


STATE OF ALABAMA)
JEFFERSON COUNTY)


20120912000346610 1/4 \$21.00
Shelby Cnty Judge of Probate, AL
09/12/2012 03:46:09 PM FILED/CERT

LOST INSTRUMENT AFFIDAVIT

Before me, the undersigned authority in and for said State at Large, did on this day personally appear David Ovson, who is known to me and after first being duly sworn, did testify and affirm as follows, to wit:

My name is David Ovson. I am an attorney and am licensed to practice law in the State of Alabama. I am over the age of nineteen years and have personal knowledge of the matters set forth herein.

On or about August 1, 2012, I performed a closing for the following property:

Lot 41, according to the survey of Old Brook Place, as recorded in Map Book 19, Page 41, in the Office of the Judge of Probate of Shelby County, Alabama.

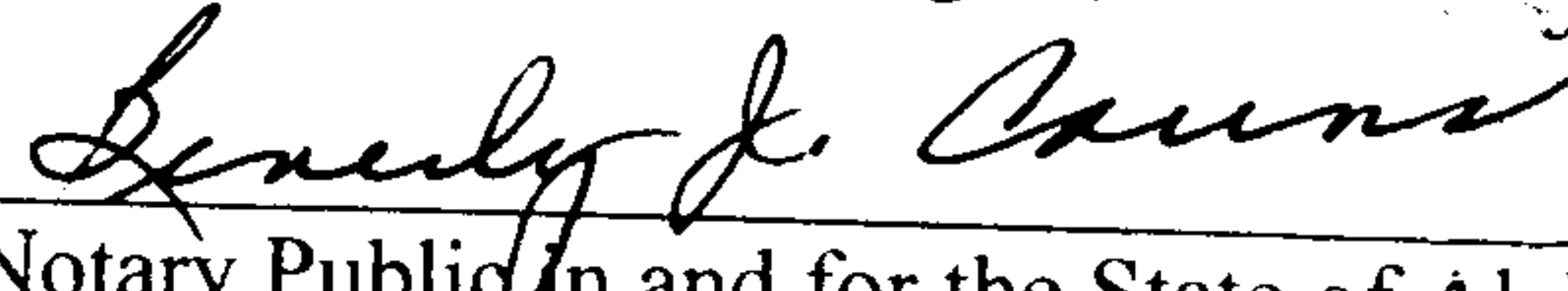
The original power of attorney from Cheryl H. Abraham to Naif Abraham, Jr. was delivered to me at the time of closing. Prior to recording, the original power of attorney was inadvertently misplaced and cannot be located. A certified true and correct copy of power of attorney is attached.

This affidavit is being recorded due to the unavailability of the original power of attorney.

Further, affiant sayeth not.


David Ovson

Sworn and Subscribed before me on this the 31 day of August, 2012.


Notary Public in and for the State of Alabama
At Large

My Commission Expires: _____

NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Oct 14, 2015
BONDED THRU NOTARY PUBLIC UNDERWRITERS

DURABLE POWER OF ATTORNEY

CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the principal, you give the person whom you choose (your agent) authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. Important Information for the Agent at the end of this document describes your agents responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent (s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a Health Care Proxy to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

I, Cheryl H. Abraham, residing at 251 N. Main Street, Gloversville, New York 13090, hereby appoint Naif Abraham Jr of 113 Greeley Circle, Liverpool, New York 13090, as my attorney-in-fact ("Agent") to exercise the powers and discretions described below.

If the Agent is unable to serve for any reason, I appoint Eddy Abraham Sr, of 251 N. Main Street, Gloversville, New York 12078, as my alternate or Successor Agent, as the case may be to serve with the same powers and discretions.

This Power of Attorney shall not be affected by my subsequent incapacity.



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I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

I grant my agent full authority to handle the subjects listed below as they are defined in 5-1502A through 5-1502N of the New York General Obligations Law:


- a. Real Estate Transactions
- b. Chattel and Goods Transactions
- c. Bond, Share and Commodity Transactions
- d. Banking Transactions
- e. Business Operating Transactions
- f. Insurance Transactions
- g. Estate Transactions
- h. Claims and Litigations
- i. Personal and Family Maintenance: This authority included the ability to continue any and all gifts I customarily make to individuals or organizations including my Agent(s) that does not exceed Five Hundred Dollars (\$500.00) in a calendar year.
- j. Benefits from governmental programs or civil or military service
- k. Health Care Billing and Payment Matters including records, reports and statements
- l. Retirement Benefit Transactions
- m. Tax Matters
- n. Full and unqualified authority to my Agent(s) to delegate any or all of the foregoing authority to any person or person(s) whom my agent(s) select:
- o. All Other Matters

In addition to the powers named above I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. A Successor Agent shall not be liable for acts of a prior Agent.

No person who relies in good faith on the authority of my Agent under this instrument shall incur any liability to me, my estate or my personal representative. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.


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My Agent shall be entitled to reasonable compensation for any services provided as my Agent.
My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent as required under state law or upon my request or the request of any authorized personal representative, fiduciary or court of record acting on my behalf.

I wish to designate Eddy Abraham Sr., whose address is 251 N. Main Street, Gloversville, New York 12078, as monitor. Upon the request of the monitor, my agent(s) must provide the monitor with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor upon request.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability 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 effective until my death. This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Cheryl H. Abraham
Cheryl H. Abraham

Witness Signature:

Name:

City:

State:

Eddy Abraham Sr.

Eddy Abraham Sr.

Gloversville

New York

Witness Signature:

Name:

City:

State:



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