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POWER OF ATTORNEY

STATE OF FLORIDA  
COUNTY OF COLUMBIA

BY THIS DURABLE POWER OF ATTORNEY, I, **CLAUDE J. BRADFORD**, whose date of birth is July 27, 1949, and whose social security number is 463-88-2932, hereby give the Power of Attorney to my step-daughter, **TRACY SPEARS**, whose address is 205 SE Dan Court, Lake City, Florida 32025

This Durable Power of Attorney shall not be affected by any physical or mental disability that I may suffer except as provided by statute, and shall be exercisable from this date. All acts done by my attorney pursuant to this power shall bind me, my heirs, devisees and personal representatives. This Power of Attorney is nondelegable.

All of my property and interests in property are subject to this Durable Power of Attorney.

Without limiting the broad powers conferred by the preceding provisions, I authorize my attorney in fact to buy, sell, exchange, encumber, mortgage, pledge, lease, or in any manner dispose of any and all property, either real, personal or mixed, tangible or intangible, owned by me within the State of Florida or elsewhere; to cash or redeem any time certificates or bonds owned by me and in which I may have any interest, and to execute in my name all documents of every nature without restriction; to borrow money and to execute in my name a promissory note, or promissory notes, without restriction, to withdraw funds by check or draft from any bank, savings and loan association or other financial institution where I may have funds on deposit in checking, savings accounts, or certificates of deposit, to give releases and satisfactions in whole or in part with respect to any mortgage payable to me with or without consideration, giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof. This durable power of attorney shall not be affected by disability of the principal except as provided by statute.

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The powers conferred upon my attorney in fact extend to all of my right, title and interest in property in which I may have an interest jointly with any other person, whether in an estate by the entirety, joint tenancy or tenancy in common

This instrument is executed by me in the State of Florida, but it is my intention that this Power of Attorney shall be exercisable in any other State or jurisdiction where I may have any property or interests in property

I hereby confirm all acts of my attorney in fact pursuant to this power

Any act that is done under this power between the revocation of this instrument and notice of that  
~~revocation to my attorney, is valid unless the person claiming the benefit of the act had notice of that~~  
revocation

IN WITNESS WHEREOF, I have set my hand and seal on this 23<sup>rd</sup> day of June, 2008

Signed, sealed and delivered  
in the presence of

Ellen M. Gibbons  
Witness  
ELLEN M. GIBBONS  
(Printed Name)

Claude J. Bradford (SEAL)  
CLAUDE J. BRADFORD

Shahnaz Khan  
Witness  
SHAHNAZ KHAN  
(Printed Name)

STATE OF FLORIDA  
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of June, 2008, by Claude J. Bradford, who is personally known to me or who has produced \_\_\_\_\_ as identification



Therese Quiette Young  
Notary Public, State of Florida  
My Commission Expires: 3-10-2012  
Commission Number: DD 738971