

Davidson County N.C.
Register of Deeds
Michael E. Horne, Registrar

CERTIFIED COPY

State of North Carolina, County of Davidson

I hereby certify that this is a true and accurate copy which appears on record in the Office of the Register of Deeds of Davidson County, North Carolina in

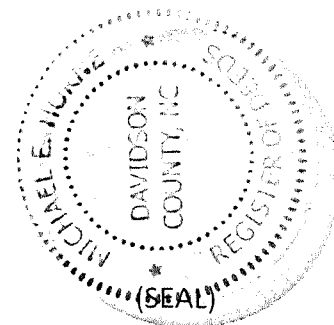
Book 2571 Page(s) 2356-2361

Witness my hand and seal this 14 day of October, 20 22.

Michael E. Horne, Register of Deeds

By Jana W Whitman

Deputy-Assistant Register of Deeds



THIS CERTIFICATION SHEET IS A PART OF THE DOCUMENT

6. Operation of Entity or Business
7. Insurance and Annuities
8. Estates, Trusts and Other Beneficial Interests
9. Claims and Litigation
10. Personal and Family Maintenance
11. Benefits from Governmental Programs or Civil or Military Service
12. Retirement Plans
13. Taxes

ARTICLE III
Grant of Specific Authority

I expressly grant my Agent the authority to do the following specific acts:

- A. **Delegate Authority Granted Under the Power of Attorney.** The power to delegate to another person any of the authority granted to my Agent or engage another person on my behalf. If an appointment of another Agent is necessary, my Agent may appoint such person and revoke the appointment.
- B. **Waive My Right to be a Beneficiary of a Joint and Survivor Annuity.** The power to waive my right to be a beneficiary of any joint and survivor annuity, including a survivor benefit under a retirement plan. This waiver of rights shall apply to an annuity or retirement plan which is owned by me or in which I am a participant or a beneficiary.
- C. **Exercise Fiduciary Powers that I Have Authority to Delegate.** The power to exercise any fiduciary powers that I have authority to delegate.
- D. **Renounce or Disclaim Property and Power of Appointment.** The power to renounce in accordance with Chapter 31B of the General Statutes any property or interest in property to which I may have succeeded as a person listed in subdivision (1) through (9e) of General Statutes Section 31B-1(a).
- E. **Exercise Authority Over the content of Electronic Communications.** The power to exercise authority and take control over and request an authorized disclosure of the contents of any of my electronic communications sent or received by me, any catalogue of electronic communications sent or received by me and any other digital asset of mine.
- F. **Dealings with Revocable Trusts.** The power to exercise my powers as grantor of a revocable trust with respect to (i) the revocation and amendment of the revocable trust, (ii) the addition to the revocable trust of all or any part of my real or personal property or my interest in such property, and (iii) the disposition of the property of the revocable trust and the power to create a revocable trust with me as grantor, except that the exercise of the powers granted in this paragraph shall not alter the designation of beneficiaries to receive property on my death under my existing estate plan.

G. **Consent to Modification or Termination of Irrevocable Trusts.** The power to exercise my power as grantor of a noncharitable irrevocable trust to consent to the modification or termination of the trust but only if the modification or termination cannot accelerate or increase my Agent's interest in the trust if my Agent is a beneficiary of the trust.

H. **Exercise of Powers Over Offices Held by Me.** The power to renounce, accept or resign from, on my behalf, any offices which I may hold or have the right to hold, including fiduciary positions, and appoint on my behalf any fiduciary which I may have the right to appoint, or renounce any such right on my behalf.

Article IV
Limitations on Exercise of Power by Agent

The following limitations shall apply to the exercise of the powers by my Agent in addition to any other limitations provided in this power of attorney:

A. Notwithstanding a grant of authority to do an act described in Article III of this power of attorney, my Agent may exercise such authority only as my Agent determines is consistent with my objectives if actually known by my Agent and, if unknown as my Agent determines is consistent with my best interest based on all relevant factors which may include those set out in General Statutes Section 32C-2-201(b)(1) through (6).

B. Unless otherwise specifically provided in this power of attorney, my Agent may not exercise authority under this power of attorney to create in my Agent, or in an individual to whom my Agent owes a legal obligation of support, an interest in my property whether by gift, right of survivorship, beneficiary designation, disclaimer or otherwise.

C. My Agent may not deal with insurance policies which I may own on the life of my Agent.

ARTICLE V
Miscellaneous Matters Related to My Agent

A. **Guardianship.** I nominate my Agent acting under this document to be my general guardian or the guardian of my estate if protective proceedings for my estate have begun after I execute this power of attorney.

B. **Accountings.** My Agent shall keep a record of all receipts, disbursements, and transactions made on my behalf, but my Agent is not required to disclose such records to me or anyone else unless ordered by a court or requested by me or my guardian, or upon my death by my personal representative or the successor in interest of my estate.

C. **Revocation of Agent's Authority.** In addition to other events or occurrences revoking my Agent's authority under this power of attorney, I may revoke that authority and remove my Agent by a writing executed by me and delivered to my Agent in person or to my Agent's last known address by certified or registered mail return receipt requested.

D. **Resignation of Agent.** My Agent shall have the right to resign by giving written notice of resignation to me if I am not incapacitated or if I am incapacitated to my guardian if one has been appointed and any co-agent or, if none, the successor agent next designated.

E. **Duty and Liability of Agent.** If my Agent accepts the authority under this power of attorney, then in exercising a power granted to my Agent, my Agent shall act in accordance with my reasonable expectations if known and, otherwise, in my best interests, in good faith, and only within the scope of the authority granted in this power of attorney.

F. **Coordination with Health Care Agent.** My Agent shall cooperate with my Health Care Agent appointed pursuant to a Health Care Power of Attorney meeting the requirements of Article III, Chapter 32A of the General Statutes. Any decision affecting my property or financial affairs, including a decision as to the disbursement of money or other property belonging to me, which is made by my Health Care Agent, shall be superior to and binding upon my Agent acting under this power of attorney, and my Agent shall not be required to inquire as to whether any such decision is necessary to exercise the powers relating to health care, or whether costs incurred by my Health Care Agent are reasonable, and shall not be liable to me or to my successors, assigns, heirs or personal representatives for any acts or omissions arising from any such decision.

G. **Compensation and Reimbursement.** As reasonable compensation, I direct that monthly my Agent shall be entitled to receive that hourly compensation for services which my Agent customarily charges for time expended for like services at the time the services under this power of attorney are rendered or in lieu thereof, my Agent shall be entitled to receive as reasonable compensation for services a calculated sum which I stipulate shall not exceed five percent (5%) of the monthly receipts to and disbursements from the assets over which my Agent has the power to act. Such compensation may be paid without need for Court approval. In addition, my Agent shall be entitled to be reimbursed for all expenses properly incurred on my behalf without the need for Court approval.

ARTICLE VI
Reliance on this Power of Attorney

A person that in good faith accepts this power of attorney without actual knowledge that the power of attorney or my Agent's purported authority is void, invalid, or terminated, or that my Agent exceeded my Agent's authority, may rely on the power of attorney and my Agent's authority as if they were genuine, valid, and still in effect and shall not be held responsible for any breach of fiduciary duty by my Agent.

**ARTICLE VII
Revocation and Termination**

A. **Revocation of Prior Powers of Attorney.** The execution of this Durable General Power of Attorney shall revoke any previously executed general power of attorney. I shall notify the agent acting under any such previously executed power of attorney, of said revocation, in a writing delivered in person, or to the agent's last known address by registered or certified mail, return receipt requested, or via delivery by a carrier such as FedEx or UPS. I do not intend by the execution of this Durable General Power of Attorney to revoke any previously executed Health Care Power of Attorney or other power of attorney for limited or specific purposes.

B. **Termination of this Power of Attorney.** This power of attorney shall terminate upon (i) my death, (ii) my revocation of this power of attorney, (iii) my revocation of my Agent's authority, or upon my Agent's death, incapacity or resignation, if this power of attorney does not provide for another agent to act, or (iv) upon termination by my general guardian or the guardian of my estate.

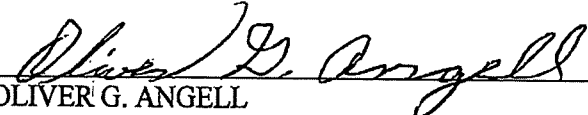
**ARTICLE VIII
Meaning and Effect**

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

**ARTICLE IX
Effective Date and Durability**

This power of attorney is effective on the date it is signed by me and shall not be affected by my subsequent incapacity.

I have signed this power of attorney this 12 day of October, 2022.



OLIVER G. ANGELL (SEAL)

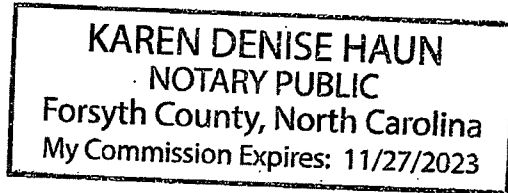
NORTH CAROLINA - FORSYTH COUNTY

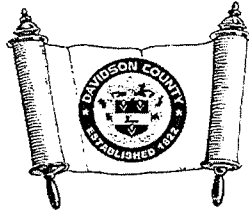
I, Karen Denise Haun, a Notary Public in and for said county and state, do hereby certify that OLIVER G. ANGELL personally appeared before me this day and voluntarily acknowledged the due execution of the foregoing Durable General Power of Attorney.

Witness my hand and notarial seal, this the 12 day of October, 2022.


Notary Public

My Commission Expires: 11/27/2023





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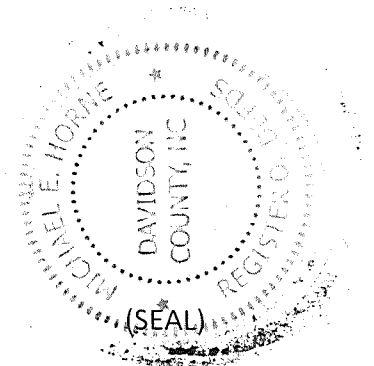
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I have signed this power of attorney this 12 day of October, 2022.

Carol N. Angell (SEAL)
CAROL N. ANGELL

NORTH CAROLINA - FORSYTH COUNTY

I, Karen Denise Haun, a Notary Public in and for said county and state, do hereby certify that CAROL N. ANGELL personally appeared before me this day and voluntarily acknowledged the due execution of the foregoing Durable General Power of Attorney.

Witness my hand and notarial seal, this the 12 day of October, 2022.


Notary Public

My Commission Expires: 11/27/2023

KAREN DENISE HAUN
NOTARY PUBLIC
Forsyth County, North Carolina
My Commission Expires: 11/27/2023