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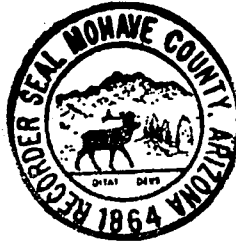
When recorded, mail to:

Name: Barbara Stuber

Address: P.O. Box 2648

Laughlin, NV 89029

City/State/Zip Code: _____



93-30169 BK 2228 PG 415
OFFICIAL RECORDS OF MOHAVE COUNTY AZ.
JOAN McCALL, MOHAVE COUNTY RECORDER
06/01/93 4:50 P.M. PAGE 1 OF 2
STUBER
RECORDING FEE 10.00

MICROFILMED

Space above this line for Recorder's use

SPECIAL POWER OF ATTORNEY

(Durable)

KNOW ALL MEN BY THESE PRESENTS:

That I (we), Lola B. Bacon - aka Lola S. Bacon, the undersigned principal(s),

whose address is 3239 Potter, Kingman, Az.

by this instrument, hereby constitute and appoint Barbara B. Stuber, whose address is

(mailing) P.O. Box 2648, Laughlin, NV, 89029

as my(our) Attorney-in-Fact to act in my(our) name, place and stead, and for my(our) use and benefit as if I(we) were personally present to transact such business and perform every act requisite and necessary to:

cash her checks and also be able to write checks on her accounts to pay payments on bills she owes.

FURTHERMORE, I(we) specifically authorize my(our) above named Attorney-in-Fact to:

- a) buy, sell, contract, receive, possess, transfer, lease, let, demise, remise, release, encumber, hypothecate or mortgage, whichever is applicable to accomplish the objectives heretofore described.
- b) sign, seal deliver or otherwise execute and/or acknowledge any and all instruments, papers or documents requisite and necessary to accomplish the objectives heretofore described.
- c) Other authority(ies) not previously mentioned includes: _____

GIVING AND GRANTING unto said Attorney-in-Fact, full power and authority to transact any business, perform every act and thing whatsoever requisite and necessary to fully accomplish the intents and purposes of this Special Power of Attorney, and therefore, I(we) hereby ratify and confirm every act that said Attorney-in-Fact shall lawfully do or cause to be done by virtue of these presents.

The validity of this Special Power of Attorney shall not be affected by my(our) subsequent disability or incapacity as recognized under the applicable State Laws, and shall continue in full force and effect during my(our) lifetime, unless sooner revoked or terminated by me(us) in writing.

IN WITNESS WHEREOF, I(we) have hereunto set my(our) hand(s) this 1st day of June, 1993

Lola B. Bacon aka Lola S. Bacon Principal
Lola B. BACON Principal

386478

OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA
#33-
3014 BK 2228 PG 416
RECORDED IN ORDER
PAGE 1 OF 2
10.00

ACKNOWLEDGMENT

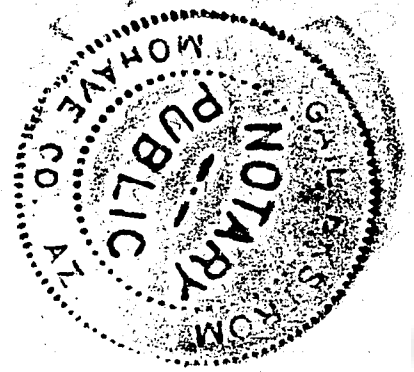
County of Mohave)
) ss.

On this 1 day of June, 1993, before me, the undersigned Notary Public, personally appeared, LOLA B. BACON AKA
LOLA S. BACON

to me known to be the individual(s) described in and who executed the foregoing instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

My Commission Expires: 3-26-94

Gail Ekstrom
Notary Public



PAGE 2 OF 2
BK 2228 PG 416 (FEE#93-30169)

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 APR 29 P3:42

386478

LINDA SLATER
RECORDER

BK0496PG5410