STATE OF ALABAMA

(COUNTY)

# Durable Power of Attorney and Authority to Access Health Information

Robert David Dum
KNOW ALL MEN BY THESE PRESENTS that I, Robert David Domosof in SHELBY County,
Alabama, do hereby make, constitute and appoint of, in
County, Alabama, phone number 25-240-6123as my Attorney-in-Fact, for me and in my name, place and stead, and on my behalf, to do, perform and execute the acts I have authorized, and I grant to him/her every power necessary to carry out the purposes for which this power is granted, including the powers of revocation and substitution, hereby ratifying and affirming that which (s)he or his/her substitute shall lawfully do or cause to be done by virtue of the rights and powers herein granted.
This power of attorney shall not be affected by disability, incompetency, or incapacity of the principal.
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:
(Signature of Principal)

OR

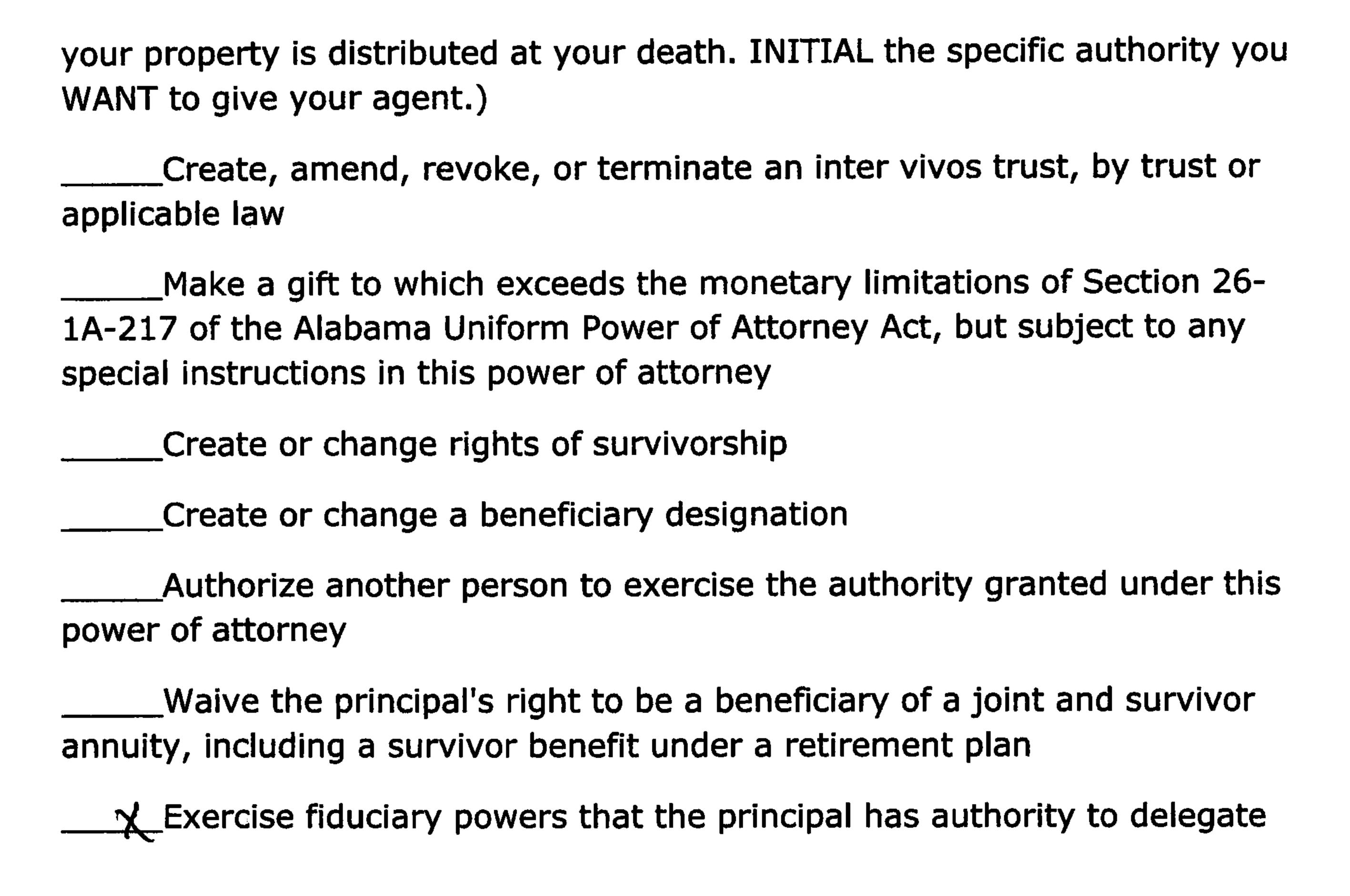
If you wish to grant specific authority over less than all subjects enumerated

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

# **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



#### AUTHORITY TO ACCESS HEALTH INFORMATION

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

Arrange for my care at home or by admitting me to an appropriate facility, and, effective immediately, to serve as my personal representative as that term is used in 45 CFR 164.502 (commonly known as "HIPAA privacy regulations"), and to have the same access to my personal health information as I have myself, including, but not limited to, viewing and obtaining copies of any and all of my personally identifiable medical records of any kind whatever, and consulting with medical providers; and I authorize covered medical Entities to provide such access and to cooperate with my agent under this document [as well as any health care agent or proxy I may appoint]; [further, my agent appointed herein may make medical decisions for me, consistent with applicable law and with any health care directive I may have in effect at the time decisions may be needed.] [I do not intend, by this appointment, to prohibit other family members from access to my

otherwise private health care information,	and I authorize covered
entities to provide to	, the same access to
them and cooperation with them to which	I am entitled myself.]

### 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 per-son 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. Section 2041 and 26 U.S.C. Section 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.

# NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)

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

Nominee's Address:

2620 Buttenouds Hive Birmingham AR 35242

Nominee's Telephone Number: 255-240-612-5

Name of Nominee for [guardian] of my person:

tonela Landunas

Nominee's Address:

Deso Butternonds Drive

\* Duninghan 191 35 242

Nominee's Telephone Number: ユニューシャーしょうこ

## 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.

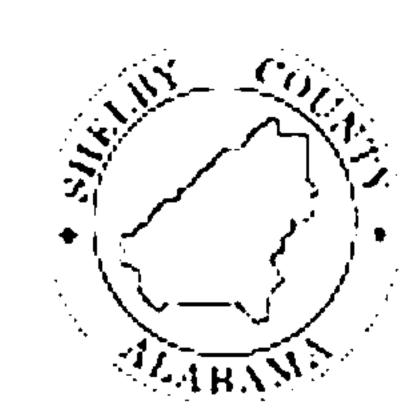
SIGNATURE AND ACKNOWLEDGMENT

20250219000049350 02/19/2025 02:22:48 PM POA 6/6
Daniel Line
(Signature of Principal)
Your Signature Date: 5/4/20
Your Name Printed: PART MUID DUMS
Your Address: 2620 Buttensols DR
Your Telephone Number:
STATE OF ALABAMA  GHAUBY COUNTY

I, The Rows, a Notary Public, in and for the County in this State, hereby certify that MIND DIWS, 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.

My commission expires: 4.7.23

Prepared by: Campbell & Rowell 300 Vestavia Pkwy, Ste 2300 Vestavia, AL 35216-3788 Phone: (205) 824-5711



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Judge of Probate, Shelby County Alabama, County
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