

RECORDING REQUESTED BY AND MAIL TO:

Ralph O. Holstein and Barbara L. Holstein
949 Ranchview Circle
Carson City, Nevada 89705

DURABLE GENERAL POWER OF ATTORNEY

with Durable Provision NRS 111.450-111.460

EFFECTIVE DATE:

PRINCIPAL

Barbara L. Holstein
949 Ranchview Circle
Carson City, Nevada 89705

ATTORNEY-IN-FACT

Ralph O. Holstein
949 Ranchview Circle
Carson City, Nevada 89705

- I. **DESIGNATION OF AGENT:** I, Barbara L. Holstein, am the Principal of this Durable General Power Of Attorney and I constitute and appoint, Ralph O. Holstein, whose address is 949 Ranchview Circle, Carson City, Nevada 89705 as my Attorney-in-Fact to act as my true and lawful attorney Principal and in my name, place and stead. If my first designee is unable to serve or declines to serve, I nominate _____, whose address is _____, as my Attorney-in-Fact to act as my true and lawful attorney Principal and in my name, place and stead.
- II. **CREATION OF DURABLE POWER OF ATTORNEY:** By this document, I intend to create a general power of attorney under the laws of the State of Nevada. Subject to the limitations in this document, this power of attorney is a durable power of attorney and shall not be affected by my subsequent incapacity.
- III. **STATEMENT OF AUTHORITY GRANTED:** Subject to any limitations in this document, I hereby grant to my agent full power and authority to act for me and in my name in any way which I myself could act, if I were personally present and able to act, with respect to the following matters as each of them is defined and construed by the laws of the State of Nevada:
- 1) Real estate transactions.
 - 2) Tangible personal property transactions.

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- 3) Bond, share, and commodity transactions.
- 4) Financial institution transactions.
- 5) Business operating transactions.
- 6) Insurance transactions.
- 7) Retirement plan transactions.
- 8) Estate transactions.
- 9) Claims and litigation.
- 10) Tax matters.
- 11) Personal relationships and affairs.
- 12) Benefits from military service.
- 13) Records, reports, and statements.
- 14) To make gifts.
- 15) Full and unqualified authority to my agent to delegate any or all of the foregoing powers to any person or persons whom my agent shall select.
- 16) All other matters.

IV. DURATION: This power of attorney shall exist for an indefinite period of time.

V. NOMINATION OF CONSERVATOR OF ESTATE: If a conservator of the estate is to be appointed for me, I nominate Ralph O. Holstein, whose address is written herein above, to serve as my conservator. In the event that he/she is unable or unwilling to serve in this capacity, then I nominate _____ to serve as my alternate conservator.

VI. REVOCATION OF POWER OF ATTORNEY: This General Power of Attorney may be revoked by the Principal giving actual written notice to anyone dealing with the attorney-in-fact or by recording a Revocation of Power of Attorney with the County Recorder of Douglas County. If this General Power of Attorney is not revoked within 6 months from its effective date by recording a Revocation, it shall be considered to be renewed and effective for an additional 6 month period, until revoked by recording a Revocation of Power of Attorney. The failure of the Principal to record this Revocation shall be construed as a renewal of the Power of Attorney.

VII. RESTRICTIONS: The Attorney-in-Fact may (1) not use the assets of Principal to pay his own legal obligations, (2) has no authority over any life insurance policies where Principal is the owner and Attorney-in-Fact is the life insured.

WARNING: THIS IS AN IMPORTANT LEGAL DOCUMENT AND MUST BE RECORDED WITH THE COUNTY RECORDER'S OFFICE PURSUANT TO NRS 111.450. TO REVOKE THIS POWER OF ATTORNEY THE REVOCATION MUST BE RECORDED IN THE COUNTY RECORDER'S OFFICE.

Before executing this document: (a) Read this document very carefully. (b) This document may provide the person you designate as your attorney-in-fact with broad powers to administer, manage, dispose, sell, transmit and convey your real and personal property and to borrow money using your property as security for the loan. (c) These powers will exist for an indefinite period of time unless you limit their duration in this document. (d) These powers will continue to exist notwithstanding your subsequent disability or incapacity. (e) You have the right to revoke or terminate this power of attorney. (f) If there is anything about this form that you do not understand, we urge you to seek competent legal advice.

DURABLE CLAUSE NRS 111.460: (YOU MUST INITIAL ONE OF THE CLAUSES STATED BELOW)

_____ "This Power of Attorney IS NOT affected by the disability of the Principal"

BLH "This Power of Attorney BECOMES EFFECTIVE upon the disability of the Principal" and remains in effect only during such time periods as I may be mentally or physically incapacitated and unable to care for my own needs or to make competent decisions as are necessary to protect my interests or conduct my affairs.

Dated: 21 APRIL 99

Barbara L. Holstein
Barbara L. Holstein

State of Nevada)
)
County of Douglas)

This instrument was acknowledged before me on 21 APRIL 99, by Barbara L. Holstein.

10 / 1 / 2001
Notary Commission Expires

Notary Public Signature
Ralph O. Holstein
Ralph O. Holstein

The Attorney-in-Fact's signature DOES NOT have to be notarized.



Norwest Bank - Trust Dep. Reno Carson~

REQUESTED BY
Ralph Holstein
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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General Durable Power of Attorney

Page 3 Initials: BLH

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LINDA SLATER
RECORDER

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