

9-
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS

THAT ELIZABETH FABRIZIUS SIEGFRIED does by these presents appoint HAROLD DAVID SIEGFRIED attorney in fact, for me and in my name, and for the use and benefit to demand, sue for, collect, and receive all such sums of money, debts, dues, accounts, legacies, bequests, interests, dividends, annuities, and demands whatsoever, as are now or shall hereafter become due, owing, payable, or belonging to me, and have, use, and take all lawful ways and means in my name or otherwise for the recovery thereof by attachment, arrest, or otherwise, and to compromise and agree for the same; and to make and deliver discharges for the same for me and in my name;

To contract for, purchase, receive, and take lands, tenements, and hereditaments, and accept the seisin and possession of all lands, and all deeds and other assurances in the law therefor, and to lease, let, sell, release, convey, mortgage, convey by way of deed of trust, and hypothecate lands, tenements, and hereditaments upon such terms and conditions, and under such covenants as he shall think fit;

Also to bargain for, buy, sell, mortgage, hypothecate, and in any way and every way and manner deal in and with goods, wares, and merchandise, choses in action, and other property in possession or in action, and to do every kind of business of what nature or kind soever;

Also for me and in my name, and as my act and deed to make, sign, seal, execute, acknowledge, and deliver deeds,

242684

MICHAEL SMILEY ROWE
Attorney at Law
P. O. Box 2080 • Minden, NV 89423
(702) 782-8141

1 leases and assignments of lease, covenants, indentures,
2 agreements, mortgages, deeds of trust and reconveyance
3 thereunder, hypothecations, bottomries, charter-parties, bills
4 of lading, bills, bonds, notes, receipts, evidences of debt,
5 releases and satisfaction of mortgage, judgments, and other
6 debts, and such other instruments in writing of whatever kind
7 and nature as may be necessary, convenient, or proper in the
8 premises including assignments of accounts receivable, notices
9 of the expected assignments of such accounts, and cancellation
10 of such notices;

11 Also, in case of loss by fire, or otherwise, to adjust
12 insurance losses.

13 GIVING unto said attorney full power to perform every
14 act and thing which he may think necessary to be done in and
15 about the premises, as fully to all intents and purposes as I,
16 ELIZABETH FABRIZIUS SIEGFRIED, might or could do if personally
17 present, hereby ratifying and confirming all that said attorney
18 shall lawfully do or cause to be done by virtue of these
19 presents.

20 THAT ELIZABETH FABRIZIUS SIEGFRIED does by these
21 presents appoint HAROLD DAVID SIEGFRIED attorney in fact, for me
22 and in my name, and for the limited use and benefit of me, the
23 following Limited Power of Attorney:

24 SPECIFICALLY GIVING unto said attorney full power to
25 perform every act and thing he may think necessary to be done to
26 carry out my wishes as contained specifically in this paragraph,
27 to wit:

MICHAEL SMILEY ROWE
Attorney at Law
P. O. Box 2080 • Minden, NV 89423
(702) 782-8141

1 I hereby declare that if the time comes when I,
2 ELIZABETH FABRIZIUS SIEGFRIED, can no longer take part in the
3 decisions for my own future in a situation arising in which
4 there is no reasonable expectation of my recovery from physical
5 or mental disability, I request that HAROLD DAVID SIEGFRIED be
6 permitted to make the determination that I be allowed to die and
7 not be kept alive by artificial means or "heroic measures", to-
8 wit: I do not fear death itself as much as the indignities of
9 deterioration, dependence and hopeless pain, together with the
10 mental and physical hardships imposed upon my friends and
11 family. I therefore vest HAROLD DAVID SIEGFRIED with the
12 decision to carry out my request that medication be mercifully
13 administered to me to alleviate my suffering even though this
14 may hasten the moment of my death, which I define for the
15 purposes of my Limited Power of Attorney and my Last and Will
16 and Testament as being when, after a determination is made in
17 accordance with reasonable medical standards, it is determined
18 that I have sustained irreversible damage to, or a cessation of,
19 the functioning of my circulatory or respiratory functions, or
20 all functions of my entire brain, including my brain stem.
21 Then, and in that event, it is my desire that HAROLD DAVID
22 SIEGFRIED be vested the power and authority to determine that no
23 further medical treatment of me by any means whatsoever be given
24 to me, and that I be declared dead for the purposes of this, my
25 Limited Power of Attorney and for the purposes of my Last Will
26 and Testament. I realize the extreme and heavy responsibilities
27 placed upon my surviving family, however, it is nonetheless with

28

1 the intention of relieving my family of such responsibility and
2 placing it upon myself in accordance with my convictions that I
3 have requested that HAROLD DAVID SIEGFRIED be vested with the
4 discretions conferred by this paragraph. It is with these
5 convictions in mind that I have included a like or similar type
6 provision in my Last Will and Testament.

7 In my Last Will and Testament I have directed my Co-
8 executors make the following provisions, which for the purposes
9 of this Limited Durable Power of Attorney, I incorporate herein
10 for my attorney in the event that a decision needs to be made
11 prior to my Co-executors being appointed: I hereby direct that
12 my attorney make provisions for the burial of my remains in the
13 Mountain View Cemetery, Fremont County, Riverton, Wyoming, in
14 the plot which I have previously purchased pursuant to Contract
15 Number 2792, the gravesite being identified as Graves numbered
16 5 and 6 of Block 13, Section W-A, after a funeral, memorial or
17 graveside service is conducted, as in my attorney's discretion
18 he deems proper under the circumstances existing at the time of
19 my death. It is my request that prior to any distribution of
20 any of the assets of my estate to any of the beneficiaries named
21 herein, that the distribution of my remains be accomplished and
22 the payment for such service as is selected and the same be
23 satisfied.

24
25 / / /

26 / / /

27 / / /

MICHAEL SMILEY ROWE
Attorney at Law
P. O. Box 2080 • Minden, NV 89423
(702) 782-8141

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

IN WITNESS WHEREOF I have hereunto set my hand the
10th day of January, one thousand nine hundred and ninety-one.

SIGNED AND DELIVERED IN THE PRESENCE OF

Elizabeth Siegfried
ELIZABETH FABRIZIUS SIEGFRIED

WITNESSES:

Wendy Juillard
Address: 1401 Leonard Road
Gardnerville, NV 89410

Milani G. Watson
Address: 804 Chernus Drive
Carson City, NV 89703

SUBSCRIBED and SWORN to before me,
this 10th day of January, 1991.

Michael Smiley Rowe
NOTARY PUBLIC



MICHAEL SMILEY ROWE
Attorney at Law
P. O. Box 2080 • Minden, NV 89423
(702) 782-8141

///
///
///

REQUESTED BY
Michael Rowe
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'91 JAN 10 P2:43

5

SUZANNE DELOUREAU
RECORDER
\$ 9.00 PAID K12 DEPUTY
BOOK **191** PAGE **1237** **242684**