STATE OF ALABAMA)

Inst # 1999-25431

JEFFERSON COUNTY)

06/17/1999-25431 08:52 AM CERTIFIED

GENERAL DURABLE POWER OF ATTORNEY OF PROBATE

KNOW ALL MEN BY THESE PRESENTS, That I, Michael Lynn Vanderslice, legal resident of Jefferson County, State of Alabama, have made, constituted and appointed and by these presents do make, constitute and appoint, Betty Vanderslice, my true and lawful co-attorneys to act in, manage, and conduct all my affairs, and for that purpose for me and in my name, place and stead, and for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself therein in the doings or executing of, all or any of the following acts, deeds, and things, that is to say:

- (1) To buy, receive, lease, accept, or otherwise acquire, to sell, convey, mortgage, hypothecate, pledge, quitclaim, or otherwise encumber or dispose of, or to contract or agree for the acquisition, disposal or encumbrance of, any property whatsoever, and wheresoever situated, be it real, personal, or mixed, or any custody, possession, interest, or right therein or pertaining thereto, upon such terms as my attorney shall think proper;
- (2) To take, hold, possess, invest, lease, or let, or otherwise manage any or all of my real, personal, or mixed property, or any interest therein, or pertaining thereto, to eject, remove, or relieve tenants or other persons from, and recover possession of, such property by all lawful means; and to maintain, protect, preserve, insure, remove, store, transport, repair, rebuild, modify, or improve the same or any part thereof;
- (3) To make, do, and transact all and every kind of business of whatever kind or nature, including the receipt, recovery, collection, payment, compromise, settlement, and adjustment of all accounts, legacies, bequests, interests, dividends, annuities, income, rents, claims, demands, actions, causes of action, debts, taxes, and obligations, which may or hereafter be due, owing, or payable by me or to me;
- (4) To make, endorse, guarantee, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, bills of sale, agreements, certificates, hypothecations, checks, notes, mortgages, bonds, vouchers, receipts, releases, and such other instruments in writing of whatever kind and nature, as may be necessary, convenient, or proper in the premises;
- (5) To make deposits or investments in, or withdrawals from any account, holding, or interest which I may now or hereafter have, or be entitled to, in any banking, trust, or investment institution, including postal savings depository offices, credit unions, savings and loan associations.

and similar institutions; to exercise any right, option, or privilege pertaining thereto; and to open or establish accounts, holdings, or interest of whatever kind or nature, with any such institution, in my name or in my said attorney's name or in both our names jointly, either with or without right of survivership;

- (6) To institute, prosecute, defend, compromise, settle, arbitrate, assign, release and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, liens, levies, distresses or other proceedings, or otherwise engage in litigation in connection with the premises;
- (7) To act as my attorney or proxy in respect to any stocks, bonds, other securities, or other investments, rights or interests, I may now or hereafter hold;
- (8) To engage and dismiss agents, counsels, attorneys, accountants, and employees, and to appoint and remove at pleasure any substitute for, or agent of, my said attorney, in respect to all or any of the matters or things herein mentioned and upon such terms as my attorney shall think fit, in connection with the premises;
- (9) To prepare, execute, and file income, ad valorem, gift, estate, and other tax returns, and other governmental reports, declarations, applications, requests, and documents, in connection with the premises;
- (10) To take possession, and order the removal and shipment, of any of my property to or from any residence, warehouse, depot, dock, or other place of storage or safekeeping, governmental or private; and to execute and deliver any release, voucher, receipt, shipping ticket, certificate, or any other instrument necessary or convenient for such purpose;
- (11) To act as my attorney-in-fact or proxy in respect to any policy of insurance on my life and in that capacity to exercise any right, privilege, or option which I may have thereunder or pertaining thereto.
 - (12) To make medical decisions concerning my health during my disability.
- (13) This power of attorney shall become effective only upon my disability, incompetency or incapacity and shall then remain in full force and effect until my death.
- (14) My disability, incompetency, or incapacity shall be defined as a physical or mental condition, which renders me incapable of managing my property and financial affairs effectively, as determined by my said attorney-in-fact, relying to the extent the attorney-in-fact deems advisable on information submitted by my personal physician and members of my immediate family and other licensed physician deemed reliable by my attorney-in-fact. The term "disability", "incompetency", and 'incapacity" shall not be deemed for purposes of determining the activation of this Durable

Power of Attorney to require a court at law or equity to determine my physical or mental ability, capacity or competency, and such determination shall be made as heretofore described. If or when I recover from any disability, incompetency, or incapacity which activated this Durable Power of Attorney, the powers granted hereby shall terminate until such time as I may again become disabled, incompetent or incapacitated, as determined hereunder. The determination as to whether or not I have recovered from any disability, incompetency, or incapacity shall be made by my said attorneyin-fact, relying to the extent my attorney-in-fact deems advisable on information submitted by my personal physician and members of my immediate family and any other licensed physician deemed reliable by the attorney-in-fact. The determination by my said attorney-in-fact of my disability, incompetency, incapacity, or my recovery therefrom shall be made in good faith, and all determinations relating thereto shall not subject my attorney-in-fact to any liability for damages or otherwise to me, my heirs, personal representatives and next-of-kin, unless my said attorney-in-fact's determinations are made maliciously or with a willful or intentional disregard of the attorney-in-fact's duty of good faith hereunder. Notwithstanding the above provisions of this paragraph, my said attorney-in-fact shall not be liable to me, my heirs, personal representatives or next-of-kin for any failures to exercise the powers hereinabove granted during any period of my disability, incompetency or incapacity if my said attorney-in-fact does not have actual knowledge of any disability, incompetency or incapacity, and, as a result of such lack of knowledge of any disability, incompetency or incapacity, fails to make the determination of my disability, incompetency or incapacity. Also, notwithstanding the provisions of the paragraph above, the powers granted hereunder shall not be considered terminated upon my death or my recovery from any disability, incapacity or incompetency with respect to any person, partnership, corporation, association or other entity who, without actual knowledge thereof, acts or relies in good faith upon the powers and authorities exercisable hereunder.

Perform all and every act, deed, matter, and thing whatsoever in and about my estate, property, and affairs set forth above 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 especially 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 binding 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 received by any person acting in reliance hereon. This Power of Attorney shall not be affected by my subsequent disability, incompetency, or incapacity. This power of attorney may be filed for record in any public office.

I hereby authorize my attorney-in-fact to use photostatic copy, Xerox copy or other machine copies of this executed Durable General Power of Attorney for purposes of presenting a third party with notice of this Durable General Power of Attorney, and of the power of my attorney-in-fact to act hereunder, and any such third party shall be entitled to rely upon the presentation of such a copy.

IN WITNESS WH	EREOF, I have hereunto set my hand and seal this 29 day of 1999.
WITNESSES:	GRANTOR
	Widgel LV andender
	Michael Lynn Vanderslice
Address	
Address	06/17/1999-25431
I, the undersigned,	ACKNOWLEDGMENT SHELBY COUNTY JUDGE OF PROBATE ON THE 16.00 do hereby certify, that I am duly commissioned, qualified and authorized the County of Jefferson, State of Alabama, and that Michael Lynn
Vanderslice, Grantor in the territorial limits of my audionates thereof had been roof said instrument by Grantor in the contents thereof had been roof said instrument by Grantor in the contents thereof had been roof said instrument by Grantor in the contents thereof had been roof said instrument by Grantor in the contents of the con	the County of Jefferson, State of Attachma, and and the foregoing Power of Attorney, appeared before me this day within the thority, and being first duly sworn, executed said instrument after the ead and duly explained to Grantor, and acknowledged that the execution intor, was Grantor's free and voluntary act and deed for the uses and and the facts stated therein are true.
IN WITNESS WH	EREOF, I have hereunto set my hand and affixed by official seal this 2 9, 1999.
	Laww your Notary Public