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**DURABLE POWER OF ATTORNEY FOR HEALTH CARE
FOR
James Thomas Smith**

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

I. DESIGNATION OF HEALTH CARE AGENT(S)

I, **James Thomas Smith**, residing at *1413 8th Street S.W., Alabaster, AL 35007*, whose telephone number is *205-767-1982*, a resident of the County of Shelby, State of Alabama, appoint as my attorney-in-fact (or "Agent") for health and personal care decisions if I become unable to make such decisions for myself my friend, **Charles L. Howell**, whose address is *388 County Road 868, Montevallo, AL 35115*, and whose telephone number is *205-668-1087*.

II. EFFECTIVE DATE; DURATION

This Power of Attorney shall operate if I become incapacitated to make my own decisions about my health care, and shall continue to operate as long as I am incapacitated to make whatever decision related to my health care is under consideration.

Incapacity shall be determined by agreement between my attending physician(s) and my Agent. If my physician believes I retain capacity but my Agent disagrees, then my Agent may choose a consulting physician to examine me. I direct my physician to allow such examination and to talk with the consulting physician. The consulting physician's judgement as to my capacity shall be determinative.

III. AGENT'S POWERS

I grant my Agent full authority to make decisions for me regarding my health care. I intend that my Agent have, and be able to exercise, the broadest powers for health care decision making that I myself have by law; except as specifically limited by Section V below, including, but not limited to, the following:

- A. To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the

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use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;

- B. To have access to medical records and information to the same extent that I am entitled to, including the right to disclose the contents to others;
- C. To authorize my admission to or discharge (even against medical advice) from any hospital, nursing home, residential care, assisted living or similar facility or service;
- D. To contract on my behalf for any health care related service or facility on my behalf, without my Agent incurring personal financial liability for such contracts;
- E. To employ and discharge medical, social service, and other support personnel responsible for my care;
- F. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of (but not intentionally cause) my death;
- G. To make anatomical gifts of any or all of my body organs for medical purposes, authorize an autopsy, and provide for the disposition of my remains, to the extent permitted by law;
- H. To take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals or treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my Agent, or to seek actual or punitive damages for the failure to comply.
- I. Withdrawing consent to intervention already in use, whether started with my or my Agent's consent, or started without my or my Agent's consent (for example, treatment started in emergency circumstances if I was incapacitated, my agent was not available to consent, and neither my Agent, nor I, when able to make my own decisions, had previously refused consent to the particular treatment);
- J. To place me, either permanently or temporarily in a nursing home care facility whether I am incapacitated or not.
- K. My Agent is authorized to deal with any and all state or federal agencies from whom I receive or am entitled to receive governmental benefits of any

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description or amount in order to: (i) prepare and file all documents required by such agencies; (ii) apply for any benefits to which I may be entitled; (iii) modify the amounts or terms of such entitlements; (iv) assert my rights against any curtailment or termination of benefits; or (v) appeal or compromise any contested claim.

- L. My Agent is authorized to do all acts necessary for maintaining my customary standard of living, to provide a place of residence, to provide normal domestic help, and to provide clothing, transportation, medicine, food, health care, custodial care, and incidentals, as my Agent shall deem appropriate.
- M. My Agent may make all decisions related to my personal care, including but not limited to, providing for my food and clothing, transportation, recreation, entertainment, and other activities of daily life.
- N. To make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements as my Agent shall deem appropriate; if I have not previously done so myself.
- O. My Agent is authorized to establish a new residency or domicile for me, as my Agent shall deem appropriate.
- P. This Durable Power of Attorney authorizes my Agent to act on my behalf pertaining to me and my property. Some of these decisions also deal with decisions that relate to my health and health care matters. I therefore grant and confirm that my Agent also shall be treated as a "personal representative" under the Health Insurance Portability and Accountability Act of 1996 and its regulations (including 45 C.F.R. § 164.502(g)(2)) for all purposes relating to my "protected health information." My Agent is authorized to request and receive all "protected health information" and all other types of my medical records and information from my doctors, hospitals, and any other medical facility or provider.
- Q. My Agent shall have no responsibility to monitor on any regular basis the state of my physical health or mental capacity to determine if any actions need be taken under this instrument.

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IV. STATEMENT OF DESIRES, SPECIAL PROVISIONS, and LIMITATIONS

A. With respect to any Life-Sustaining Treatment, I direct the following: (Initial only one of the following paragraphs)

_____ *Reference to Living Will.* I specifically direct my Agent to follow any “living will” executed by me.

J.T.S. *Grant of Discretion to Agent.* I do not want my life prolonged nor do I want life-sustaining treatment to be provided or continued if my Agent believes the burdens of the treatment outweigh the expected benefits. I want my Agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

_____ *Directive to Withhold or Withdraw Treatment.* I do not want my life to be prolonged, and I do not want life sustaining treatment:

- a. if I have a condition that is incurable or irreversible and, without, the administration of life-sustaining treatment, expected to result in death within a relatively short-time;
- Or
- b. if I am in a coma or persistent vegetative state which is reasonably concluded to be irreversible.

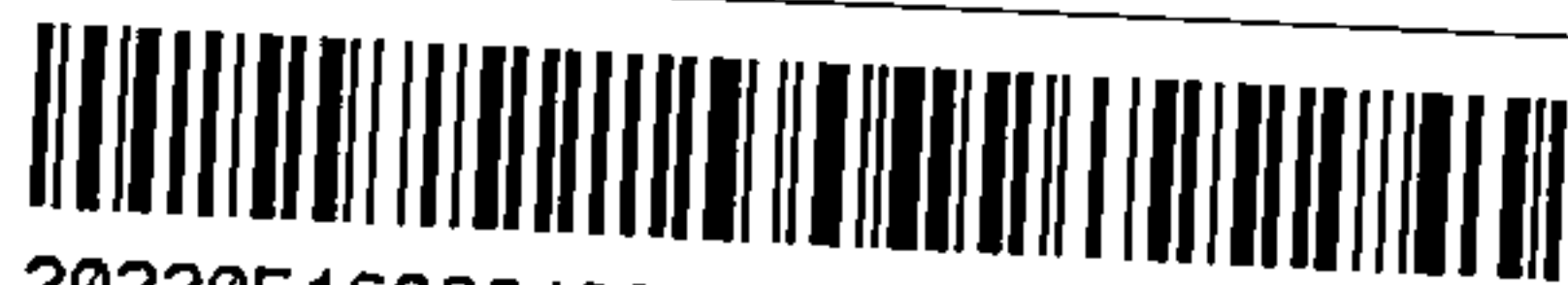
V. PROTECTION OF THIRD PARTIES

No person who relies in good faith upon any representations by my Agent or Successor Agent(s) shall be liable to me, my estate, my heirs or assigns, for acting upon the Agent’s authority.

VI. GUARDIANSHIP

If guardianship proceedings are instituted for any reason; I nominate my Agent to be guardian, and I consent to such appointment. If my Agent cannot serve, then I nominate my Successor Agent, if any. I oppose appointment of anyone other than one of these persons, unless at the time of guardianship proceedings neither of them are willing and able to serve.

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VII. ADMINISTRATIVE PROVISIONS

- A. I hereby revoke any prior power of attorney for health care.
- B. This power of attorney is intended to be valid in any jurisdiction in which it is presented.
- C. My Agent shall not be entitled to compensation for services performed under this Power of Attorney, but he or she shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provisions of this Power of Attorney.
- D. The powers delegated under this Power of Attorney are separable, so that the invalidity of one or more powers shall not affect any others.
- E. This power of attorney shall be legally unaffected by reason of lapse of time or staleness.

VIII. LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama, 1975. If you violate the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama, 1975, or act outside the authority granted, you may be liable for any damages caused by your violation.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT(S).

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

I sign my name to this Health Care Power of Attorney on this the 11 Day of MAY, 2021.

James T. Smith
James Thomas Smith
Principal

1413 8TH Street S.W Alabaster Ala
Address 35007

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STATE OF ALABAMA)
)
COUNTY OF SHELBY)

I, *Charles L. Howell*, certify under penalty of perjury that *James Thomas Smith*, the Principal, granted me authority as an agent or successor agent in a Power of Attorney dated the 11 Day of May, 2021.

I further certify that to my knowledge:

- (a) The Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;
- (b) If the Power of Attorney was drafted to become effective upon the happening of any event or contingency, the event or contingency has occurred; if I was named as a successor agent, the prior agent is no longer able or willing to serve.

The Agent named below agrees to serve as the Principal's agent and attorney-in-fact pursuant to the terms set forth above in this document.

- Acceptance of Appointment By Agent -

5-11-2022
Date

Charles L Howell
Agent's Signature

1-205-068-1087
Agent's Phone Number

388 County ROAD 868 Montevallo Ala
Agent's Address 35115

J.T.S.



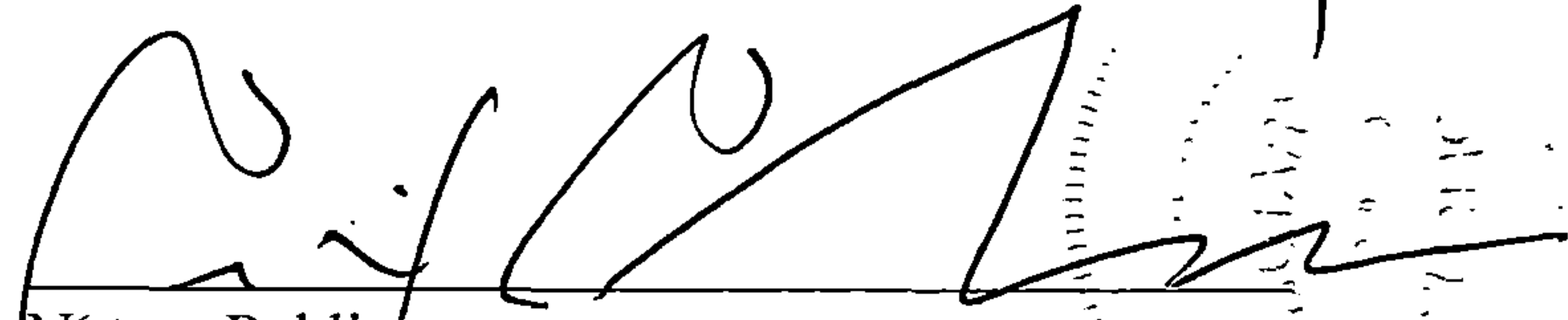
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Acknowledgment & Notary as to AGENT

STATE OF ALABAMA)
)
COUNTY OF SHELBY)

Before me the undersigned Notary Public, in and for said County and State, personally appeared, *Charles L. Howell*, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument subscribed to me that the entity, upon whose behalf he/she acted voluntarily, executed the instrument.

WITNESS my hand and official seal on this the 11 Day of May, 2021.



Notary Public
My Commission Expires: 28 February, 2024

This Instrument Was Prepared By:

Clint C. Thomas, P.C.
Attorney at Law
P.O. Box 1422
Calera, Alabama 35040

J. L. S.