

DURABLE POWER OF ATTORNEY

For Transactions with Regions Bank

STATE OF Alabama
COUNTY OF Shelby

KNOW ALL MEN BY THESE PRESENTS, that I, Paul Sandelton
_____, as principal, have made, constituted and appointed, and by these presents do make, constitute and appoint Brittany Sandelton

("Agent") as my true and lawful agent or attorney-in-fact to do and perform the following acts at or transactions with Regions Bank or any of its affiliates or subsidiaries (hereinafter called "Regions"):

1. To open and close accounts in my name at Regions, including, without limitation, checking or demand deposit accounts, savings accounts, money market accounts, time deposits accounts, certificates of deposit and individual retirement accounts, and to execute and deliver any agreements in connection with such accounts or deposits and to make, receive and endorse, checks, drafts and instruments, deposit and withdraw funds and acquire and redeem time deposits or certificates of deposit.
2. To request and receive any information or disclosures relating to any accounts held at Regions in my name, including, without limitation, account statements and copies of transactions, to order checks for any such accounts, and to authorize address changes and any other changes for or with respect to any such accounts.
3. To receive and hold all checks, drafts, accounts, deposits, certificates of deposit and instruments now or hereafter owned by, or due, owing, payable or belonging to me in which I have or may hereafter acquire an interest.
4. To apply for, receive and use any debit card or ATM card issued in connection with any of my accounts or authorize electronic transfers or wire transfers to or from any of my accounts.
5. To enter into any agreement to open a safe deposit box at Regions and to do and perform any and all acts in regards the entry into any safe deposit box which I may enter at Regions, including, but not limited to, the execution of any documents in regards to entry into any such box, the receipt of and removal of any and all contents of any such box, the execution of any documents needed to officially close out any such box, and the performance of any other activities necessary to enter any such box and remove the contents of any such box.



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Shelby Cnty Judge of Probate, AL
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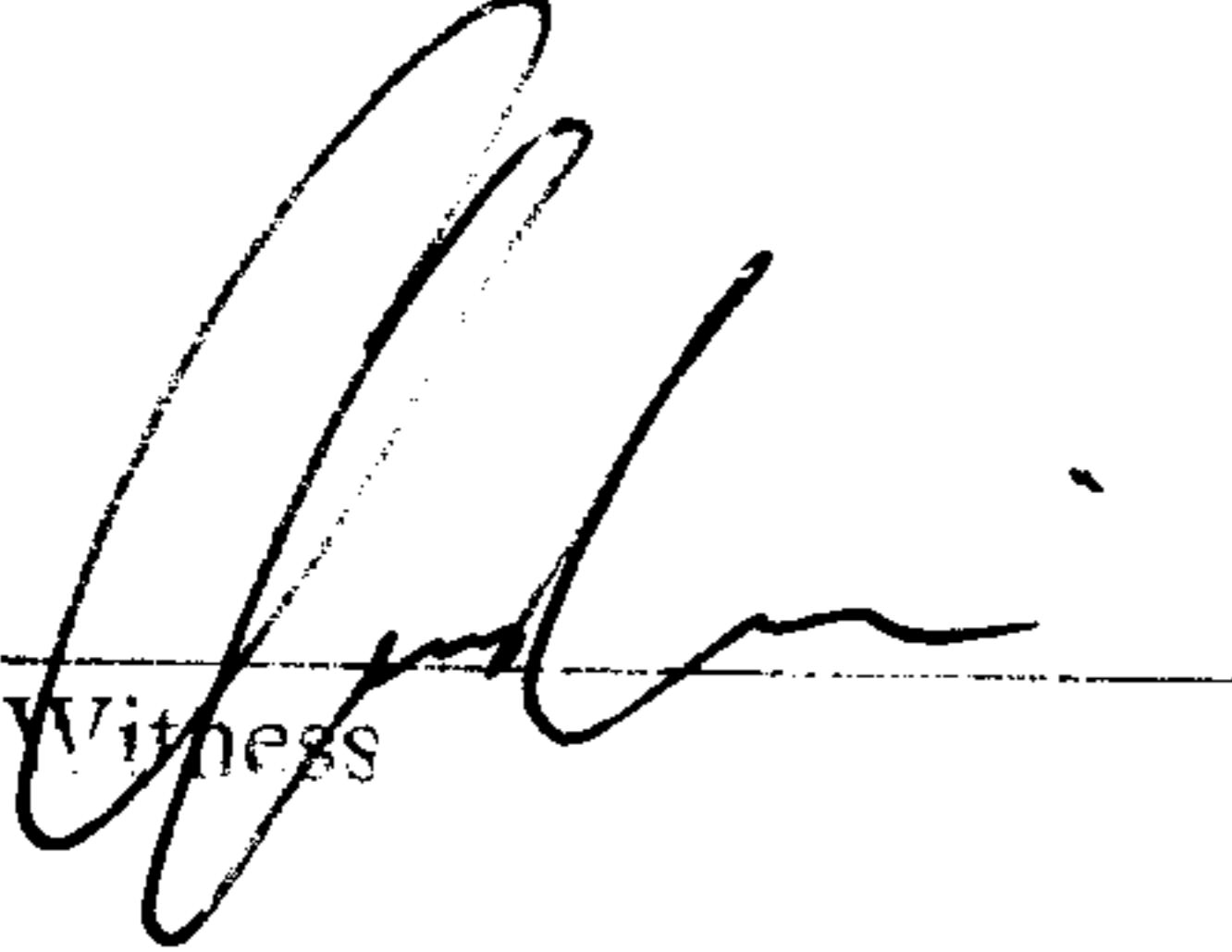
6. To borrow moneys in my name from Regions, to pledge collateral held in my name for loans in my or someone else's name, and to execute, on my behalf with or in favor of Regions, thereby legally obligating me to Regions, any and all notes, instruments, credit agreements, guaranty agreements, mortgages, security agreements, pledges, documents, disclosures and acknowledgments of disclosures relating to such transactions, including, but not limited to, renewals, modifications or amendments of any and all such documents.

7. Without in any way limiting the generality of the foregoing, to transact any and all banking, financial or other business in my name, place and stead, with Regions.

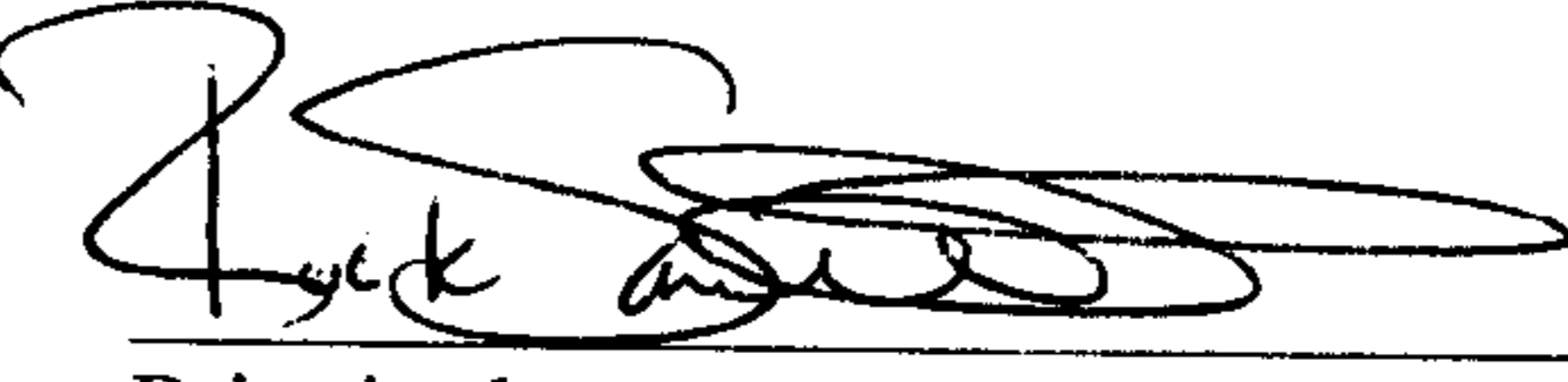
Agent shall have full power and authority to do, take and perform each and every act and thing whatsoever requisite, proper or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully as I might or could do if personally present. I hereby ratify and confirm all activities undertaken by Agent with Regions. Regions may rely upon a representation by Agent that, to the best of Agent's knowledge and belief, this power has not been revoked and I am then living and have not been adjudicated incompetent. Regions is authorized to deliver to Agent all of my property and all consideration of every kind or character with respect to any transaction entered into pursuant to this Power of Attorney and shall be under no duty or obligation to see to or examine into the disposition or application thereof. I specifically release Regions from any claims, demands and liabilities of any kind or character arising out of Regions' dealings with Agent under this Power of Attorney. I further agree to indemnify Regions from any claims, damages and expenses which may be asserted against or incurred by Regions arising from the claims of any third party because of Regions compliance with this Power of Attorney. Regions may act upon a copy or facsimile of this Power of Attorney.

This Durable Power of Attorney shall not be affected by my subsequent incapacity, except as may be provided by applicable law. I may revoke this Durable Power of Attorney by written instrument delivered to Agent and to Regions. Such revocation shall be effective upon actual receipt of same by Regions, but Regions shall have a reasonable period of time to notate such revocation on its systems.

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney on this 16th day of January, 2014, under the laws of the state named at the top of this Power of Attorney.




Witness



Principal
Jack Sandretto
Type or Print Name

Witness


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STATE OF ALABAMA
COUNTY OF SHELBY

I, a Notary Public, in and for said County and State, hereby certify that
Rock Sandretto whose name is signed to the foregoing Durable
Power of Attorney and who is known to me, or who furnished the following
identification: ALDL#, acknowledged before me on this date being
informed of the contents of the Durable Power of Attorney he/she executed the same voluntarily
on the day the same bears date.

Given under my hand and seal of office this 16th day of January
2014.

[Signature]
NOTARY PUBLIC

My Commission expires: MY COMMISSION EXPIRES FEBRUARY 3, 2015


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