State of Georgia, County of Hall.

STATU TORY FORM POWER OF ATTORNEY

IMPORTANT INFORMATION

I his power of attorney authori es 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 liste I on this form is explained in O.C.G.A. Chapter 6B of Title 10.

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 in the Special Instructions, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resign! or is unable to act for you.

Your agent is not entitled to any compensation unless you state otherwise in the Special Instructions. Your agent shall be entitled to reimbursement of reasonable expenses incurred in performing the acts required by you in your power of attorney.

This form provides for design ition of one agent. If you wish to name more than one agent, you may name a successor agent or name a coagent in the Special Instructions. Coagents will not be required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwi ling 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 shall be durable unless you state otherwise in the Special Instructions. This power of attorney becomes Instructions

If you have questions about he power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

, <u>Buzz Aldrin</u> , nam : the following person as my agentiti	
Agent's address: 81 Grandwater Drive, Suwance, GA 3002. Agent Name: Peggy Whitson	4
Agent's email address: mhartnjnkth.net	

DESIGNATIt3N OF SUCCESSOR AGENT(S) (OPTIONAL)

It my agent is unable of unwilling to act for me, I name as my co-successor agents:

· -	-
	Name of successor age at: Frank Borman
And	Successor agent's addr. •ss: Alan Shepard
	Successor agent's telephone number:
	Successor agent's email address:
	Name of successor age at: <u>Lauren Reed</u> Bartlett- Booth
	Successor agent's addr iss:
	Successor agent's telephone number:
	Successor agent's email address:
	-
GIT	ANT OF GENERAL AUTHORITY
	y successor agent general authority to act for me with respect to the O.C.G.A. Chapter 6B of Title 10:
	nt to include in the agent's general authority. If you wish to grant the subjects, you may initial "all preceding subjects" instead of
() Real pre	nerty
() langible	personal property

	Stocks and bonds
	Commodities and options
	Banks and other financial institutions
	Operatic>n of entity or business
	Insuranc e and annuities
	Estates, trusts, and other beneficial interests
	Claims ind litigation
	Persona and family maintenance
	Benefits from governmental programs or civil or military service
	Retirement plans
()	Taxes
(NB)	All preceding subjects
	CDANT (IF CDECIFIC AUTHODITY (ODTIONAL)

GRANT (IF **SPECIFIC AUTHORITY (OPTIONAL)**

My agent SHALL NO INITIALED the specific author		lowing specific acts for me UNLESS I have			
		he following will give your agent the authority to take actions that property or change how your property is distributed at your death.			
		T to give your agent. You should give your agent when you authorize your agent to make gifts.)			
()		und, amend, revoke, or terminate an inter vivos trust			
()	Make a	gift, subject to the limitations of O.C.G.A. § 10-6B-56 and any			
Special	Instructions in this	s power of attorney			
() Create of	r change rights of	survivorship			
() Create of	r change a benefic	r change a beneficiary designation			
	ze another persor of attorney	n to exercise the authority granted under this			
(Waive annuity	he principal's right to be a beneficiary of a joint and survivor including a survivor benefit under a retirement plan			
() Exercise	received	authority over the content of electronic			
Exercise	that are principa	communications sent or by the principal			
()		fiduciary powers that the principal has			
		authority to delegate and xpressly and clearly			
		identified (including the persons for which the			
		acts as a fiduciary) in the Special Instructions			
() Renoun	e an interest in pr	roperty, including a power of appointment			
LIM	 TATION ON AG	SENT'S AUTHORITY			

An agent that is not rry ancestor, spouse, or descent SHALL 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.



SPEIDIAL **INSTRUCTIONS** (OPTIONAL)

You may give special instructions on the following lines (you may add lines or place your special instructions in a separa e document and attach it to the Power of Attorney):

EFFECTIVE DATE

This power of attorne is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF CONSERVATOR (OPTIONAL)

If it becomes necessao, for a court to appoint a conservator of my estate, I nominate the following person(s) for appointment:

Nominee's Name: Alan Shepard

Noiuinec's address: 81 California Drive, GA 30024 Nominee's

telephone number: (-483

Nominee's email address: <u>mbar8987t02@bellsouth.net</u>

RELIAINCE ON THIS POWER OF ATTORNEY

Any person, including ny agent, may rely upon the validity of this power of attorney or a copy of it unless that person has actual knowledge it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Signature of Principal	Date	
Printed Name: Mark Bartlett		
Address: 81 Grandwater Drive	Suwanee GA	
30024 Telephone: (404)-395-7		
Email address: mbart02.mb@		
	P	7 1
	-	8/15/24
This document was sigi	ned or acknowledged in my presence on	I
by Mark Bartlett.		
Um Ko		
less Wes	L Robinson	
Signature of		
itn Printed naive:	G : 31 GA 20501	
Address: 200 E. E. Dutler Parli	way, Gainesville, GA 30501	
Telephone: 770-532-6312		
Email address:		
0	Parker	
Signat of	Tal-Cel	
Witness Printed		
name:		
Address: 200 E. E. Dutler Parl:	way, Gainesville, GA 30501	
Telephone: 770-532-6312		
Email address:		
STATE OF GEORGIA,		02/16/24
COUNTY OF HALL.	-	0/11/2/
COCIVIT OF INIEL.		
This document was sign	hed or acknowledged in my presence on	/ by
Mark Bartlett.	[SEAL] PUBLIC	1
	COMMISSION	
	The state of the s	
	", COUNTY	
Signatur bf Notary		
My commission expires: 1 4 I	@	
•	-	
Document prepared by:	F. Wesley Robinson	
11	Bulsey, Oliver & Mahar, LLP	
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1/.O. Box 1457 (aainesville, Georgia 30503

IMPO RTANT INFORMATION FOR AGENT

Agent'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 agent whenever you act for the principal by writing or printing the name of he principal and signing your own name as "agent" in the following manner:

fPrincioal's r ame) by (Your signature) as Agent

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

- 1. Act loyally for the pilncipal's benefit;
- 2. Avoid conflicts that would impair your ability to act in the principal's best interest;
- 3. Act with care, compr:tence, and diligence;
- 4. Keep a record of al principal;

receipts, disbursements, and transactions made on behalf of the

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.

Termination of Agent's Authority

You must stop acting C n behalf of the principal if you learn of any event that terminates this power of attorney or you 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. 4 he principal's revor ation of your authority or the power of attorney;
- 3. The occurrence of a ermination event stated in the power of attorney;
- 4. The purpose of the power of attorney is fully accomplished; or
- 5. II" you are married in 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 su :h an action will not terminate your authority.

Liability of Agent

the meaning of the authority granted to you is defined in O.C.G.A. Chapter 6B of Title 10. If you violate O.C.G A. Chapter 6B of Title 10 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.

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