

STATE OF ALABAMA
Shelby COUNTY

20230710000204480 1/7 \$40.00
Shelby Cnty Judge of Probate, AL
07/10/2023 11:45:37 AM FILED/CERT

ALABAMA UNIFORM POWER OF ATTORNEY

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 Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975.

This power of attorney does 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 reimbursement of reasonable expenses and 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.

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

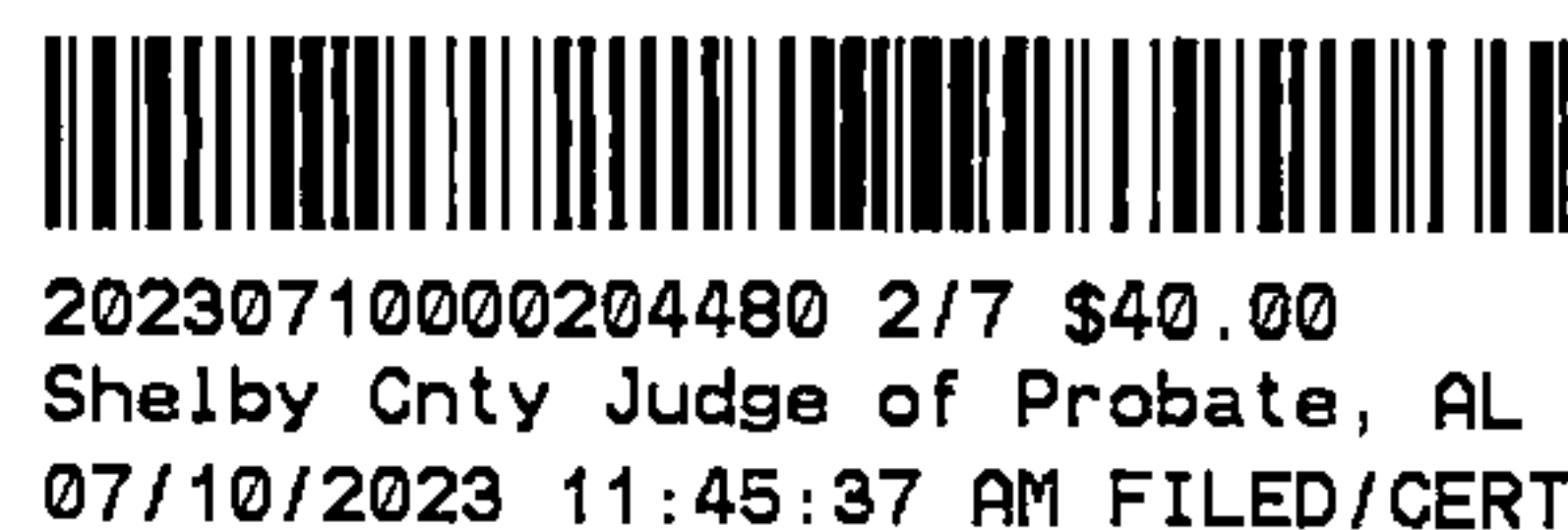
I, Daniel Atchison, Principal, name the following person as my agent:

Name of Agent: James Edward Farrow

Agent's Address: 954 Greystone Highlands Circle, Hoover, AL
35242

Agent's Telephone Number: [REDACTED]

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 Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:

If you wish to grant general authority over all of the subjects enumerated in this section you may

SIGN HERE: Daniel G. Givens
(Signature of Principal)

OR

If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each subject you want to include in the agent's authority:

- ☐ Real Property as defined in Section 26-1A-204
- ☐ Tangible Personal Property as defined in Section 26-1A-205
- ☐ Stocks and Bonds as defined in Section 26-1A-206
- ☐ Commodities and Options as defined in Section 26-1A-207
- ☐ Banks and Other Financial Institutions as defined in Section 26-1A-208
- ☐ Operation of Entity or Business as defined in Section 26-1A-209
- ☐ Insurance and Annuities as defined in Section 26-1A-210
- ☐ Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211
- ☐ Claims and Litigation as defined in Section 26-1A-212
- ☐ Personal and Family Maintenance as defined in Section 26-1A-213
- ☐ Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214
- ☐ Retirement Plans as defined in Section 26-1A-215

_____ Taxes as defined in Section 26-1A-216

_____ Gifts as defined in Section 26-1A-217



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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 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



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LIMITATIONS ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant **MAY NOT** use my property to benefit the agent or a person to whom the agent owes an obligation of support, an interest in my property, whether by gift, right of survivorship, beneficiary designation, or disclaimer unless I have included that authority in the Special Instructions.

Limitation of Power. Except for any special instructions given herein to the agent to make gifts, the following shall apply:

(a) Any power or authority granted to my Agent herein shall be limited so as to prevent this Power of Attorney from causing any Agent to be taxed on my income or from causing my assets to be subject to a "general power of appointment" by my Agent as defined in 26 U.S.C. § 2041 and 26 U.S.C. § 2514 of the Internal Revenue Code of 1986, as amended.

(b) My Agent shall have **no** power or authority whatsoever with respect to any policy of insurance owned by me on the life of my Agent, or any trust created by my Agent as to which I am a trustee.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines. For your protection, if there are no special instructions write NONE in this section.

None 

HEALTH CARE PROXY

I do further empower my said Attorney-in-Fact to make health care decisions for me if and when I am unable to make my own health care decisions, including the power to consent to giving, withholding or stopping any health care, treatment, service or diagnostic procedure. Included in the foregoing health care decisions is the right by my Attorney-in-Fact to make the decision to forego the use of any life support systems including but not limited to forced feeding by tubes or other artificial methods. My Attorney-in-Fact also has the authority to talk with health care personnel, obtain information and sign forms necessary to carry out those decisions, as well as to execute authorizations for medical treatment and for the administration of drugs, therapy, testing, radiological testing, anesthetic drugs and devices, surgery, cosmetic surgery, reconstructive



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surgery, blood transfusions, and in general for any type of medical treatment administered by any practitioner of the healing arts (including but without limitation to medical doctors, registered nurses, licensed practical nurses, therapists, allied health professionals, home health agencies, psychiatric doctors and psychologists) and to do all such acts and things as fully and effectually in all respects, and to all of the same intents and purposes, as I myself could do by my own hand, or in my own person, if present and acting.

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)

If it becomes necessary for a court to appoint a [conservator] or [guardian], I nominate the following person(s) for appointment:

Name of Nominee for [conservator]: James Edward Farrow

Nominee's Address: 954 Greystone Highlands Circle, Hoover, AL 35247

Nominee's Telephone Number: [REDACTED]

Name of Nominee for [guardian] of my person: James Edward Farrow

Nominee's Address: 954 Greystone Highlands Circle, Hoover, AL 35242

Nominee's Telephone Number: [REDACTED]

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT



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Daniel Atchison

(Signature of Principal)

Your Signature Date:

April 28, 2023

Your Name Printed:

Daniel Atchison

Your Address:

954 Greystone Highlands Circle, Hoover AL
35242

Your Telephone Number:



STATE OF ALABAMA

COUNTY OF Randolph

I, Laura D. Moore a Notary Public, in and for the County or state, hereby
certify that Daniel Atchison, whose name is signed to the foregoing document,
and who is known to me, acknowledged before me on this day that, being informed of the
contents of the document, he or she executed the same voluntarily on the day the same bears
date.

Given under my hand this the 28 day of April, 2023.

Laura D. Moore

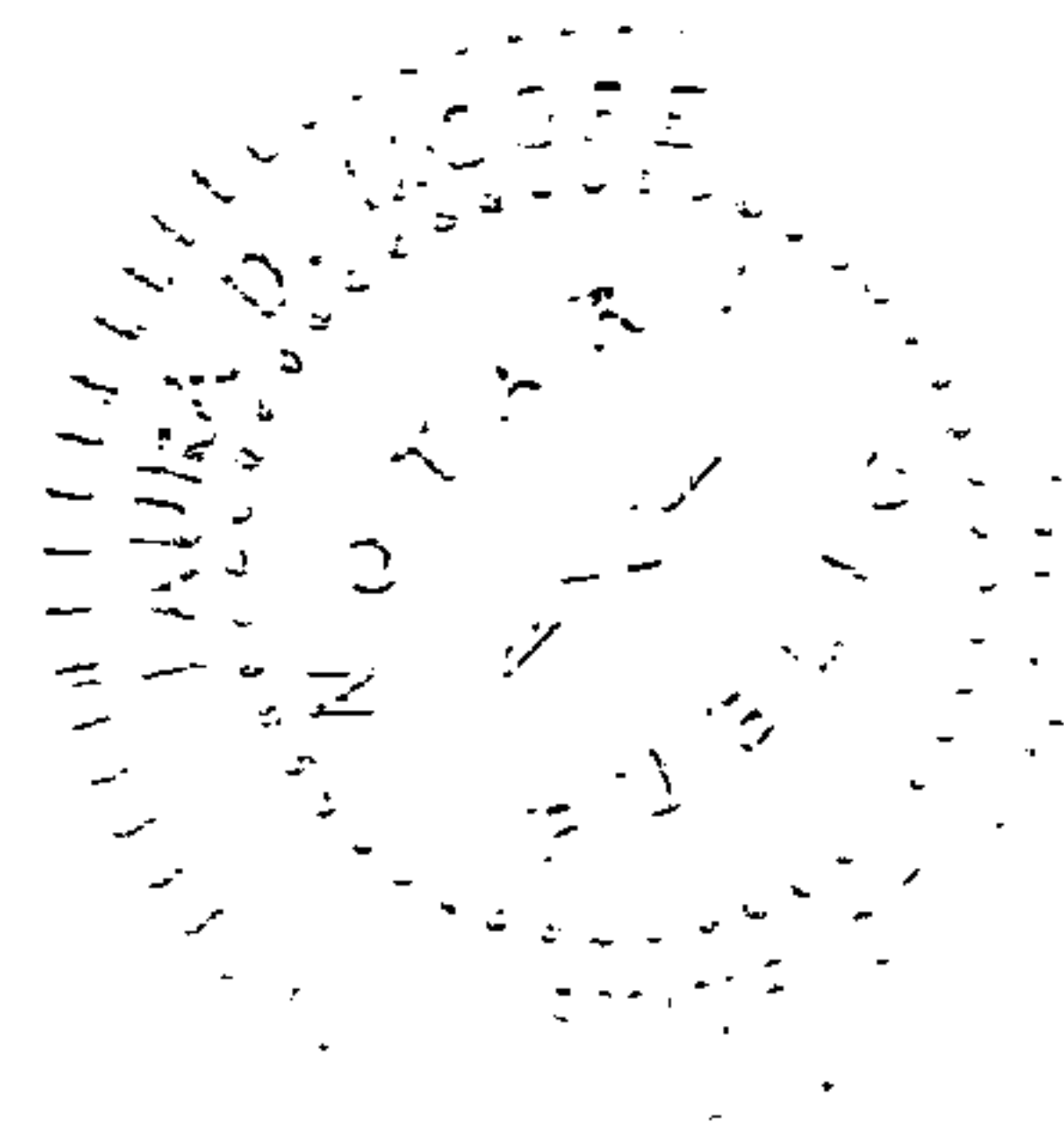
Signature of Notary

My commission expires:

5-19-24

This document prepared by:

Kesa M. Johnston
Attorney at Law
994 Main Street
Roanoke, Alabama 36274
(334) 863-5500
email: kesa@kmj.law



AGENT'S CERTIFICATION AS TO THE VALIDITY OF
POWER OF ATTORNEY AND AGENTS AUTHORITY

STATE OF ALABAMA

COUNTY OF Shelby, JMS
Randolph)



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I, James Edward Farrow, (Agent), certify under penalty of perjury that
Daniel Atchison, Principal, granted me authority as an agent or successor
agent in power of attorney dated April 28, 2023.

I further certify that to my knowledge:

- (1) the Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;
- (2) if the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (3) if I was named as a successor agent, the prior agent is no longer able or willing to serve.

James Edward Farrow
(Signature of Agent)

Your Signature Date:

April 28, 2023

Your Name Printed:

James Edward Farrow

Your Address:

954 Greystone Highlands Circle, Hoover, AL
35242

Your Telephone Number:



This document was acknowledged before me on this 28 day of April, 20 23, by
James Edward Farrow, Agent.

Laura D. McD

Notary Public

My Commission Expires:

5-19-24

