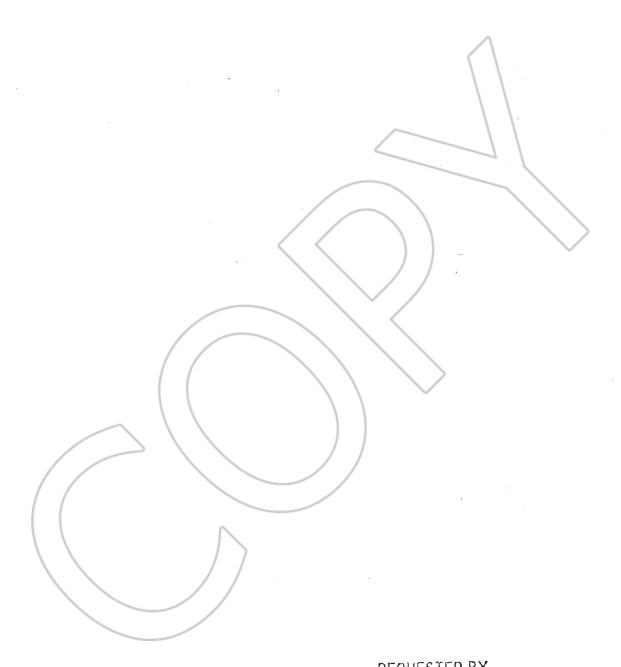
## SPECIAL POWER OF ATTORNEY

(To be prepared under the supervision of an Attorney)

THIS IS A MILITARY POWER OF ATTORNEY PREPARED AND EXECUTED PURSUANT TO TITLE 10, UNITED STATES CODE, SECTION 10446 BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS THIS POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY BY THE LAWS OF ANY STATE, COMMONWEALTH, TERRITORY, DISTRICT, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT THIS POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PRESENTED.

KNOW ALL PERSONS, that I, Kathleen	Patricia Abizaid	
a legal resident of Bridgeport	California	
of the state of th	Jackson Avenue, Fort Myer, Virginia	
desiring to execute a SPECIAL POWER OF ATTORN	EY, do hereby appoint <u>Nixon Edward Denton</u>	
	5, Bridgeport, California 93517	
my Attorney-in-Fact to act as follows, GRANTING un		
Act for me and on my behalf in any and all	matters involving the contract negotiation for, inspection, settlement and	
	eated at 1709 Latana Drive, Minden, NV 89423, with full power and authority from	
me to execute any and all things necessary	to effect the purchase, conveyance and settlement on said property from any	
person, including but not limited to: signing the sales contract, addendums to the contract, promissory notes, Deeds of		
Trust, loan applications, title, deed, or any other documents involved in the conveyance.		
· · · · · · · · · · · · · · · · · · ·	shall be transacted in my name, and all indorsements and instruments executed by my said	
attorney shall contain my name, followed by that of r	my said attorney and the designation "Attorney-in-Fact".	
	A COLOR OF THE STATE OF THE STA	
after September 2 XX 2002.	ated by me, this Special Power of Attorney shall become NULL and VOID from and	
alter <u>September 2</u> Ax 2002.		
Other:		
military status of "missing," "missing-in-action" or "pr	on date herein, if on the above specified expiration date I shall be, or have been, carried in a risoner of war," then this power of attorney shall automatically remain valid and in full effect untities Military control following termination of such status. This power of Attorney shall not be	
IN WITNESS WHEREOF, I have hereunto set my har	nd this the 24 -4 day of AUGUS7 _18 2001	
~ \ \		
	A fraticial L	
	(Grantor's Signature)	
WITNESSES:	Kathleen Patricia Abrzaid	
IVAIVE	ADDITESS	
IF ACKNOWLEDGED BEFORE A NOTARY PUBLIC:		
	)	
State of (County) (City) (Parish)		
(County) (City) (Falish)	, a Notary Public in and for the (County) (City) (Parish)	
and State aforesaid, do hereby certify that on the	day of, 19, before	
me personally appeared	who signed and executed the foregoing instrument.	
In Witness Whereof, I have hereunto set my hand ar	nd official seal this day and year above.	
	My Commission Evniros	
(Notary Public)	My Commission Expires:	
(Hotaly Fabile)	0522954	

IF ACKNOWLEDGED BEFORE A PERSON AUTHORIZED TO AC	T AS A NOTARY PURSUANT TO THIE 10 U.S.C. 1044e-	
	the undersigned, do hereby certify that on this	
A 41	ersonally appeared KATHLEEN PATRICIA ASI 2410	
who signed end executed the foregoing instrument. I do further certify that I am	At the date of this configure a common in the position of the Live 4 Co.	
Armed Forces authorized the general powers of a notary public under Title 10 U.S.	C. 1044s of the conde brooks of service and service of the United States	
that this certificate is executed in my capacity as a person authorized notary author	ity under Title 10 U.S.C. 1044a.	
SEAL	KEVIN D. HOLMES, SFC, USA	
	Notary Public By Authority of 10 USC, 1044a	
(Signatum of person authorized to administer oaths)	(Name, Grade, (if applicable), Organization, Armad Force)	
GENERAL GUIDANCE		
1. ADVICE OF COUNSEL. A power of attorney should be executed only after a	3. WITNESSES AND ACKNOWLDGEMENT. Consult state law on	
legal essistance officer has explained to the grantor the legal consequences	requirements for witnessing and acknowledging powers to convey real	
of the execution of such a document.	estate.	
and the second of the second o		
2. TERMINATION. Written powers of attorney may be terminated by	4. FEDERAL INCOME TAX RETURNS. IRS Form 2848 permits a person to	
destruction of the writing, by a written revocation, or by inclusion of a specific	designate another to represent him/her with respect to certain tex	
expiration date. All powers of attorney expire automatically upon the death of	matters if (1) the texpayer is ill or injured and thereby unable to file	
the grantor. Most powers of attorney should include a termination date so	personally, (2) the texpayer is continuously outside the United States for at	
that they will expire when their purpose has been served. Consult state law	least 60 days prior to the time the return is due, or (3) the district	
on revocation of recorded powers.	authorizes the taxpayer in writing upon a showing of good cause that an	
	agent for the texpayer is necessary.	
SUGGESTED	CLAUSES	
1. SHIPMENT OF HOUSEHOLD GOODS. Take possession, order the removel,	loan on the following described property, which (I am intending to occupy as	
and shipment of any of my household goods from or to any base, werehouse	my own home) (is to be occupied by my immediate family during my	
or other place of storage or use, governmental or private, and to execute and	absence and by me upon my return), and which I am using (my full VA	
deliver any receipt or other instrument necessary or convenient for such $\mathbb{R}_{+}$	entitlement) (the amount of \$ of my VA entitlement) to	
purposes.	(purchase) (repair) (alter) (improve), over a year term at the VA	
D. DENETAL OF SHITARI E HOLISING Processes material of quitable bousing for mo	interest rate current as of the date of closing, according to the terms of the sales contract: (insert legal & common description.)	
2. RENTAL OF SUITABLE HOUSING. Procure rental of suitable housing for me and my family (consisting of my spouse and children), in or near (base or	a le dalad data (inider e legar a derimien decad ipaorit,	
community), and to use his/her judgment and discretion as to type of		
housing and amount of rental, subject to local laws relating to the rental of	6. MEDICAL AND HOSPITAL CARE. Authorize and execute consent for any	
housing and applicable regulations of (organization and station), and to	and all medical and hospital care and treatment, including major surgery,	
obligate me as may be necessary to carry out this power of attorney.	deemed necessary by a duly licensed physician selected by my	
	Attorney-in-Fact for the health and well-being of my following named child(ren):	
3. LEASE OF REAL PROPERTY. Enter upon and take possession of the		
following described property, together with all improvements thereon: (here		
describe property); to lease the same upon terms acceptable to my Attorney-in-Fact (but in no event shell said rental be less than \$	7. SALE OF MOTOR VEHICLE. Sell, in my name, (for such price as my	
per month); to collect and deposit to my credit the income therefrom; and to	Attorney-in-Fact deems best) (for not less than \$), my	
manage and repair the structures and improvements thereon.	(describe vehicle), to transfer title thereto; and to do any acts necessary to	
	renew or cancel, in my name, the registration and/or insurance of said	
	motor vehicle.	
4. SALE OF REAL PROPERTY. Sell and convey in fee my property located at		
(street address) and being described as (legal description), for such amounts as my Attorney-in-Fact deems advisable (but for not less than	B. REGISTRATION OF MOTOR VEHICLE. Register, in my name, my (here	
s my Attorney-in-ract deems advisable tout for not less than	describe vehicle) in the state of	
5. PURCHASE OF REAL PROPERTY (VA Loan). Execute for me, in my name, as	9. SHIPMENT OF MOTOR VEHICLE. Deliver my (describe vehicle) to	
my Attorney-in-Fact, any documents, including those required by the Veterans Administration, necessary to close the	execute any documents necessary to accomplish same.	
प्रवच्ना वात्र Authiniau वचना, गण्डवन्त्रना रूप दाण्डव पाष	oncodes any decements necessary as accomplian admir.	



REQUESTED BY

STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF DOUGLAS CO. HEVADA

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RECORDER

S 9 PAID DEPUTY