

STATUTORY DURABLE POWER OF ATTORNEY

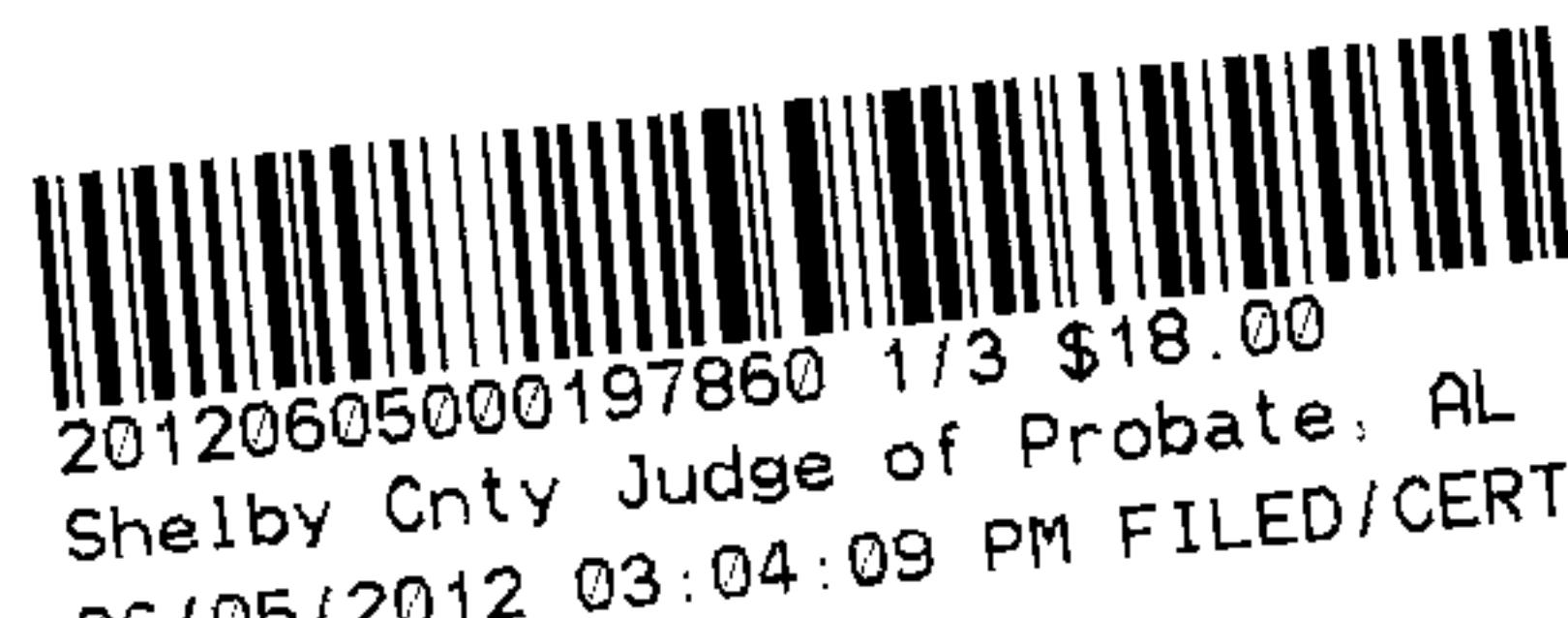
NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT. CHAPTER XII, TEXAS PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, LISA L. CRABBE, my address being
1090 SHAKESPEARE DR BMT TX 77706
appoint CYNTHIA Ann Lamp Hill, whose address is
1012 RIVIERA DR CALERA, AL 35040, as my Agent
and Attorney in Fact to act for me in any lawful way with respect to all of the following powers
except those powers that I have crossed out below.

TO WITHHOLD A POWER, YOU MUST CROSS OUT EACH POWER WITHHELD.

- (A) real property transactions;
- (B) ~~tangible personal property transactions~~;
- (C) ~~stock and bond transactions~~;
- (D) ~~commodity and option transactions~~;
- (E) ~~banking and other financial institution transactions~~;
- (F) ~~business operating transactions~~;
- (G) ~~insurance and annuity transactions~~;
- (H) ~~estate, trust, and other beneficiary transactions~~;
- (I) ~~claims and litigation~~;
- (J) ~~personal and family maintenance~~;
- (K) ~~benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service~~;
- (L) ~~retirement plan transactions~~;
- (M) ~~tax matters~~;

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY AND MY AGENT (ATTORNEY IN FACT) SHALL HAVE THE POWER AND AUTHORITY TO PERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.



SPECIAL INSTRUCTIONS:

Special instructions applicable to gifts (initial in front of the following sentence to have it apply):

I grant my agent (attorney in fact) the power to apply to my property to make gifts, except that the amount of a gift to an individual may not exceed the amount of annual exclusions allowed from the federal gift tax for the calendar year of the gift.

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

ONLY FOR CLOSING DAY FOR 2127 TIMBERLINE DR
CALEERA, AL 35040

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

- (A) This power of attorney is not affected by my subsequent disability or incapacity.
- (B) This power of attorney becomes effective upon my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOUR CHOSE ALTERNATIVE (A).

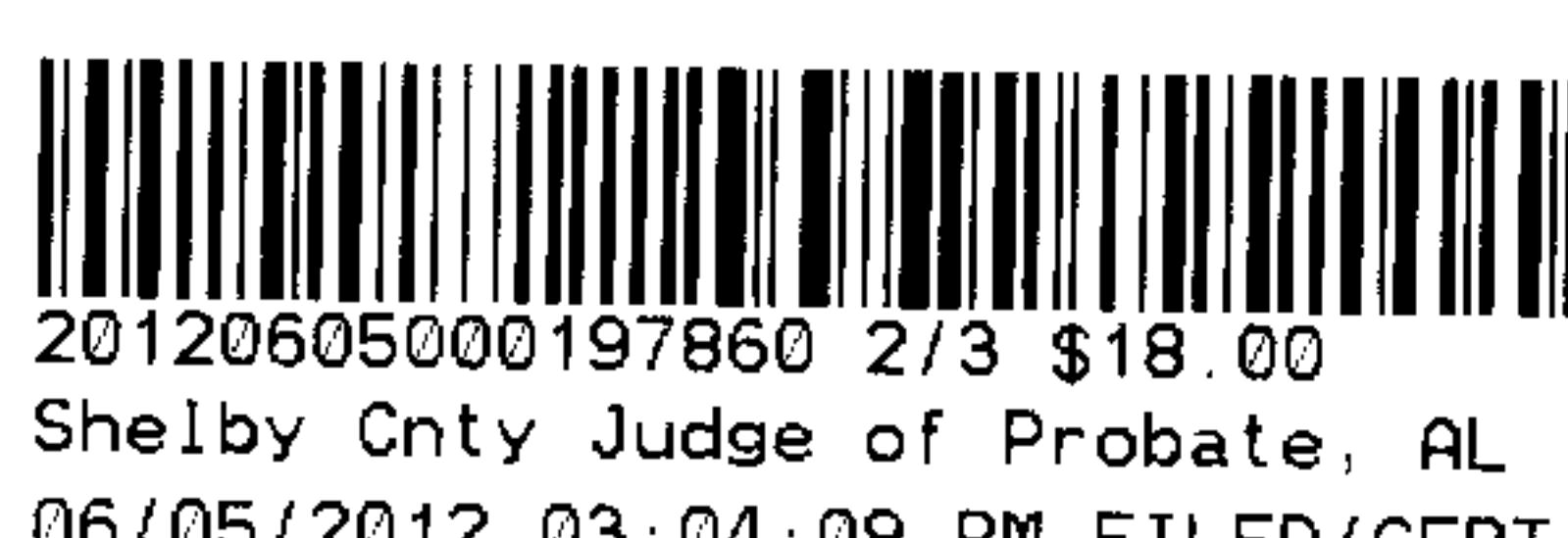
If Alternative (B) is chosen and a definition of my disability or incapacity is not contained in this Power of Attorney, I shall be considered disabled or incapacitated for purposes of this Power of Attorney if a physician certifies in writing at a date later than the date this Power of Attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this Power of Attorney. A third party who accepts this Power of Attorney is fully protected from any action taken under this Power of Attorney that is based on the determination made by a physician of my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify this third party for all claims that arise against third party because of reliance on this power of attorney.

If any agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name the following (each to act alone and successively, in the order named) as successor(s) to that agent:

Signed this 12th day of April, 2012 BH
, 2011.

Yvonne L. Lusk



THE STATE OF TEXAS

§
§
§

COUNTY OF JEFFERSON

The foregoing instrument was acknowledged before me on this the 12th day of
April, 2011, by Lisa L. Crabbe.

Britney Humplik

NOTARY PUBLIC, STATE OF TEXAS.



Instrument Prepared By:

Lisa L. Crabbe
1090 Shakespeare Drive
Beaumont, TX 77706

AFTER RECORDING, RETURN TO:

