


**LIMITED POWER OF ATTORNEY FOR
PARENTAL RIGHTS OVER
MATHIAS ANTONIO CASTELLANOS**


20230608000173250 1/2 \$25.00
Shelby Cnty Judge of Probate, AL
06/08/2023 04:10:29 PM FILED/CERT

We, GUILLERMO JOSE CASTELLANOS BONILLA and SOFIA LIZETH ABATE ALVARENGA, pursuant to § 26-2A-7 Code of Alabama hereby make, constitute and appoint KAREN LENINA JACOBS (“Karen”) and JORGE SIDNEY JACOBS (“Jorge”) as our true and lawful Attorney-In-Fact, to act jointly and severally in our name, place and stead, to do and execute all or any of the following acts, deeds and things with respect to the care and custody of our child, MATHIAS ANTONIO CASTELLANOS, for the limited period of time as defined in paragraph 2. hereof. If Karen and Jorge are unable or unwilling to serve as such Attorney-In-Fact, then we appoint CAROLINA COLEMAN to act as our Attorney-In-Fact with the same powers provided herein.

1. To exercise any power and make decisions related to the support and maintenance of our said child; to make health care decisions on behalf of our said child, whether routine or emergency in nature, including admissions to hospitals or other institutions; to consent to, to refuse to consent to, or to withdraw consent to the provision of any care, tests, treatment, surgery, service or procedure to maintain, diagnose or treat a physical or mental condition, as well as the right to sign such medical forms as may be necessary to carry out such decisions; to talk with health care personnel who may be treating our said child and to examine his medical records and to consent to the disclosure of such records in circumstances the Attorney-In-Fact may deem appropriate; to file claims for medical insurance and to obtain information from any insurance company with respect to any policy of health or medical insurance under which our said child is insured; provided however, that our Attorney-In-Fact shall not be required to execute any documents which would involve incurring any personal liability for any such treatment and care, and we affirm that we will be responsible for payment for any such care or treatment consented to by our Attorney-In-Fact which is not covered by insurance; this authorization and request shall also be considered a consent to the release of such information under applicable laws, rules, and regulations as promulgated from time to time including, without limitation, the express grant of authority to personal representatives as provided by Regulation Section 164.502 of Title 45 of the Code of Federal Regulations and the medical information privacy law and regulations generally referred to as HIPAA; to generally do and perform all matters and things, to execute all other instruments of every kind which may be necessary or proper to effectuate all powers hereinabove specifically granted, or any other matter or thing appertaining to our said child, with the same full powers, and to all intents and purposes, with the same validity as we could, if personally present; and hereby ratifying and confirming whatsoever my Attorney-In-Fact shall and may do, by virtue hereto.

2. The powers herein granted to my Attorney-In-Fact shall be exercisable by either or both of them at any time from the date of June 20, 2023, until July 31, 2023.

3. This Power of Attorney shall remain in full force and effect from June 20, 2023 until the last date stated in paragraph 2. above, and any party dealing with our Attorney-In-Fact during such time shall be fully protected and is hereby discharged, released and indemnified from so

doing in respect of any matter relating hereto unless such particular party shall have received prior notice in writing of the revocation of this Power of Attorney.

4. This power of attorney shall not be affected by the disability, incompetency or incapacity of either of us and may be exercised notwithstanding any such disability, incompetency or incapacity.

IN WITNESS WHEREOF, we hereunto set our hands and seals on this the 7 day of JUNE, 2023.



GUILLERMO JOSE CASTELLANOS BONILLA



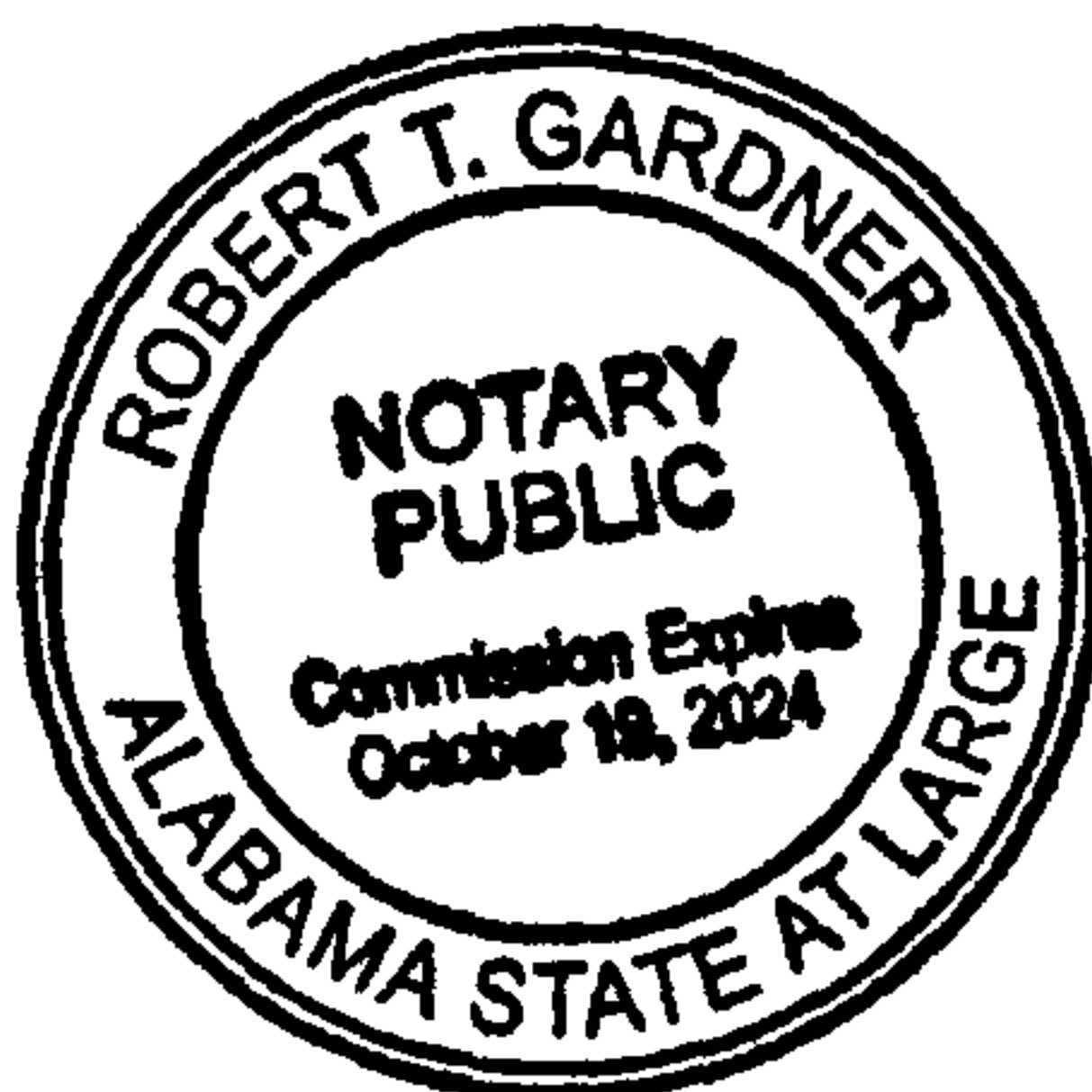
SOFIA LIZETH ABATE ALVARENGA

STATE OF ALABAMA)

COUNTY OF JEFFERSON)

I, the undersigned, a Notary Public, in and for said County, in said State, hereby certify that GUILLERMO JOSE CASTELLANOS BONILLA and SOFIA LIZETH ABATE ALVARENGA, whose names are signed to the foregoing Power of Attorney and who are known to me, acknowledged before me on this day, that, being fully informed of the contents of the foregoing instrument, each executed the same voluntarily on the day the same bears date.

Given under my hand and official seal on this the 7 day of JUNE, 2023.



Notary Public

My Commission Expires: 10/18/2024

PREPARED BY:
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