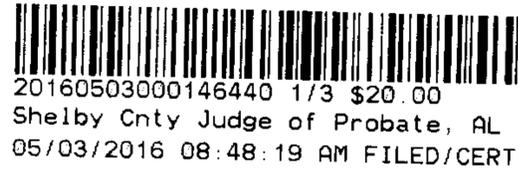


General Durable Power of Attorney

I, the undersigned



(Full legal name) Robert E. Hampton

(Identity number) [REDACTED] residing at

(Address) 2400 Highway 33
Pelham, AL 35124

appoint

(Full legal name) Edna Mosley

(Identity number) [REDACTED] residing at

(Address) 655 Philadelphia Ch. Rd.
Piedmont, AL 36272

as my Attorney-in-Fact (Agent) with the power of delegation and substitution.

If my Agent is unable or unwilling to serve for any reason, I designate

(Full legal name) Marvin C. Hampton

(Identity number) [REDACTED] residing at

(Address) 1176 Hutchings Mtn. Rd.
Rockmart, Ga. 30153

as substitute Agent.

1. I hereby revoke any and all previous powers of attorney signed by me except for my Power of Attorney for Health Care which shall remain in force.

2. This document shall be construed and interpreted as a general durable power of attorney and my Agent shall have full authority to act on my behalf in relation to all my property and affairs.

OR

2. This document shall be construed and interpreted as a durable power of attorney and my Agent shall have full authority to act on my behalf in relation to my property and affairs, save for the following conditions and restrictions:

2.1. _____

2.2. _____

3. I furthermore grant my Agent the authority to:

3.1. Make gifts within gift tax limits except to himself.

3.2. Execute, amend or revoke any trust agreement.

3.3. Exercise the right to make a disclaimer on my behalf.

4. I indemnify and hold harmless my Agent from any loss that results from an error made in good faith save for willful misconduct or the willful failure to act in good faith.

5. I indemnify any third party from any claims which may arise against the third party because of reliance on this power of attorney.

6. My Agent shall provide accurate records on a monthly basis of all transactions completed on my behalf and shall provide accounting records on a six-monthly basis.

6.1. If I am unable to review the records and accounting, they must be submitted to:

(Full legal name) Edna Mosley

(Identity number) [REDACTED] residing at

(Address) 655 Philadelphia Church Rd.
Piedmont, AL 36272

7. My Agent shall be entitled to compensation for his services at a rate as set out by law and for reimbursement of all reasonable expenses in his duties as my Agent.

8. This is a Durable Power of Attorney. Even if I should become disabled or incompetent, it shall remain effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent and interested third parties.

Executed this 10th day of June 2015

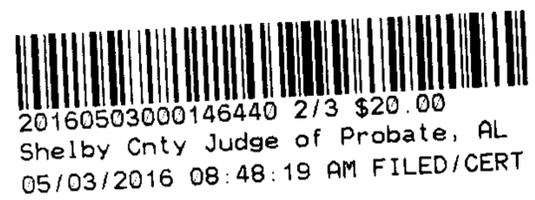
at 410 Wilson Dr SW, Jacksonville, AL 36245

Signature: [Handwritten Signature]

in the presence of the undersigned witnesses:

Witness 1

Name: Jean M Hampton



Address: 1176 Hatchings Mtn Rd

Signature: Jean M Hampton

Witness 2.



20160503000146440 3/3 \$20.00
Shelby Cnty Judge of Probate, AL
05/03/2016 08:48:19 AM FILED/CERT

Name: _____

Address: _____

Signature: _____

Acknowledgement

This document was acknowledged before me on this 10th day of June 2015 by Robert E. Hampton (Principal's Full legal name)

Signature of Notary Public Deanna L. Minton

Full legal Name Deanna L. Minton

My commission expires July 9, 2016

State of Alabama

County of Calhoun