STATE OF ALABAMA COUNTY OF SHELBY

LIMITED DURABLE POWER OF ATTORNEY

ALL MEN BY THESE PRESENTS that I, presently being of sound mind and not being under any mental disability, incompetency or incapacity, do hereby nominate, constitute and appoint mental disability, incompetency or incapacity, do hereby nominate, constitute and appoint mental disability, incompetency or as and for my true and lawful attorney-in-fact under the provisions of and in accordance with Section 26-1-2, 1975 Code of Alabama, so that this power of attorney shall not be affected by my subsequent disability, incompetency or incapacity. I hereby bestow and vest my said attorney-in-fact with the following powers for me and in my name and on my behalf:

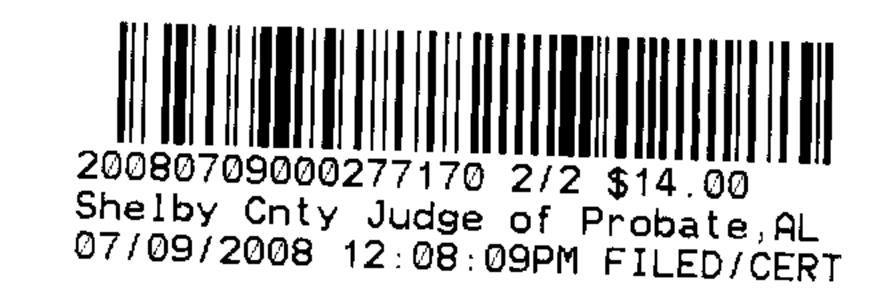
To purchase, sell, transfer, exchange, refinance or otherwise dispose or acquire of any of the following described property, real, personal or mixed, and to execute and deliver good and sufficient deeds or other instruments for the conveyance, refinance or transfer of the same, and to execute any other conveyances, deeds, closing documents, and other documents deemed necessary and/or advisable by my said attorney-in-fact in connection therewith, said property is described on Exhibit "A" attached hereto and made part and parcel hereof as fully as if set out herein, which said Exhibit "A" is signed by me for identification.

To deposit in my name and for my account with any bank, trust company or other financial institution, all monies payable or belonging to me or that may come into possession of my said attorney-in-fact in connection with the aforesaid property or the sale thereof, and all bills of exchange, drafts, checks, promissory notes and other instruments for money payable or belonging to me in connection with the property described on Exhibit "A" attached hereto, and for that purpose to sign my name and endorse same for deposit or collection;

To do, generally, any or all acts on my behalf on any matters or things pertaining to said property described on Exhibit "A" attached hereto with the same validity as I might act or could do if personally present and not under any disability, incompetency or incapacity.

To exercise all powers and do all acts on my behalf deemed by my said attorney-in-fact to be incidental to, or necessary or proper to carry into full effect, the foregoing powers hereby ratifying and confirming all that my said attorney-in-fact can lawfully do or cause to be done by virtue hereof.

It is my intention that notwithstanding my subsequent disability, incompetency or incapacity, this power of attorney shall remain in full force and effect until expressly revoked or amended as provided by law, provided that such revocation or amendment shall be of no effect with respect to parties acting or things done in reliance



upon this durable power of attorney prior to the actual receipt by them of written notice of such revocation or amendment.

JU147,	This I	Power of	Attorney	shall	expire	at m	idnight	on
7.75	IN WIT, 20	NESS WHE	EREOF, I se	t my hai	nd and se	al this Z	774 day	y of
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							(SEA	L)
STATE OF A COUNTY O		<i>//</i>						
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				Maron	Jose	<i>f</i> -		
			Not	ary Publi	c			

My Commission Expires: 10.27.//