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Franklin County North Carolina
Brandi S. Brinson, Register of Deeds
BK 2386 PG 1214 - 1216 (3)

STATE OF NORTH CAROLINA

COUNTY OF FRANKLIN

DURABLE POWER OF ATTORNEY

DESIGNATION OF AGENT

KNOW ALL MEN BY THESE PRESENTS, that I, **KATHRYN JOYNER WEST** of Franklin County, North Carolina, herein called PRINCIPAL, hereby name, make, constitute, and appoint **KATHRYN WEST JONES OR KIMBERLEY WEST DAVIS** of the State of North Carolina, my true and lawful AGENT (also known as my Attorney-In-Fact) for me and in my name, place, and stead, giving unto said AGENT and any successor Agent herein named, general and full power to act in my name, place and stead in any way which I myself could do if I were personally present with respect to each of the following matters as each of them is defined in Chapter 32C of the North Carolina General Statutes to the extent that I am permitted by law to act through an agent.

If my Agent is unable or unwilling to act for me, I name n/a as my Successor Agent and I confer upon such Successor Agent the same powers and authority as set out herein for my Agent.

GRANT OF GENERAL AUTHORITY

I grant my Agent general authority to act for me with respect to the following subjects as defined in Chapter 32C of the North Carolina General Statutes:

Real Property Transactions;
Tangible Personal Property;
Stocks and Bonds;
Commodities and Options;
Banks and other Financial Institutions;
Operation of Entity or Business;
Insurance and annuities;
Estates, Trust, and Other Beneficial Interests;
Claims and Litigation;

Prepared by Davis & Sturges PLLC, P. O. Drawer 708, Louisburg, NC 27549

Personal and Family Maintenance;
Benefits from Governmental Programs or Civil or Military Services;
Retirement Plans;
Taxes;

GRANT OF SPECIFIC AUTHORITY

My Agent **MAY NOT** do any of the following Specific Acts for me **unless** I have **initialed** the specific authority below:

1: _____: Make a gift, subject to the limitations in NCGS 32C-2-217:
2: _____: Create or change rights of survivorship:
3: _____: Create or change a beneficiary designation:
4: _____: Authorize another person to exercise the authority granted under this power of attorney:
5: _____: Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan:
6: _____: Exercise fiduciary powers that I have authority to delegate:
7: _____: Disclaim or refuse an interest in property, including a power of appointment:
8: _____: Access the content of electronic communication:

PROVISION TO ALLOW THE EXERCISE OF THE ABOVE STATED SPECIFIC GRANTS OF AUTHORITY IN FAVOR OF AGENT

_____: **UNLESS INITIALED HERE BY THE PRINCIPAL**, my 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 to support.

_____: **UNLESS INITIALED HERE BY THE PRINCIPAL.** If it becomes necessary for the Court to appoint a Guardian of my estate or a general guardian, I nominate my agent acting under this power of attorney to be the guardian to serve without bond or other security.

Any person, including my Agent, may rely upon the validity of this power or attorney or a copy of it unless that person knows or has reason to know that it has been terminated or it is invalid.

This power of attorney is effective as of the date of execution. The meaning and effect of this power of attorney shall, for all purposes, be determined by the laws of the State of North Carolina.

DURABILITY: This power of attorney shall not be affected by my subsequent incapacity or mental incompetence, and my Agent (Attorney-In-Fact) shall not be required to file inventories or accounts with the Clerk of Court.

I hereby ratify and confirm all things so done by my said Agent (Attorney-In-Fact) within the scope of the authority herein given as fully and to the same extent as if by me personally done and performed.

Dated this the 15 day of January 2025.

Kathryn Joyner West (SEAL)
Kathryn Joyner West, Principal

STATE OF NORTH CAROLINA
COUNTY OF FRANKLIN

I certify that the following named person personally appeared before me this day and acknowledged to me that he/she signed the foregoing Power Of Attorney as Principal.

Name of Principal: Kathryn Joyner West

This the 15 day of January, 2025.

Phyllis L. Davis
Notary Public

My Commission expires: 7-13-2027

NOTARY PUBLIC SEAL