SPECIAL POWER OF ATTORNEY

Real Estate - Sale/Purchase/Refinance

THIS IS A MILITARY POWER OF ATTORNEY PREPARED PURSUANT TO TITLE 10, UNITED STATES CODE, SECTION 1044A, AND EXECUTED BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS THIS POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY, OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY BY THE LAWS OF A STATE, THE DISTRICT OF COLUMBIA, OR A TERRITORY, COMMONWEALTH, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT THIS POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PRESENTED.

ACCORDANCE WITH	THE LAWS OF THE	JURISDICTION V	WHERE IT IS PR	RESENTED.	
KNOW ALL PERSO	NS BY THESE PRE	SENTS:			
That I, Brett Robe	rt Hunsuck	¬ ,	- Claic 01 —————	Xas	, do hereby appoint
Amanda Joyce	Reyes	, currently residing		Helena,	AL,
as my agent (attorney-in-	ract) to act for me in any	lawful way with resp	pect to the following	ig <u>SIGNED</u> subject	is:
* To grant a power, <u>S</u> * To withhold a powe			the power.		
	of my attorney's choice customary covenants;	sion to sell, and engage, all my right, title and to receive, on my be manner that my attentions.	gaging in an arms- nd interest in real pand to convey by shalf, payment of to torney shall deem	length bargaining to property located at deed or general washe purchase mone wise; to transmit the	arranty with the y for the real property nese moneys to me, and
Butt R. H.	B. PURCHASE REAL property located at for that purpose to make application forms, document and mortgage or deed of terms as he/she shall denot to exceed ye including the Deed of Tapurchase price therefor Affairs for its guaranty of the purchase price therefor and the purchase price therefore and the purchase price therefore and the purchase price the pur	e, endorse, accept, rements, instruments, of trust upon said reasons. Including, but not are note and Deed of and to execute such of such loan, it being notitlement or eligibility	, and in the Stareceive, sign, seal, or paper necessary all estate for such pan will not exceed an will not exceed a firmited to, the autof Trust to encumber related document my intention, to when	te ofA(aba) execute, acknowle y or convenient to e rice, at such rate of thority to execute a er the property to se s required by the D nich my consent is h	in the County of Mage, and deliver any enter into both a contract interest and upon such all be repaid over a period linecessary documents ecure payment of the
	C. REFINANCE MORT property by giving up a for refinancing said property refinancing agreement,	first, second or othe perty, or in any othe	er mortgage on my r way to encumbe	property, or to give	e up a note in exchange
	any and all deeds, cont explicitly authorize my a Veterans Administration	racts, or other docui	ments necessary tilize any entitleme	o carry out the fore	ncoming from the
I HEREBY GIVE AND GRAN ACT AND MATTER CONCER AS I COULD DO LEGALLY IF	RNING THE SUBJECT OF				
I HEREBY AUTHORIZE MY	ATTORNEY-IN-FACT TO	INDEMNIFY AND HO	LD HARMLESS AN	Y THIRD PARTY W	HO ACCEPTS AND ACT

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this

UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

20190506000151460 05/06/2019 02:09:30 PM POA 2/2

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. All acts done by my Attorney-in-Fact hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this Power of Attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this Power of Attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, 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, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this Power of Attorney.

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," or if I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status or sixty (60) days after I have recovered from such disability unless sooner revoked or terminated by me.

I HEREBY RATIFY ALL THAT MY ATTORNEY-IN-FACT SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

ALL BUSINESS TRANSACTED HEREUNDER FOR ME OR FOR MY ACCOUNT SHALL BE TRANSACTED IN MY NAME, AND ALL ENDORSEMENTS AND INSTRUMENTS EXECUTED BY MY ATTORNEY FOR THE PURPOSE OF CARRYING OUT THE FOREGOING POWERS SHALL CONTAIN MY NAME, FOLLOWED BY THAT OF MY ATTORNEY AND THE DESIGNATION "ATTORNEY-IN-FACT."

POWERS SHALL CONTAIN MY NAME, FOLLOWED BY	THAT OF MY ATTORNEY AND THE DESIGNATION "ATTORNEY-IN-FACT."
IN WITNESS WHEREOF, I sign, seal, declare, Fort Hood, TX, on the &I day	publish, make and constitute this as and for my Power of Attorney at y of, 20_19
Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk Shelby County, AL 05/06/2019 02:09:30 PM S18.00 CHERRY 20190506000151460	GRANTOR Printed Name: Brett Robert Hunsuck
ACKNOWI	EDGEMENT BY A NOTARY PUBLIC
State of)	
County of)	
On this day of appeared satisfactory evidence to be the person whose name is executed the same for the purposes and consideration	20, before me, the undersigned notary public, personally Grantor, whose identity was proved to me on the basis of s subscribed to the within instrument and acknowledged to me that he/she on therein expressed.
WITNESS my hand and official seal of office	∋ .
Notary Public	
ACKNOWLEDGEMENT BY A MIL	LITARY NOTARY PURSUANT TO TITLE 10 U. S. C. 1044a
With the United States Armed Forces At FORT HOOD, TEXAS On this the At day of MARCH	, 9
On this the Kobert day of //ARCM BRETT KOBERT HUNSUCK	, 20_//, before me, personally appeared the above named, Grantor, satisfactorily proven to me to be the person whose name is
am, on the date of this certificate, a person with the porganization stated below in the active service of the	that he/she executed the same. The undersigned does further certify that I power described in Title 10 U.S.C. 1044a of the grade, branch of service, and United States Armed Forces, or an authorized civilian attorney under Title 10 d on this certificate, under authority granted to me by Title 10 U.S.C. 1044a.
CELLEY I STA	Kollest M. Asis
P. NOTARY	Notary Public
0 USC 1044 (a)	Name of Officer: Koselt on Kein Position: Paraleyal NO
A A A A A A A A A A A A A A A A A A A	Grade and Branch of Service: <u>F-5, Active Ruty Days</u> Command or Organization: <u>H-HC, (-8 (AV, 2036)</u>