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GEORGIA, HALL COUNTY, CLERK
SUPERIOR COURT FILED IN OFFICE
AND RECORDED IN BOOK 4077
PAGE(S) 185-188 THIS 31
DAY OF Dec 20 01 AT 11:10 AM
DWIGHT S. WOOD, CLERK BY DE
4150

000185

→ After Recording Return To: W. Carter Bates III; James, Bates, Pope & Spivey, LLP, P. O. Box 4283, Macon, GA 31208-4283 (742-4280)

QUITCLAIM DEED

STATE OF GEORGIA
COUNTY OF HALL

THIS QUITCLAIM DEED is made and entered into as of this 1st day of December, 2001, by and between EDGAR F. WILLIAMS, JR. and HELEN DEATON WILLIAMS (hereinafter referred to as "Grantors"), and WILLIAMS FAMILY HOLDINGS, LLLP, a Georgia limited liability limited partnership, its successors, successors-in-title, and assigns (hereinafter referred to as "Grantee").

WITNESSETH:

That Grantors, for good and valuable consideration, the receipt of which is hereby acknowledged, have bargained, sold and do by these presents bargain, sell, remise, release and forever quitclaim to Grantee, its successors, successors-in-title and assigns, an UNDIVIDED ONE-HALF (1/2) INTEREST IN all of their right, title, interest, claim or demand to the real property more particularly described on Exhibit A attached hereto and by this reference incorporated herein, together with all the rights, members and appurtenances to the said described premises in anywise appertaining or belonging (the "Property").

TO HAVE AND TO HOLD the said described premises unto Grantee, its successors, successors-in-title and assigns, so that neither the Grantors nor any person or persons claiming under Grantors shall at any time, claim or demand any right, title or interest to the aforesaid described premises or its appurtenances.

HALL COUNTY, Georgia
Real Estate Transfer Tax

Paid \$ 0
Date 12-21-01
DWIGHT S. WOOD
Clerk Superior Court
By PK

IN WITNESS WHEREOF, Grantors have hereunto set their hands and affixed their seals as of the day and year above written.

GRANTORS:

Edgar F. Williams, Jr. (SEAL)
EDGAR F. WILLIAMS, JR.

Signed, sealed and delivered
in the presence of:

[Signature]
Unofficial Witness

Carol B. Oxford
Notary Public

Commission expiration date: [NOTARIAL SEAL]
[NOTARIAL SEAL] CAROL B. OXFORD
Notary Public
STATE OF GEORGIA
My Comm. Exp. 10/29/05

Helen Deaton Williams (SEAL)
HELEN DEATON WILLIAMS

Signed, sealed and delivered
in the presence of:

[Signature]
Unofficial Witness

Carol B. Oxford
Notary Public

Commission expiration date: [NOTARIAL SEAL]
[NOTARIAL SEAL] CAROL B. OXFORD
Notary Public
STATE OF GEORGIA
My Comm. Exp. 10/29/05

EXHIBIT A

000187

TRACT ONE:

All of that small portion of road right of way located in Friendship Militia District of Hall County, Georgia as is shown on Tax Map 48 and on a plat made for Mrs. Ruby Puckett by Patton, Fless & Associates, Surveyors dated September 16, 1968 recorded in Plat Book 40, page 153, Hall County records being an abandoned portion of the old right of way of Friendship Circle from the intersection of said right of way with the southerly right of way of Friendship Road thence extending approximately 0.12 miles in a Northwesterly direction to the intersection with the current right of way of Friendship Circle.

TRACT TWO:

All of that tract and parcel of land lying and being in Friendship Militia District, Hall County, Georgia, and Puckett's Militia District, Gwinnett County, Georgia, containing 85.32 acres according to plat of survey of N. B. Deaton Estate prepared by Patton, Fless and Associates, Surveyors, April 22, 1968, said plat being recorded in Plat Book 40, pages 154-155, Hall County Records, and Plat Book Q, page 191, Gwinnett County Records, and being more particularly described as follows:

BEGINNING at a point where an old road crosses creek, marked by a "X" on rock under bridge, at property of Mrs. Ruby Puckett, and running thence south 59 degrees East along property of Mrs. Ruby Puckett a distance of 890.8 feet to a rock corner; thence South 79 degrees 47 minutes East a distance of 197.8 feet to an iron pin corner; thence South 21 degrees 29 minutes East a distance of 380.4 feet to a Maple tree; thence South 27 degrees 36 minutes East a distance of twenty (20) feet to a point in the center of creek; thence in a southerly direction along the center line of said creek, traverse lines from said survey being south 08 degrees 24 minutes West for 75 feet, and South 05 degrees 04 minutes West for 157 feet, and South 19 degrees 55 minutes East for 146 feet, and South 05 degrees 50 minutes East for 125 feet to an iron pin corner with property of George Smith near the County Line; thence South 36 degrees 53 minutes West along property of Smith and property of V. R. Puckett a distance of 706.7 feet to an iron pin corner; thence North 60 degrees 54 minutes West along property of Deaton Estate owned now or formerly by Edith Deaton Morton a distance of 2,080 feet to a point at a branch; thence in a Northerly direction along the center line of said branch, being property line of Glenn Jones, traverse lines from said survey being North 25 degrees 53 minutes East for 115.5 feet, and North 28 degrees 04 minutes East for 109.6 feet, and North 03 degrees 38 minutes West for 118.1 feet, and North 31 degrees 17 minutes East for 170 feet, and North 11 degrees 57 minutes East for 145.4 feet, and North 14 degrees 13 minutes East for 214 feet to an iron pin at a Poplar tree; thence North 09 degrees 17 minutes East along property of Jones a distance of 159.5 feet to a rock corner; thence North 46 degrees 31 minutes West along property of Jones a distance

EXHIBIT A CONTINUED

of 727.5 feet to an iron pin corner at a Red Oak tree; thence North 71 degrees 16 minutes East along property of Howell Ball a distance of 1,214 feet to a corner at a White Oak tree; thence South 54 degrees 10 minutes East a distance of 822.7 feet to an iron pin corner at property of Mrs. Ruby Puckett; thence South 47 degrees 33 minutes West along property of Mrs. Ruby Puckett a distance of 670.6 feet to the point of beginning.

Said property is conveyed subject to the terms and conditions set forth in the conveyance to Mrs. Helen Deaton Williams recorded at Deed Book 309, page 118, Gwinnett County Records and Deed Book 384, pages 439-440, Hall County Records.

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GEORGIA, HALL COUNTY, CLERK
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STATE OF GEORGIA
COUNTY OF HALL

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WITNESSETH:

That Grantors, for good and valuable consideration, the receipt of which is hereby acknowledged, have bargained, sold and do by these presents bargain, sell, remise, release and forever quitclaim to Grantee, its successors, successors-in-title and assigns, an UNDIVIDED ONE-HALF (1/2) INTEREST IN all of their right, title, interest, claim or demand to the real property more particularly described on Exhibit A attached hereto and by this reference incorporated herein, together with all the rights, members and appurtenances to the said described premises in anywise appertaining or belonging (the "Property").

TO HAVE AND TO HOLD the said described premises unto Grantee, its successors, successors-in-title and assigns, so that neither the Grantors nor any person or persons claiming under Grantors shall at any time, claim or demand any right, title or interest to the aforesaid described premises or its appurtenances.

HALL COUNTY, Georgia
Real Estate Transfer Tax

Paid \$ 0
Date 12-21-01
DWIGHT S. WOOD
Clerk Superior Court
By DA

IN WITNESS WHEREOF, Grantors have hereunto set their hands and affixed their seals as of the day and year above written.

GRANTORS:

Edgar F. Williams, Jr. (SEAL)
EDGAR F. WILLIAMS, JR.

Signed, sealed and delivered
in the presence of:

JMB
Unofficial Witness

Carol B. Oxford
Notary Public

Commission expiration date: [NOTARIAL SEAL]
[NOTARIAL SEAL] CAROL B. OXFORD
Notary Public
STATE OF GEORGIA
My Comm. Exp. 10/29/05

Helene Deaton Williams (SEAL)
HELENE DEATON WILLIAMS

Signed, sealed and delivered
in the presence of:

JMB
Unofficial Witness

Carol B. Oxford
Notary Public

Commission expiration date: [NOTARIAL SEAL]
[NOTARIAL SEAL] CAROL B. OXFORD
Notary Public
STATE OF GEORGIA
My Comm. Exp. 10/29/05

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EXHIBIT A CONTINUED

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Said property is conveyed subject to the terms and conditions set forth in the conveyance to Mrs. Helen Deaton Williams recorded at Dood Book 309, page 118, Gwinnett County Records and Deed Book 384, pages 439-440, Hall County Records.

07089
00612

THE McCORMACK
LAW FIRM, P.C.
1730 THOMPSON BRIDGE ROAD
GAINESVILLE, GEORGIA 30501



HALL COUNTY, Georgia
Real Estate Transfer Tax

000612

Paid \$ -0-

Date 11-8-12

Charles Baker
Superior Court Clerk

By JN

PT61 069-2012 007290

GEORGIA, HALL COUNTY, CLERK SUPERIOR COURT
Filed in office, this 8 day of November
20 12 at 11:33 Am. Recorded in Deed
Book 7089 Page(s) 612-614
Charles Baker, Clerk By JN

025045

STATE OF GEORGIA,
COUNTY OF HALL.

QUIT CLAIM DEED

THIS INDENTURE made this 29th day of October, 2012, by and between
**CHARLES D. BELL, ALICE BELL PRUETT, BRENDA BELL WILLIAMS and SANDRA
BELL DOWDY** party of the first part, hereinafter referred to as "Grantor", **BRENDA BELL
WILLIAMS** party of the second part hereinafter referred to as "Grantee", the words "Grantor" and
"Grantee" to include the neuter, masculine, and feminine genders, the singular and the plural;

WITNESSETH:

FOR AND IN CONSIDERATION of the sum of One Dollar and other good and valuable
consideration delivered to Grantor by Grantee at and before the execution, sealing and delivery
hereof, the receipt and sufficiency of which is hereby acknowledged, the Grantor has and hereby
does remise, convey, and forever quitclaim unto Grantee and the heirs, legal representatives,
successors and assigns of Grantee:

***All that tract or parcel of land as more particularly described on the attached
Exhibit "A" which is incorporated herein by reference.***

***The purpose of this Quit Claim Deed is to release all of Grantors' interest in and
to the property herein described on the attached Exhibit "A" to Grantee herein.***

NO TITLE WORK PERFORMED

TO HAVE AND TO HOLD said tract or parcel of land in order that neither Grantor nor any person claiming under Grantor shall at any time, by any means or ways, have, claim or demand any right or title to said land or any of the rights, members and appurtenances thereof.

IN WITNESS WHEREOF, the Grantor has signed and sealed this deed, the day and year first above written.

Mark McNeal

Unofficial Witness

Danelyn Reed Reckner
Notary Public

Charles W. Bell (SEAL)
CHARLES W. BELL
NO. 44
PUBLIC
EXPIRES 11/11/12
DANALYN REED RECKNER
NOTARY PUBLIC
JACKSON COUNTY, GEORGIA

Mark McNeal

Unofficial Witness

Danelyn Reed Reckner
Notary Public

Alice Bell Pruett (SEAL)
ALICE BELL PRUETT

DANALYN REED RECKNER
NOTARY PUBLIC
EXPIRES NOV 11 2012
JACKSON COUNTY, GEORGIA

Mark McNeal

Unofficial Witness

Danelyn Reed Reckner
Notary Public

Brenda Bell Williams (SEAL)
BRENDA BELL WILLIAMS

DANALYN REED RECKNER
NOTARY PUBLIC
EXPIRES NOV 11 2012
JACKSON COUNTY, GEORGIA

Mark McNeal

Unofficial Witness

Danelyn Reed Reckner
Notary Public

Sandra Bell Dowdy (SEAL)
SANDRA BELL DOWDY

DANALYN REED RECKNER
NOTARY PUBLIC
EXPIRES NOV 11 2012
JACKSON COUNTY, GEORGIA

EXHIBIT "A"

All that tract or parcel of land lying and being in Hall County, Georgia, Friendship District and being designated as Tract 2 on a Plat of Survey for Charles D. Bell and Alice Bell Pruett dated April 15, 2012 by Georgia Premier Land Surveying, Inc. Said plat is recorded in Plat Book 865, page 222 of the Hall County, Georgia, Plat Records. Said plat and the description therein are incorporated herein by reference for a more complete description of the property.

This being a portion of the same property as described in a Warranty Deed from H. D. Puckett to H. C. Bell as recorded in Deed Book 223, page 479-480 of the Hall County, Georgia Deed Records.

This also being a portion of the same property as described in a Quit Claim Deed dated May 19, 2006 from Howell C. Bell by and through Alice Pruett and Charles Bell, Trustees to Mildred M. Bell as recorded on Deed Book 5692, pages 182-183 of the Hall County, Georgia Deed Records.

This also being a portion of the same property as described in Quit Claim Deed dated September 2011 from Mildred M. Bell to Charles B. Bell, Alice Bell Pruett, Brenda Bell Williams and Sandra Bell Dowdy as recorded on the Hall County, Georgia Deed Records, and Quit Claim Deed dated October 27, 2011 for a 1% interest recorded in Deed Book 6907, pages 68-70.

This also being a portion of the same property as included in a Affidavit of Survivorship dated February 2012.

004082 000227

THE McCORMACK
LAW FIRM, P.C.
1730 THOMPSON BRIDGE ROAD
GAINESVILLE, GEORGIA 30501

GEORGIA, HALL COUNTY

GEORGIA, HALL COUNTY, CLERK SUPERIOR COURT
Filed in office, this 23 day of February
20 12 at 11:44 Am. Recorded in Deed
Book 6960 Page(s) 227-229
Charles Baker, Clerk By JN

Re: Property of Mildred M. Bell, Charles D. Bell,
Alice Bell Pruett, Brenda Bell Williams and
Sandra Bell Dowdy
Deed Book 6907, pages 68-70

AFFIDAVIT

ALICE BELL PRUETT, first being duly sworn, on oath states as follows:

The captioned property was conveyed to **MILDRED M. BELL, CHARLES D. BELL, ALICE BELL PRUETT, BRENDA BELL WILLIAMS and SANDRA BELL DOWDY** by warranty deed with rights of survivorship from **CHARLES D. BELL, ALICE BELL PRUETT, BRENDA BELL WILLIAMS and SANDRA BELL DOWDY**, dated October 27, 2011, and recorded at deed book 6907, pages 68-70.

MILDRED M. BELL died January 30, 2012. A copy of her death certificate is attached as an exhibit.

This affidavit is executed and recorded in order to vest full, fee simple title to the captioned property in **CHARLES D. BELL, ALICE BELL PRUETT, BRENDA BELL WILLIAMS and SANDRA BELL DOWDY**.

This 15th day of February, 2012.

Alice Bell Pruett
ALICE BELL PRUETT

Sworn to and subscribed before
me, this 21st day of February, 2012.

Tammy E. Lunsford
Notary Public

TAMMY E. LUNSFORD
Notary Public
Hall County
State of Georgia
Exp. May 19, 2013

GEORGIA DEATH CERTIFICATE

A. BIRTH CERTIFICATE NUMBER

B. STATE FILE NUMBER

1. DECEDENT'S LEGAL FULL NAME (FIRST, MIDDLE, LAST) Mildred Montine Bell		1a. LAST NAME AT BIRTH (IF FEMALE) Benefield		2. SEX F	2a. DATE OF DEATH (MO/DAY/YR) 1/30/2012
3. SOCIAL SECURITY NUMBER 256-78-6261		4a. AGE (YEARS) 96	4b. UNDER 1 YEAR: MONTHS _____ DAYS _____	4c. UNDER 1 DAY: HOURS _____ MINUTES _____	5. DATE OF BIRTH (MO/DAY/YR) 1/15/1916
8. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Braselton, GA		7a. STREET AND NUMBER OF RESIDENCE 3774 Friendship Circle		7b. ZIP CODE 30519	7c. CITY OR TOWN OF RESIDENCE Buford
7d. COUNTY OF RESIDENCE Hall		7e. STATE OF RESIDENCE GA	7f. COUNTRY USA	7g. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	7h. ARMED FORCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8a. OCCUPATION Homemaker		8b. NATURE OF BUSINESS Own Home		8c. EMPLOYER	
9. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Unknown		10. SPOUSE'S NAME (IF WIFE, GIVE NAME PRIOR TO FIRST MARRIAGE) Howell Cobb Bell		11. FATHER'S NAME (FIRST, MIDDLE, LAST) Melvin Benefield	
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST) Pearl Moulder		13. DECEDENT'S EDUCATION (HIGHEST LEVEL) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEng, MEd, MSW) <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Unknown		14. INFORMANT'S NAME (FIRST, MIDDLE, LAST) Alice Bell Pruett	
14b. RELATIONSHIP TO DECEDENT Daughter		14a. MAILING ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) 3592 Carter Road, Buford, Hall, GA 30518			
15. HISPANIC ORIGIN <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown		16. DECEDENT'S RACE <input checked="" type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
17a. IF DEATH OCCURRED IN HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Died on Arrival		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
18. FACILITY NAME Residence		19. FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE) 3774 Friendship Circle, Buford, GA 30518		20. COUNTY OF DEATH Hall	
21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other		22. PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS) Broadlawn Memorial Gardens 5979 New Bethan Road Buford, GA 30518		23. DATE OF DISPOSITION (MO/DAY/YR) 2/1/2012	
24a. EMBALMER'S NAME & CERTIFIED INITIALS Junior E. Flanigan <i>JEF</i>		24b. LICENSE NUMBER 2750			
25. FUNERAL HOME NAME Flanigan Funeral Home		25a. FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) 4400 S. Lee Street, Buford, Gwinnett, GA 30518			
26. FUNERAL DIRECTOR'S NAME (PRINT) Junior E. Flanigan		26a. SIGNATURE OF FUNERAL DIRECTOR <i>Junior E. Flanigan</i>		26b. LICENSE NUMBER 2818	
27. DATE PRONOUNCED DEAD (MO/DAY/YR) 1/30/2012		28. TIME PRONOUNCED DEAD 8:00 am		29a. PRONOUNCER'S NAME AND TITLE (PRINT) Rachel M. Germinara, RN	
29b. PRONOUNCER'S LICENSE NUMBER RN 208498		30. ACTUAL OR PRESUMED TIME OF DEATH 8:00 am			
31. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on the a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. A <i>Stroke</i> Due to, or as a consequence of B _____ Due to, or as a consequence of C _____ Due to, or as a consequence of D _____		Approximate interval between onset and death <i>Not Known</i>			
Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I		32. WAS AUTOPSY PERFORMED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		33a. WAS AN INJURY OF ANY KIND INDICATED IN THE CAUSE OF DEATH FOR PART I OR PART II WITH THE DECEDENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		34. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
35. TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Probably		36. IF FEMALE <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Not pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at the time of death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending investigation <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide	
38. DATE OF INJURY (MO/DAY/YR)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., Decedent's home, jurisdiction if a jurisdiction is specified)	
41. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
42. LOCATION OF INJURY STREET AND NUMBER CITY STATE COUNTY ZIP CODE					
43. DESCRIBE HOW INJURY OCCURRED		44. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other			
45. To the best of my knowledge death occurred at the time, date, place, and due to the causes stated. Medical Examiner (Name, Title, License No.) (PRINT AND SIGN) <i>Alicia Flores</i> <i>Alicia Flores</i> MD 029885		46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place, and due to the causes stated. Medical Examiner/Coroner (Name, Title, License No.) (PRINT AND SIGN)			
45a. DATE SIGNED (MO/DAY/YR) 2/9/12		45b. HOUR OF DEATH 8:00 am		46a. DATE SIGNED (MO/DAY/YR)	
47. PERSON COMPLETING CAUSE OF DEATH (NAME, ADDRESS, COUNTY, ZIP CODE) Taylor Henson, MD 1240 Jesse Jewell Parkway, Gainesville, Hall, GA 30501		48. HOUR OF DEATH			
48. REGISTRAR SIGNATURE (PRINT AND SIGN) ALICIA FLORES <i>Alicia Flores</i>		49. DATE FILED (REGISTRAR) (MO/DAY/YR) February 16, 2012			

Form 3803 (Rev. 06/2006)

This certificate does not constitute a certified copy without the appropriate certification on the back.

"CERTIFICATE OF RECORD"

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN HALL COUNTY, GEORGIA.

FEB 16 2012

DATE ISSUED

Alina Flores, D.L.

ISSUED BY

Mijandra Rosario
LOCAL COUNTY CUSTODIAN

000064

→ THE McCORMACK
LAW FIRM, P.C.
1730 THOMPSON BRIDGE ROAD
GAINESVILLE, GEORGIA 30501

HALL COUNTY, Georgia
Real Estate Transfer Tax

Paid \$ 0

Date 10/28/11

Charles Baker

Superior Court Clerk

By ER

PT61 069-2011-006637

GEORGIA, HALL COUNTY, CLERK SUPERIOR COURT
Filed in office, this 28 day of October
20 11 at 1:09 PM. Recorded in Deed
Book 6907 Page(s) 64-67
Charles Baker, Clerk By ER

020307

STATE OF GEORGIA,
COUNTY OF HALL.

QUIT CLAIM DEED

THIS INDENTURE made this 28th day of October, 2011, by and between MILDRED M. BELL party of the first part, hereinafter referred to as "Grantor", CHARLES D. BELL, ALICE BELL PRUETT, BRENDA BELL WILLIAMS and SANDRA BELL DOWDY party of the second part hereinafter referred to as "Grantee", the words "Grantor" and "Grantee" to include the neuter, masculine, and feminine genders, the singular and the plural;

WITNESSETH:

FOR AND IN CONSIDERATION of the sum of One Dollar and other good and valuable consideration delivered to Grantor by Grantee at and before the execution, sealing and delivery hereof, the receipt and sufficiency of which is hereby acknowledged, the Grantor has and hereby does remise, convey, and forever quitclaim unto Grantee and the heirs, legal representatives, successors and assigns of Grantee:

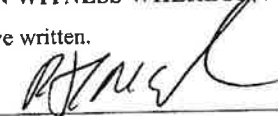
All that tract or parcel of land as more particularly described on the attached Exhibit "A" which is incorporated herein by reference.

The purpose of this Quit Claim Deed is to release all of Grantor's interest in and to the property herein described to Grantees herein.

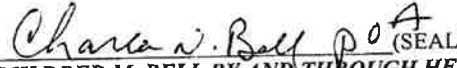
NO TITLE WORK PERFORMED

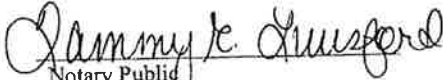
TO HAVE AND TO HOLD said tract or parcel of land in order that neither Grantor nor any person claiming under Grantor shall at any time, by any means or ways, have, claim or demand any right or title to said land or any of the rights, members and appurtenances thereof.

IN WITNESS WHEREOF, the Grantor has signed and sealed this deed, the day and year first above written.



Unofficial Witness

 (SEAL)
**MILDRED M. BELL BY AND THROUGH HER
ATTORNEY -IN-FACT, CHARLES BELL**



Notary Public

TAMMY E. LUNSFORD
Notary Public
Hall County
State of Georgia
Exp. May 19, 2013

EXHIBIT "A"

All that tract or parcel of land lying and being in Hall County, Georgia, Friendship District described as follows:

BEGINNING at a rock corner on Buford and Hoschton Road near Friendship Church. Bounded as follows: On the north by lands of Puckett, Harrison, Elinburg and Harper on west; East by Deaton and Ruby Puckett. Said lot being 42 acres, more or less, and being the same lands deeded by Emmerson C. Holland to H. D. Puckett as recorded in Deed Book 96, pages 163-164 of the Hall County, Georgia, Deed Records.

This being same property as described in a Warranty Deed from H. D. Puckett to H. C. Bell as recorded in Deed Book 223, page 479-480 of the Hall County, Georgia Deed Records.

This also being the same property as described in a Quit Claim Deed dated May 19, 2006 from Howell C. Bell by and through Alice Pruett and Charles Bell, Trustees to Mildred M. Bell as recorded on Deed Book 5692, pages 182-183 of the Hall County, Georgia Deed Records.

LESS AND EXCEPT: A previous conveyance to Friendship Baptist Church by deed dated March 21, 1975 and recorded in Deed Book 569, page 207 of the Hall County, Georgia, Deed Records, and a second conveyance to Friendship Baptist Church by deed by June 9, 1988 and recorded in Deed Book 1227, pages 238-239 of the Hall County, Georgia, Deed Records.

LESS AND EXCEPT: A conveyance made to the Georgia Department of Transportation dated October 6, 2011, and recorded in Deed Book 6901, pages 162-166 of the Hall County, Georgia Deed Records.

000068

→ THE McCORMACK
LAW FIRM, P.C.
1730 THOMPSON BRIDGE ROAD
GAINESVILLE, GEORGIA 30501

HALL COUNTY, Georgia
Real Estate Transfer Tax

Paid \$ 0

Date 10/28/11

Charles Baker
Superior Court Clerk

By ER

PT61 069-2011-006638

GEORGIA, HALL COUNTY, CLERK SUPERIOR COURT
Filed in office, this 28 day of October
20 11 at 1:09 PM. Recorded in Deed
Book 6907 Page(s) 68-70
Charles Baker, Clerk By ER

STATE OF GEORGIA,
COUNTY OF HALL.

020308

QUIT CLAIM DEED

THIS INDENTURE made this 28th day of October, 2011, by and between CHARLES D. BELL, ALICE BELL PRUETT, BRENDA BELL WILLIAMS and SANDRA BELL DOWDY party of the first part, hereinafter referred to as "Grantor", MILDRED M. BELL, CHARLES D. BELL, ALICE BELL PRUETT, BRENDA BELL WILLIAMS and SANDRA BELL DOWDY AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP party of the second part hereinafter referred to as "Grantee", the words "Grantor" and "Grantee" to include the neuter, masculine, and feminine genders, the singular and the plural;

WITNESSETH:

FOR AND IN CONSIDERATION of the sum of One Dollar and other good and valuable consideration delivered to Grantor by Grantee at and before the execution, sealing and delivery hereof, the receipt and sufficiency of which is hereby acknowledged, the Grantor has and hereby does remise, convey, and forever quitclaim unto Grantee and the heirs, legal representatives, successors and assigns of Grantee:

A ONE PERCENT (1%) UNDIVIDED INTEREST IN:

All that tract or parcel of land as more particularly described on the attached Exhibit "A" which is incorporated herein by reference.

The purpose of this Quit Claim Deed is to release a One Percent (1%) portion of Grantors' interest in and to the property herein described to Grantees herein.

NO TITLE WORK PERFORMED

TO HAVE AND TO HOLD said tract or parcel of land in order that neither Grantor nor any person claiming under Grantor shall at any time, by any means or ways, have, claim or demand any right or title to said land or any of the rights, members and appurtenances thereof.

IN WITNESS WHEREOF, the Grantor has signed and sealed this deed, the day and year first above written.

[Signature]

Unofficial Witness

Charles D. Bell (SEAL)

CHARLES D. BELL

Tammy E. Lunsford

Notary Public Notary Public
Hall County
State of Georgia
Exp. May 19, 2013

[Signature]

Unofficial Witness

Alice Bell Pruett (SEAL)

ALICE BELL PRUETT

Tammy E. Lunsford

Notary Public Notary Public
Hall County
State of Georgia
Exp. May 19, 2013

[Signature]

Unofficial Witness

Brenda Bell Williams (SEAL)

BRENDA BELL WILLIAMS

Tammy E. Lunsford

Notary Public Notary Public
Hall County
State of Georgia
Exp. May 19, 2013

[Signature]

Unofficial Witness

Sandra Bell Dowdy (SEAL)

SANDRA BELL DOWDY

Tammy E. Lunsford

Notary Public

TAMMY E. LUNSFORD
Notary Public
Hall County
State of Georgia
Exp. May 19, 2013

EXHIBIT "A"

All that tract or parcel of land lying and being in Hall County, Georgia, Friendship District described as follows:

BEGINNING at a rock corner on Buford and Hoschton Road near Friendship Church. Bounded as follows: On the north by lands of Puckett, Harrison, Elinburg and Harper on west; East by Deaton and Ruby Puckett. Said lot being 42 acres, more or less, and being the same lands deeded by Emmerson C. Holland to H. D. Puckett as recorded in Deed Book 96, pages 163-164 of the Hall County, Georgia, Deed Records.

This being same property as described in a Warranty Deed from H. D. Puckett to H. C. Bell as recorded in Deed Book 223, page 479-480 of the Hall County, Georgia Deed Records.

This also being the same property as described in a Quit Claim Deed dated May 19, 2006 from Howell C. Bell by and through Alice Pruett and Charles Bell, Trustees to Mildred M. Bell as recorded on Deed Book 5692, pages 182-183 of the Hall County, Georgia Deed Records.

This also being the same property as described in Quit Claim Deed dated September 2011 from Mildred M. Bell to Charles B. Bell, Alice Bell Pruett, Brenda Bell Williams and Sandra Bell Dowdy as recorded on the Hall County, Georgia Deed Records.

LESS AND EXCEPT: A previous conveyance to Friendship Baptist Church by deed dated March 21, 1975 and recorded in Deed Book 569, page 207 of the Hall County, Georgia, Deed Records, and a second conveyance to Friendship Baptist Church by deed by June 9, 1988 and recorded in Deed Book 1227, pages 238-239 of the Hall County, Georgia, Deed Records.

LESS AND EXCEPT: A conveyance made to the Georgia Department of Transportation dated October 6, 2011, and recorded in Deed Book 6901, page 162-166 of the Hall County, Georgia Deed Records.

SECTION A – SELLER'S INFORMATION (Do not use agent's information)				SECTION C – TAX COMPUTATION	
SELLER'S LAST NAME McNeal	FIRST NAME James	MIDDLE E.	Exempt Code If no exempt code enter NONE	NONE	
MAILING ADDRESS (STREET & NUMBER) 3746 Friendship Road			1. Actual Value of consideration received by seller Complete Line 1A if actual value unknown	\$545,000.00	
CITY, STATE / PROVINCE / REGION, ZIP CODE, COUNTRY Buford, GA 30519 USA		DATE OF SALE 4/6/2022	1A. Estimated fair market value of Real and Personal property	\$0.00	
SECTION B – BUYER'S INFORMATION (Do not use agent's information)			2. Fair market value of Personal Property only	\$0.00	
BUYER'S BUSINESS / ORGANIZATION / OTHER NAME Scott Puckett, Inc.			3. Amount of liens and encumbrances not removed by transfer	\$0.00	
MAILING ADDRESS (Must use buyer's address for tax billing & notice purposes) 3215 Thompson Mill Road			4. Net Taxable Value (Line 1 or 1A less Lines 2 and 3)	\$545,000.00	
CITY, STATE / PROVINCE / REGION, ZIP CODE, COUNTRY Buford, GA 30519 USA		Check Buyers Intended Use (X) Residential () Commercial () Agricultural () Industrial	5. TAX DUE at .10 per \$100 or fraction thereof (Minimum \$1.00)	\$545.00	
SECTION D – PROPERTY INFORMATION (Location of Property (Street, Route, Hwy, etc))					
HOUSE NUMBER & EXTENSION (ex 265A) 3746		PRE-DIRECTION, STREET NAME AND TYPE, POST DIRECTION Friendship Circle			SUITE NUMBER
COUNTY HALL		CITY (IF APPLICABLE) Buford	MAP & PARCEL NUMBER 15048 000025C		ACCOUNT NUMBER
TAX DISTRICT 01	GMD 1419	LAND DISTRICT	ACRES 6131	LAND LOT	SUB LOT & BLOCK
SECTION E – RECORDING INFORMATION (Official Use Only)					
DATE	DEED BOOK 9098	DEED PAGE 527	PLAT BOOK	PLAT PAGE	

ADDITIONAL BUYERS

None

eFiled and eRecorded
DATE: 04/06/2022
TIME: 5:19 PM
DEED BOOK: 9098
PAGE: 527 - 544
FILING FEES: \$25.00
TRANSFER TAX: \$545.00
INTANGIBLE TAX: \$0.00
PARTICIPANT ID: 6073054394
PT61: 069-2022-003051
RECORDED BY: NB
CLERK: Charles Baker, C.S.C
Hall County, GA

after recording, return to:
JENIFR DIMO
STEWART, MELVIN & FROST, LLP
100 MAIN STREET, SUITE 600
GAINESVILLE, GA 30501

LIMITED WARRANTY DEED

THIS INDENTURE is made this 6 day of April, 2022, between

JAMES E. MCNEAL and FREIDA M. MCNEAL
(hereinafter referred to as "Grantor")

and

SCOTT PUCKETT, INC.

(hereinafter referred to as "Grantee")

("Grantors" and "Grantee" to include their respective heirs, successors, executors, administrators, legal representatives and assigns where the context requires or permits.)

WITNESSETH

GRANTORS, in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, have granted, bargained, sold, aliened, conveyed and confirmed, and does hereby grant, bargain, sell, alien, convey and confirm unto Grantee the following described property, to wit:

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

TO HAVE AND TO HOLD the Land, with all and singular the rights, members and appurtenances thereof, to the same being, belonging, or in anywise appertaining, to the only proper use, benefit and behoof of Grantee forever in FEE SIMPLE.

AND GRANTORS WILL WARRANT and forever defend the right and title to the Land unto Grantee against the claims of all persons whomsoever claiming by, under, or through said Grantor.

EXECUTED under seal as of the date above.

Signed, sealed, and delivered
in the presence of

UNOFFICIAL WITNESS

NOTARY PUBLIC



GRANTOR:

Pam Patterson, Atty James E. McNeal
PAM PATTERSON, AS ATTORNEY-IN-FACT FOR JAMES E.
MCNEAL

Pam Patterson, Atty Freida M. McNeal
PAM PATTERSON, AS ATTORNEY-IN-FACT FOR FREIDA M.
MCNEAL

84340

EXHIBIT A
Description of Property

All that tract or parcel of land lying and being in GMD 1419, Hall County, Georgia and being more particularly described as follows;

To find the true point of beginning, commence at the intersection of the southwest right of way of Friendship Circle (right of way varies) and the southwest right of way of Friendship Road (right of way varies), said point having the Georgia State Plane Coordinates (West Zone) of North 1500704.7867 and East 2370849.8436, said point marked by a ½ inch rebar pin set, said point being THE TRUE POINT OF BEGINNING.

THENCE from said point as thus established, continuing on said right of way of Friendship Road South 31 Degrees 39 Minutes 38 Seconds East for a distance of 277.02 feet to a point, said point marked by a ½ inch rebar pin set; THENCE leaving said right of way and traveling South 42 Degrees 47 Minutes 42 Seconds West for a distance of 53.25 feet to a point, said point marked by a Square Rod found; THENCE South 39 Degrees 30 Minutes 53 Seconds West for a distance of 748.69 feet to a point, said point marked by a ½ inch Crimp Top Pipe found; THENCE traveling North 54 Degrees 44 Minutes 26 Seconds West for a distance of 140.17 feet to a point, said point marked by a ¼ inch Open Top Pipe found; THENCE North 55 Degrees 09 Minutes 40 Seconds West for a distance of 198.46 feet to a point, said point marked by a 42" Oak Tree; THENCE North 43 Degrees 03 Minutes 01 Seconds East for a distance of 830.11 feet to a point on the southwest right of way of Friendship Circle (right of way varies), said point marked by a ½ inch rebar pin set; THENCE traveling on said right of way North 43 Degrees 03 Minutes 01 Seconds East for a distance of 14.91 feet to a point, said point marked by a Rock found; THENCE continuing on said right of way North 58 Degrees 59 Minutes 18 Seconds East for a distance of 78.93 feet to a point on the southwest right of way of Friendship Road (right of way varies), said point marked by a ½ inch rebar pin set, said point being THE TRUE POINT OF BEGINNING.

Said property contains 6.131 Acres.

Said property being known as 3746 Friendship Circle according to the present system of numbering properties in Hall County, Georgia. Said property is conveyed together with and subject to all easements, covenants and restrictions of record, if any.

84340 Description

DESIGNATION OF AGENT

I, **FREIDA M. MCNEAL**, Principal, name the following person as my agent:

Pam Patterson

[REDACTED]

[REDACTED]

[REDACTED]

Email: [REDACTED]

DESIGNATION OF SUCCESSOR AGENTS

If my agent named above is unable or unwilling to act for me, I name as my successor agent:

Joshua McNeal

P. O. Box 1407

Flowery Branch, GA 30542

Telephone No: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in Chapter 6B of Title 10 of the Official Code of Georgia Annotated (O.C.G.A. §10-6B-1 *et seq.*):

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "all preceding subjects" instead of initialing each subject.)

- Real property
- Tangible personal property
- Stocks and bonds
- Commodities and options
- Banks and other financial institutions
- Operation of entity or business
- Insurance and annuities

- Estates, trusts, and other beneficial interests
- Claims and litigation
- Personal and family maintenance
- Benefits from governmental programs or civil or military service
- Retirement plans
- Taxes
- All preceding subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent SHALL NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent. You should give your agent specific instructions in the Special Instructions when you authorize your agent to make gifts.)

- Create, fund, amend, revoke, or terminate an inter vivos trust, subject to the limitations of O.C.G.A. § 10-6B-50(7) and any Special Instructions in this power of attorney
- Make a gift, subject to the limitation of O.C.G.A. § 10-6B-56 (except subsection (b)(1) thereof) and any Special Instructions in this power of attorney
- Create or change rights of survivorship, subject to any Special Instructions in this power of attorney
- Create or change a beneficiary designation, subject to any Special Instructions in this power of attorney
- Authorize another person to exercise the authority granted under this power of attorney
- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan, subject to any Special Instructions in this power of attorney
- Exercise authority over the content of electronic communications sent or received by the principal as provided for more specifically in the Special Instructions

- () Exercise fiduciary powers that the principal has authority to delegate and that are expressly and clearly identified (including the persons for which the principal acts as a fiduciary) in the Special Instructions
- () Renounce an interest in property, including a power of appointment, subject to any Special Instructions in this power of attorney

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant SHALL NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines (you may add lines or place your special instructions in a separate document and attach it to the Power of Attorney):

Notwithstanding anything to the contrary in Chapter 6B of Title 10 of the Official Code of Georgia Annotated (O.C.G.A. §10-6B-1 *et seq.*) and any other applicable law:

(1) As and to the extent, if any, permitted by O.C.G.A. §10-6B-56(c) but not subject to the limitations set forth in O.C.G.A. §10-6B-56(b), and without regard to whether or not the agent is my ancestor, spouse, or descendant, the agent may make gifts of my assets; may disclaim or renounce assets to which I may otherwise be entitled; may create or change a beneficiary designation; may create or change rights of survivorship; may waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan; may create, fund, amend, revoke or terminate any inter vivos trust; may fund, amend, revoke or terminate any trust created by any other person to the extent, if any, I would otherwise be authorized to fund, amend, revoke or terminate such trust; and may exercise powers of appointment granted to me; provided, however, that no such gift, disclaimer, or other action shall be made, taken or exercised to the extent that it constitutes a transfer to or for the benefit of my said agent or to a person to whom my said agent owes a legal obligation of health, support, maintenance or education.

(2) My agent shall have the following authority with respect to my Digital Assets, Digital Devices, and Digital Accounts (as defined below). If I want my agent to have authority to access the *content* of electronic communications, such as e-mail, I must expressly grant my agent such authority above. Otherwise, the Special Instructions below shall be interpreted to exclude such authority, but will not exclude any other authority granted below:

(A) The agent may take any action (including, without limitation, assuming or amending a terms-of-service agreement or other governing instrument) with respect

to my Digital Assets, Digital Devices, or Digital Accounts as my agent shall deem appropriate, and as shall be permitted under applicable state and Federal law. My agent may engage experts or consultants or any other third party, and may delegate authority to such experts, consultants or third party, as necessary or appropriate to effectuate such actions with respect to my Digital Assets, Digital Devices, or Digital Accounts, including, but not limited to, such authority as may be necessary or appropriate to decrypt electronically stored information, or to bypass, reset or recover any password or other kind of authentication or authorization. This authority is intended to constitute "lawful consent" to any service provider to divulge the contents of any communication or record under The Stored Communications Act (currently codified as 18 U.S.C. §§ 2701 et seq.), the Computer Fraud and Abuse Act (currently codified as 18 U.S.C. § 1030), and any other state or federal law relating to Digital Assets, data privacy, or computer fraud, to the extent such lawful consent may be required. My agent shall be an authorized user for purposes of applicable computer-fraud and unauthorized-computer-access laws. The authority granted under this paragraph is intended to provide my agent with full authority to access and manage my Digital Assets, Digital Devices, or Digital Accounts, to the maximum extent permitted under applicable state and Federal law and shall not limit any authority granted to my agent under such laws.

(B) The following definitions and descriptions shall apply under this power of attorney to the authority of the agent with respect to my Digital Assets and Accounts:

(i) "Digital Assets" shall be any electronic record that is defined as a "Digital Asset" under the Georgia Revised Uniform Fiduciary Access to Digital Assets Act, together with any and all files created, generated, sent, communicated, shared, received, or stored on the Internet or on a Digital Device, regardless of the ownership of the physical device upon which the digital item was created, generated, sent, communicated, shared, received or stored (which underlying physical device shall not be a "Digital Asset" for purposes of this power of attorney).

(ii) A "Digital Device" is an electronic device that can create, generate, send, share, communicate, receive, store, display, or process information, including, without limitation, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smart phones, cameras, electronic reading devices, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops.

(iii) "Digital Account" means an electronic system for creating, generating, sending, sharing, communicating, receiving, storing, displaying, or processing information which provides access to a

Digital Asset stored on a Digital Device, regardless of the ownership of such Digital Device.

(iv) For the purpose of illustration, and without limitation, Digital Assets and Digital Accounts shall include email and email accounts, social network content and accounts, social media content and accounts, text, documents, digital photographs, digital videos, software, software licenses, computer programs, computer source codes, databases, file sharing accounts, financial accounts, health insurance records and accounts, health care records and accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online store accounts and affiliate programs and other online accounts which currently exist or may exist as technology develops, or such comparable items and accounts as technology develops, including any words, characters, codes, or contractual rights necessary to access such items and accounts.

(3) This Power of Attorney shall become effective only when and as described below and shall be effective until my death or until sooner revoked by me. Notwithstanding anything to the contrary herein, the Power of Attorney granted pursuant to this instrument shall become effective only upon the declaration in writing signed (under penalty of false swearing) by my personal physician (or if he/she is unavailable by such other physician who may then be personally attending me), clearly indicating that, based upon the physician's personal knowledge and examination of me made no more than 15 days prior to the declaration, I am physically or mentally unable to manage my financial affairs. A statement in such a declaration that I lack sufficient capacity to make or communicate significant, responsible decisions concerning the management of my property shall, without limitation, be understood to be a statement that I am physically or mentally unable to manage my financial affairs. Upon the signing of such declaration and delivery of same to the agent, the agent shall be authorized to rely absolutely upon such declaration until a written declaration to the contrary is signed (under penalty of false swearing) by my personal physician (or if he/she is unavailable by such other physician who may then be personally attending me) and delivered to the agent. For purposes of this paragraph, I hereby (i) waive any physician-patient privilege pertaining to any such declaration, (ii) agree to indemnify and hold harmless the agent and any such physician for any claims or losses arising out of any such declaration or the agent's good faith reliance upon same (excluding any claims against a physician named on such a declaration arising from false swearing thereof), and (iii) authorize the payment from my assets of reasonable fees to any such physician for services pertaining to any such declaration. When in the process of determining my disability (or health), incapacity (or capacity) or inability (or ability) to manage my own affairs, all individually identifiable health information and medical records pertaining to me may be released to the person who is nominated or appointed herein as agent, including any written opinion relating to my disability (or health), incapacity (or capacity) or inability (or ability) to manage my own affairs, that the person so nominated or appointed herein may have requested. This release authority applies to any information governed by the Health

Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164, and applies even if that person has not yet taken office or assumed the position of agent.

(4) In addition to any other method of proving that an agent is unable to serve, an agent appointed hereunder shall be deemed to be unable to serve as such if a physician signs a written declaration under penalty of false swearing that the physical or mental disability, from any cause, of said agent renders him or her either (i) unable to manage his or her own affairs or (ii) unable to fulfill the agent's duties under O.C.G.A. §10-6B-14(a). Upon such declaration and delivery of same to the successor agent or second successor agent, the successor agent or second successor agent shall be authorized to rely absolutely upon such declaration until a written declaration to the contrary is signed under penalty of false swearing by a physician and delivered to the successor agent or the second successor agent.

(5) I relieve my agent from liability for any breach of duty to me or my successors in interest, provided that the breach of duty is not in bad faith, or with reckless indifference to the purposes of this instrument or with reckless indifference to my best interest. I have been advised, prior to signing this instrument, that this Special Instruction may allow my agent, in some circumstances, to act under a lesser standard than otherwise required by law, without liability to me or my successors in interest. No person named as agent hereunder has asked me to add this special instruction, and I do so willingly, without any compulsion to do so from any person.

(6) For avoidance of doubt, I hereby revoke any and all Powers of Attorney executed prior to the date hereof.

EFFECTIVE DATE

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF CONSERVATOR

If it becomes necessary for a court to appoint a conservator of my estate, I nominate for such appointment the person designated in this document (and in the order of priority so designated) to serve as my conservator.

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this Power of Attorney or a copy of it unless that person has actual knowledge it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT:

Freida McNeal
FREIDA M. MCNEAL
3746 Friendship Road
Buford, GA 30519

10-21-2021
Date

This document was signed or acknowledged in my presence on the 21 day of October, 2021 by **FREIDA M. MCNEAL** or by another individual in such Principal's presence at the Principal's express direction, and I am hereby attesting said signature in the presence of such Principal.

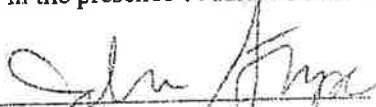
Stephanie W Cash
Witness's signature

Stephanie W Cash
Witness's name printed

P.O. Box 3280
Gainesville, Georgia 30503
770/536-0101

STATE OF GEORGIA
COUNTY OF HALL

This document was sworn to and signed or acknowledged in my presence and in the presence of the witness named above on the 27 day of October, 2021 by **FREIDA M. MCNEAL** or by another individual in such Principal's presence and at the Principal's express direction, and said signature was attested by said witness in my presence and in the presence of such Principal on that same date, and I am hereby notarizing and attesting said signature in the presence of such Principal and in the presence of said witness on that same date.


Signature of notary

My commission expires: Aug. 9, 2022

(Notarial Seal)

This document prepared by:
John P. Strupe
Stewart, Melvin & Frost, LLP
P. O. Box 3280
Gainesville, Georgia 30503
770-536-0101 (phone)
jstrupe@smf-law.com



DESIGNATION OF AGENT

I, JAMES E. MCNEAL, Principal, name the following person as my agent:

Pam Patterson

[REDACTED]

[REDACTED]

[REDACTED]

Email [REDACTED]

DESIGNATION OF SUCCESSOR AGENTS

If my agent named above is unable or unwilling to act for me, I name as my successor agent:

Joshua McNeal

P. O. Box 1407

Flowery Branch, GA 30542

Telephone No: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in Chapter 6B of Title 10 of the Official Code of Georgia Annotated (O.C.G.A. §10-6B-1 *et seq.*):

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "all preceding subjects" instead of initialing each subject.)

- Real property
- Tangible personal property
- Stocks and bonds
- Commodities and options
- Banks and other financial institutions
- Operation of entity or business
- Insurance and annuities

- Estates, trusts, and other beneficial interests
- Claims and litigation
- Personal and family maintenance
- Benefits from governmental programs or civil or military service
- Retirement plans
- Taxes
- All preceding subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent SHALL NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent. You should give your agent specific instructions in the Special Instructions when you authorize your agent to make gifts.)

- Create, fund, amend, revoke, or terminate an inter vivos trust, subject to the limitations of O.C.G.A. § 10-6B-50(7) and any Special Instructions in this power of attorney
- Make a gift, subject to the limitation of O.C.G.A. § 10-6B-56 (except subsection (b)(1) thereof) and any Special Instructions in this power of attorney
- Create or change rights of survivorship, subject to any Special Instructions in this power of attorney
- Create or change a beneficiary designation, subject to any Special Instructions in this power of attorney
- Authorize another person to exercise the authority granted under this power of attorney
- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan, subject to any Special Instructions in this power of attorney
- Exercise authority over the content of electronic communications sent or received by the principal as provided for more specifically in the Special Instructions

Exercise fiduciary powers that the principal has authority to delegate and that are expressly and clearly identified (including the persons for which the principal acts as a fiduciary) in the Special Instructions

Renounce an interest in property, including a power of appointment, subject to any Special Instructions in this power of attorney

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant SHALL NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines (you may add lines or place your special instructions in a separate document and attach it to the Power of Attorney):

Notwithstanding anything to the contrary in Chapter 6B of Title 10 of the Official Code of Georgia Annotated (O.C.G.A. §10-6B-1 *et seq.*) and any other applicable law:

(1) As and to the extent, if any, permitted by O.C.G.A. §10-6B-56(c) but not subject to the limitations set forth in O.C.G.A. §10-6B-56(b), and without regard to whether or not the agent is my ancestor, spouse, or descendant, the agent may make gifts of my assets; may disclaim or renounce assets to which I may otherwise be entitled; may create or change a beneficiary designation; may create or change rights of survivorship; may waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan; may create, fund, amend, revoke or terminate any inter vivos trust; may fund, amend, revoke or terminate any trust created by any other person to the extent, if any, I would otherwise be authorized to fund, amend, revoke or terminate such trust; and may exercise powers of appointment granted to me; provided, however, that no such gift, disclaimer, or other action shall be made, taken or exercised to the extent that it constitutes a transfer to or for the benefit of my said agent or to a person to whom my said agent owes a legal obligation of health, support, maintenance or education.

(2) My agent shall have the following authority with respect to my Digital Assets, Digital Devices, and Digital Accounts (as defined below). If I want my agent to have authority to access the *content* of electronic communications, such as e-mail, I must expressly grant my agent such authority above. Otherwise, the Special Instructions below shall be interpreted to exclude such authority, but will not exclude any other authority granted below:

(A) The agent may take any action (including, without limitation, assuming or amending a terms-of-service agreement or other governing instrument) with respect

to my Digital Assets, Digital Devices, or Digital Accounts as my agent shall deem appropriate, and as shall be permitted under applicable state and Federal law. My agent may engage experts or consultants or any other third party, and may delegate authority to such experts, consultants or third party, as necessary or appropriate to effectuate such actions with respect to my Digital Assets, Digital Devices, or Digital Accounts, including, but not limited to, such authority as may be necessary or appropriate to decrypt electronically stored information, or to bypass, reset or recover any password or other kind of authentication or authorization. This authority is intended to constitute "lawful consent" to any service provider to divulge the contents of any communication or record under The Stored Communications Act (currently codified as 18 U.S.C. §§ 2701 et seq.), the Computer Fraud and Abuse Act (currently codified as 18 U.S.C. § 1030), and any other state or federal law relating to Digital Assets, data privacy, or computer fraud, to the extent such lawful consent may be required. My agent shall be an authorized user for purposes of applicable computer-fraud and unauthorized-computer-access laws. The authority granted under this paragraph is intended to provide my agent with full authority to access and manage my Digital Assets, Digital Devices, or Digital Accounts, to the maximum extent permitted under applicable state and Federal law and shall not limit any authority granted to my agent under such laws.

(B) The following definitions and descriptions shall apply under this power of attorney to the authority of the agent with respect to my Digital Assets and Accounts:

(i) "Digital Assets" shall be any electronic record that is defined as a "Digital Asset" under the Georgia Revised Uniform Fiduciary Access to Digital Assets Act, together with any and all files created, generated, sent, communicated, shared, received, or stored on the Internet or on a Digital Device, regardless of the ownership of the physical device upon which the digital item was created, generated, sent, communicated, shared, received or stored (which underlying physical device shall not be a "Digital Asset" for purposes of this power of attorney).

(ii) A "Digital Device" is an electronic device that can create, generate, send, share, communicate, receive, store, display, or process information, including, without limitation, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smart phones, cameras, electronic reading devices, and any similar digital device which currently exists or may exist as technology develops or such comparable items as technology develops.

(iii) "Digital Account" means an electronic system for creating, generating, sending, sharing, communicating, receiving, storing, displaying, or processing information which provides access to a

Digital Asset stored on a Digital Device, regardless of the ownership of such Digital Device.

(iv) For the purpose of illustration, and without limitation, Digital Assets and Digital Accounts shall include email and email accounts, social network content and accounts, social media content and accounts, text, documents, digital photographs, digital videos, software, software licenses, computer programs, computer source codes, databases, file sharing accounts, financial accounts, health insurance records and accounts, health care records and accounts, domain registrations, DNS service accounts, web hosting accounts, tax preparation service accounts, online store accounts and affiliate programs and other online accounts which currently exist or may exist as technology develops, or such comparable items and accounts as technology develops, including any words, characters, codes, or contractual rights necessary to access such items and accounts.

(3) This Power of Attorney shall become effective only when and as described below and shall be effective until my death or until sooner revoked by me. Notwithstanding anything to the contrary herein, the Power of Attorney granted pursuant to this instrument shall become effective only upon the declaration in writing signed (under penalty of false swearing) by my personal physician (or if he/she is unavailable by such other physician who may then be personally attending me), clearly indicating that, based upon the physician's personal knowledge and examination of me made no more than 15 days prior to the declaration, I am physically or mentally unable to manage my financial affairs. A statement in such a declaration that I lack sufficient capacity to make or communicate significant, responsible decisions concerning the management of my property shall, without limitation, be understood to be a statement that I am physically or mentally unable to manage my financial affairs. Upon the signing of such declaration and delivery of same to the agent, the agent shall be authorized to rely absolutely upon such declaration until a written declaration to the contrary is signed (under penalty of false swearing) by my personal physician (or if he/she is unavailable by such other physician who may then be personally attending me) and delivered to the agent. For purposes of this paragraph, I hereby (i) waive any physician-patient privilege pertaining to any such declaration, (ii) agree to indemnify and hold harmless the agent and any such physician for any claims or losses arising out of any such declaration or the agent's good faith reliance upon same (excluding any claims against a physician named on such a declaration arising from false swearing thereof), and (iii) authorize the payment from my assets of reasonable fees to any such physician for services pertaining to any such declaration. When in the process of determining my disability (or health), incapacity (or capacity) or inability (or ability) to manage my own affairs, all individually identifiable health information and medical records pertaining to me may be released to the person who is nominated or appointed herein as agent, including any written opinion relating to my disability (or health), incapacity (or capacity) or inability (or ability) to manage my own affairs, that the person so nominated or appointed herein may have requested. This release authority applies to any information governed by the Health

Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160-164, and applies even if that person has not yet taken office or assumed the position of agent.

(4) In addition to any other method of proving that an agent is unable to serve, an agent appointed hereunder shall be deemed to be unable to serve as such if a physician signs a written declaration under penalty of false swearing that the physical or mental disability, from any cause, of said agent renders him or her either (i) unable to manage his or her own affairs or (ii) unable to fulfill the agent's duties under O.C.G.A. §10-6B-14(a). Upon such declaration and delivery of same to the successor agent or second successor agent, the successor agent or second successor agent shall be authorized to rely absolutely upon such declaration until a written declaration to the contrary is signed under penalty of false swearing by a physician and delivered to the successor agent or the second successor agent.

(5) I relieve my agent from liability for any breach of duty to me or my successors in interest, provided that the breach of duty is not in bad faith, or with reckless indifference to the purposes of this instrument or with reckless indifference to my best interest. I have been advised, prior to signing this instrument, that this Special Instruction may allow my agent, in some circumstances, to act under a lesser standard than otherwise required by law, without liability to me or my successors in interest. No person named as agent hereunder has asked me to add this special instruction, and I do so willingly, without any compulsion to do so from any person.

(6) For avoidance of doubt, I hereby revoke any and all Powers of Attorney executed prior to the date hereof.

EFFECTIVE DATE

This Power of Attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF CONSERVATOR

If it becomes necessary for a court to appoint a conservator of my estate, I nominate for such appointment the person designated in this document (and in the order of priority so designated) to serve as my conservator.

RELIANCE ON THIS POWER OF ATTORNEY

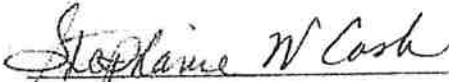
Any person, including my agent, may rely upon the validity of this Power of Attorney or a copy of it unless that person has actual knowledge it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT:


JAMES E. MCNEAL

10-21-21
Date

This document was signed or acknowledged in my presence on the 21 day of October, 2021 by JAMES E. MCNEAL or by another individual in such Principal's presence at the Principal's express direction, and I am hereby attesting said signature in the presence of such Principal.

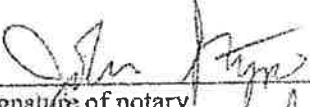

Witness's signature

Stephanie W. Cash
Witness's name printed

P.O. Box 3280
Gainesville, Georgia 30503
770/536-0101

STATE OF GEORGIA
COUNTY OF HALL

This document was sworn to and signed or acknowledged in my presence and in the presence of the witness named above on the 21 day of October, 2021 by **JAMES E. MCNEAL** or by another individual in such Principal's presence and at the Principal's express direction, and said signature was attested by said witness in my presence and in the presence of such Principal on that same date, and I am hereby notarizing and attesting said signature in the presence of such Principal and in the presence of said witness on that same date.



Signature of notary
My commission expires: Aug. 9, 2022
(Notarial Seal)

This document prepared by:
John P. Strupe
Stewart, Melvin & Frost, LLP
P. O. Box 3280
Gainesville, Georgia 30503
770-536-0101 (phone)
jstrupe@smf-law.com

