULD YOU BECOME DISABLED OR INCAPACITATED. SO, BEFORE SIGNING THIS IMPORTANT DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY TO MAKE SURE YOU UNDERSTAND ITS IMPLICATIONS AND CONSEQUENCES. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU BEFORE YOU SIGN IT.

John Farmer
(Principal's Signature)
John Farmer
2409 Regent Ln
Hoover, Alabama 35226

12/18/18
(date)

BE IT KNOWN TO ALL, that I, JOHN FARMER, being of the age of consent of eighteen (18) years or older and currently residing at 2409 Regent Ln, Hoover, in the County of Jefferson located within the State of Alabama and whose zip code is 35226, do hereby designate, establish and appoint DEBRA WRIGHT, as my official Attorney-in-Fact ("Agent") to act in my name and stead upon my disability, incapacity or incompetence as determined by my attending physician and confirmed by a second physician, if necessary.

BE IT FURTHER KNOWN TO ALL, that it is my intention that this DURABLE POWER OF ATTORNEY, shall not be affected by my subsequent incapacity, incompetency or disability.

BE IT FURTHER KNOWN TO ALL, that I do hereby revoke and/or rescind any "General Power of Attorney" signed by me that was previously in effect. HOWEVER, this does not revoke nor invalidate any Advance Health Care Directive or Living Will previously signed by me.

BE IT FURTHER KNOWN TO ALL, that the appointed Agent to this Durable Power of Attorney does not have the right to transfer nor convey any of my property, now owned or later acquired, to himself or herself, the Agent's family member or any associate without full and adequate consideration, nor accept a gift of said property unless otherwise stipulated within this Durable Power of Attorney. In the event that the designated Agent should transfer any of my Property to his/herself without precise detailed written authorization contained within the Durable Power of Attorney, the Agent could be prosecuted, to the fullest extent allowable by law, for fraud and/or embezzlement. Moreover, should it be determined that I was or am 65 years of age or older at the time said property was illegally transferred to the Agent without precise detailed written authority, the Agent could also be prosecuted pursuant to and in accordance with the federal and/or state Elder Abuse Laws of Alabama Code § 38-9-7. In addition to criminal prosecution, the Agent may also be sued in civil court

. BE IT FURTHER KNOWN TO ALL, that the appointed Agent to this Durable Power of Attorney has the right to distribute gifts from among my assets to any designated individuals or charitable organizations that I am affiliated with as the Agent sees fit and reasonable to do within the bounds of the law and the Agent's duties and responsibilities as granted herein.

BE IT FURTHER KNOWN TO ALL, that my Agent shall not be held liable, in any manner or aspect, for any loss which may result from any judgment error made in good faith while performing duties on my behalf. However, my Agent could be held and shall be held liable for any "willful misconduct or failure to act in good faith" in the performance of his/her fiduciary responsibilities as my Agent in accordance with this Durable Power of Attorney. I also hereby authorize my designated Agent to indemnify and hold harmless any third party who accepts and acts under this instrument.

BE IT FURTHER KNOWN TO ALL, that the Agent shall have complete authority to manage and conduct all my affairs, as stated below and to exercise all of my legal rights and powers, including any and all rights and powers that I may acquire in the future regarding the categories herein.

ACCORDINGLY, it is my wish that my Agent shall have full power and authority to act on my behalf with respect to the following subjects:

My Agent's powers shall include the authority to:

- Handle and manage any form of bank accounts that are in my name (i.e. opening; closing; transfers etc.) that include, but is not limited to, checking, savings, money market accounts, certificate of deposit and/or individual retirement accounts and any other comparable or related accounts with any financial institution. The aforementioned Agent may conduct and/or perform any manner of transactions as follows:

- The administration of financial business and transactions with any banking or financial institution in relation to all my accounts, with regards to making deposits and withdrawals, obtaining and receiving bank statements, money orders, certified checks, drafts, passbooks, and certificates or vouchers payable to me by any individual, professional practice, business or political entity.

- Execute steps deemed necessary to make deposits, exchange, convert, sell or transfer any bank note, monies or securities of the U.S.A.

- The Agent shall be granted full access to any safe deposit box, as well as any contents therein.

- The Agent shall have full authority to handle and manage (add, delete, and/or change) any and all beneficiaries with regards to any financial accounts currently within my possession which may include, but is not limited to, any insurance policies, annuities, retirement accounts, savings/checking accounts or other investments.

- The Agent shall be authorized to manage, dispose of by selling or exchanging, acquire by purchasing, investing or reinvesting any assets or property (real or personal) currently owned by me or that which I may own in the future. Assets or property may include, but not limited to, income producing or non-income producing property and/or assets.

- The Agent has the power authority to purchase and/or maintain any insurance, including insurance on my life or any annuity contracts on my behalf.

- The Agent shall have the power and authority to initiate, handle or manage any and all legal means deemed necessary on my behalf to ensure the collection of any debt or money owed to me or my estate, as well as to resolve and/or reconcile any outstanding claim, despite whether the claim may be against me or on my behalf against any individual or entity.

- The Agent shall have the power and authority to initiate, establish and/or enter into any binding contracts that may be deemed necessary on my behalf.

- The Agent shall have the power and authority to manage, maintain, administer and/or operate any business that may be under my ownership and control.

- The Agent shall have the power and authority to manage and make arrangements in an effort to provide for the support and protection of myself, any current spouse or any minor children, and to ensure any and all support obligations are met (e.g. food, medical, schooling, housing, transportation, travel etc.).

- The Agent shall have the power and authority to act as my proxy to employ and/or carry out any and all stock rights/options that are in any manner related to the purchasing, selling, trading, exchanging and/or transfer of stocks, bonds, commodities, options, debentures and/or other investments on my behalf.

- The Agent shall have the power and authority to either contract and/or employ any professional or business assistance deemed necessary and appropriate on my behalf, including, but not limited to, the hiring of any accountant or bookkeeper, business administrator, attorney, and/or real estate professional.

- The Agent shall have the power and authority to conduct or perform any function with regards to any real estate or property currently under my ownership or any which may be later acquired, including but not limited to, the managing, leasing, transferring, repairing, improving, insuring, and/or selling on my behalf. In addition, the Agent shall have the power and authority to sell or encumber any homestead which I may now own or may later acquire.

- The Agent shall have the power and authority to prepare, or to have prepared, sign and file any and all necessary documents with the appropriate governmental organizations or bureaus, which may include, but is not limited to the following authorized items:

- Right to prepare, sign and file federal income, state, local tax returns or any other tax related documents required by a governmental entity;

- Right to obtain any necessary information or documents from any government bureau, and then to negotiate, concede and/or settle any matter with said government or bureau (including tax matters);

- Right to prepare, or to have prepared, any application, convey information, and/or execute any other function rationally requested by any government organization or bureau with regards to any governmental benefits that would include, but not be limited to, social security, medical or military benefits. In addition, the Agent may appoint someone to perform the function of "Payee" to receive Social Security payments and benefits on my behalf.

- The Agent shall have the power and authority to distribute gifts from amongst my assets to any designated individual or charitable organization with whom I may be affiliated, distribute any appropriate gifts for any tax purposes or estate planning, the power and authority for the filing of any federal or state gift tax returns, and/or the filing of any tax selection to split gift with a spouse as specified only by this instrument or by a Last Will and Testament. However, my appointed Agent cannot and shall not distribute any gifts to himself/herself, his/her family members, associates, friends or any other Agent unless specifically allowed under the provisions of this Power of Attorney.

- The Agent shall have the power and authority to convey any of my current assets to a trustee, executor or agent of any revocable trust having been created by me and provided that said trust already exists at time of transfer.

- The Agent shall have the power and authority to renounce any interest which would be transferred or allocated to me from another individual, trust, or other appropriate entity.

- The Agent shall have the power and authority to perform on my behalf, with the intention of organizing, administering, allocating, dispensing and/or terminating, digital assets, if any. Digital assets may include, but are not limited to, electronic assets stored on any of my computers, electronic devices or any online account. Other online accounts may include social networking sites, email accounts, backup services, photographs and document sharing, domain names, financial and/or business accounts, websites, virtual property and/or blogs. Authorization extends to the right to access, download, backup, conversion of files, manage digital assets, clear or clean computer caches and/or delete files.

- The Agent shall have full power to make all decisions for me about my healthcare, including the power to direct the withholding or withdrawal of life-prolonging treatment, including artificially supplied nutrition and hydration/tube feeding. My agent is specifically authorized to:

- Consent, refuse, or withdraw consent to any care, procedure, treatment, or service to diagnose, treat, or maintain a physical or mental condition, including artificial nutrition and hydration; - Permit, refuse, or withdraw permission to participate in federally regulated research related to my condition or disorder;

- Make all necessary arrangements for any hospital, psychiatric treatment facility, hospice, nursing home, or other healthcare organization and, employ or discharge healthcare personnel (any person who is authorized or permitted by the laws of the state to provide healthcare services) as he or she shall deem necessary for my physical, mental, or emotional wellbeing;

- Request, receive, review, and authorize sending any information regarding my physical or mental health, or my personal affairs, including medical and hospital records and execute any releases that may be required to obtain such information;

- Move me into or out of any State or institution;

- Take legal action, if needed;

- Make decisions about autopsy, tissue and organ donation, and the disposition of my body in conformity with state law or my desires as expressed in other legally-binding documents; and

- Become my guardian if one is needed. In exercising this power, I expect my Agent to be guided by my directions as we discussed them prior to this appointment and/or to be guided by my Advanced Healthcare Directive/Living Will.

BE IT FURTHER KNOWN TO ALL, that any powers not specifically granted to the Agent herein shall be deemed to be beyond the scope of this Power of Attorney.

IN SO MUCH as my Agent carries out and abides by my wishes, s/he shall be entitled to reasonable compensation for any of his/her services provided as my Agent. In addition, my Agent shall be reimbursed for any and all reasonable expenses which may have been incurred in connection with the aforementioned Power of Attorney.

LASTLY, it is my wish that my Agent shall furnish and deliver a comprehensive report for any and all accounts controlled or any activities performed in accordance with federal and state laws, and in whatever manner as instructed or requested by me or any authorized personal Agent, governmental bureau or official organization which may be acting on my behalf.

THEREFORE, this Durable Power of Attorney shall become effective upon the date first stated above or upon the occurrence of the conditions stated above. This instrument shall not be affected should I become disabled or be deemed mentally incompetent, except as may otherwise be provided or stipulated herein or by applicable laws. This Durable Power of Attorney shall remain in effect until my demise or until it is revoked by me through written notification to my Agent.

John Farmer 12/18/18
(Signature of Principal) (date)
John Farmer

(Signature of Agent) 12/18/18
(date)

Witness 1 Signature : Mary Brooks (Hunter)

Witness 2 Signature: Alanna Farmer

STATE OF ALABAMA, COUNTY OF JEFFERSON on December 18, 2018 the aforementioned parties appeared before me, a Notary Public, for the above state and county, and all of them are known to me or provided photo identification and that such individuals executed the foregoing instrument in my presence, and being duly sworn, such individuals acknowledged that s/he executed said instrument for the purpose therein contained of his/her free will and voluntary act.

Notary Public Signature: Keri Leigh Owenby

My Commission Expires: March 9, 2022

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County Clerk
Shelby County, AL
04/29/2022 01:09:32 PM
$37.00 JOANN
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Alex S. Boyd