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Shelby Cnty Judge of Probate, AL
06/05/2012 12:19:23 PM FILED/CERT

STATE OF ALABAMA)
COUNTY OF SHELBY)

AFFIDAVIT & INDEMNITY AGREEMENT
REGARDING OF POWER OF ATTORNEY

Before me, the undersigned Notary Public, in and for the State of Alabama-at-Large, personally appeared Cathy L. Simmons, who having been by me first duly sworn, deposed as follows:

1. My name is Cathy Lynn Simmons. I am one and the same as and also known as Cathy L. Simmons. I am over the age of twenty-one (21) years, and have personal knowledge of the facts herein.

2. On May 21, 2012, my husband, James David Simmons, who is one and the same as and also known as James D. Simmons, appointed me as attorney-in-fact under a Power of Attorney, ~~a true and correct copy~~ of which is attached hereto as Exhibit A.
the original

3. I have on this day exercised the powers granted in the above referenced Power of Attorney by executing warranty deeds, mortgages and various other documents relating to the sale, or mortgage, of the residence located at 105 Gleneagles Ln.; Pelham, AL 35124 and further described as follows:

Lot 803, according to the Final Plat of Gleneagles at Ballantrae, as recorded in Map Book 33, Page 114, in the Probate Office of Shelby County, Alabama.

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4. At the time of the execution of the above-mentioned closing documents and exercise of the Power of Attorney I had no actual knowledge of the termination of the power by revocation or the death of James David Simmons. I know James David Simmons to be still living, competent and have not been notified since the execution of the Power of Attorney that he/she has revoked said power. The affiant herein affirms, under penalty of perjury, that he/she is not using the power of attorney to self-deal in the Principals' property, or to otherwise benefit personally from this mortgage or sale of the Principals' real property.

5. I am making this affidavit pursuant to Code of Alabama 1975 Section 26-1A-302.

6. I, Cathy Lynn Simmons, agree to indemnify and hold harmless RELI Settlement Solutions, LLC and First American Title Insurance Company; W. Eric Pitts or any member or other employee of W. Eric Pitts, L.L.C. and BBVA Compass Bank from any loss, costs, damage and expense of every kind including attorney's fees, which it shall or may suffer resulting from a reliance on the Power of Attorney.

Witness my hand and seal on May 30, 2012.

Cathy Lynn Simmons
Cathy Lynn Simmons aka Cathy L. Simmons
Affiant and Attorney-in-Fact

Subscribed and sworn to before me on May 30, 2012.

William E. Pitts
Notary Public
My Commission Expires: 03 Aug 2013

WILLIAM E. PITTS
NOTARY
My Comm Expires
ALABAMA STATE AT LARGE
PUBLIC

STATE OF ALABAMA)

SHELBY COUNTY)

GENERAL POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That I, James David Simmons of, Shelby County, Alabama, have made, constituted, and appointed, and by these presents do make, constitute and appoint my Wife as Power of Attorney , Cathy Lynn Simmons , as my true and lawful attorney 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 doing 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 purpose of 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) With respect to any property of mine, 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, interest, 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 delivery 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 investments 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 survivorship;

(6) To institute, prosecute, defend, compromise, settle, arbitrate, assign, release and dispose of legal, equitable, or administrative hearings, actions, suites, 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, shares, bonds, other securities, or other investments, rights, or interest, 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;


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(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, excluding, however, the right to change the beneficiary, the right to change the method of payment of the insurance proceeds, and the right to make a cash surrender of the policy as distinguished from a surrender of the policy for loan, conversion or other purposes as provided therein;

(12) To be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose, and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition, including all information relating to the diagnosis of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any other agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.


GIVING and GRANTING unto my said attorney full power and authority to do and 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 DISABILITY, INCOMPETENCY, OR INCAPACITY OF THE PRINCIPAL. This power of attorney may be filed for record in any public office.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21 day of

May, 2012.


JAMES DAVID SIMMONS


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STATE OF ALABAMA)

SHELBY COUNTY)

I, the undersigned authority in and for said County in said State, do hereby certify that James Simmons, Grantor in the foregoing Power of Attorney, who is personally known to me, appeared before me this day and after first being duly sworn, executed said instrument after the contents thereof had been read and duly explained to him and acknowledged that his execution of said instrument was his free and voluntary act and deed for the uses and purposes therein set forth.

Dated this 21 day of May, 2012.

Amber Lynn Laddner

NOTARY PUBLIC

My Commission expires 8-26-15.

Prepared by:
Joseph A. Ingram
3928 Montclair Road, Suite 208
Birmingham, Alabama 35213



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