

A248-10  
R248-04

## LIMITED POWER OF ATTORNEY

(With Durable Provision)

**NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

TO ALL PERSONS, be it known, that I, Aimee L. Eblen of 2300  
Shore View Way Suwanee GA 30024, as Grantor, do hereby make and grant a limited and  
specific power of attorney to Richard Dale Eblen of 2300 Shore View Way  
Suwanee, GA 30024 and appoint and constitute said individual as my attorney-in-fact

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following  
acts on my behalf to the same extent as if I had done so personally, all with full power of substitution and revocation  
in the presence: (Describe specific authority)

Closing of house located at 105 M. Gray Lane  
Calera, AL.

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and per-  
form the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said  
fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify  
all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties  
and responsibilities enumerated herein.

### Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be  
revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in  
good faith upon this power of attorney shall be protected unless and until said party has either a) actual or construc-  
tive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

### Other terms:



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lar transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. E-Z Legal Forms and the retailer make no  
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Rev. 1/98

Inst # 2000-07185

03/07/2000-07185  
09:59 AM CERTIFIED  
943 000 000 0000  
00 00

Signed under seal this 21<sup>st</sup> day of February, 2000 (year).  
Signed in the presence of:

Stephane Dumont  
Witness

Aimee Eblen  
Grantor

Chris Jones  
Witness

Attorney in Fact

and [unclear]  
Witness  
Carol M. Mammel  
Witness

State of Georgia  
County of Gwinnett

On February 21<sup>st</sup>, 2000 before me, Reid M. Welton  
appeared Aimee Eblen

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

[Signature]  
Notary Public, Georgia  
My Commission Expires Oct. 12, 2003

Affiant Known Produced ID  
Type of ID GA Driver License  
(seal)

State of Georgia  
County of Fulton

On February 22 before me, DANAL TICE  
appeared Dale Eblen

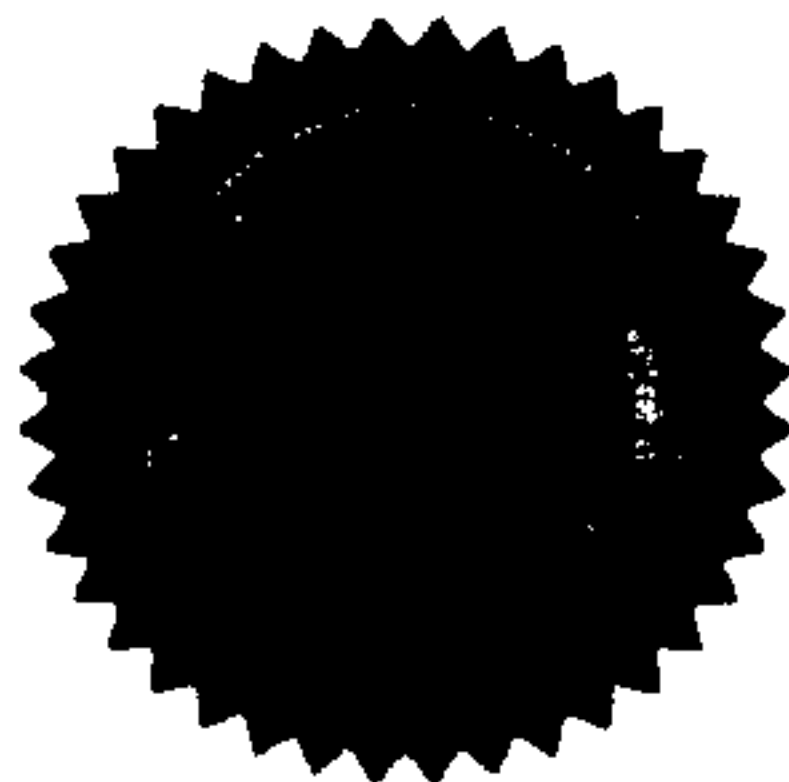
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature

DANAL W. TICE  
Notary Public, Fulton County, Georgia  
My Commission Expires September 8, 2002

Affiant Known Produced ID  
Type of ID [unclear]  
(Seal)



Inst # 2000-07185

03/07/2000-07185  
09:59 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
002 MMS 11.00