This instrument was prepared by:
W. Eric Pitts, Esq.
W. Eric Pitts, LLC
PO Box 280
Alabaster, Alabama 35007
(205) 216-4418

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GENERAL DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That I, **Edna Martin**, of the County of Shelby, State of Alabama, have made, constituted and appointed, and by these presents do make, constitute and appoint **Donald W. Martin and Karen McKinstry** to act as my true and lawful Attorneys and Co-Agents (hereinafter called "Agent" whether one or more), for me in my name, place and stead, and for my behalf and benefit, hereby revoking and terminating any and all other General Durable Powers of Attorney heretofore made by me:

1. GENERAL GRANT OF AUTHORITY: To exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me, including, without limitation, the following specifically enumerated powers. I grant to my Agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my Agent shall lawfully do or cause to be done by virtue of this power of attorney and the powers herein granted;

(a) Powers of Collection and Payment: To forgive, request, demand, sue for, recover, collect, receive, and hold all such sums of money, debts, dues, commercial paper, checks, drafts, accounts, deposits, legacies, bequests, devises, notes, interests, stock certificates, bonds, dividends, certificates of deposit, annuities, pension, profit sharing, retirement, social security, insurance and other contractual benefits and proceeds, all documents of title, all property, real or personal, intangible and tangible property and property rights and demands whatsoever, liquidated or unliquidated, now or hereafter owned by, or due, owing, payable or belonging to, me or in which I have or may hereafter acquire an interest; to have, use, and take all lawful means and equitable and legal remedies and proceedings in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same, and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same;

(b) Power to Acquire and Sell: To acquire, purchase, exchange and grant options to sell, mortgage, pledge, lease, sell and convey real or personal property, tangible or intangible, or interests therein, on such terms and conditions as my Agent shall deem proper, with full authority to sign, endorse, execute and deliver any sales agreement, deed, bill of sale

and all other instruments or documents pertaining to the sale of any of my real or personal property; and to enter into bonds, contracts, mortgages and deeds connected therewith;

(c) Management Powers: To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interest therein, that I now own or may hereafter acquire in my name and for my benefit, upon such terms and conditions as my Agent shall deem proper;

(d) Banking Powers: My agent shall have all of the powers set out in Section 26-1A-208 of the Code of Alabama, including, but not limited to the power to make, receive and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposit, in banks, savings and loan associations and other institutions, execute or release such deeds of trust or other security agreements as may be necessary or proper in the exercise of the rights and powers herein granted;

(e) Motor Vehicles: To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup, van, motorcycle or other motor vehicle, and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment;

(f) Business Interests: To conduct or participate in any lawful business of whatever nature for me and in my name; to execute partnership agreements and amendments thereto; to incorporate, reorganize, merge, consolidate, recapitalize, sell, liquidate or dissolve any business; to elect or employ officers, directors and agents; to carry out the provisions of any agreement for the sale of any business interest or the stock therein; and to exercise voting rights with respect to stock, either in person or by proxy, and to exercise stock options;

(g) Tax Powers: To prepare, sign and file income tax returns or declarations of estimated tax for any year or years; to prepare, sign and file gift tax returns with respect to gifts made by me for any year or years; to consent to and to utilize any tax election; and to prepare, sign and file any claims for refund of any tax;

(h) Safe Deposit Boxes: To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe deposit box, and any institution in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result of permitting my Agent to exercise this power;

(i) Power to Hold Property and Make Investments, Stocks and bonds: My agent shall have all of the powers set out in Sections 26-1A-206 and 26-1A-207 of the Code of Alabama, including, but not limited to, the power to hold or acquire any property or securities, regardless of whether such property or securities are a so-called "legal" investment, where such course is, in the said Agent's opinion, for my best interest;

(j) Power of Access and Disclosure of Medical Records and Financial Information: To request, receive and review any information, verbal or written, regarding my

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financial affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations, firms or corporations as my Agent shall deem appropriate;

(k) Power to Provide Health Care Services: To give or withhold consent to any medical procedure, test or treatment for me including choice of a physician, choice of a hospital or nursing home; to revoke, withdraw, modify or change consents to such procedures, tests or treatment; and to provide such other care, comfort, maintenance and support as my Agent may deem necessary;

(l) Power to Employ and Discharge Health Care Personnel: To employ and discharge medical personnel including such physicians, psychiatrists, dentists, nurses, and therapists as my Agent shall deem necessary for my physical, mental and emotional well-being, and to pay such individuals, or any of them, reasonable compensation;

(m) Power to Borrow: To borrow any sum or sums of money on such terms (including the power to borrow against the cash surrender value of any life insurance policy issued on my life), and with such security, whether real or personal property, as my Agent may think fit, and for that purpose to execute all promissory notes, bonds, mortgages, deeds of trust, security agreements, and other instruments which may be necessary or proper;

(n) Disclaimer: To exercise or release powers of appointment in whole or in part and to disclaim or renounce in whole or in part any interest that I might otherwise have as a joint owner, beneficiary, heir or otherwise and in exercising such discretion, my Agent may take into account such matters as shall include but shall not be limited to any reduction in estate or inheritance taxes on my estate, and the effect of such renunciation or disclaimer upon persons interested in my estate and persons who would receive the renounced or disclaimed property;

(o) Trusts: To transfer, assign and convey any property or interest in property, the legal or equitable title to which is in my name, to any trust of which I am the primary beneficiary during my lifetime and under the terms of which I expressly have the power to amend or revoke such trust, and to exercise any right of withdrawal of income and/or principal which I may have pursuant to the terms and conditions of such trust, whether such trust was created before or after the execution of this power of attorney;

(p) Power to Manage Retirement Plans: My agent shall have all of the powers set out in Section 26-1A-215 of the Code of Alabama; including, but not limited to, the power to exercise all rights, privileges, elections and options I have with regard to any individual retirement account, pension, profit sharing, stock bonus, Keogh, or other retirement plan, or other benefit or similar arrangement; including, but not limited to, the power and discretion to make withdrawals; to determine forms of payment on my behalf or on behalf of my beneficiaries; to make, change, or alter investment decisions; to change custodians or trustees; to make or complete roll-overs; and to make direct "trustee-to-trustee" or similar type transfers of the assets, rights, or other benefits thereof;

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(q) Power to Manage Qualified Tuition Plan Accounts: To exercise all rights, privileges, elections and options I have as the plan participant or account owner of any Qualified Tuition Plan, as defined by Section 529 of the Internal Revenue Code of 1986, as amended; including, but not limited to, the power and discretion to make distributions to designated beneficiaries, regardless of whether such distributions cause adverse federal or state income tax consequences or penalties; to make, change, or alter investment decisions; to transfer assets from one plan to another regardless of whether the transferee plan is a savings plan or prepaid tuition plan sponsored by a state or educational institution; and to obtain a refund of account assets to the extent permitted by the plan agreement. Notwithstanding anything above to the contrary, my Agent shall not have the power to change the designated beneficiary of any Qualified Tuition Plan of which I am the plan participant or account owner, or to make a plan transfer that results in such a change.

(r) Real Estate Powers: My Agent shall have all of the power with respect to real property set out in Section 26-1A-204 of the Code of Alabama except that my said Agent shall not exercise the power granted under subsection (9) of that section to dedicate to public use real property in which I have an interest for less than full and adequate consideration without first considering my financial needs and taking into account such matters as shall include but shall not be limited to any deduction for income taxes, reduction in estate or inheritance taxes on my estate, and the effect of such dedication upon persons interested in my estate.

(s) Powers of Personal and Family Maintenance: My agent shall have the powers of personal and family maintenance set out in Section 26-1A-213 of the Code of Alabama except that my said Agent shall not exercise the power to perform the acts necessary to maintain the standard of living of individuals listed in subsection (a)(1)(C) of that section unless such individuals are either my ancestors or lineal descendants.

(t) Power to Sue Third Parties Who Fail to Act Pursuant to Power of Attorney: If any third party (including but not limited to stock transfer agents, title insurance companies, banks, credit unions, and savings and loan associations) with whom my Agent seeks to transact refuses to recognize my Agent's authority to act on my behalf pursuant to this power of attorney, I authorize my Agent to sue and recover from such third party all resulting damages, costs, expenses, and attorney's fees that are incurred because of such failure to act pursuant to Section 26-1A-120 of the Code of Alabama or other applicable section or legal authority. The costs, expenses, and attorney's fees incurred in bringing such action shall be charged against my general assets, to the extent that they are not recovered from said third party.

2. SPECIFIC GRANT OF AUTHORITY: 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 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 exercise the authority granted under 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

3. MISCELLANEOUS: I grant to the Agent named herein the following additional powers and authority:

(a) In the event any Agent named herein should be of the opinion at any time that he or she does not have the expertise to manage all or any part of my assets, I grant to said Agent the right and power to delegate the management powers hereinabove granted over all or any part of my assets to any bank or trust company having at such time total resources or assets under management of not less than One Hundred Twenty-Five Million Dollars, and to enter into any management or agency agreements with the said bank or trust company pertaining thereto, with the right on the part of the Agent named herein to revoke and cancel any such agreement at any time upon not more than ninety (90) days' written notice to said bank or trust company.

(b) I further authorize and empower the Agent named herein to use and apply so much of the income and principal of the assets comprising my estate as may be necessary or desirable, in the sole discretion of said Agent, for my maintenance and support, and for the maintenance and support of any person dependent upon me, taking into consideration other income, resources, or financial assistance available to any of them from all other sources. Any provision herein to the contrary notwithstanding, the Agent shall have no power or authority to use or apply the principal to discharge any legal obligation that the Agent or any other person may have to support me or any dependent or beneficiary of mine, except to the extent that there are no assets reasonably available to the person having the obligation of support to pay the same.

(c) I further authorize and empower my Agent to engage, employ and dismiss any agents, clerks, servants, consultants, attorneys-at-law, accountants, investment advisors, custodians, or other persons in and about the performance of these presents as my Agent shall think fit.

(d) During any period that I am incapacitated, I expressly vest my Agent with the power to continue my pattern of charitable gifts (but not to exceed the average amount given by me over the last three years in which I was not incapacitated).

Any decisions made by the said Agent with respect to the matters set forth hereinabove in this section 2 shall be final, binding and conclusive upon all of the beneficiaries of my estate, and said Agent shall be released and discharged of and from all liability for any such decisions that said Agent may make in good faith with respect thereto.

4. INTERPRETATION AND GOVERNING LAW: This instrument is to be construed and interpreted as a general durable power of attorney and shall not be affected by my disability, incompetency or incapacity, or by lapse of time. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my Agent. This instrument is executed and delivered in the State of Alabama, and the laws of the State of Alabama shall govern all questions as to the validity of this power and the construction of its provisions.

5. INDEMNITY: I hereby bind myself to indemnify my Agent and any successor who shall so act against any and all claims, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable attorneys' fees which my Agent at any time may sustain or incur in connection with carrying out the authority granted him or her in this power of attorney.

6. THIRD PARTY RELIANCE: Third parties may rely upon the representations of my Agent as to all matters relating to any power granted to my Agent, and no person who may act in reliance upon the representations of my Agent or the authority granted to my Agent shall incur any liability to me or my estate as a result of permitting my Agent to exercise any power.

7. NOMINATION OF GUARDIAN OR CONSERVATOR: In the event court proceedings are hereafter commenced to appoint a guardian, conservator or other fiduciary to take charge of my person, or to manage and conserve my property, I hereby nominate and appoint my Agent named to serve hereunder, in the order set forth herein, as my guardian, conservator, or other fiduciary, to serve without bond, pursuant to Section 26-2A-139(c) of the Code of Alabama or other applicable section, unless otherwise required by a court of competent jurisdiction.

8. REVOCATION: This general durable power of attorney may be voluntarily revoked by me by written instrument delivered to my Agent. In the event that a person, other than my nominated Agent, is appointed guardian by a court of competent jurisdiction, said guardian may also revoke this instrument by written instrument delivered to my Agent. Any affidavit executed by my Agent stating that he or she does not have, at the time of doing any act pursuant to this power of attorney, actual knowledge of the revocation or termination of this power of attorney, is, in the absence of fraud, conclusive proof of the nonrevocation or nontermination of the power at that time.

9. DEATH: My death shall not revoke or terminate this agency as to my Agent or any other person who, without actual knowledge of my death, acts in good faith under this power of attorney. Any action so taken, unless otherwise invalid or unenforceable, shall be binding upon me and my heirs, devisees, and personal representatives.

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10. SUBSTITUTE AGENT: If either **Donald W. Martin** or **Karen McKinstry** ceases or fails to act as my Agent due to death, incapacity or resignation, I appoint the other or the survivor of them as my Agent.

11. JOINT AND SEVERAL POWER: It is my intent that the power granted to Donald W. Martin and Karen McKinstry shall be a joint and several power, which can be exercised by an above-named individual acting independently, or by the above-named individuals acting jointly. Wherever I have referred to my Agent hereinabove, such terms shall be deemed to refer to Donald W. Martin and Karen McKinstry as they may from time to time act on my behalf.

12. INCAPACITY OF AGENT: Any person acting or named to act as my Agent hereunder or required to be legally competent in order to act hereunder shall be deemed to be legally incompetent to act when a physician whom such person has consulted within the prior three years has certified as to such consultation and also as to the present lack of the physical or mental capacity of such person to manage his or her financial affairs.

IN WITNESS WHEREOF, I have executed this General Durable Power of Attorney, which shall not be affected by my disability, incapacity or incompetency, and I have directed that photographic copies of this power be made, which shall have the same force and effect as an original.

DATED this the 11th day of October, 2021

Edna Martin

I, the undersigned, a Notary Public in and for the State of Alabama at Large, hereby certify that **Edna Martin**, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he executed the same voluntarily on the day the same bears date.

Given under my hand and seal this 11th day of October, 2021.

(SEAL)

SHARON D. HASSLER
NOTARY
My Comm. Expires 20 MAR 2023
ALABAMA PUBLIC STATE AT LARGE

Notary Public
My Commission Expires: 3/20/23

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DURABLE HEALTH CARE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT I, **Edna Martin**, of the City of Pelham, County of Shelby, Alabama, hereby make, constitute and appoint **Donald W. Martin**, whose address is 616 Bayhill Rd., Hoover, AL 35244, to act as my agent or attorney in fact, to make health care and related personal decisions for me as authorized in this document. Should Don Martin for any reason be unable or unwilling to act, temporarily or permanently, then I appoint **Karen McKinstry**, of 1065 Hwy. 35, Pelham, AL 35124, as my successor agent/attorney in fact, with the same authority.

By this document I intend to create a durable power of attorney upon, and only during, any period of incapacity in which, in the opinion of my health care agent/attorney in fact, after consultation with my health care providers, I am unable to make or communicate a choice regarding a particular health care decision. This document is intended to complement and supplement any Advance Health Care Directive and/or Durable Power of Attorney for financial matters that I may have executed or may execute in the future. It is my desire to receive appropriate medical treatment so long as there is a reasonable hope of recovery, but I do not want my life artificially extended beyond any reasonable hope of recovery to a meaningful quality of life and I do not want to prolong the dying process. I do not intend by this document to authorize or request euthanasia or assisted suicide but to avoid being unwillingly sustained in a condition that is only a semblance of life; or to be allowed to endure pain for which there is treatment available, whether or not recovery is possible. I intend for this document to be effective in both terminal and non-terminal situations in which I am unable to speak for myself.

I also appoint those named as my agent/attorney in fact as my Personal Representatives, as that term is used in 45 C.F.R. § 164 ("HIPAA"), especially § 164.502, to have access to my personally identifiable health care and related information of all kinds in any form, and to execute any other document that may be required or requested in order to do so. **As to this paragraph only**, I intend this authority to be effective immediately, whether or not I am able to make or communicate health care decisions for myself. This authority shall remain in effect until my death unless earlier revoked by me, and I understand that I may revoke it at any time.

I grant to my agent full power to make decisions for me regarding my health care. In exercising his/her authority, my agent shall attempt to communicate with me regarding my wishes if I am able to communicate in any way. If my agent cannot determine the choice I want made, then (s)he shall make the choice for me based upon what (s)he believes I would do if I were able, or if unable to so determine, then based upon what (s)he believes to be my best interests. I intend the power given to be as broad as possible, except for any limitations in my Advance Directives or set out hereinafter. Accordingly, unless so limited, my agent is authorized:

To consent to, refuse or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medications and use of mechanical or other procedures affecting bodily functions; including, without limitation, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation;

- To have access to and have the right to disclose medical reports, records and information to the extent that I would myself;

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- To authorize admission to or discharge from any hospital, residential care or related facility, even against medical advice;
- To contract for health care or related services, without the agent incurring personal liability therefore;
- To hire and fire medical, social service or related personnel responsible for my care;
- To authorize or refuse to authorize any medication or procedure to relieve pain, even though such use may lead to temporary discomfort or addiction, or inadvertently hasten the moment of death;
- To make anatomical gifts of part of all of my body for medical purposes,
- To authorize an autopsy and direct disposition of my remains, to the extent permitted by law, and
- To take any other action necessary to effectuate the intent and purpose of this broad grant of powers, including, without limitation, granting any waiver of release from liability required by any health care provider or related agency, and
- To sign any document relative to health care in any way whatsoever and pursuing legal action in my name at the expense of my estate, should that be necessary to enforce compliance with my wishes as determined by my agent pursuant to the authority given herein.

Without in any way limiting the broad powers herein granted, I express the hope that, circumstances permitting, my agent will consult family and friends for their advice and support in arriving at what may be difficult decisions; but the final decisions shall be that of my agent.

No person who relies in good faith upon any representation of my agent or successor agent shall be liable to me, my estate, my heirs or assignees, for recognizing the agent's authority. Although no compensation of my agent is contemplated, (s)he shall be entitled to reimbursement of any and all reasonable expenses incurred as a result of carrying out any provision of this document.

Invalidity of one or more powers shall not invalidate any others.

I am in full control of my mental faculties and I understand the contents of this document and the effect of this grant of powers to my agent.

Dated this 11th day of October, 2021.

Edna Martin

Edna Martin, Grantor

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WITNESSES

I believe the Grantor to be of sound mind and able to make decisions of this kind. I did not sign his/her name and I am not the health care agent. I am not related to the Grantor by blood, adoption or marriage, and not entitled to any part of his/her estate. I am at least 19 years old and am not directly responsible for his/her medical care or expenses.

Signature of Witness

Krista Trammel
Name of Witness

Date: 10/11/21

and

Signature of Witness

Andrew Farris
Name of Witness

Date: 10/11/21

ATTESTATION

I, the undersigned authority in and for said County in said State, hereby certify that **Edna Martin**, whose name is signed to the foregoing Durable Health Care Power of Attorney, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily, before the witnesses whose names appear above, on the day the same bears date.

Given under my hand this 11th day of October, 2021.

Notary Public

SHARON D. HASSLER
NOTARY
My Comm. Expires 20 MAR 2023
PUBLIC
ALABAMA STATE AT LARGE

My commission expires: 3/20/23

SIGNATURES OF AGENTS

I, Donald W. Martin, am willing to serve as Health Care Agent.

Signature: _____ Date: 11-07-21

I, Karen McKinstry, am willing to serve as Health Care Agent if the first-named Agent cannot serve.

Signature: _____ Date: 10/11/21

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Advance Directive for Health Care

This form may be used in the State of Alabama to make your wishes known about what medical treatment or other care you **would** or **would not** want if you become too sick to speak for yourself. You are not required to have an advance directive. If you do have an advance directive, be sure that your doctor, family, and friends know you have one and know where it is located.

Section 1. Living Will. I, **Edna Martin**, being of sound mind and at least 19 years old, would like to make the following wishes known. I direct that my family, my doctors and health care workers, and all others follow the directions I am writing down. I know that at any time I can change my mind about these directions by tearing up this form and writing a new one. I can also do away with these directions by tearing them up and by telling someone at least 19 years of age of my wishes and asking him or her to write them down. I understand that these directions will only be used if I am not able to speak for myself.

If I become terminally ill or injured:

Terminally ill or injured is when my doctor and another doctor decide that I have a condition that cannot be cured and that I will likely die in the near future from this condition. *Life sustaining treatment* - Life sustaining treatment includes drugs, machines, or medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

I want to have life sustaining treatment if I am terminally ill or injured. *(Place your initials by either "yes" or "no")*

_____ **Yes** EM **No**

Artificially provided food and hydration (Food and water through a tube or an IV) - I understand that if I am terminally ill or injured I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

I want to have food and water provided through a tube or an IV if I am terminally ill or injured. *(Place your initials by either "yes" or "no")*

_____ **Yes** EM **No**

If I Become Permanently Unconscious:

Permanent unconsciousness is when my doctor and another doctor agree that within a reasonable degree of medical certainty I can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. I understand that at least one of these doctors must be qualified to make such a diagnosis. *Life sustaining treatment* - Life sustaining treatment includes drugs, machines, or medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

I want to have life-sustaining treatment if I am permanently unconscious. *(Place your initials by either "yes" or "no")*

_____ **Yes** EM **No**

Artificially provided food and hydration (Food and water through a tube or an IV) - I understand that if I become permanently unconscious, I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

I want to have food and water provided through a tube or an IV if I am permanently unconscious. *(Place your initials by either "yes" or "no")*

_____ **Yes** EM **No**

Other Directions: Please list any other things you want **done** or **not done**. In addition to the directions I have listed on this form, I also want the following:

If you do not have other directions, place your initials here:

EM **No, I do not have any other directions.**

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Section 2. If I Need Someone to Speak for Me. This form can be used in the State of Alabama to name a person you would like to make medical or other decisions for you if you become too sick to speak for yourself. This person is called a health care proxy. You do not have to name a health care proxy. The directions in this form will be followed even if you do not name a health care proxy. *Place your initials by only one answer*:

_____ I **do not** want to name a health care proxy. *(If you check this answer, go to Section 3)*

I **do** want the person listed below to be my health care proxy. I have talked with this person about my wishes. I want him/her to make health care decisions for me in non-terminal situations in which I am unable to make or communicate decisions for myself, as well as those in which I am terminally ill or prematurely unconscious. Even though my Proxy may only make decisions for me when I am not able to do so, I specifically intend for him/her to have immediate access to my protected health information and I designate him/her as my "personal representative" as defined by CFR §14-502 (HIPAA), and authorize him/her to have the same access to my protected health information as I would myself, including but not limited to viewing records, requesting and obtaining copies thereof, and executing releases as may be required. I further authorize and direct covered entities to provide my Proxy/Health Care Agent/Personal Representative with the same access to my protected health information as I would have myself. I intend this authority to remain in full force and effect until my death unless earlier revoked by me. This Power of Attorney shall not be affected by my disability, incompetency, or incapacity and grants to my proxy the authority to make health care decisions for me as defined in Section 26-1-2 of the Code of Alabama 1975.

First choice of proxy: Donald W. Martin

Relationship & Contact Information: Son
616 Bayhill Road
Hoover, AL 35244
(205) 358-6977

If this person is not able, not willing, or not available to be my health care proxy, this is my next choice:

Second choice for proxy: Karen McKinstry

Relationship & Contact Information: Daughter
1065 Hwy. 35
Pelham, AL35124
(205) 222-0874

Instructions for Proxy (*Place your initials by either "yes" or "no"*)

I want my health care proxy to make decisions about whether to give me food and water through a tube or an IV.

_____ Yes _____ No

Place your initials ***by only one*** *of the following*:

_____ **I want my health care proxy to follow only the directions as listed on this form.**

_____ **I want my health care proxy to follow my directions as listed on this form and to make any decisions about things I have not covered in the form.**

_____ **I want my health care proxy to make the final decision, even though it could mean doing something different from what I have listed on this form.**

Section 3. The Things Listed on this Form Are What I Want. I understand the following (A) If my doctor or hospital does not want to follow the directions I have listed, they must see that I get to a doctor or hospital who will follow my directions. (B) If I am pregnant, or if I become pregnant, the choices I have made on this form will not be followed until after the birth of the baby. (C) If the time comes for me to stop receiving life sustaining treatment or food and water through a tube or an IV, I direct that my doctor

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talk about the good and bad points of doing this, along with my wishes, with my health care proxy, if I have one, and with the following people: (IF NONE, WRITE IN "NONE")

None

Section 4. My Signature.

Your name: Edna Martin

The month, day, and year of your birth: 04/25/1939

Your signature: Edna A Martin

Date signed: 10/11/21

Section 5. Witnesses (Need Two Witnesses to Sign). I am witnessing this form because I believe this person to be of sound mind. I did not sign the person's signature, and I am not the health care proxy. I am not related to the person by blood, adoption, or marriage and not entitled to any part of his or her estate. I am at least 19 years of age and am not directly responsible for paying for his or her medical care.

Name of first witness: Krista Trammel

Signature: Krista Trammel

Date: 10/11/21

Name of second witness: Andrew Farris

Signature: Andrew Farris

Date: 10/11/21

To Be Completed At The Convenience Of The Proxies

Section 6. Signature of Proxy

I, Donald W. Martin, am willing to serve as the health care proxy.

Signature: _____, Date: 11-07-2021

Signature of Second Choice for Proxy:

I, Karen McKinstry, am willing to serve as the health care proxy if the first choice cannot serve.

Signature: Karen McKinstry, Date: 10/11/21.