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RECORDING REQUESTED BY AND MAIL TO:
Letha J. Norfleet
1636 Olua #3
Minden, Nevada 89423

DURABLE GENERAL POWER OF ATTORNEY
with Durable Provision NRS 111.450-111.460

EFFECTIVE DATE:

PRINCIPAL

Letha J. Norfleet
1636 Olua #3
Minden, Nevada 89423

ATTORNEY-IN-FACT

Susan Crandall

I. **Designation of Agent.** I, Letha J. Norfleet, am the Principal of this Durable General Power of Attorney and I constitute and appoint Susan Crandall, 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 Joseph P. Crandall, 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. For purpose of establishing incapacity, whenever two licensed, practicing medical doctors who are not related to me or to any beneficiary of heir a law by blood or marriage certify, in writing, that I am unable to manage my financial affairs because of mental or physical infirmity and the certificates are personally served upon me, then the agents named herein shall assume all powers granted in the Power of Attorney.

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.
3. Stock and bond transactions.
4. Commodity and option transactions.

General Power of Attorney
Of Letha J. Norfleet

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5. Banking and other financial institution transactions.
6. Business operating transactions.
7. Insurance and annuity transactions.
8. Estate, Trust and other beneficiary transactions.
9. Claims and litigation.
10. Tax matters.
11. Personal and family maintenance.
12. Benefits from society security, Medicare, Medicaid, or other governmental programs or military service.
13. Retirement plan transactions.
14. Records, reports, and statements.
15. To make gifts, including gifts by the Attorney-in-Fact to the Attorney-in-Fact .
16. 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.
17. 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 Susan Crandall, to serve as my Conservator. In the event that Susan Crandall is unable or unwilling to serve in this capacity, then I nominate Joseph P. Crandall 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 not authority over any life insurance policies where Principal is the owner and Attorney-in-Fact is the life insured, (3) may not contravene Principal's Durable Power of Attorney for Health Care.

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"

Jan "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: January 16, 2003

Letha J. Norfleet
Letha J. Norfleet

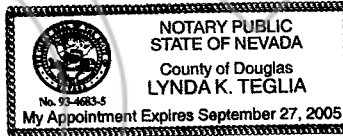
ACKNOWLEDGMENT

STATE OF NEVADA)
) Ss.
COUNTY OF DOUGLAS)

On, Jan 16, 2003 before me Lynda K Teglia, personally appeared Letha J. Norfleet, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Lynda K Teglia
Notary Public



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

Susan Crandall

General Power of Attorney
Of Letha J. Norfleet

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Declaration of Living Will
of
Letha J. Norfleet

(NRS 449.535 to 449.690 Nevada Uniform Act on Rights of the Terminally Ill)

Should I, Letha J. Norfleet, have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, then I appoint, Susan Crandall, or if he/she is not reasonably available or is unwilling to serve, then I appoint Joseph P. Crandall as an alternate, to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary for any comfort or to alleviate pain (NRS 449.535 to 440.690, inclusive).

Declaration of Intent. I realize that when I am conscious and functioning normally with my mental faculties that I have a legal right to accept or reject medical treatment offered to me by doctors, hospital or other medical instrumentalities. It is my intent with this Living Will to express my commitment and to designate persons who are legally empowered to act for me when I am unconscious or mentally incapacitated with full authority from me to make medical decisions for me to accept or reject medical treatment. I rely on the common law and desire that this Living Will be enforced even if I am in a state which has not adopted specific statutes related to the enforcement of Living Wills.

Purpose. The purpose of this Living Will is to prevent my remaining assets from being used to unnecessarily prolong my life, or a permanent vegetative state (irreversible coma), so that they may be used instead to benefit my spouse and children, if any, and other heirs and devisees who benefit from my worldly estate. Also, I desire to avoid the heartache to my loved ones of an extended illness and to avoid additional pain and suffering to myself through whatever senses remain. In the unlikely event that this instrument may not be legally binding in the jurisdiction where I may be terminally ill, then you who care for me will, I hope, feel morally bound to follow its mandate. It is my decision, not yours, and it is made after careful consideration.

Protection for Person Designated and Those Assisting. As further evidence of my convictions as expressed in this Living Will, I direct that the assets of my estate and my insurance be used to hold harmless from my liability the person designated, any doctor, hospital or other medical instrumentality that assists in carrying out (1) my instructions expressed in this Living Will and (2) the decision and instructions of the person designated by me to carry out my instructions. My estate and my insurance shall also be committed to pay any attorneys' fees, court costs or any other expenses associated with court proceedings to carry out my instructions expressed in this Living Will and the decisions of the person I have designated to carry out these wishes and to defend anyone who assists in carrying out these instruments. All doctors, medical personnel, hospitals and other medical instrumentalities shall not be liable for any act complying with this Living Will, its good faith, except acts of gross negligence or willful misconduct.

YOU MUST INITIAL STATEMENT #1 OR #2

Living Will
Of Letha J. Norfleet

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Statement #1: If you wish this statement, you **MUST INITIAL** the box provided. If this box is not initialed it is understood that it is automatically revoked.

JJN If the person or persons I have so appointed are not reasonably available or are unwilling to serve, I direct my attending physician, pursuant to those sections, **TO WITHHOLD OR WITHDRAW** treatment that only prolongs the process of dying and is not necessary for my comfort or to alleviate pain.

Statement #2: If you wish this statement, you **MUST INITIAL** the box provided. If this box is not initialed it is understood that it is automatically revoked.

[] I direct my attending physician **NOT TO WITHHOLD OR WITHDRAW** artificial nutrition and hydration by way of the gastro-intestinal tract if such a withholding or withdrawal would result in my death by starvation or dehydration.

SIGNED this _____

Letha J. Norfleet
Letha J. Norfleet
1636 Olua #3
Minden, Nevada 89423

The Declarant voluntarily signed this writing in my presence this _____ day of _____

Frances L. Sanchez
FRANCES L. SANCHEZ
1941 Palomino Ln, Gardnerville
NV. 89410
Witness Signature
Witness Name (Printed)
Witness Address

Dorothy J. Swigover
Dorothy J. Swigover
358 Canyon Creek Ct, Gardnerville NV
Witness Signature
Witness Name (Printed)
Witness Address

REQUESTED BY
Jean Norfleet
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 JAN 30 PM 2:23

WERNER CHRISTEN
RECORDER

Initials *LN*

Living Will
Of Letha J. Norfleet

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\$ 18.00 PAID *LN* DEPUTY

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