

STATE OF ALABAMA)
)
COUNTY OF SHELBY)


20131104000434850 1/4 \$23.00
Shelby Cnty Judge of Probate, AL
11/04/2013 01:57:12 PM FILED/CERT

AFFIDAVIT & INDEMNITY AGREEMENT
REGARDING OF POWER OF ATTORNEY

Before me, the undersigned Notary Public, in and for the State of Alabama-at-Large, personally appeared James William Altsman, who having been by me first duly sworn, deposed as follows:

1. My name is James William Altsman. I am over the age of twenty-one (21) years, and have personal knowledge of the facts herein.

2. On February 15, 1999, Barbara M. Haywood aka Barbara Maxine Haywood appointed me as attorney-in-fact under a Power of Attorney, a true and correct copy of which is attached hereto as Exhibit A.

3. I have on this day exercised the powers granted in the above referenced Power of Attorney by executing warranty deeds, mortgages and various other documents relating to the sale, or mortgage, of the residence located in Shelby County, Alabama, and being more particularly described as follows, to-wit:

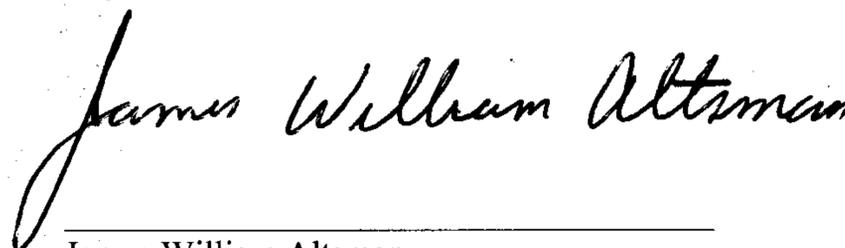
Lot 163, according to the Survey of Phase I Weatherly Warwick Village Sector 17, as recorded in Map Book 20, page 86, in the Probate Office of Shelby County, Alabama

4. At the time of the execution of the above-mentioned closing documents and exercise of the Power of Attorney I had no actual knowledge of the termination of the power by revocation or the death of Barbara M. Haywood aka Barbara Maxine Haywood. I know Barbara M. Haywood aka Barbara Maxine Haywood to be still living, competent and have not been notified since the execution of the Power of Attorney that he/she has revoked said power. The affiant herein affirms, under penalty of perjury, that he/she is not using the power of attorney to self-deal in the Principals' property, or to otherwise benefit personally from this mortgage or sale of the Principals' real property.

5. I am making this affidavit pursuant to Code of Alabama 1975 Section 26-1A-302.

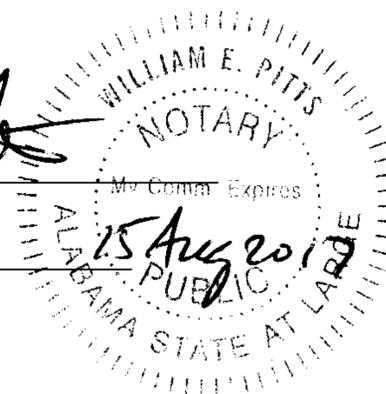
6. I, James William Altsman, agree to indemnify and hold harmless RELI Settlement Solutions, LLC and First American Title Insurance Company; W. Eric Pitts or any member or other employee of W. Eric Pitts, L.L.C. from any loss, costs, damage and expense of every kind including attorney's fees, which it shall or may suffer resulting from a reliance on the Power of Attorney.

Witness my hand and seal on October 18, 2013.


James William Altsman
Affiant and Attorney-in-Fact

Subscribed and sworn to before me on October 18, 2013.


Notary Public
My Commission Expires: _____



JAMES T. WHITLOW
WHITLOW AND SCOTT
45 LINCOLN SQUARE, P.O. BOX 179
HODGENVILLE, KENTUCKY 42748

POWER OF ATTORNEY
and
POWER FOR HEALTH CARE DECISIONS

I, BARBARA M. HAYWOOD, a resident of 4011 Pinecroft Drive, Louisville, Kentucky 40219, constitute and appoint, my son, JAMES WILLIAM ALTSMAN, of 117 Hunset Lane, Pelham, Alabama, to be my true and lawful attorney in fact, with full power for me in my name and stead, to make contracts, lease, sell or convey, or purchase any real or personal property that I may now or hereafter own, to receive and receipt for any money which may now or hereafter be due me, to retain and release all liens on real or personal property, to draw, make and sign any and all checks, contracts, or agreements; to invest or reinvest my money for me; to institute or defend suits concerning my property or rights, and generally to do and perform for me and in my name all that I might do if present and I hereby adopt and ratify all of the acts of my said attorney, done in pursuance of the power hereby granted, as fully as if I were present acting in my own proper person, provided, however, that my said attorney is not to bind me as surety, guarantor or indorser for accommodation nor to give away any of my estate whatsoever.

In the event my son, JAMES WILLIAM ALTSMAN, is unable to serve, I then appoint my son, THOMAS VAN HAYWOOD, JR., as my attorney-in-fact to serve with the same authority I have previously set forth above.

EXHIBIT A



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This Power of Attorney revokes any prior Power of Attorneys executed by me.

Pursuant to KRS 386.093, the Power of Attorney shall not be affected by the disability of the principal.

POWER FOR HEALTH CARE DECISIONS

Included in the above power of attorney is the authority to make any health care decisions for me when I no longer have decisional capacity. I direct that this designation revokes any prior designation made by me.

My attorney-in-fact (which term includes anyone exercising authority pursuant to this instrument) shall have the authority, in my place and stead, to make health care decisions for me regarding medical treatment, including authority to refuse, to initiate to maintain, or to withdraw any medical treatment. For purposes of this document, medical treatment includes any and all treatments, medical procedures or interventions. It contemplates no distinction between emergency and non-emergency treatment, nor between "ordinary" medical treatment and "heroic" or "extraordinary" treatment.

In the event my son, JAMES WILLIAM ALTSMAN, is unable to serve, I then nominate and appoint my son, THOMAS VAN HAYWOOD, JR., as my attorney-in-fact to serve with the same authority I have previously set forth above.


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EXCULPATORY CLAUSE

Any person or institution acting on conformity with this document or orders issued pursuant hereto shall be held harmless from any and all liability, both civil and criminal.

IN TESTIMONY WHEREOF, witness my signature this 15th day of February, 1999.

Barbara M. Haywood
BARBARA M. HAYWOOD
4011 Pincroft Drive
Louisville, Kentucky 40219

STATE OF KENTUCKY
COUNTY OF LARUE

The foregoing instrument was acknowledged and sworn to before me this 15th day of February, 1999, BARBARA M. HAYWOOD.

James T. Whitlow
NOTARY PUBLIC

My Commission

Expires: 1-25-02

Wallie L. Gunn
WITNESS

Hodgenville Kentucky

Sara B. Wood
WITNESS

Magnolia, Kentucky

THIS INSTRUMENT PREPARED BY:

James T. Whitlow
JAMES T. WHITLOW
45 LINCOLN SQUARE
HODGENVILLE, KENTUCKY 42748


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