

5339

SPECIAL POWER OF ATTORNEY

(To be prepared only under the supervision of your Legal Assistance Officer or Civilian Attorney.)

KNOW ALL MEN BY THESE PRESENTS, that I (state full name, title, grade, SSAN, as applicable) BETTY JO WILKINS
a legal resident of ROBERTSON
County (City) of SPRINGFIELD, State of TENNESSEE
and presently stationed or residing at P.O. Box 373, Niceville, Florida
desiring to execute a SPECIAL POWER OF ATTORNEY have made, constituted and appointed, and by these presents do make, constitute and appoint ROBBIE NEIL BLALOCK
whose address is Rt # 5
County (City) of CHILTON (CLANTON), State of ALABAMA
my Attorney-in-Fact to act as follows, GIVING AND GRANTING unto my said attorney full power to: (insert appropriate clause(s)).

Sign my name to any necessary documents related to the sale of real property owned by my late grandfather, R. S. Easterling. Further, this authority shall include the power to waive any rights I may have to such property./////////
///////// Last Item ///////////

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Shelby Cnty Judge of Probate, AL
10/10/1971 12:00:00 AM FILED/CERT

FURTHER, I do authorize my aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives, and assigns.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all indorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact".

I FURTHER DECLARE that this power shall remain in effect even though I am reported or listed, officially or otherwise, as "missing in action" it being my intention that the designation of such status shall not bar my said attorney from fully and completely exercising and continuing to exercise any and all powers and rights herein granted until this Special Power of Attorney is revoked by my death or as otherwise provided herein.

FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID from and after 15 October, 19 71.

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing," "missing-in-action" or "prisoner-of-war," then this power of attorney shall automatically continue to remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such "missing," "missing-in-action" or "prisoner-of-war" status.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of SEPTEMBER, 19 71.
Betty Jo Wilkins (SEAL)

ADDRESS (include ZIP Code) AND SSAN

IF ACKNOWLEDGED BEFORE A NOTARY PUBLIC:

State of FLORIDA } SS
County (City) OKALOOSA
I, MAXINE B. WORD, a Notary Public in and for the County (City) and State aforesaid, do hereby certify that on the BETTY JO WILKINS day of SEPTEMBER, 19 71, before me personally appeared _____ who is known by me to be the identical person who is described in, whose name is subscribed to, and who signed and executed the foregoing instrument, and having first made known to him the contents thereof, he personally acknowledged to me that he signed and sealed the same on the date it bears as his true, free and voluntary act and deed for the uses, purposes and considerations therein set forth.

In Witness Whereof, I have hereunto set my hand and official seal this day and year above.

Notary Public, State of Florida at Large
My Commission Expires May 26, 1974
My Commission Expired By American Fire & Casualty Co.

Maxine B. Word
Notary Public