SPECIAL POWER OF ATTORNEY

PURCHASE OF REAL ESTATE

PREAMBLE: This is a **MILITARY POWER OF ATTORNEY** prepared pursuant to Title 10, United States Code, § 1044b, 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.

NOTICE TO THE GRANTOR

(a) CAUTION TO THE GRANTOR: Your Power of Attorney is an important document. As the "principal," you give the person whom you choose (your "agent") authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority. When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest.

"Important Information for the Agent" at the end of this document describes your agent's responsibilities. Your agent can act on your behalf only after signing the Power of Attorney before a notary public. You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located. You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a "Health Care Power of Attorney/proxy to do this".

If there is anything about this document that you do not understand, you should ask a military legal assistance attorney or a private lawyer of your own choosing to explain it to you.

(b) DESIGNATION OF AGENT: I, Nicholas F. Vilardi, by this document appoint Cynthia L. Vilardi, whose address and phone number are 4160 Nimitz Dr, Virginia Beach, Virginia, 23454, (334) 332-1360, as my true and lawful "Attorney-in-Fact."

PURCHASE OF REAL ESTATE: My Attorney-in-Fact is authorized to act on my behalf for the purpose of purchasing the lands and premises located at 4544 Eagle Point Dr, Birmingham, Alabama, 35242, Shelby county, and with a maximum fixed interest percentage of 6.25%. My Attorney-in-Fact is authorized to perform any and all acts related to such purchase, including, but not limited to: buy, contract to buy, receive, lease or otherwise acquire the real estate or any options or interest in the property identified above, as well as apply for and secure financing and mortgaging of the property. Attorney-in-Fact is authorized to execute, modify and deliver any documents necessary to complete the financing and purchase of the property as well as to withdraw and disburse funds necessary for the closing from an account which has been previously disclosed to my Attorney-in-Fact.

GENERAL PROVISIONS: (a) 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-in-Fact for the purposes of carrying out any of the foregoing powers shall contain my name, followed by that of my said Attorney-in-Fact and the designation "Attorney-in-Fact." (b) I hereby ratify and confirm all lawful acts done and caused to be done by my/(our) said Attorney-in-Fact pursuant to this Power of Attorney. (c) If the authority contained herein shall be revoked or terminated by operation of law without notice, I hereby agree for myself executors, administrators, heirs and assigns, in consideration of my/(our) attorney's willingness to act pursuant to this Power of Attorney, to save and hold my Attorney-in-Fact harmless from any loss suffered or any liability incurred by my Attorney-in-Fact in so acting after such revocation or termination without notice. (d) I agree that any third party who receives a copy of this document may act under it. A third party may seek identification. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

TERMINATION: This power shall remain in full force and effect until 30 July, 2026, unless sooner revoked or terminated in writing by me.

DURABILITY CLAUSE: This is a Durable Power of Attorney. This Power of Attorney shall not be affected by my subsequent disability or my subsequent lack of mental competence if such subsequent lack of mental competence or subsequent disability occurs on or before the stated expiration date, except as may be provided otherwise by an applicable state statute. If on the expiration date listed above I am medically or judicially certified as being mentally incompetent or mentally incapacitated, this Power of Attorney will remain in effect beyond the expiration date until I am medically or judicially certified as being competent or I have died, whichever event comes sooner, and at that point this Power of Attorney will then terminate.

For purpose of this power of attorney, I will ONLY be considered to be disabled or incapacitated upon delivery to the third party of the affidavits of both my attorney-in-fact and my treating or attending physician. Upon presentation of the appropriate affidavits, any third party dealing with my attorney-in-fact may rely completely on the affidavits and shall not have any obligation to further inquire into my disability or incapacity or to question in any way the authority of my attorney-in-fact to act under this power of attorney.

GOVERNING LAW: This Special Power of Attorney shall be governed by, and construed in accordance with, the laws of the State of Alabama.

State or Commonwealth Citation for This Power of Attorney: Ala. Code § 26-1A-101 et seq.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

Prépared by: Nicholas F. Vilardi 4160 Nimitz Dr. Virginia Beach, VA 23454

IN WITNESS WHEREOF, I/(we) have executed this	instrument this 30 day of July	, 20 <u>25</u> .
	Nicholas F. Vilardi	
**************************************	RIZED TO ACT AS A NOTARY PURSUA RCES OF THE UNITED STATES	ANT TO TITLE 10
To which this certificate is attached, and not the truthf AT:	ulness, accuracy, or validity of that document.	
Before me personally appeared Nicholas F. Vilardi, we State/Federal Government issued identification, is provisigned and executed the foregoing instrument on this, true, free, and voluntary act and deed, for uses, purpose am a person authorized under 10 U.S.C. § 1044a to exet this document is executed by me in accordance with the	ven to me to be the identical person who is desthe 30th of July, 2025, before me,es, and considerations therein set forth. And I ercise the powers of a notary without requirem	scribed herein, and who, as a do further certify that I
Name of Notary: Rank: Authority: 10 U.S.C. § 1044a. NO SEAL REQUIRED ***********************************	• do	is who who who who who who who who
ACKNOWLEDGEMENT BY STATE/COMMONS State/Commonwealth/Territory Licensed NOTARY A notary public or other officer completing this certific document. To which this certificate is attached, and not the truthform	Y PUBLIC cate verifies only the identity of the individual full full full full full full full f	who signed the
The state, commonwealth, or district of Virginia	<u> </u>	
)	
County of Norfolk		
On this, the 30th of July, 2025, before me, Wilardi, who proved to me on the basis of satisfactory valid State/Federal Government issued identification to instrument and acknowledged to me that he/she/they exhis/her/their signatures on the instrument the person(s) instrument.	Notary Public, personally apprevidence consisting of an Armed Forces Ident be the person(s) whose names(s) is/are subscreted the same in his/her/their authorized care	ribed to the within pacity(ies) and that by
I certify under the PENALTY OF PERJURY under the	e laws of the state, commonwealth, territory	, or district of
that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Notary Public My commission expires: 11/30/2007	CHANDLER SCOTT KEMP Notary Public Commonwealth of Virginia Registration No. 8058180 My Commission Expires Nov 30, 2027	
Filed and Recorded Official Public Records Judge of Probate, Shelby Co Clerk Shelby County, AL 08/04/2025 11:35:37 AM	unty Alabama, County	

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