

ALABAMA POWER OF ATTORNEY FORM

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 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 Lynn S. Jared name the following person as my agent:

Name of Agent: Michael M. Jared
Agent's Address: 245 Bream Cove Rd., Columbiana, AL 35051
Agent's Telephone Number: 205-790-6090

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

OR

Name of Successor Agent: _____

Successor Agent's Address: _____

Successor Agent's Telephone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____


Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

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 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:


Lynn S. Jared

OR

If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each 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 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, subject to the 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

LIMITATION 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:

- 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.

- 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 _____

EFFECTIVE DATE

This power of attorney is effective immediatcly 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 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: _____

Nominee's Telephone Number: _____

Name of Nominee for guardian of my person: _____

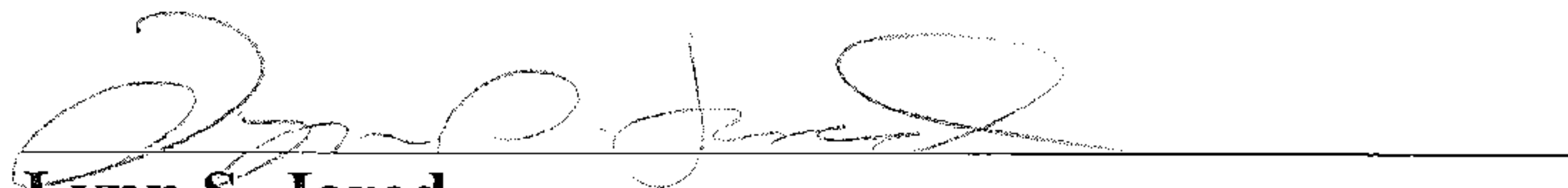
Nominee's Address: _____

Nominee's Telephone Number: _____

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

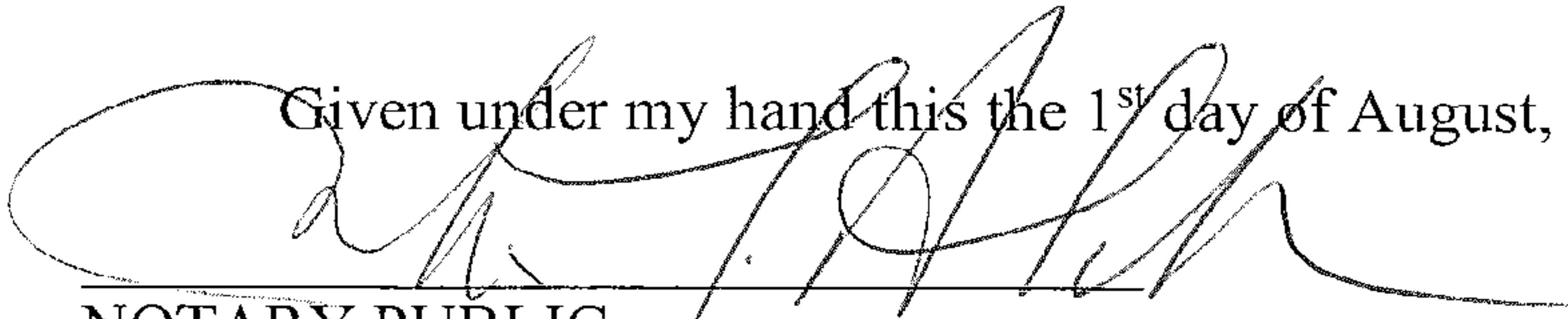

Lynn S. Jared

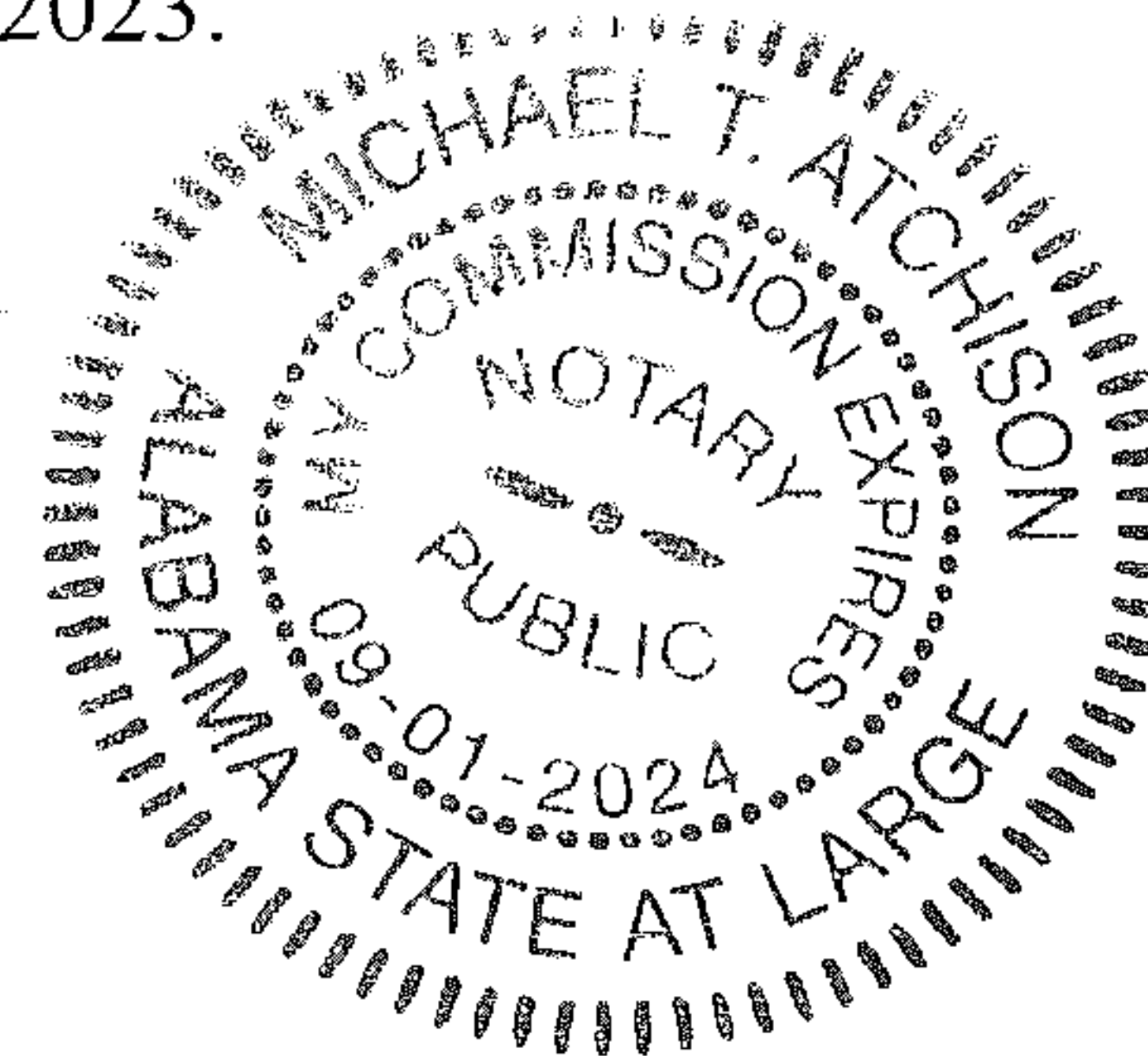
Your Signature Date: 8/1/2023
Your Name Printed: Lynn S. Jared
Your Address: 245 Bream Cove Rd., Columbiana, AL 35051
Your Telephone Number: 205-790-6080

State of Alabama
County of SHELBY

I, Mike T. Atchison, A Notary Public, in and for the County in this State, hereby certify that **Lynn S. Jared**, 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, she executed the same voluntarily on the day the same bears date.

Given under my hand this the 1st day of August, 2023.


NOTARY PUBLIC



My commission expires: 9/01/2024

This document prepared by:
Mike T. Atchison, Attorney at Law, Inc.
P.O. Box 822, Columbiana, AL 35051



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
07/30/2025 02:07:19 PM
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Allen S. Boyd