Prepared by: Cecil B. Jones, Attorney at Law, P. O. Box 397, Dunn, N. C. 28335

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS ARE DEFINED IN CHAPTER 32C OF THE NORTH CAROLINA GENERAL STATUTES AND BY THE PROVISIONS OF THIS DOCUMENT.

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 NORTH CAROLINA UNIFORM POWER OF ATTORNEY ACT. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU. 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 ADDITIONAL PROVISIONS AND EXCLUSIONS.

THIS FORM PROVIDES FOR DESIGNATION OF ONE AGENT, SUCCESSOR AGENT, AND SECOND SUCCESSOR AGENT. IF YOU WISH TO NAME MORE THAN ONE AGENT, SUCCESSOR AGENT AND SECOND SUCCESSOR AGENT, YOU MAY NAME A COAGENT, SUCCESSOR COAGENT, OR SECOND SUCCESSOR COAGENT IN THE ADDITIONAL PROVISIONS AND EXCLUSIONS. COAGENTS, SUCCESSOR COAGENTS OR SECOND SUCCESSOR COAGENTS ARE NOT REQUIRED TO ACT TOGETHER UNLESS YOU INCLUDE THAT REOIREMENT IN THE ADDITIONAL PROVISIONS AND EXCLUSIONS.

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.

THIS DOCUMENT SHOULD BE READ CAREFULLY BEFORE EXECUTION. ANY QUESTIONS CONCERNING THE LEGAL EFFECT OF THIS DOCUMENT SHOULD BE REVIEWED WITH YOUR ATTORNEY BEFORE EXECUTION.

### HARNETT COUNTY

I hereby revoke any previous General Power of Attorney documents executed by me.

### **DESIGNATION OF AGENT:**

I, John D. Byrd, the undersigned, of 608 Old Post Road, Erwin, North Carolina 28339, name the following person as my agent: John W. Byrd, 1879 White Lake Drive, PO Box 7224, White Lake, North Carolina 28337.

### **DESIGNATION OF SUCCESSOR AGENTS:**

If my agent is unable or unwilling to act for me, I name as my successor agent: Shirley B. Favre, 343 Courtney Lane, Lexington, North Carolina 27295.

### **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 North Carolina Uniform Power of Attorney Act, Chapter 32C of the General Statutes:

(DIRECTIONS: Initial each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

()	Real Property
()	Tangible Personal Property
()	Stocks and Bonds
()	Commodities and Options
()	Banks and Other Financial Institution
( )	Operation of Entity or Business

	()	Estates, Trusts and Other Beneficial Interests	
	()	Claims and Litigation	
	()	Personal and Family Maintenance	
	()	Benefits from Governmental Programs or Civil or Military Service	
	()	Retirement Plans	
	()	Taxes	
	W. Jos	All Preceding Subjects	
GRANT OF SPECIFIC AUTHORITY: (OPTIONAL)			
	My agent M	AY 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 ONLY the specific authority you WANT to			
give to your agent.)			
	4/1/10	Make a gift, subject to the limitations provided in G.S. §32C-2-217	
	()	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 my right to be a beneficiary of a joint and survivor annuity, including a	
survivor benefit under a retirement plan			
	()	Exercise fiduciary powers that I have authority to delegate	
	()	Disclaim or refuse an interest in property, including a power of appointment	

# EXERCISE OF SPECIFIC AUTHORITY IN FAVOR OF AGENT: (OPTIONAL)

UNLESS INITIALED, an agent MAY NOT exercise any of the grants of specific authority initialed above in favor of the agent or an individual to whom the agent owes a legal obligation of support.

ADDITIONAL PROVISIONS AND EXCLUSIONS: (OPTIONAL)		
()		
EFFECTIVE DATE: This power of attorney is effective immediately.		
NOMINATION OF GUARDIAN: (OPTIONAL)		

INITIAL below ONLY if you WANT your acting agent to be your Guardian.

general guardian, I nominate my agent acting under this power of attorney to be the guardian to serve without bond or other security.

## 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 in invalid.

### MEANING AND EFFECT:

The meaning and effect of this power of attorney shall for all purposes be determined by the law of the State of North Carolina.

# SIGNATURE AND ACKNOWLEDGMENT:

Date: /-24-19

John D. Byrd (SEAL)

NORTH CAROLINA HARNETT COUNTY

I certify that the following person personally appeared before me this day, acknowledging to me that she signed the foregoing document: John D. Byrd.

Date: 1-24-19

Amanda S. Riddle, Notary Public

My commission expires:

AMANDA S. RIDDLE
NOTARY PUBLIC
Sampson County, North Carolina
My Commission Expires 7/2/2022