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ALABAMA DURABLE POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That I, **Kaye Childree**, residing at Harpersville, Alabama, hereby make, constitute and appoint **Mike Childree** as my true and lawful Attorney(s)-in-Fact. If **Mike Childree** shall die, resign, become incompetent, unable or otherwise cease to serve as my Attorney-in-Fact hereunder, then I make, constitute and appoint **Kayedee Garner**. If **Kayedee Garner** shall die, resign, become incompetent, unable or otherwise cease to serve as my Attorney-in-Fact hereunder, then I make, constitute and appoint **Sarah Alexander**, if **Sarah Alexander** shall die, resign, become incompetent, unable or otherwise cease to serve as my Attorney-in-Fact hereunder, then I make, constitute and appoint **Amy Hawkins** herein to act in, manage and conduct all of my affairs and, for that purpose, in my name, place and stead, to do and execute all or any of the following acts, deeds and things:

I grant my Attorney(s)-in-Fact and any successor Attorney(s)-in-Fact 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:

Kaye Childree
(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 Attorney(s)-in-Fact'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

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_____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

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

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_____ 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
In addition to the foregoing above I also hereby grant the following;

1. The Attorney(s)-in-Fact herein are specifically granted the powers to make any conveyances of any type of gifts, such as but not limited to monetary and real or personal property or a combination thereof to the fullest extent available under federal, state, county, city or IRS laws, statutes, or regulations (specifically **PLR 9736004**). It is the intent of this authorization that said gifts conveyed under this durable power of attorney are to qualify for any gift exclusions or any other tax purposes now or later available, that are allowed by law for gifts.

2. 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 I am insured; to have access to my medical records and to obtain information of any type from any physician or other health care professional who may be treating me as I would myself;

I hereby do further authorize my Agent(s) to have disclosed to them, to discuss or inspect any all medical records by any medical provider or service provider, such as but not limited to physicians, hospitals, health care facilities, nursing home, institutions, firms, or corporations, any identifiable health information, such as but not limited to the following;

All medical and healthcare information and records, including, but not limited to, doctors' notes, nurses' notes, office notes, summary sheets, emergency records, history and physicals, admission records, examination records, consultation records, surgeons' records, medication records, discharge summaries, x-ray reports, CAT scan reports, MRI reports, pathology reports, laboratory reports, personal notes, incident reports, test records and results, psychiatric records, psychological records, alcohol and substance abuse records, records regarding HIV, AIDS, hepatitis and sexually transmitted diseases, bills, claims remittances, insurance records, consents for treatment, correspondence, memoranda, evaluations, writings of any kind of any other papers concerning any treatment, examination, periods or stays of hospitalization, confinement, diagnosis or other information pertaining to and concerning the physical or mental condition.

3. No person who relies in good faith upon any representation of my Attorney(s)-in-Fact or successor Attorney(s)-in-Fact shall be liable to me, my estate, my heirs or assignees, for recognizing the Attorney(s)-in-Fact's authority. Although no compensation of my Attorney(s)-in-Fact is contemplated, (s)he shall be entitled to reimbursement of any and all reasonable expenses incurred as a result of carrying out any provision of this document.

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4. Invalidity of one or more powers shall not invalidate any others.
5. The powers herein granted to my said Attorney(s)-in-Fact shall be exercisable by him/her/them at any time and from time to time.
6. This Power of Attorney shall remain in full force and effect and any party dealing with my said Attorney(s)-in-Fact at any 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.
7. Notwithstanding any provision herein to the contrary, "Agent" shall not satisfy any legal obligation of "Agent" out of any property subject to this DURABLE POWER OF ATTORNEY, nor may "Agent" exercise this power in favor of "Agent", "Agent's" estate, "Agent's" creditors or the creditors of "Agent's" estate.
8. Notwithstanding any provision hereto to the contrary, "Agent" shall have no power of authority whatever with respect to any policy of insurance owned by me unless specifically given herein.

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY DISABILITY, INCOMPETENCY OR INCAPACITY AND MAY BE EXERCISED NOTWITHSTANDING ANY SUCH DISABILITY, INCOMPETENCY OR INCAPACITY AND NOTWITHSTANDING ANY UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE

9. If at any time proceedings are commenced in any court to appoint a guardian, conservator or other fiduciary for me, then I nominate **Mike Childree** to serve as such fiduciary, and I direct that no bond be required with respect to this appointment. If **Mike Childree** shall die, resign, become incompetent, unable or otherwise cease to serve as such fiduciary then I nominate **Kayedee Garner** to serve as such fiduciary. If **Kayedee Garner** shall die, resign, become incompetent, unable or otherwise cease to serve as such fiduciary, then I nominate **Sarah Alexander**, if **Sarah Alexander** shall die, resign, become incompetent, unable or otherwise cease to serve as my Attorney-in-Fact hereunder, then I make, constitute and appoint **Amy Hawkins** to serve as such fiduciary, and I direct that no bond be required with respect to this appointment. **EFFECTIVE DATE** This power of attorney is effective immediately unless I have stated otherwise.

"Principal" may revoke this DURABLE POWER OF ATTORNEY at any time by written instrument delivered to "Attorney(s)-in-Fact".

This durable power of attorney revokes and cancels, any and all powers of attorney, durable power of attorney or otherwise, which I have executed prior to the date hereof.

I understand I may revoke this durable power of attorney at any time.

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IN WITNESS WHEREOF, I have executed this DURABLE POWER OF ATTORNEY, and I have directed that photostatic copies of this Power be made, which shall have the same force and effect as an original.

Dated at Childersburg, Alabama, on the 20 day of April, 2023.

Kaye Chuddee
Principal

City County and State of Residence

Harpersville AL

Shelby

Jackie McBilberry
WITNESS

Jany Jacoby
WITNESS

STATE OF ALABAMA *

TALLADEGA COUNTY *

I, Gregory S. Graham a Notary Public in and for said State and County hereby certify that,, whose name is signed to the foregoing DURABLE POWER OF ATTORNEY and who is known to me, acknowledged before me on this date that, being informed of the contents of the DURABLE POWER OF ATTORNEY, she executed the same voluntarily on the day the same bears date.

Given under my hand and seal of office this 20 day of April, 2023.

Gregory S. Graham
NOTARY PUBLIC

My Commission Expires

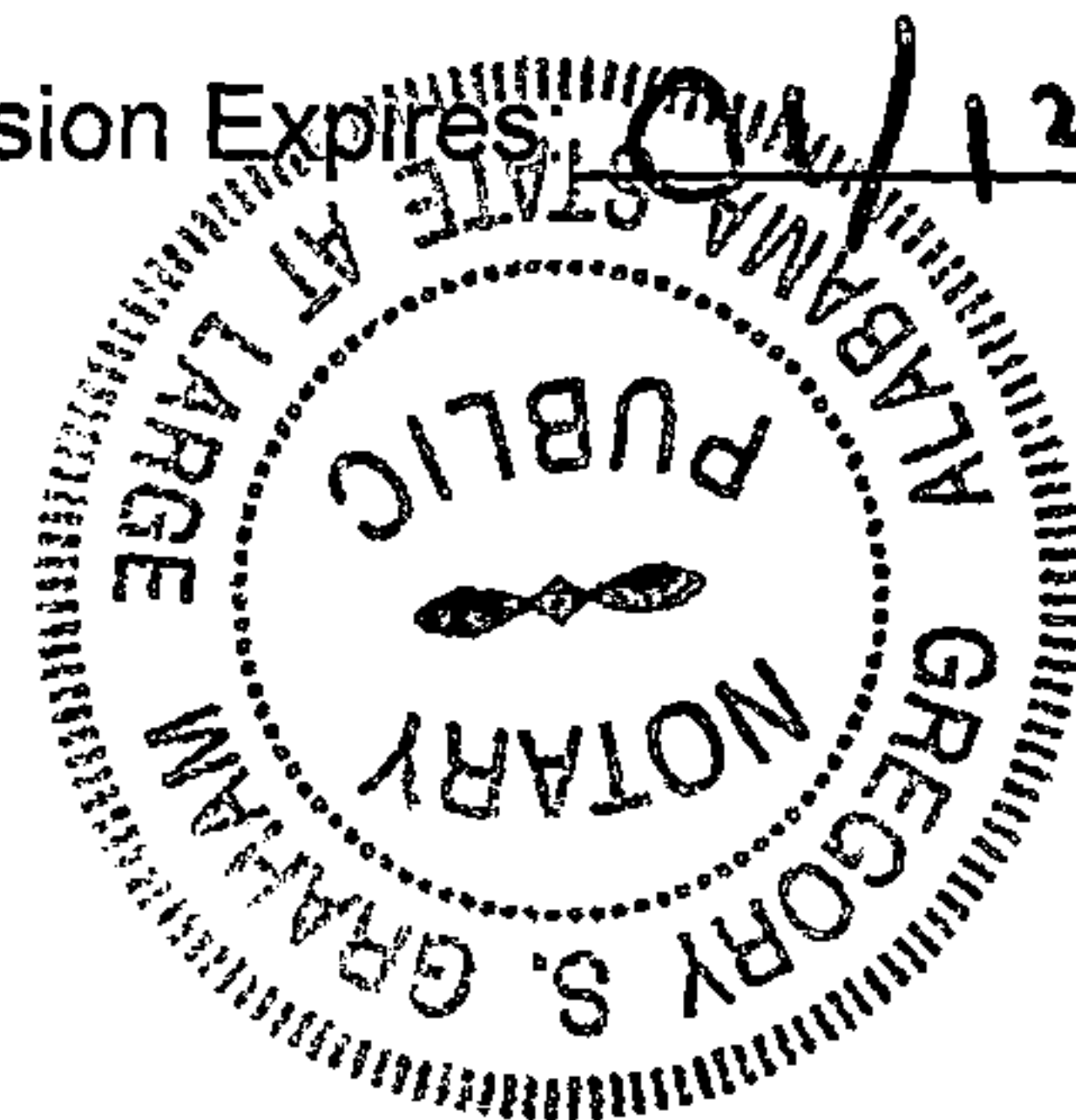
04/12/2024

This Document Prepared By:

Gregory S. Graham, P.C.

P.O. Drawer 307

Childersburg, AL 35044





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IMPORTANT INFORMATION FOR Attorney(s)-in-Fact

Attorney(s)-in-Fact's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

(1) do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;

(2) act in good faith;

(3) do nothing beyond the authority granted in this power of attorney; and

(4) disclose your identity as an Attorney(s)-in-Fact whenever you act for the principal by writing or printing the name of the principal and signing your own name as "Attorney(s)-in-Fact" in the following manner:

(Principal's Name) by (Your Signature) as Attorney(s)-in-Fact

Unless the Special Instructions in this power of attorney state otherwise, you must also:

(1) act loyally for the principal's benefit;

(2) avoid conflicts that would impair your ability to act in the principal's best interest;

(3) act with care, competence, and diligence;

(4) keep a record of all receipts, disbursements, and transactions made on behalf of the principal;

(5) cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and

(6) attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.



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Termination of Attorney(s)-in-Fact's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) death of the principal;
- (2) the principal's revocation of the power of attorney or your authority;
- (3) the occurrence of a termination event stated in the power of attorney;
- (4) the purpose of the power of attorney is fully accomplished; or
- (5) if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Attorney(s)-in-Fact

The meaning of the authority granted to you is defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975. If you violate the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.