20190719000257080 07/19/2019 08:59:19 AM POA 1/3

RECORDING REQUESTED BY:

Cynthia Jackson
WHEN RECORDED MAIL TO:
Cynthia Jackson
41 Stone Drive, Wilsonville, AL 35186

NON DURABLE LIMITED POWER OF ATTORNEY

CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT" OR "ATTORNEY IN FACT" HEREINAFTER CALLED "AGENT/AIF") CERTAIN LIMITED POWERS TO ACT ON YOUR BEHALF FOR A SPECIFIC TRANSACTION DURING A CERTAIN PERIOD OF TIME, WITH RESPECT TO ANY LOSS OF, MISPLACEMENT OF, INACCURACY IN, OR FAILURE TO SIGN THE DOCUMENTS SPECIFIED BELOW. YOUR AGENT/AIF WILL CONTINUE TO HAVE THESE POWERS AFTER THE LOAN CLOSING, FOR THE LIMITED PURPOSE TO REPLACE OR CORRECT SUCH DOCUMENTS IF THE DOCUMENT CORRECTION/COMPLETION IS NECESSARY TO COMPLETE THE RECORDING OF THE SECURITY INSTRUMENT/CONVEYANCE DEED OR OTHER DOCUMENTS SPECIFIED BELOW. IF THE ATTORNEY IN FACT HAS ACTUAL KNOWLEDGE OF ANY INCOMPETENCE BEFORE, DURING OR AFTER CLOSING, THE POWERS CONTAINED HEREIN WILL CEASE TO EXIST. IF YOU DO NOT UNDERSTAND THE PURPOSE OR EFFECT OF THIS FORM, YOU SHOULD CONSULT AN ATTORNEY.

TRANSACTION SPECIFICS

(A)

Principal: Cynthia Jackson

Secured Property Address 41 Stone Drive, Wilsonville, AL 35186

Lender: 104Freddie

Loan Number Loan Amount \$0.00

BE IT KNOWN, that I / We, Cynthia Jackson

Whose residence address is: 41 Stone Drive, Wilsonville, AL 35186

Make and appoint, as my / our true and lawful Attorneys in Fact or Agents to act for me / us in my / our name(s), place and stead, the following persons who are employees of Fidelity National Financial, Inc, namely: Adeline Gibson, Elizabeth McCool, Michele Jorgensen, or Erin Kropp, whose business address is 6500 Pinecrest Drive, Suite 600, Plano, TX 75024. Each of my / our agents may exercise the powers conferred in this power of attorney separately, without the consent of the other agent. My /Our agents may delegate the powers, tasks and duties to one of the other agents but to no other person. My / Our Agents/AIFs may exercise the powers to accomplish the following specific and limited purposes:

specified below to execute, initial or take all necessary actions for correction purposes only to secure the interest of 104Freddie in the property located at 41 Stone Drive, Wilsonville, AL 35186 as insured by Fidelity National Title Insurance Company:

1. Security Instrument to 104Freddie in the amount of \$0.00 dollars which has been executed on ______ by Cynthia Jackson _______;

2. Deed conveying the Secured Property from to

executed on ______. THIS IS ONLY NECESSARY IF A DEED IS BEING USED IN THE TRANSACTION.

With respect to any loss of, misplacement of, inaccuracy in, or failure to sign the documents

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3. Documents required by any governmental or taxing authorities to complete the recording of the Security Instrument and Conveyance Deed as stated in paragraph (A) (1) and (A) (2) above;

Further giving and granting said Agent/AIF, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (setout herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact (also called agent) should lawfully do or cause to be done by virtue hereof.

This Power of Attorney is effective immediately and is limited to the specific transaction described above. This Power of Attorney shall not be effective in the event of my / our disability or incapacity. This Power of Attorney will terminate upon the proper recording of all documents (as stated above in Section A of this Power of Attorney) necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction, except with respect to any loss of, misplacement of, inaccuracy in, or failure to sign the documents listed in Section A of this Power of Attorney, these powers will continue to exist for the limited purpose to replace or correct such documentation.

I / We acknowledge that I / We have agreed to and assume the obligations, terms and conditions of the sale and/or loan transaction as described in the documents executed by me / us (or my representative) at closing. I / We understand that my / our Agent/AIF is exercising his/her power for the sole purpose of resolving clerical matters as described in Section A.

Conflict of Interest Disclosure. I / We understand that Fidelity National Financial, Inc. or one of its subsidiaries receives fees for escrow, title insurance premium, and title services from the closing. I / We further understand that these fees will be detailed on my / our Settlement Statement that accompanies my / our loan documents.

TO INDUCE ANY THIRD PARTY TO ACT, I / WE AGREE THAT ANY THIRD PARTY RECEIVING AN EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT ON THIS INSTRUMENT. ANY REVOCATION OR TERMINATION OF THIS INSTRUMENT WILL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNTIL SUCH THIRD PARTY HAS ACTUAL OR CONSTRUCTIVE NOTICE OF SUCH REVOCATION OR TERMINATION. I / WE, FOR MYSELF / OURSELVES AND FOR MY / OUR HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING REASONABLY RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

another to sign for me / us, that I / We exe	gn my / our name to this power of attorney this da rn, do declare to the undersigned authority that I / We sign rney for a refinance and that I / We sign it willingly, or will ecute it as my / our free and voluntary act for the purposes eighteen years of age or older, of sound mind and under the	expressed in
۸		
Mhie Jourson		
PRINCIPAL	PRINCIPAL	
	ACKNOWLEDGMENT	
State of Walson		
State of Malanamer County of 5 hells		
		1001
Subscribed, sworn to and/or acknowledge	ed before me by Cyndhin Tuckson, the principal this	1 detar
day of July 2019 and proved to	me on the basis of satisfactory evidence to be the person(s) whose name(s)
·	nent and acknowledged to me that he/she/they execute	

Evidence of identification was M. Julian State. I certify under PENALTY OF PERJURY under the laws of the state where the property is located that the foregoing paragraph is true and correct

his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the

entity upon behalf of which the person(s) acted, executed the instrument.

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WITNESS my hand and official seal.

Juste Mu Carlos

NOTARY
COMMISSION EXPIRES 10/29/2-2-

YVETTE M CARTER Notary Public Alabama State at Large

1.45



Filed and Recorded
Official Public Records
Judge of Probate, Shelby County Alabama, County
Clerk
Shelby County, AL
07/19/2019 08:59:19 AM
\$24.00 CATHY
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