COUNTY OF _______

DURABLE SPECIAL POWER OF ATTORNEY

I, Ursula Jeanne Leahy, of 14812 Water View Lane, City of Jacksonville, County of Naval, State of Florida, Zip Code 32226, do hereby appoint my sister, Regina Slayton, of 153 Glen Abbey Way, Alabaster, Alabama 35007 my true and lawful attorney-infact, for me and in my name, place, and stead, and for my use and benefit: To execute all documents and instruments, including the note, mortgage, riders, settlement statement, truth in lending and any other forms required by the lender, the title company and/or the closing attorney in connection with the first mortgage in the amount of \$109,800.00 with payments in the amount of \$739.74 (principal and interest) to Matrix Financial Services, an interest rate of 7.125 with a term of 30 years with regard to the purchase of property located at 238 Tradewinds Circle, Alabaster, Alabama 35007 more particularly described as follows, to-wit:

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on such terms and conditions as she may deem necessary and proper, and to sign, execute and deliver, in my name or otherwise, such instruments as may be required in connection with the purchase of said property, and to do such other acts as I might do in purchasing said property.

I further give and grant unto my said attorney-in-fact full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

This Power of Attorney is granted for a period of 180 days and shall become effective on the 30th day of July, 1996, and shall terminate 180 days thereafter.

This Power of Attorney shall not be affected by my disability, incompetency or incapacity.

Executed this the 30^{44} day of July, 1996, at the City of Jacksonville, State of Florida.

Mrsula Jeanne Tearry URSULA JEANNE LEAHY

STATE OF FLORIDA

COUNTY OF Duval

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that Ursula Jeanne Leahy, whose name is signed to the foregoing Power of Attorney, and who is known to me, acknowledged before me on this day, that, being informed of the contents of the said Power of Attorney, she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the ______ day of July, 1996.

MY COMMISSION EXPIRES: _____ NOTARY PUBLIC

