

ALABAMA DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Principal's Information

Principal's Full Name: Barbara Burns

Date of Birth: 11/24/1939

Address: 1126 Inverness Cove Way, Birmingham, Alabama 35242

Telephone number: 2053967101

Email address: kelli.mack@gmail.com

The Principal is completing this form in Alabama.

Signing Date: 01/03/2023

Agent Information

My agent's name: Kelli Mackowiak & Dawn E. Brooks

Address: 9029 Eagle Valley Lane, Blum AL 35242

Telephone Number: 2053966736 / 2055862112

Email address: kelli.mack@gmail.com / delizabethbrooks4@gmail.com

Successor Agent's Information

If my first agent is unwilling or unable to act for any reason, my choice for a successor agent is:

My successor agent's name: Emma E. Brooks

Address: 1920 NW 26th Ave #109, Portland, OR 97210

Telephone Number: 2059071944

Email address: emmabrooks@gmail.com

Agent's Powers

I have communicated my goals and wishes to my agent, who shall follow the instructions given in this document and the conversations we have had in preparing it. I grant my agent authority to make decisions about my health care according to these goals and wishes. If my instructions are unclear at any time, then my agent will decide based on what my agent believes to be in my best interests. My agent's authority to interpret my wishes and goals includes the following authority:

Other Provisions

My agent's authority includes the following administrative provisions:

- Health care providers can rely on my agent. No one who relies in good faith on any representations by my agent or backup agent will be liable to me, my estate, my heirs or assigns, for recognizing the agent's authority.
- I cancel any previous power of attorney for health care that I may have signed.
- I intend this power of attorney to be universal; it is valid in any jurisdiction in which it is presented.
- I intend that copies of this document are as effective as the original.
- My agent will not be entitled to compensation for services performed under this power of attorney, but he or she will be entitled to reimbursement for all reasonable expenses that result from carrying out any provision of this power of attorney.

Effectiveness

This Medical Power of Attorney will become effective immediately.

Duration

This document shall end upon my death.



20230119000015620 3/6 \$37.00
Shelby Cnty Judge of Probate, AL
01/19/2023 11:35:58 AM FILED/CERT

I sign my name to this medical power of attorney on this 01/03/2023 at Birmingham,
Alabama.

A handwritten signature in cursive script that reads "Barbara Burns". The signature is written in black ink and is positioned above a horizontal line.

Barbara Burns



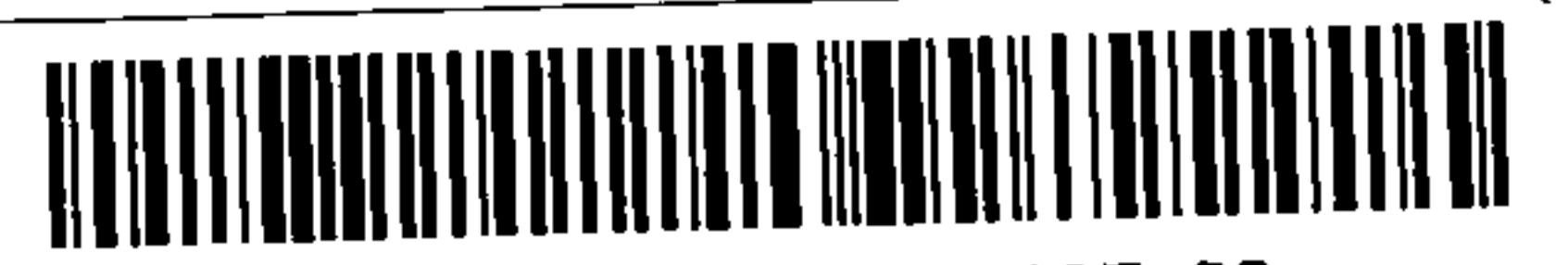
Witnessing Statement

We, *David [Signature]* and *Deborah [Signature]* declare that we personally know or that we have adequate proof of the identity of Barbara Burns, and that Barbara Burns has signed or acknowledged this Power of Attorney for My Health Care in front of us, and that Barbara Burns appears to be of sound mind and under no duress, fraud, or undue influence.

We are adults and are NOT any of the following:

- Appointed as your agent or backup agent.
- Related to you by blood, marriage, domestic partnership, or adoption, nor a spouse of any such person.
- Your health care provider, including the owner or operator of health, long-term care, or other residential or community care facility serving you.
- An employee of your health care provider.
- Financially responsible for your health care.
- An employee of your life or health insurance provider.
- A creditor of yours or entitled to any part of your estate under a will or codicil, trust, insurance policy, or by operation of intestate succession laws.
- Entitled to benefit financially in any other way after you die.

We further declare under penalty of perjury under the laws of Alabama that we are not related to the individual executing this advance health care directive by blood, marriage, or adoption, and, to the best of our knowledge, we are not entitled to any part of the principal's estate upon his or her death under a will now existing or by operation of law.



SIGNATURES

Witness #1 Details

Printed name: Daniel Shaw

Signature: Daniel Shaw

Date: 01/03/2023

Address: 130 Inverness Plaza Hoover AL 35242

Telephone Number: 205-991-9999

Email: Store0255@theupstore.com

Witness #2 Details

Printed name: Tivitt Jones

Signature: Tivitt Jones

Date: 01/03/2023

Address: 130 Inverness Plaza Hoover AL 35242

Telephone Number: 205-991-9999

Email: Store0255@theupstore.com



SIGNATURE ACKNOWLEDGED BEFORE NOTARY

I sign my name to this medical power of attorney on this 01/03/2023 at Birmingham, Alabama.

Barbara Burns
Barbara Burns

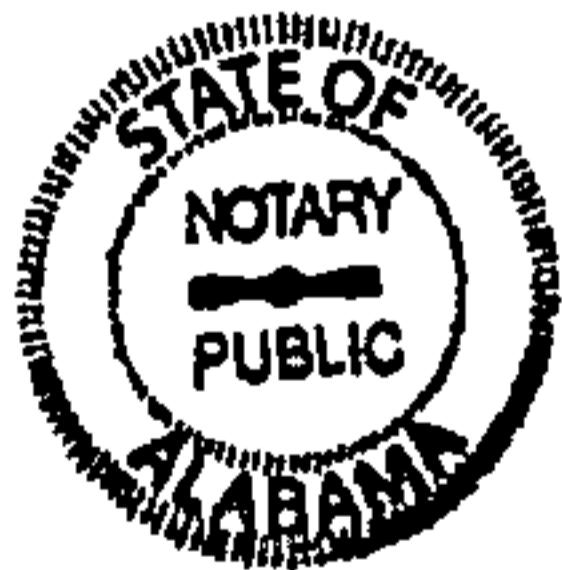
STATE OF ALABAMA,
SHELBY COUNTY

On this 01/03/2023, the said Principal Barbara Burns, and Witnesses Daniel Shaw and Tivitt Jones, known to me (or satisfactorily proven) to be the person named in the foregoing instrument and witnesses, respectively, personally appeared before me, a Notary Public, within and for the State and County aforesaid, and acknowledged that they freely and voluntarily executed the same for the purposes stated therein

AS WITNESS, my hand and Notarial Seal.

Notary Public Scott Pylant

My commission expires: April 16, 2025



Scott Pylant
Notary Public
My Commission Expires
April 16, 2025