20070717000334190 1/8 \$33.00 Shelby Cnty Judge of Probate, AL 07/17/2007 01:11:01PM FILED/CERT

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Prepared By: Carol Davis Wachovia Mortgage Corp. 1525 West W.T. Harris Blvd Charlotte, NC 28288

CRS# 3478826 Loan# 8882282678 APN# 235210002003000

LIMITED POWER OF ATTORNEY

1313

RECORDING REQUESTED BY LSI Title Agency, Inc.

AND WHEN RECORDED MAIL TO LSI Title Agency, Inc.

20070717000334190 2/8 \$33.00 Shelby Cnty Judge of Probate, AL 07/17/2007 01:11:01PM FILED/CERT

LIMITED POWER OF ATTORNEY

Caution: this is an important document. It gives the person whom you designate (your "Agent" also called "Attorney in Fact") broad powers for a specific transaction, to handle your property during a certain period of time, which may include powers to mortgage your real property with advance notice to you by web based closing. These powers will continue to exist even after you have become disabled or incompetent. This document does not authorize anyone to make medical or other health care decisions. You may execute a different document, a health care proxy to do this. If there is anything about this form that you do not understand, you should ask an attorney to explain it to you.

BE IT KNOWN, that Cynthia S Adams

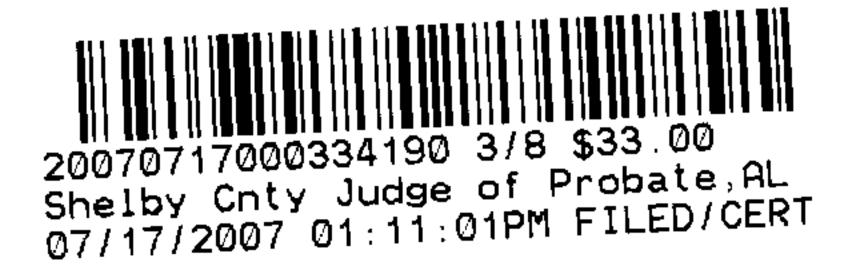
and David N Adams aka Davis N Adams

THIS DOCUMENT IS FILED FOR RECORD BY FIDELITY NATIONAL TITLE INS. CO. AS AN ACCOMMODATION ONLY IT HAS NOT BEEN EXAMINED AS TO ITS EXECUTION OR AS TO ITS EFFECT UPON THE TITLE

whose address is 106 Grande View Circle Maylene, AL 35114

has made and appointed, and by these presents does make and appoint the following persons who are employees of LSI, namely: Greg Perdziola, Shannon Obringer, Ryan Flaherty, Thomas Betz, Sheila Allen, Quinn Riordan and Stacey Franciscus each of whom may act separately, whose addresses are C/O LSI, at 700 Cherrington Parkway, Coraopolis PA 15108, my/our true and lawful attorney in fact (also called agent) for them and in their name, place and stead, for the following specific and limited purposes:

- Refinancing of the Real Estate located at 106 Grande View Circle, Maylene, AL 35114, and (1) to be refinanced with Wachovia, said refinancing to occur on or about June 5, 2007 in an amount approximately \$ 191,250.00 and \$10,000.
- **(2)** To mortgage, finance, refinance, hypothecate, assign, transfer, and in any manner deal with the real estate to effectuate the above referenced refinancing (which may also be called "banking transactions" under state statute);
- To execute, acknowledge, and deliver escrow instructions, and all Closing Documents which (3)including but not limited to: Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including any documents necessary or requested as part of this transaction by Title Insurer, Lender or the other parties to the



transaction, those documents needed by governmental and taxing authorities, covenants, agreements and assignments of agreements, assignments of mortgages, assignments of deeds of trust, to secure the referenced indebtedness, lien waivers, encumbrance or waiver of homestead and any marital rights necessary to obtain the financing, settlement statements, truth in lending disclosures, loan applications, HUD 1 and other written instruments of whatever kind and nature, all upon such terms and conditions as said attorney in fact (also called agent) shall approve.

Further giving and granting said attorney in fact (also called agent), full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (setout herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact (also called agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney shall become effective immediately, and shall not be affected by my subsequent disability, incapacity or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue until the Mortgage/Deed of Trust is recorded in the appropriate office. I may revoke this Power of Attorney at any time by providing written notice to my Attorney in Fact (also called agent), however such revocation shall not be effective as to third parties acting in reliance upon this Power of Attorney if recorded, unless and until the revocation is similarly recorded in the same county and state registry or other established records for the recording of Powers of Attorney. This Power of Attorney is limited to a specific refinance, and the powers noted shall continue only through and including any post closing corrections, amendments and follow up procedures, but shall cease when the refinance and all post-closing matters are fully accomplished.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

Dated <u>June</u> 5 , 200 2 at_____

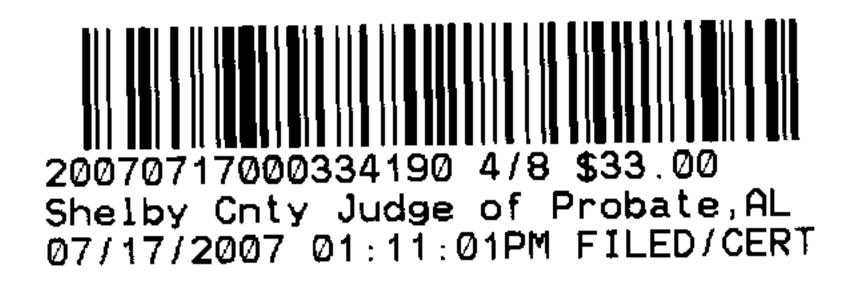
Contiuc S. Haans

Partial Password 8826

Cynthia S Adams

David N Adams

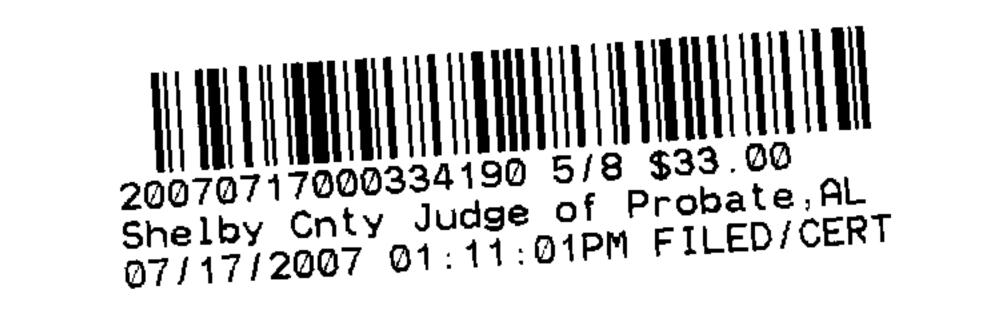
aka Davis N Adams



SIGNER(S) OTHER THAN NAMED ABOVE

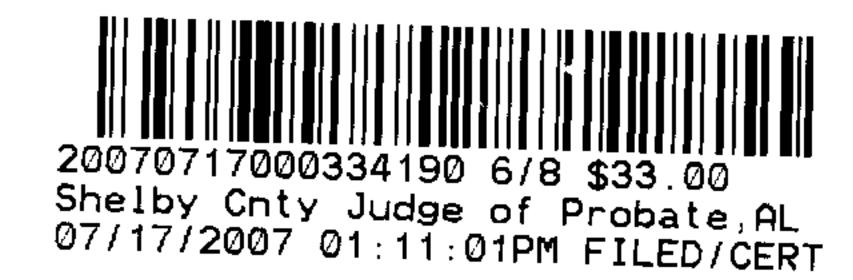
State of Abrahama	
County of <u>Jefferson</u> On <u>June 8, 2067</u> before me,	Askey, Notary Public
personally appeared Cynthia S Adams Dayid N Ada	NAME, TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC" ams aka Davis N Adams
the person within in he/she/the capacity(is instrument which the which the which the state of the capacity of	
could prevent fraudulent reattachment of this form. CAPACITY CLAIMED BY SIGNEER	DESCRIPTION OF ATTACHED DOCUMENT
INDIVIDUAL CORPORATE OFFICER	
PARTNER(S) LIMITED GENERAL	TITLE OR TYPE OF DOCUMENT
TRUSTEE GUARDIAN/CONSERVATOR OTHER	NUMBER OF PAGES
SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)	DATE OF DOCUMENT

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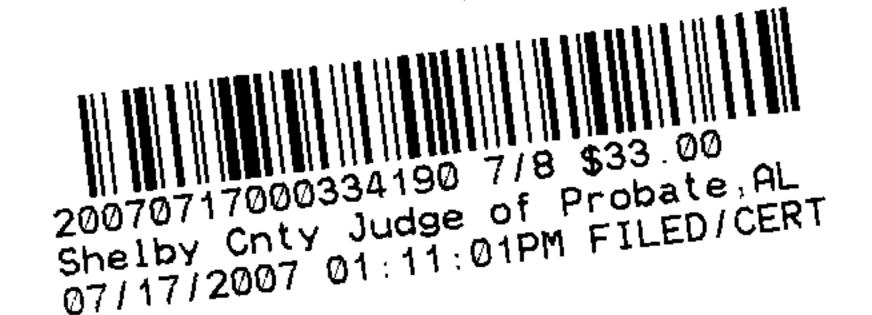


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Sta	te of Abama	
Co	June 8, 2007 DATE	pefore me, Notary Public NAME, TITLE OF OFFICER - E.G. "JANE DOE NOTARY PUBLIC"
per	sonally appeared Cynthia S Adar	ns David N Adams aka Davis N Adams
	personally known to me - OR - CASARITE Commission Commission CONTARY C	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.
Му	Comission Expires:	WITNESS my hand and official seal. SIGNATURE OF NOTARY OPTIONAL OPTIONAL
COL	ld prevent fraudulent reattachment	y law, it may prove valuable to persons relying on the document and of this form.
CAI	PACITY CLAIMED BY SIGNEER	DESCRIPTION OF ATTACHED DOCUMENT
	INDIVIDUAL CORPORATE OFFICER	
	TITLE(S)	TITLE OR TYPE OF DOCUMENT
	PARTNER(S) [] LIMITE GENER	
	ATTORNEY IN FACT TRUSTEE GUARDIAN/CONSERVATOR OTHER	NUMBER OF PAGES
1	······································	DATE OF DOCUMENT

SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)



Witness:	Witness:	
printed name of witness: (if required)	printed name of witness: (if required)	
Specimen signature of AGENT/Attorney	n Fact	



ACKNOWLEDGMENT OF ATTORNEY-IN-FACT

I, AGENT, have read the attached power of attorney and am the person identified as the attorney-in-fact (the "agent") for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in state law., when I act as agent:

I shall exercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

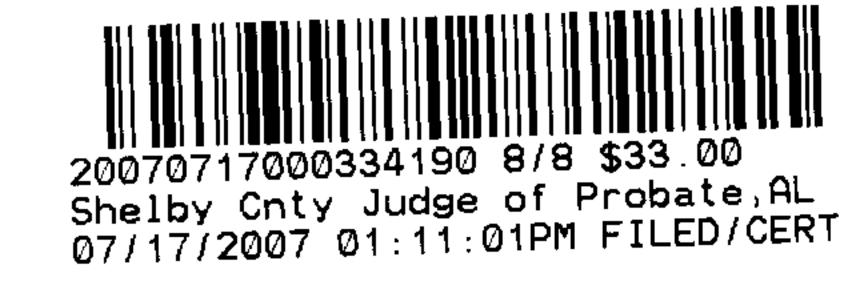
I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

AGENT

Signature of Attorney-in-Fact

6507

Date



APN: 235210002003000

Order ID: 3478826

Loan No.: 8882282678

EXHIBIT A LEGAL DESCRIPTION

The land referred to in this policy is situated in the State of AL, County of SHELBY, City of MAYLENE and described as follows:

The following described real estate, situated in the Shelby County, Alabama to-wit:

Lot 3, according to the map or survey of Grande View Estates, Givianpour Addition to Alabaster, as recorded in Map Book 19, Page 100, in the Probate Office of Shelby County, Alabama.

WITH THE APPURTENANCES THERETO.

APN: 235210002003000