GENERAL POWER OF ATTORNEY

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, BANKING, INSURANCE, TRANSACTIONS AND ALL OTHER MATTERS 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 AUTHORIZES THE NAMED AGENT 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.

TO ALL PERSONS, be it known that I, Vivian Burrage, of Calera, Alabama, the undersigned Grantor, do hereby make and grant a general power of attorney to Margaret Burrage Eberhardt, of Alabaster, Alabama, and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, as if I were personally present, to the extent that I am permitted by law to act through an agent.

Signed under seal this 5th day of March, 2001 (year).

Signed in the presence of:

_____ Vivian Burrage
Witness Grantor

_____ Margaret Eberhardt
Witness Attorney-in-Fact/Agent

State of Alabama }
County of Shelby
On _____ before me, _____, appeared _____,
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 Barbara K Burkett

Affiant _____ Known _____ Produced ID
Type of ID _____

(Seal)

My Commission Expires Feb. 22, 2004

Inst # 2001-32058

08/02/2001-32058
10:36 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
002 MSB 14.00

STATE OF ALABAMA)
SHELBY COUNTY)

I, the undersigned authority, a Notary Public in and for said County, in said State hereby certify that VIVIAN BURRAGE, whose name is signed to the foregoing instrument, and who is known to me acknowledged before me on this day, that, being informed of the contents of the conveyance she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this.

Barbara K Beckett
Notary Public

My Commission Expires: 10/16/2000

My Commission Expires Feb. 22, 2004

Inst # 2001-32058

08/02/2001-32058
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