

SPECIAL DURABLE POWER OF ATTORNEY

I, Karen Schuttinga, of 205 Rossburg Drive, City of Calera, County of Shelby, State of Alabama, do hereby appoint Scott Schuttinga, of 205 Rossburg Drive, City of Calera, County of Shelby, State of Alabama as my lawful attorney-in-fact, for me in my name, place, and stead, and for my use and benefit:

To refinance the real property located at 205 Rossburg Drive, Calera, AL 35040 more particularly described as follows: Lot 62, according to the Survey of Rossburg, Sector II, as recorded in Map Book 36, page 38, in the Probate Office of Shelby County, Alabama.

for such price and on such terms and conditions as he shall deem proper, including the execution of any and all documents necessary to complete the loan in the amount of \$134,931.00 with Aliant Bank, (Lender) such as, but not limited to notes, mortgages, statements required by the Federal Truth-in-Lending law, FHA or VA Forms, disclosure statements, RESPA forms, FNMA 1009, loan modification agreements for the purpose of increasing the interest charged on any loans being assumed, and any and all other documents appropriate to complete the closing of the refinance of the above described property.

Indemnity of Persons Relying Upon My Attorney. For the purpose of inducing all persons, organizations, corporations and entities, including, but not limited to, any physician, hospital, bank, broker, custodian, insurer, lender, transfer agent, taxing authority, governmental agency, or party to act in accordance with the instructions of my attorney given in this instrument, I hereby represent, warrant and agree that:

a. If this instrument is revoked or amended for any reason, I, my estate, my heirs, successors and assigns will hold any person, organization, corporation or entity (hereinafter referred to in the aggregate as "Person") harmless from any loss suffered, or liability incurred by such Person in acting in accordance with the instructions of my attorney acting under this instrument prior to the receipt by such Person of actual notice of any such revocation or amendment;

b. The powers conferred on my attorney by this instrument may be exercised by my attorney alone and my attorney's signature or act under the authority granted in this instrument may be accepted by Persons as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf. Consequently, all acts lawfully done by my attorney hereunder are done with my consent and shall have the same validity and effect as if I were personally present and personally exercised the powers myself, and shall inure to the benefit of and bind me and my heirs, assigns and personal representatives;

c. No Person who acts in reliance upon any representations my attorney may make as to (i) the fact that my attorney's powers are then in effect, (ii) the scope of my attorney's authority granted under this instrument, (iii) my competency at the time this instrument is executed, (iv) the fact that this instrument has not been revoked, or (v) the fact that my attorney continues to serve as my attorney shall incur any liability to me, my estate, my heirs or assigns for permitting my attorney to exercise any such authority, nor shall any Person who deals with my attorney be responsible to determine or insure the property application of funds or property.

GIVING AND GRANTING, unto said attorney full power and authority to do and perform all and every act, deed, matter, and thing whatsoever in and about my estate, property, and affairs as fully and effectually to all intents and purposes as I might or could do in my own proper person if personally present, the above specially enumerated powers being in aid and exemplification of the full, complete, and general power herein granted, and not in limitation or definition thereof; and hereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these presents.

And I hereby declare that any act or thing lawfully done hereunder by my said attorney shall be bringing on myself, and my heirs, legal and personal representatives, and assigns; whether the same shall have been done before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been actually received by my attorney. Further, this power of attorney shall not be affected by disability, incompetency, or incapacity of the principal it being my intention this document constitutes a special durable power of attorney.

IN WITNESS WHEREOF, I have hereto set my hand and seal this the 29th day of June, 2010.

Karen Schuttinga
Karen Schuttinga

State of Michigan) Kent)
County of _____)

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

GIVEN UNDER MY HAND AND OFFICIAL SEAL THIS THE 29 DAY OF JUNE, 2010.

Diane M Davis
Notary Public
My commission expires: *Diane M Davis*
11-9-2015.

DIANE M DAVIS
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF KENT
My Commission Expires: Nov. 9, 2015
Acting in the County of Kent

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Shelby Cnty Judge of Probate, AL
07/07/2010 01:58:30 PM FILED/CERT