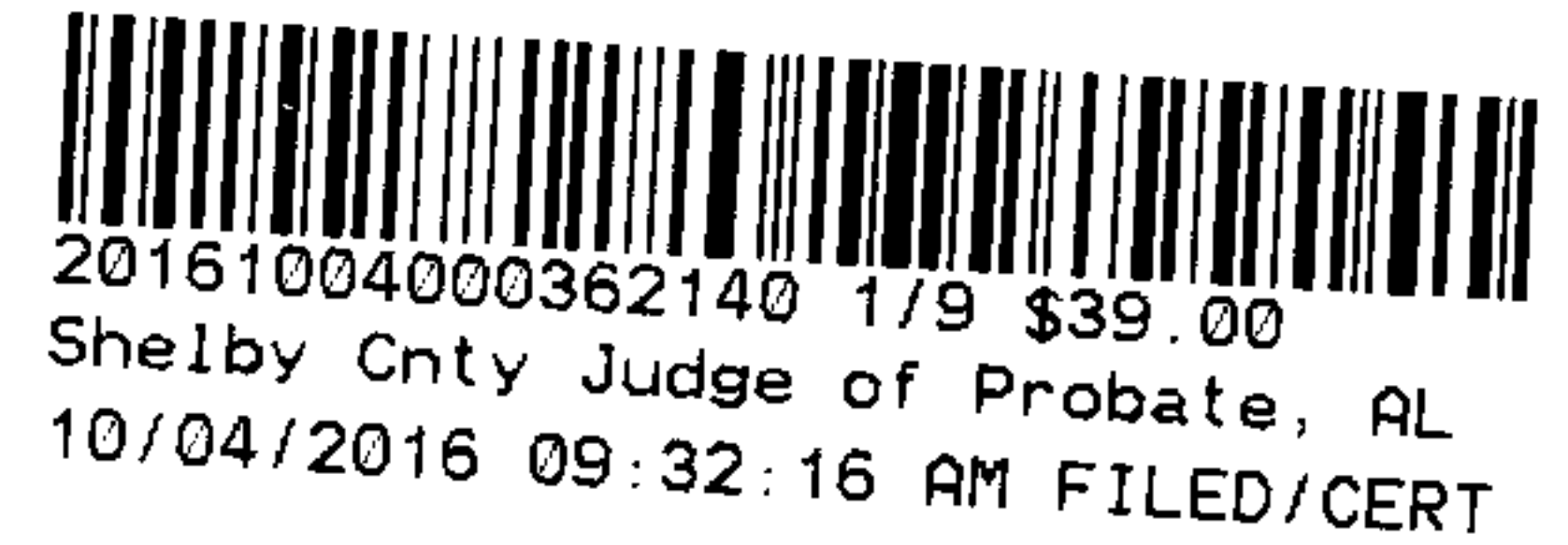


POWER OF ATTORNEY

IMPORTANT INFORMATION



This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). The meaning of authority over subjects listed on this form is explained in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975.

This power of attorney does not authorize the agent to make health care decisions for you. Such powers are governed by other applicable law.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you lose capacity, die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reimbursement of reasonable expenses and reasonable compensation unless you state otherwise.

This form provides for designation of one agent or co-agents. Co-agents are not required to act together unless you include that requirement.

If all your agents or co-agents are unable or unwilling to act for you, your power of attorney will end.

This power of attorney becomes effective immediately unless you state otherwise.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

THIS Power of Attorney is given by me, Ray and Suzanne Visser (the "Principal"), presently of 344 Amherst Dr, Birmingham, in the State of Alabama, on this 28th day of September, 2016.

Previous Power of Attorney

1. **I REVOKE** any previous power of attorney granted by me.

Agent

2. **I APPOINT** Randy Visser, of 4436 Galen Cove, Birmingham, Alabama, to act as my Agent.

Governing Law

3. This document will be governed by the laws of the State of Alabama. Further, my Agent is directed to act in accordance with the laws of the State of Alabama at any time he or she may be acting on my behalf.

Liability of Agent

4. My Agent will not be liable to me, my estate, my heirs, successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence.

Effective Date

5. This Power of Attorney will start immediately and will cease to be in effect upon a finding of my mental incapacity or mental infirmity which may occur after my execution of this Power of Attorney.

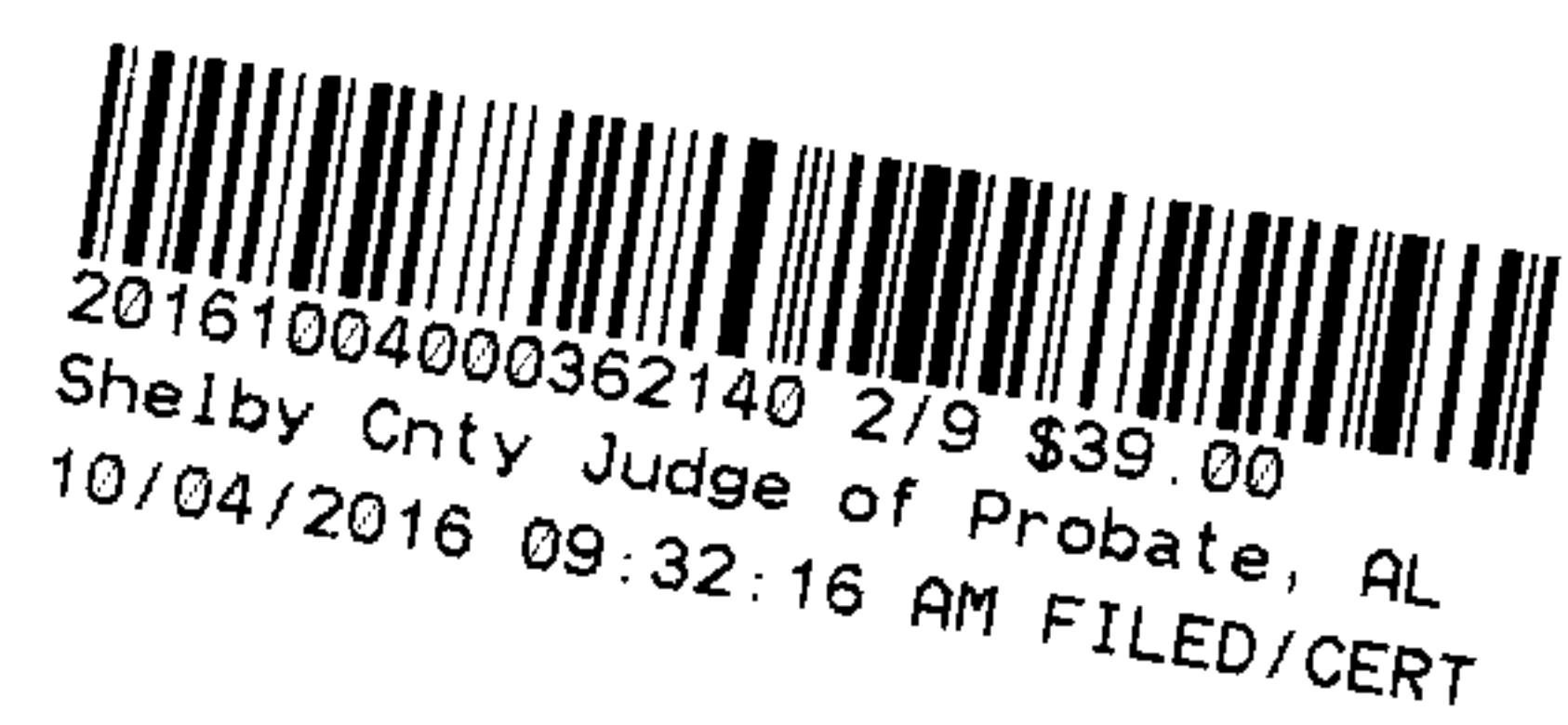
Powers of Agent

6. My Agent will have the following power(s):

Initials

- a. ☒ **Real Estate Transactions**

To deal with any interest I may have in real property and sign all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:



- i. Purchase, sell, exchange, accept as gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein; and
- ii. Execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

Agent Compensation

7. My Agent will receive no compensation except for the reimbursement of all out of pocket expenses associated with the carrying out of my wishes.

Co-owning of Assets and Mixing of Funds

8. My Agent may not mix any funds owned by him or her in with my funds and all assets should remain separately owned if at all possible.

Personal Gain from Managing My Affairs

9. My Agent is not allowed to personally gain from any transaction he or she may complete on my behalf.

Delegation of Authority

10. My Agent may not delegate any authority granted under this document.

Termination of Power of Attorney

11. This Power of Attorney will cease to be in effect at 11:59 PM, local time on the 31st day of December, 2016.

Agent Restrictions

12. This Power of Attorney is not subject to any conditions or restrictions other than those noted above.

Notice to Third Parties

13. Any third party who receives a valid copy of this Power of Attorney can rely on and act under it. A third party who relies on the reasonable representations of my Agent as to a matter relating to a power granted by this Power of Attorney will not incur any liability to the Principal or to the Principal's heirs, assigns, or estate as a result of permitting the Agent to exercise the authority granted by this Power of Attorney



up to the point of revocation of this Power of Attorney. Revocation of this Power of Attorney will not be effective as to a third party until the third party receives notice and has actual knowledge of the revocation.

Severability

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

Acknowledgment

15. I, **Ray and Suzanne Visser**, being the Principal named in this Power of Attorney hereby acknowledge:
- a. I have read and understand the nature and effect of this Power of Attorney;
 - b. I am of legal age in the State of Alabama to grant a Power of Attorney; and
 - c. I am voluntarily giving this Power of Attorney.

IN WITNESS WHEREOF I hereunto set my hand and seal at the City of Vero Beach in the State of Florida, this 28th day of September, 2016.

SIGNED, SEALED, AND DELIVERED

in the presence of:

Witness: Christy B. Owen (Sign)

Witness Name: Christy B. Owen

Address: 3501 Ocean Drive
Vero Beach, FL 32963

Witness: Glenn Thomas (Sign)

Witness Name: Glenn Thomas

Address: 3501 Ocean Drive
Vero Beach, FL 32963

Ray Visser

Ray and Suzanne Visser (Principal)

Suzanne Visser

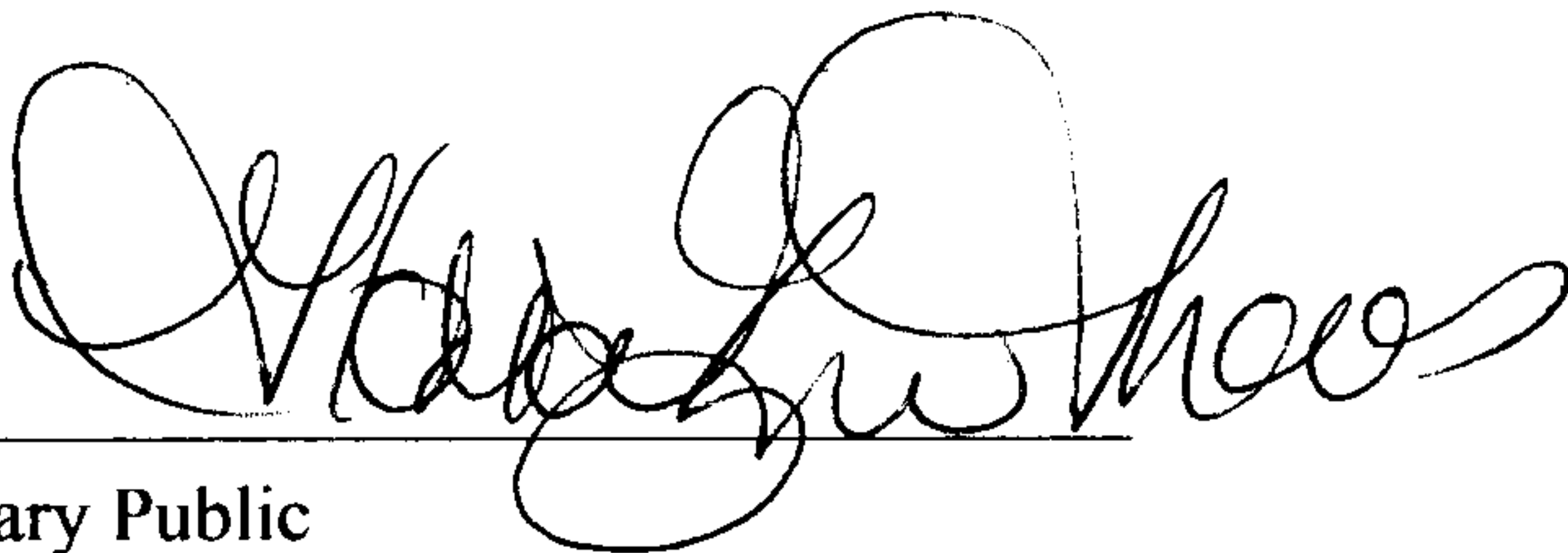


NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA

COUNTY OF Indian River

The foregoing instrument was acknowledged before me this 28th day of September, 2016, by Ray and Suzanne Visser, who is personally known to me or who has produced Driver's License as identification.



Notary Public

GLORIA GUZMAN THOMAS



GLORIA GUZMAN THOMAS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE865634
Expires 4/4/2017

(print name)

20161004000362140 5/9 \$39.00
Shelby Cnty Judge of Probate, AL
10/04/2016 09:32:16 AM FILED/CERT

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must:

1. do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
2. act in good faith;
3. do nothing beyond the authority granted in this power of attorney; and
4. disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner

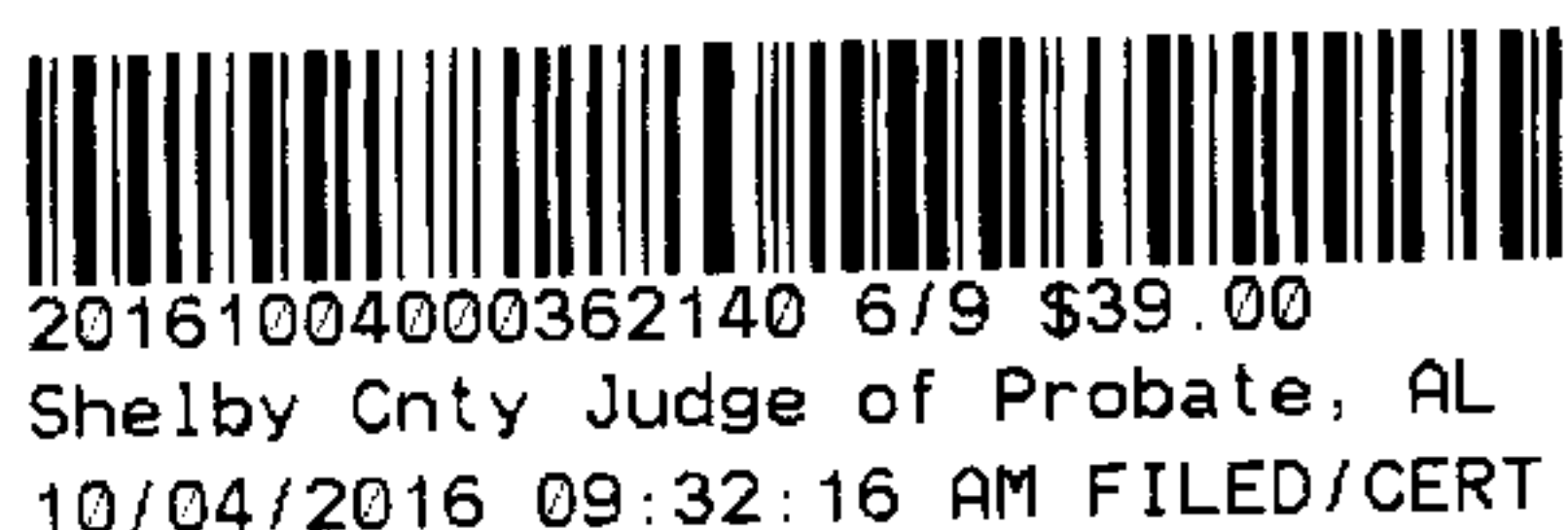
(Principal's Name) by (Your Signature) as Agent.

Unless the instructions contained in this power of attorney state otherwise, you must also:

1. act loyally for the principal's benefit;
2. avoid conflicts that would impair your ability to act in the principal's best interest;
3. act with care, competence, and diligence;
4. keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
5. cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
6. attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

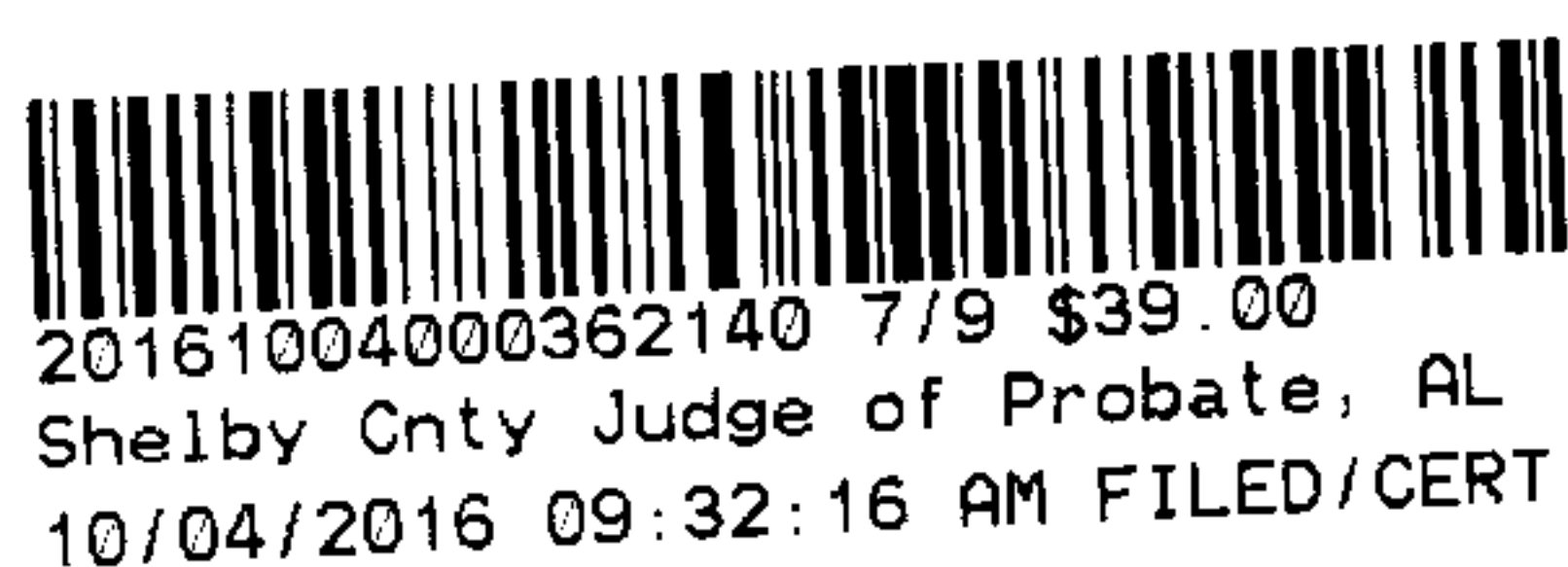


1. death of the principal;
2. the principal's revocation of the power of attorney or your authority;
3. the occurrence of a termination event stated in the power of attorney;
4. the purpose of the power of attorney is fully accomplished; or
5. if you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the instructions in this power of attorney state that such an action will not terminate your authority.

Liability of Agent

The meaning of the authority granted to you is defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975. If you violate the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.



WITNESS CERTIFICATE

I, Christy B. Owen, currently residing at 3501 Ocean Drive, in the City of Vero Beach, in the State of Florida, hereby acknowledge that:

1. I witnessed the signing of the Power of Attorney of Ray and Suzanne Visser dated this 28th day of September, 2016.
2. I am an adult with capacity to witness the signing of the Power of Attorney and I am the subscribing witness thereto.
3. In my opinion, Ray and Suzanne Visser had the capacity to understand the nature and effect of the Power of Attorney at the time the Power of Attorney was signed and the Principal signed it freely and voluntarily without any compulsion or influence from any person.
4. I am not the Agent named in the Power of Attorney nor am I the Agent's spouse or other family member.

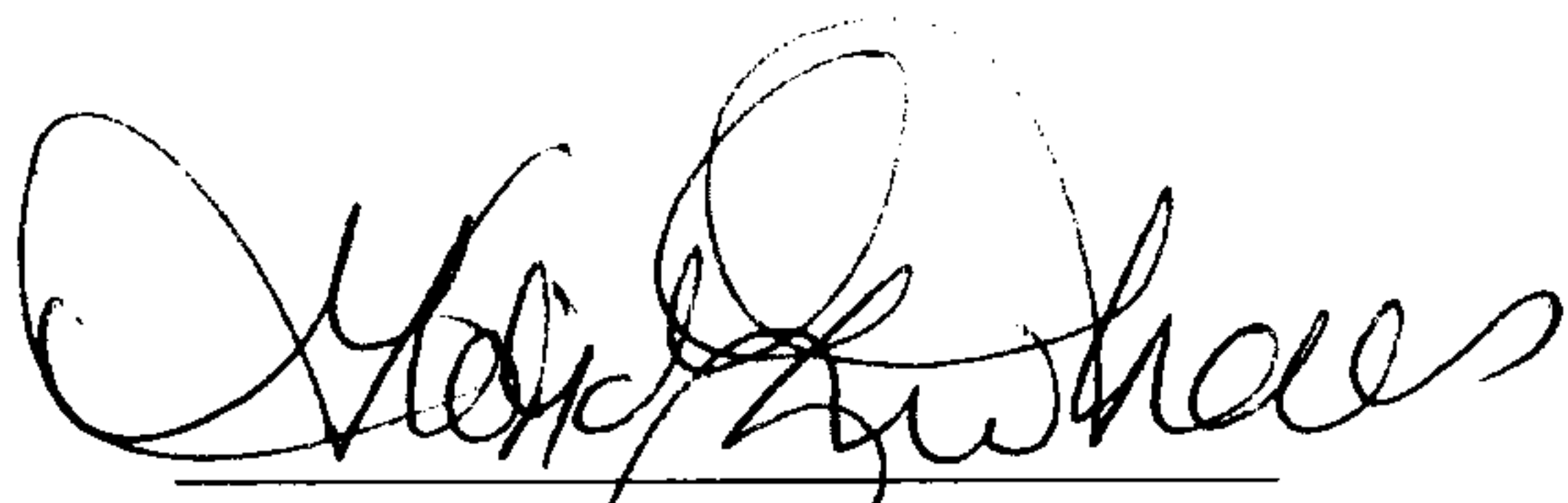
Christy B. Owen
(Signature of Witness)

9/28/2016
(Date)


WITNESS CERTIFICATE

I, Gloria Guzman Thomas, currently residing at 3501 Ocean Drive, in the City of Vero Beach, in the State of Florida, hereby acknowledge that:

1. I witnessed the signing of the Power of Attorney of Ray and Suzanne Visser dated this 28th day of September, 2016.
2. I am an adult with capacity to witness the signing of the Power of Attorney and I am the subscribing witness thereto.
3. In my opinion, Ray and Suzanne Visser had the capacity to understand the nature and effect of the Power of Attorney at the time the Power of Attorney was signed and the Principal signed it freely and voluntarily without any compulsion or influence from any person.
4. I am not the Agent named in the Power of Attorney nor am I the Agent's spouse or other family member.


(Signature of Witness)

9/28/2016
(Date)


20161004000362140 9/9 \$39.00
Shelby Cnty Judge of Probate, AL
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