

**ALABAMA STATUTORY FORM**  
**POWER OF ATTORNEY**

**Important Information**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act, Title 26, Chapter 1A of the Code of Alabama.

This power of attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

**If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.**

**DESIGNATION OF AGENT**

I, **CARLA J. WILLIAMS**, 117 Devon Drive, Birmingham, Al 35209, name the following person as my agent:

Name of Agent: my daughter **AMANDA BATTON**

Agent's Address: 369 Chesser Plantation Lane, Chelsea, AL 35043

Agent's Telephone Number: 

**DESIGNATION OF SUCCESSOR AGENT**

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: my daughter **YVETTE BRUNO**

Successor Agent's Address: 2367 Rocky Ridge Rd, Birmingham, AL 35216

**GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act, Title 26, Chapter 1A of the Code of Alabama:

**(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "(N) All Preceding Subjects" instead of initialing each subject.)**

- ( ) (A) Real Property
- ( ) (B) Tangible Personal Property
- ( ) (C) Stocks and Bonds
- ( ) (D) Commodities and Options
- ( ) (E) Banks and Other Financial Institutions, including safe deposit box access
- ( ) (F) Operation of Entity or Business
- ( ) (G) Insurance and Annuities
- ( ) (H) Estates, Trusts, and Other Beneficial Interests
- ( ) (I) Claims and Litigation
- ( ) (J) Personal and Family Maintenance
- ( ) (K) Benefits from Governmental Programs or Civil or Military Service
- ( ) (L) Retirement Plans
- ( ) (M) Taxes
- (*Cjs*) (N) All Preceding Subjects

**GRANT OF SPECIFIC AUTHORITY (OPTIONAL)**

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 ONLY the specific authority you WANT to give your agent.)**

- (*Cjs*) Amend, revoke, or terminate an inter vivos trust
- (*Cjs*) Make a gift, subject to the limitations of the Alabama Uniform Power of Attorney Act and any special instructions in this power of attorney
- (*Cjs*) Create or change rights of survivorship
- (*Cjs*) Create or change a beneficiary designation on annuities, insurance policies or other investment vehicles
- (*Cjs*) Authorize another person to exercise the authority granted under this power of attorney

- (Cju) Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- (Cju) Exercise fiduciary powers that the principal has authority to delegate
- (Cju) Disclaim or refuse an interest in property, including a power of appointment
- (Cju) Take any actions in connection with any digital accounts, assets and/or rights, including the power to access, continue, modify, or terminate existing accounts; create or change any "passwords" and/or "user identification profiles"

#### LIMITATION ON AGENT'S AUTHORITY

An agent who is not my descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

#### SPECIAL INSTRUCTIONS (OPTIONAL)

1. My agent has the power and authority to request, review, and receive, to the extent I could do so individually, any information, verbal or written, regarding my physical or mental health, including, but not limited to, my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164. I hereby authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose, and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition. This authority given my agent shall supersede any other agreement which I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. This authority given my agent shall be effective immediately, has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.
2. My agent has the power and authority to create an irrevocable trust, to name the Trustees and successor Trustees of such irrevocable trust, and to fund such irrevocable trust with all or any assets of mine or other interests in property which are capable of being held in said trust, including those assets which may then be held in a revocable trust for my benefit. This authority includes the power to create and fund a trust which may qualify me for Medicaid. My Agent may serve as the Trustee of the trust. My Agent shall have the power to exercise whatever trust powers or elections which I may exercise.
3. My agent(s) shall not be entitled to compensation for services in handling my financial affairs; however, my agent(s) shall be entitled to reimbursement from my assets for reasonable expenses incurred on my behalf.

