AP 19-430-10 000701922

WHEN RECORDED MAIL TO: 6000 DIABLO HILLS ROAD TRES PINOS, CA \$\( \)5075

## GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that whereas I, LEWIS A. TODD, JR., a resident of the County of San Mateo, State of California, desire to invest my wife, DOROTHY S. TODD, with full power and authority to do and transact any and all business in my behalf, to do and perform on my behalf any act relating to my residence or other real property or other property or assets now or hereafter owned by me or in which I now have an interest and otherwise to act for and on my behalf in the same manner and to the same extent that I might act personally.

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, LEWIS A. TODD, JR., appoint my wife, DOROTHY S. TODD, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF

IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL:		
	(A)	Real property transactions.
	(B)	Tangible personal property transactions.
	(C)	Stock and bond transactions.
	(D)	Commodity and option transactions.
	(E)	Banking and other financial institution transactions.
,	(F)	Business operating transactions.
	(G)	Insurance and annuity transactions.
· · · · · · · · · · · · · · · · · · ·	(H)	Estate, trust, and other beneficiary transactions.
	(I)	Claims and litigation.
	(J)	Personal and family maintenance.
	(K)	Benefits from social security, medicare, medicaid, or other
		governmental programs, or civil or military service.
	(L)	Retirement plan transactions.
	(M)	Tax matters.
LAT	(N)	ALL OF THE POWERS LISTED ABOVE.

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YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

## SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

NOW, THEREFORE, I hereby constitute and appoint DOROTHY S. TODD my true and lawful attorney with full power and authority to possess, manage, invest and reinvest, sell, exchange, encumber, pledge, hypothecate and otherwise deal with all of the property which I may now or hereafter have an interest in or own, and to do and perform any act necessary or desirable in connection with or relating to any property or business in which I have heretofore had an interest in or owned, and to make any contract or to do any act whatsoever in my name and on my behalf which I might do personally; it being my intention by the execution of this instrument to vest in DOROTHY S. TODD full power and authority to do in my name and on my behalf any and all acts or things which the laws of the State of California or any other state permit to be done by an agent.

In furtherance and not in limitation of the general powers hereinabove conferred upon DOROTHY S. TODD, I hereby specifically authorize DOROTHY S. TODD to receive, collect, endorse and deposit any and all checks, to open, maintain,

withdraw and issue checks upon, bank accounts and deposits, to sue for, collect, recover and receive all sums of money, debts, accounts, deposits, interest, dividends, rents, issues, and profits which are now or shall here after become due, owing, payable, or belonging to me, and for me, and in my name, and as my act and deed to make, sign, seal, execute, deliver and acknowledge United States, State of California or any other county tax or other returns and reports, affidavits, deeds, covenants, agreements, mortgages, deeds of trust, assignments; bonds, notes, stocks, evidences of debt, releases, receipts and other written instruments of whatever kind and nature which, in her sole discretion, considers necessary or proper and further giving to DOROTHY S. TODD full power of substitution with the further right to employ counsel in the event such action is deemed necessary or appropriate by her.

The agent is authorized to prepare and file all income and other federal and state tax returns which the principal is required to file; to sign the principal's name on tax returns prepared and filed on behalf of the principal as permitted by the Internal Revenue Code and Regulations, including forms (e.g. IRS 1040 and FTB 540) to hire preparers and advisors and pay from principal's assets for assessments and for income taxes and other taxes for the years 1992 to 2020. The agent is specifically authorized to receive confidential information; to receive checks in payment of any refund of taxes, penalties, or interest; to execute waivers (including offers of waivers) and waivers of notice of disallowance of claims for credit or assessment or collection of taxes; to execute closing agreements under Internal Revenue Code Section 7121 or any successor statute; and to delegate authority or substitute another representative concerning all the above matter.

The agent is authorized to do all things and enter into all transactions necessary to provide for the principal's personal care, to maintain the principal's customary standard of living, to provide suitable living quarters for the principal, and to hire, compensate, and discharge household, nursing, and other employees as the agent considers advisable for the principal's well being. The above shall specifically include but not be limited to the authority to pay the ongoing costs of maintenance of the principal's present residence, such as interest, taxes, and repairs; to procure and pay for clothing, transportation, recreation, travel, medicine, medical care, food, and other needs; and to make arrangements and enter into contracts on behalf of the principal with hospitals, hospices, nursing homes, convalescent homes, and similar organizations.

The agent is authorized to arrange for the care, veterinary treatment as needed, and disposition of the principal's pets.

The agent is authorized to make arrangements for the principal's spiritual and religious needs.

The agent is authorized to make advance funeral and burial arrangements in accordance with the principal's wishes, known to the agent.

The agent is authorized to purchase, maintain, and repair the principal's clothing, household furniture, furnishings, and other tangible personal effects. This includes the authority to dispose of worthless items that cannot be properly cleaned or repaired and to store items no longer needed or used by the principal while in a hospital, nursing home, or other residential facility.

Further, the agent is granted all other powers permitted under Section 4123 of the California Probate Code.

THIS POWER OF ATTORNEY SHALL NOT BE AFFECTED BY MY SUBSEQUENT INCAPACITY.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

## EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

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day of June, 2000.

LEWIS A. TODD, JR.
Social Security No.

WITNESSES:

Danison frevene

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

STATE OF CALIFORNIA)

) ss.

COUNTY OF SAN MATEO)

On this <u>5</u> day of June in the year of 2000, before me, the undersigned, a Notary Public in and for said County and State, personally appeared LEWIS A. TODD, JR. personally known to me (or proved on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Patricia Prevette, Notary Public in and for said county and state My com. expires: 12/06/2000



REQUESTED BY

STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

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LINDA SLATER
RECORDER

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