DURABLE GENERAL POWER OF ATTORNEY

OF

MARGARET ANN JOHNSON

THIS INSTRUMENT PREPARED BY:

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OF

MARGARET ANN JOHNSON

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1. Designation. I, **MARGARET ANN JOHNSON**, a resident of Brentwood, Davidson County, Tennessee (sometimes referred to herein as the "Principal"), hereby designate my daughter, **JENNIFER J. LUTERAN,** as my agent and attorney-in-fact to act for me in my name in any and all business, financial, legal and other matters, granting full authority to make, acknowledge and deliver for me and in my name all contracts, deeds, leases, assignments, obligations, writings, assurances, releases and other instruments which, to said attorney-in-fact, may seem proper in connection with any matter in which I may be interested, and generally to act for me and in my name in all matters affecting my business or property, real or personal, with the same effect as though I were personally present and acting for myself.

2. Successor. If for any reason the attorney-in-fact designated by me in Paragraph 1 above is unable, due to death or legal disability, to serve as attorney-in-fact, then I designate and appoint my son-in-law, **THOMAS E. LUTERAN** as successor attorney-in-fact. Such successors shall serve with all the same authority and powers as if originally named in Paragraph 1.

3. Effectiveness. This Power of Attorney shall become effective immediately upon my execution of this document.

4. Termination. This Power of Attorney may be terminated (a) by me by written notice of such termination given to the attorney-in-fact, or (b) by the guardian or conservator of my estate appointed by a court of competent jurisdiction. This Power of Attorney shall be terminated upon receipt of written notice or actual knowledge by the attorney-in-fact of my death.

An executed duplicate of this Power of Attorney, or a copy thereof, delivered by me or my attorney-in-fact to any third party will be conclusive against me and my attorney-in-fact as to such third party that this Power of Attorney has not been terminated and will continue in effect until such third party is advised by written notice from me or my attorney-in-fact of such termination.

5. HIPAA Authority. Pursuant to 45 CFR §164.508, and solely for the purposes of making a determination of my disability and obtaining an affidavit of such disability by a physician, I authorize any health care provider to disclose to the person named herein as my agent, by mail, fax, electronic transmission, or verbally, any pertinent individually identifiable health information, including any protected health information, sufficient to determine whether I am by reason of illness or mental or physical disability unable to give prompt and intelligent consideration to financial matters. This consent is valid until revoked by me in writing making specific reference to this Authorization, which written revocation shall constitute an "expiration event" for purposes of HIPAA.

6. Powers. Without limiting or abridging the general powers granted by the foregoing, but for the purpose of specifically setting forth certain powers, so that they may not be questioned, my attorney-in-fact is specifically authorized in my name and stead to do the following:

Receive from or disburse to any source whatever moneys through checking or savings or other accounts or otherwise, endorse, sign and issue checks, withdrawal receipts or any other instrument, and open or close any accounts in my name alone or jointly with any other person;

Buy, sell, lease, alter, maintain, pledge or in any way deal with real and personal property and sign each instrument necessary or advisable to complete any real or personal property transaction, including, but not limited to, deeds, deeds of trust, closing statement, options, notes and bills of sale;

Make, sign and file each income, gift, property or any other tax return or declaration required by the United States or any state, county, municipality or other legally constituted authority;

Acquire, maintain, cancel or in any manner deal with any policy of life, accident, disability, hospitalization, medical or casualty insurance, and prosecute each claim for benefits due under any policy;

Provide for the support and protection of me, or of my spouse, or of any minor child of mine or of my spouse dependent upon me, including, without limitation, provision for food, lodging, housing, medical services, recreation and travel;

Have free and private access to any safe deposit box in my individual name, alone or with others, in any bank, including authority to have it drilled, with full right to deposit and withdraw therefrom or to give full discharge therefor;

Receive and give receipt for any money or other obligation due or to become due to me from the United States, or any agency or subdivision thereof, and to act as representative payee for any payment to which I may be entitled, and effect redemption of any bond or other security wherein the United States, or any agency or subdivision thereof, is the obligor or payor, and give full discharge therefor;

Contract for or employ agents, accountants, advisors, attorneys and others for services in connection with the performance of my attorney-in-fact of any powers herein;

Buy United States government bonds redeemable at par in payment of any United States estate taxes imposed at my death;

Borrow money for any of the purposes described herein, and secure such borrowing in such manner as my attorney-in-fact shall deem appropriate, and use any credit card held in my name for any of the purposes described herein;

Establish, utilize, and terminate checking and savings accounts, money market accounts and agency accounts with financial institutions of any kinds, including securities brokers and corporate fiduciaries;

Invest or reinvest each item of money or other property and lend money or property upon such terms and conditions and with such security as my attorney-in-fact may deem appropriate, or renew, extend, or modify loans;

Engage in and transact any and all lawful business of whatever nature or kind for me and in my name, whether as partner, joint venturer, stockholder, or in any other manner or form, and vote any stock, partnership or limited liability company interests, or enter voting trusts;

Pay dues to any club or organization to which I belong, and make charitable contributions in fulfillment of any charitable pledge made by me;

Create and/or terminate any revocable trust and transfer any property owned by me to or from any revocable trust;

Sue, defend or compromise suits and legal actions, and employ counsel in connection with the same, including the power to seek a declaratory judgment interpreting this power of attorney, or a mandatory injunction requiring compliance with the instructions of my attorney-in-fact, or actual and punitive damages against any person failing or refusing to follow the instructions of my attorney-in-fact;

Reimburse my attorney-in-fact or others for all reasonable costs and expenses actually incurred and paid by such person on my behalf;

Create, contribute to, borrow from and otherwise deal with an employee benefit plan or individual retirement account for my benefit, select any payment option under any employee benefit plan or individual retirement account in which I am a participant or change options I have selected, make "roll-overs" of plan benefits into other retirement plans and apply for and receive payments and benefits;

Execute other power of attorney forms on my behalf which may be required by the internal revenue service, financial or brokerage institutions, or others, naming the attorney-in-fact hereunder as attorney-in-fact for me on such additional forms;

Request, receive and review any information, verbal or written, regarding my personal affairs or my physical or mental health, including legal, medical and hospital records, execute any releases or other documents that may be required in order to obtain such information, and disclose such information to such persons, organizations, firms or corporations as my attorney-in-fact shall deem appropriate;

Make gifts, grants, or other transfers without consideration to my spouse, descendants, and spouses of descendants, other than to the estate of the attorney-in-fact, or her creditors, the creditors of her estate, or herself;

Exercise any powers or revocation, amendment, or appointment which I may have over the Income or principal of any trust;

Act on my behalf in renouncing or resigning any fiduciary position held by me;

Change beneficiary designations on any death benefits payable on account of my death from any life insurance policy, employee benefit plan, or individual retirement account;

Change, add or delete any right of survivorship designation on any property, real or personal to which I hold title alone or with others;

Renounce or disclaim any property or interest in property or powers to which I may become entitled, whether by gift, testate or intestate succession, or by right of survivorship;

Exercise any right, or refuse, release or abandon any right, to claim an elective share in any estate or under any will; and/or

Make any decisions regarding property and finances incidental to medical treatment or health care.

7. Nomination of Attorney-in-Fact. I nominate the above named person in the same order of preference to act as conservator, guardian of my estate, or guardian of my person, for consideration by the court if protective proceedings for my person or estate are hereafter commenced.

8. Revocation of Prior Powers of Attorney. I hereby revoke any and all prior Durable Powers of Attorney that I may have executed.

9. Standard of Liability. My attorney-in-fact shall not be liable for any errors in judgment in the exercise of the powers conferred upon him in this instrument, and shall be liable only for fraud, dishonesty or willful misappropriation.

10. Nomination of Attorney-in-Fact. It is my intention that if I am deemed incapacitated by my attorney-in-fact may, in his or her absolute discretion, transfer my interests in property that are suitable for a trust to the trustee of the Trust as described in the preceding section hereof.

11. Reservation of Rights. I hereby reserve all rights on my part to do personally any act which my attorney-in-fact is hereby authorized to perform, and to grant similar powers of attorney to others.

12. Applicable Law. This Power of Attorney shall be governed by Tennessee Law.

Dated: December 18, 2021.

Margaret Ann Johnson

MARGARET ANN JOHNSON

STATE OF TENNESSEE)
COUNTY OF WILLIAMSON)

Personally appeared before me, **Carol Christian,** a Notary Public in and for said County and State, **MARGARET ANN JOHNSON**, with whom I am personally acquainted (or who proved to me on the basis of satisfactory evidence), and who acknowledged that she signed this instrument as his free and voluntary act and deed for the purposes therein.

WITNESS my hand and seal at Brentwood, Tennessee, this 18th day of December 2021.

NOTARY PUBLIC

My Commission Expires: January 16, 2024

CAROL B CHRISTIAN
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON
My Comm. Expires 1/16/2024

Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County Clerk
Shelby County, AL
11/23/2022 08:19:33 AM
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