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## ALABAMA STATUTORY DURABLE POWER OF ATTORNEY

(Ala. Code § 26-1A-301)

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### NOTICE TO THE PRINCIPAL

This is an important legal document. By signing this document, you are authorizing the person(s) named below to act for you in matters concerning your property and finances. The authority granted by this document is broad and may include the power to dispose of your property or change beneficiary designations.

This Power of Attorney is **durable**, meaning it will continue to be effective even if you become incapacitated, unless you state otherwise.

You should select an agent you trust completely. You may revoke this Power of Attorney at any time.

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### DESIGNATION OF AGENT

I, **Kathryn Roepke Flemming** of **Hoover, Shelby County, Alabama**, designate the following persons as my **Co-Agents**:

#### Primary Agents (Co-Agents):

- **Samuel Leonard Flemming**
- **Joseph H. Flemming, Jr.**

#### Authority of Co-Agents

My Co-Agents may act **independently or jointly**.

The signature of **either Co-Agent acting alone** shall be sufficient to exercise any power granted under this Power of Attorney.

No person or institution may require both Co-Agents to act together.

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### EFFECTIVE DATE

This Power of Attorney is **effective immediately** upon execution.

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**DURABILITY**

This Power of Attorney **shall not be affected by my subsequent incapacity or disability.**

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**GRANT OF GENERAL AUTHORITY**

I grant my Agent(s) authority to act on my behalf with respect to the following subjects as defined in the Alabama Uniform Power of Attorney Act.

(Initial each category you wish to grant.)

- Real property
- Tangible personal property
- Stocks and bonds
- Commodities and options
- Banks and other financial institutions
- Operation of entity or business
- Insurance and annuities
- Estates, trusts, and other beneficial interests
- Claims and litigation
- Personal and family maintenance
- Benefits from governmental programs or civil or military service
- Retirement plans (including IRAs and Required Minimum Distributions)
- Taxes

**ALL OF THE ABOVE**

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**GRANT OF SPECIFIC AUTHORITY**

My Agent(s) **ARE EXPRESSLY AUTHORIZED** to:

- Create, amend, revoke, or terminate an inter vivos trust
- Make gifts on my behalf consistent with my historical gifting practices
- Create or change rights of survivorship
- Create or change beneficiary designations
- Delegate authority granted under this Power of Attorney

- Waive my right to be a beneficiary of a joint and survivor annuity
- Exercise fiduciary powers that I have authority to delegate
- Disclaim or refuse an interest in property

**ALL OF THE ABOVE**

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### **RETIREMENT ACCOUNTS AND RMDs**

Without limiting any authority above, my Agent(s) may:

- Manage IRAs, 401(k)s, pensions, and other retirement accounts
  - Take **Required Minimum Distributions (RMDs)**
  - Communicate with custodians, brokerages, and plan administrators
  - Execute rollover, allocation, and distribution instructions as permitted by law
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### **REAL ESTATE**

My Agent(s) may buy, sell, convey, lease, mortgage, refinance, or otherwise manage any real property I own or may acquire, including executing deeds, closing documents, affidavits, and settlement statements.

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### **HIPAA AUTHORIZATION**

My Agent(s) are designated as my **personal representatives** under HIPAA and may obtain, use, and disclose my protected health information solely as necessary to carry out their duties under this Power of Attorney.

(This does not grant medical decision-making authority unless separately executed.)

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### **RELIANCE ON THIS POWER OF ATTORNEY**

Any person, bank, brokerage, or title company may rely upon this Power of Attorney and the authority of my Agent(s) without further inquiry.

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**REVOCAION OF PRIOR POWERS OF ATTORNEY**

I revoke all prior Powers of Attorney, including but not limited to the Power of Attorney executed on or about May 9, 2006.

**GOVERNING LAW**

This Power of Attorney shall be governed by the laws of the State of Alabama.

**SIGNATURE**

Signed this 21st day of JANUARY, 2026.

Principal

*Kathryn Flemming*

**ACKNOWLEDGMENT**

(State of Alabama)

County of SHELBY

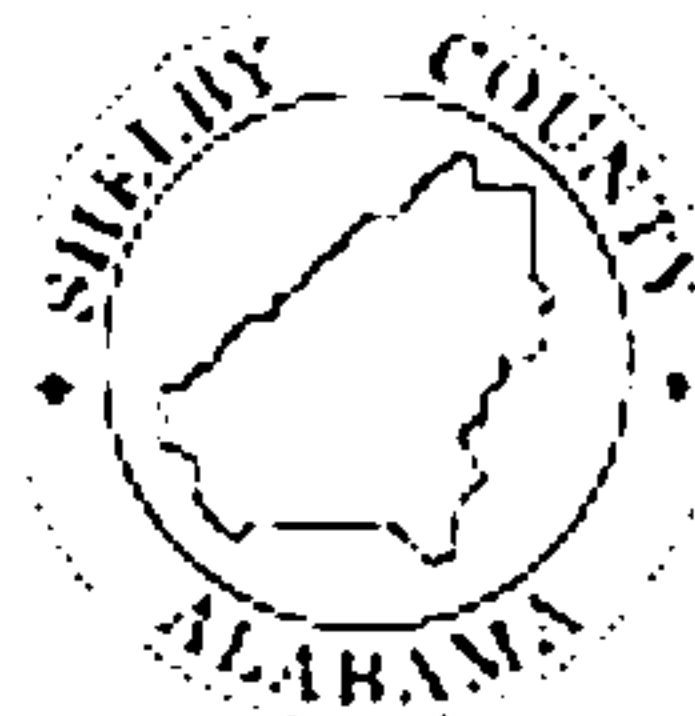
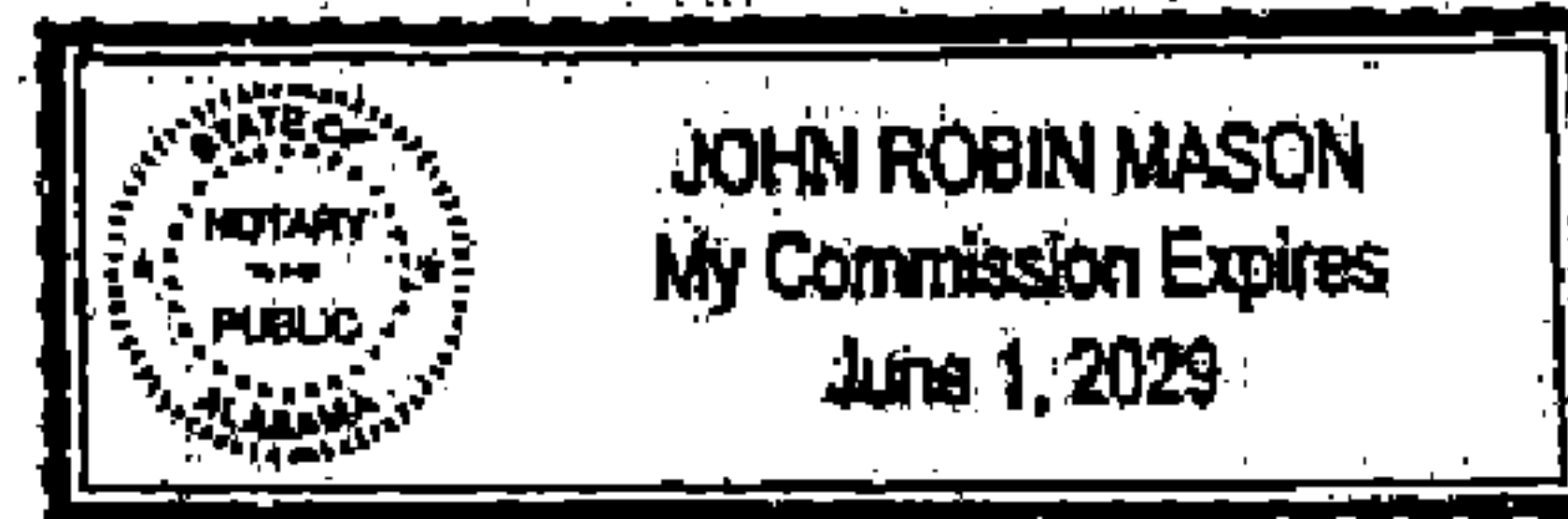
On this 21st day of JANUARY, 2026, before me personally appeared <sup>KATHRYN FLEMMING</sup> [Principal's Name], known to me or satisfactorily proven, who acknowledged executing this Power of Attorney voluntarily.

*John Robin Mason*

Notary Public

My Commission Expires

My Commission Expires: June 1, 2029



Filed and Recorded  
Official Public Records  
Judge of Probate, Shelby County Alabama, County Clerk  
Shelby County, AL  
02/06/2026 08:11:52 AM  
\$31.00 KELSEY  
20260206000034450

*Allie S. Beyle*

**This Document Prepared by:  
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