THIS POWER OF ATTORNEY AUTHORIZES THE PERSON NAMED BELOW AS MY ATTORNEY-IN-FACT TO DO ONE OR MORE OF THE FOLLOWING, AMONG OTHER THINGS: TO SELL, LEASE, GRANT, ENCUMBER, RELEASE, OR OTHERWISE CONVEY ANY INTEREST IN MY REAL PROPERTY AND TO EXECUTE DEEDS AND ALL OTHER INSTRUMENTS ON MY BEHALF, UNLESS THIS POWER OF ATTORNEY IS OTHERWISE LIMITED HEREIN TO SPECIFIC REAL PROPERTY.

General Durable Power of Attorney of John R. Klein, II

I, **John R. Klein, II**, currently residing in the town of Sharps, Richmond County, Virginia, am creating a durable power of attorney under the laws of the Commonwealth of Virginia. I hereby revoke all Powers of Attorney previously granted by me as Principal and terminate all Agency relationships created by me except:

Powers granted by me under any Advance Healthcare Directive or Healthcare Power of Attorney;

Powers granted by me on forms provided by financial institutions granting the right to write checks on, deposit funds to and withdraw funds from accounts to which I am a signatory; and

Powers granting access to a safe deposit box.

MY ATTORNEY-IN-FACT MAY EXERCISE THE AUTHORITY GRANTED UNDER THIS POWER OF ATTORNEY IMMEDIATELY UPON MY EXECUTION OF THIS DOCUMENT.

Article One
Appointment of Attorney-in-Fact

Section 1.01 Initial Attorney-in-Fact

I appoint **John J. Stump** to serve as my Attorney-in-Fact. The address and telephone number for **John J. Stump** are as follows:

John J. Stump: Address: 2572 Bell Creek Drive, Davidsonville, MD 21035
Telephone: (cell) (301) 254-7576

Section 1.02 Successor Attorney-in-Fact

If **John J. Stump** is unable or unwilling to serve as my Attorney-in-Fact, I appoint **Linda M. Treese** to serve as my successor Attorney-in-Fact. The address and telephone number of **Linda M. Treese** are as follows:

Linda M. Treese: Address: 2572 Bell Creek Drive, Davidsonville, MD 21035
Telephone: (cell) (301) 254-1727

Board of Zoning Adjustment
District of Columbia
CASE NO. 21553
EXHIBIT NO. 14

I, **John R. Klein, II**, being of sound mind and body and mentally, emotionally and legally competent to make this General Durable Power of Attorney, knowingly and willingly and without being coerced to do so, execute this General Durable Power of Attorney with an understanding of its full import. Dated: January 3, 2017

John R. Klein, II, Principal

Witness Attestation

The foregoing durable power of attorney was, on the day and year written above, published and declared by **John R. Klein, II**, in our presence to be his power of attorney. We, in his presence and at his request, and in the presence of each other, have attested to the same and have signed our names as attesting witnesses.

We declare that at the time of our attestation of this instrument, **John R. Klein, II** was, according to our best knowledge and belief, of sound mind and memory and under no undue duress or constraint.

[Witnesses: Please sign & print your full names, addresses & phone numbers below your signatures.]

Gloria J. Morris
Gloria J. Morris
3255 Richmond Rd. Warrow VA 22572
Pay. 333-5590 (work)

Billie S Bryant
Billie S Bryant
5287 Canal Rd Farnham VA 22460
804 333-3555 (work)

STATE OF VIRGINIA)
) ss.
COUNTY OF Richmond)

On this day, January 3, 2017, before me personally appeared **John R. Klein, II**, as Grantor and as Trustee, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual whose name is subscribed in the foregoing advanced medical directive, and acknowledged that he executed the same as his voluntary act and deed for the purposes therein contained.

Witness my hand and official seal.

[Seal]

Teresa Sydnor Hall
Notary Public

Commission No. 7162401
My Commission Expires 4/30/2020