



RECORDING REQUESTED BY:
Title Security Agency, LLC
AND WHEN RECORDED MAIL TO:
Sean G. Coggin
5401 Sambrook Drive
Charlotte, NC 28210

DATE/TIME: 10/05/2021 1423
FEE: \$30.00
PAGES: 4
FEE NUMBER: 2021-126425

ESCROW NO.: 600-207453-TS

SPACE ABOVE THIS LINE FOR RECORDER'S USE

SPECIAL DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That **Sean G. Coggin**, the undersigned Principal, hereby makes, constitutes and appoints **Elizabeth Klaas McCutcheon** ("Agent") my true and lawful agent for me, with all power and authority to act in my name, place and stead, and for my use and benefit in any way which I myself could do, if I were personally present, to sell, convey, purchase, acquire, mortgage or otherwise encumber, transfer in trust, borrow money and execute and deliver notes therefore, loan money and receive notes and security therefore, and take or perform any other act necessary or appropriate regarding the real property described on Exhibit "A," attached hereto and incorporated herein by reference (the "Real Property").

In addition, my Agent is specifically authorized to perform the following acts on his/her own behalf or for his/her own benefit ONLY if my witness and I initial each specific act below.

NOTE: The Principal and the Witness must each initial the corresponding blank space below with respect to each act listed for which the Principal wants the Agent to have authority. If a blank space for any specifically-described act is **NOT** initialed, **NO AUTHORITY WILL BE GRANTED** for matters that are included in that section.

SC ng
Principal and Witness
Initials

1) Accept payment of a commission, fee or other compensation in connection with the Real Property.

SC ng
Principal and Witness
Initials

2) Accept payment of all or any portion of the proceeds from the sale or financing of the Real Property.

SC ng
Principal and Witness
Initials

3) Acquire any interest in the Real Property, including but not limited to any interest which provides for rights of survivorship.

SC ng
Principal and Witness
Initials

4) Execute and record a disclaimer deed to the Real Property.

SC ng
Principal and Witness
Initials

5) Other:

This power shall not be affected by subsequent disability or incapacity of the Principal or lapse of time. All acts done by my Agent pursuant to this power during any period of disability or incapacity or uncertainty as to whether I am dead or alive shall have the same effect and inure to the benefit of and bind me or my heirs, devisees and personal representative as if I were alive, competent and not disabled.

I hereby ratify all that my Agent shall lawfully do or cause to be done by virtue of this power.

This Special Durable Power of Attorney shall be governed by and construed in accordance with the laws of the State of Arizona.

I, Sean G. Coggin, the Principal, sign my name to this Power of Attorney this 21 day of September, 2021, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Power of Attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the Power of Attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Sean G. Coggin
(Sign Name Here)

Principal: Sean G. Coggin
(Print Name Here)

(NOTE: THE WITNESS CANNOT BE THE NOTARY PUBLIC, THE AGENT, THE AGENT'S SPOUSE OR THE AGENT'S CHILD.)

I, Natalie Gilliland, the Witness, sign my name to the foregoing Power of Attorney being first duly sworn and do declare to the undersigned authority that the Principal signs and executes this instrument as his/her Power of Attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the Principal, sign this Power of Attorney as witness to the Principal's signing and that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Natalie Gilliland
(Sign Name Here)

Witness: Natalie Gilliland
(Print Name Here)

State of North Carolina } SS
County of mecklenburg

This instrument was subscribed, sworn to and acknowledged before me by Sean G. Coggin, the Principal, and subscribed and sworn to before me by Natalie Gilliland, the Witness, this 21st day of September 2021.

[Signature]
Notary Public

MARVIN L MORRIS
Notary Public
Mecklenburg Co., North Carolina
My Commission Expires Nov. 15, 2025

My commission will expire 11-15-2025

NOTE: THIS POWER OF ATTORNEY GIVES THE PERSON WHOM YOU DESIGNATE YOUR AGENT BROAD POWERS TO HANDLE YOUR REAL PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF REAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. CONSEQUENTLY, IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

EXHIBIT "A"

Real Property Description

Lot 75, of VAL VISTA ESTATES UNIT II, according to the plat of record in the office of the County Recorder of Pinal County, Arizona, recorded in Cabinet F of Maps, Slide 197;

Except an undivided $\frac{1}{2}$ interest in all oil, gas and other minerals as reserved in Instrument recorded in Docket 1064, Page 455.

HOFFS

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AND WHEN RECORDED MAIL TO:

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**AFFIDAVIT OF ATTORNEY IN FACT OR AGENT
(POWER OF ATTORNEY CONTAINS DISABILITY CLAUSE)**

Elizabeth Klaas McCutcheon, being first duly sworn, states under oath as follows:

That he/she is the duly appointed Attorney in Fact/Agent of Sean G. Coggin.

That said Power of Attorney/Appointment of Agent has not been revoked or terminated and the same is presently in full force and effect.

The Witness on said power of attorney is not the attorney in fact, his/her spouse or his/her child.

That the undersigned has no knowledge or information regarding the death of the principal above named, and that he/she believes, as of the date of this Affidavit, that said principal is alive.

Dated this 1st day of ~~September~~, 2021.

OCTOBER 2021

Elizabeth Klaas McCutcheon
Elizabeth Klaas McCutcheon
(Attorney in Fact/Agent)

State of Arizona)ss:
County of Pima

On this 1st day of OCTOBER, 2021, before me,
The Undersigned
a Notary Public in and for said County and State, personally appeared
Elizabeth Klaas McCutcheon

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument
WITNESS my hand and official seal.

Notary Public: *Patricia Roy*

My Commission Expires: 02/27/2025

