

This is a military Power of Attorney prepared pursuant to Section 1044b of Title 10, United States Code, and executed by a person authorized to receive legal assistance from the Military Department. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a commonwealth, territory, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

State of Alabama

County of AUTAUGA

**GENERAL POWER OF ATTORNEY  
FOR  
JONATHAN TYLER NICHOLS**

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

This power of attorney does not authorize the agent to make health care decisions for you. Such powers are governed by other applicable law.

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. 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, JONATHAN TYLER NICHOLS, name the following person as my agent:

Name of Agent: KATIE GRAYCE NICHOLS

Agent's Address: 2004 BRIARWOOD ST, PRATTVILLE, Alabama 36066

### 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:

Tylin Nichols

(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:

JTN Real Property as defined in Section 26-1A-204

JTN Tangible Personal Property as defined in Section 26-1A-205

       Stocks and Bonds as defined in Section 26-1A-206

JTN Commodities and Options as defined in Section 26-1A-207

JTN Banks and Other Financial Institutions as defined in Section 26-1A-208

       Operation of Entity or Business as defined in Section 26-1A-209

JTN Insurance and Annuities as defined in Section 26-1A-210

JTN Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211

JTN Claims and Litigation as defined in Section 26-1A-212

JTN Personal and Family Maintenance as defined in Section 26-1A-213

JTN 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

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

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

### 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

### **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 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.S. § 2041 and 26 U.S.C.S. § 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.

#### **Durable Power of Attorney.**

This power of attorney shall not be affected by my subsequent incapacity. All acts done by my agent pursuant to this power during any period of my incapacity shall have the same effect and inure to my benefit and bind me and my successors in interest as if I had full capacity and were not disabled.

#### **Termination.**

This power of attorney terminates on 03/04/2025.

#### **HIPAA.**

My Agent may act as my personal representative pursuant to the Health Insurance Portability and Accountability Act, §§ 1171–1179 of the Social Security Act, 42 U.S.C. § 1320d, as amended, and applicable regulations to obtain access to my health care information and communicate with my health care providers.

I intend for my Agent to be treated as I would be with respect to my rights regarding the use and disclosure of 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 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

I authorize any physician, healthcare 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, disclosure and release to my Agent, without restriction, all of my individually identifiable health information and medical records regarding my past, present or future physical or mental condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse.

The authority given my Agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my Agent 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.

With respect only to this HIPAA Release Authority, my Personal Agent is hereby granted this HIPAA power effective immediately upon my executing this document. All other power granted herein is effective only as set forth in Article III, Paragraph 3.

I authorize my Agent to make anatomical gifts of part or all of my body for medical purposes; I authorize my Agent to authorize an autopsy and direct disposition of my remains, to the extent permitted by law;

I authorize my Agent to take any other action necessary to effectuate the intent and purpose of this broad grant of powers, including, without limitation, granting any waiver of release from liability required by any health care provider or related agency; and,

I authorize my Agent to sign any document relative to health care in any way whatsoever and pursuing legal action in my name at the expense of my Estate, should that be necessary to enforce compliance with my wishes as determined by my Agent pursuant to the authority given herein.

### **Digital Assets.**

I hereby direct and authorize my Agent to access, maintain, preserve, memorialize, change, delete, sell, or otherwise dispose of my digital assets to the extent permitted by law and terms-of-service agreements.

### **GOVERNING LAW**

This power of attorney shall be governed by the laws of the State of Alabama.

### **VOLUNTARY EXECUTION**

This power of attorney is my free and voluntarily act for the purposes herein expressed. I am eighteen years of age or older, have a sound mind and have experienced no constraint or undue influence in connection with the preparation or execution of this instrument.

**EFFECTIVE DATE**

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

**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

Tyler Nichols

(Signature of Principal)

Signature Date: 4 Mar 2024

Name Printed: JONATHAN TYLER NICHOLS

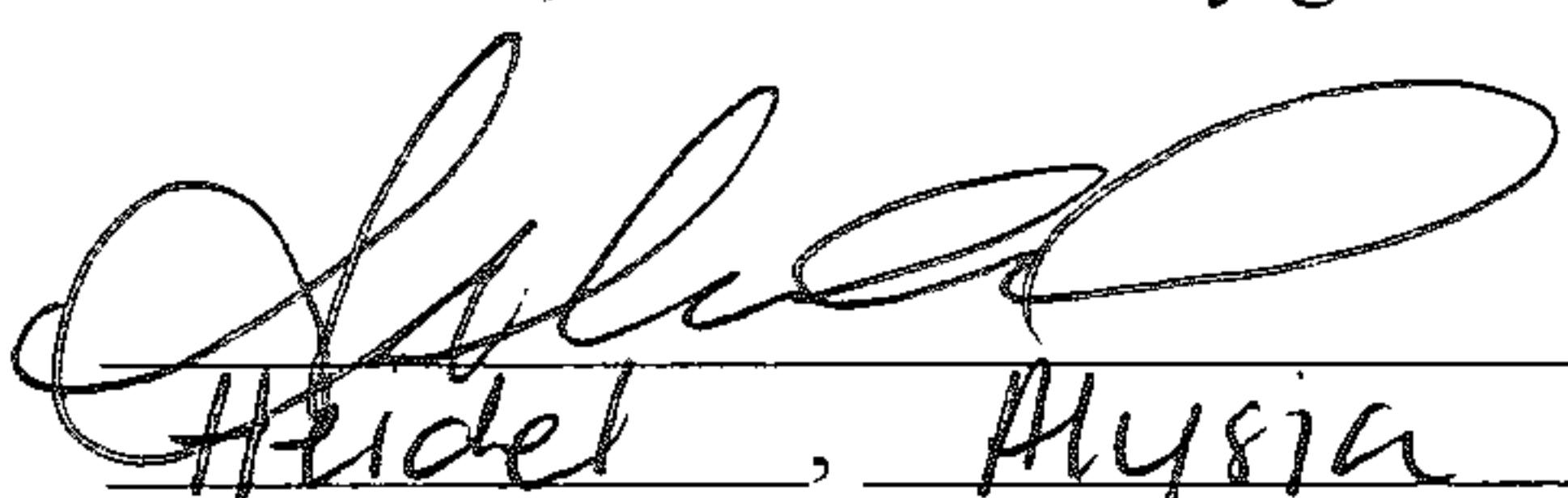
Address: 2004 BRIARWOOD ST., PRATTVILLE, Alabama 36066

WITH THE ARMED FORCES AT Ft. Cavazos, TX.

Before me, a person authorized to administer oaths under Title 10 U.S.C. § 1044a, personally appeared the above named JONATHAN TYLER NICHOLS, who acknowledged that he/she/they did sign the foregoing instrument, and that the same is his/her/their free and voluntary act and deed.

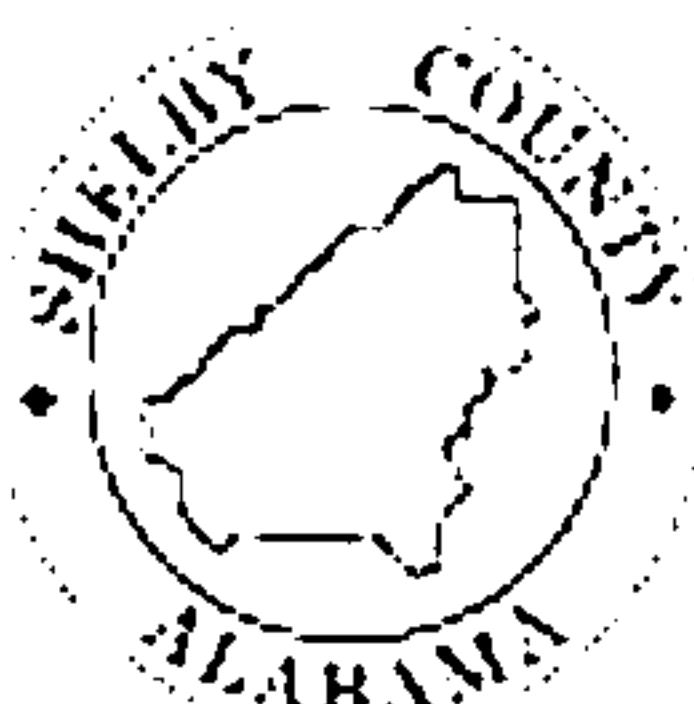
IN WITNESS WHEREOF I hereunto set my hand and official seal on this 4<sup>th</sup> day of March, 2024.

I, the undersigned, do hereby certify that I am, on the date of this certificate, a person with the power described in Title 10 U.S.C. § 1044a, and that by statute no seal is required on this certificate, under authority granted to me by Title 10 U.S.C. § 1044a.



Heather, Myria

**TITLE 10 UNITED STATES CODE SECTION 1044A**  
**JUDGE ADVOCATE NOTARIAL SEAL**

Position: NCOGrade and Branch of Service: E5, USARCommand or Organization: JA

Filed and Recorded  
 Official Public Records  
 Judge of Probate, Shelby County Alabama, County  
 Clerk  
 Shelby County, AL  
 12/12/2024 01:04:07 PM  
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