

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

Assessor's Parcel Number: 1022-16-002-055

2003 DEC 18 AM 11:34

Recording Requested By:

WERNER CHRISTEN
RECORDER

Name: Western Title Co.

\$15⁰⁰ PAID KJ DEPUTY

Address: 1626 Hwy 395

City/State/Zip Minden, NV 89423

R.P.T.T.: Ø

Power of Attorney
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C:\bc docs\Cover page for recording

0599850

BK 1203 PG 081-17

POWER OF ATTORNEY

CORRECTION AGREEMENT

Granted for a Refinance of the property whose address is 3775 Andesite Road Wellington, NV 89444, hereinafter the "Transaction", occurring on or about 09/23/03.

I/We ("Undersigned"), hereby make(s) and appoint(s) and by this Power of Attorney do (es) make, constitute and appoint either Ronna Tate, Debra Schmidt and/or Kim Crofoot as a representative of LSI/Chicago Title Company/Fidelity National Financial Inc., ("Title Insurer"), the true and lawful attorney-in-fact for Undersigned, and in Undersigned's name to complete, execute, sign our names, place our initials on "Closing Documents" related to the above referenced Transaction, and to execute, by the initialization and signature (as required) of any one of the following authorized Title Insurer employee or agents, John Trent, Gayle Trent, _____, and _____ for the purpose of completing the Closing Documents in the above referenced transaction. No change of amount, interest or due date will be permitted under this authorization.

Closing Documents includes but is not limited to: Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including documents necessary or requested as part of this transaction by Title Insurer, Lender or the other parties to the transaction, including but not limited to governmental and taxing authorities. In addition, in the event of clerical error or mistakes, including but not limited to omissions, spelling, grammatical, typographical and scrivener errors, then in such event Undersigned, hereby gives its consent and grants authority to Title Insurer to correct any omission, misstatement or inaccuracy and execute any new or corrected or completed documents as may be deemed necessary to remedy any omission, inaccuracy or misstatement. This Power of Attorney is effective unless revoked by Undersigned upon 30 days prior written notice. Further giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. In Witness Whereof, intending to be bound, I have hereto set my hand and seal this 23 day of September, 2003.

John Trent
Name: John Trent

Name: _____

Gayle Trent
Name: Gayle Trent

Name: _____

Witnesses as Required: _____

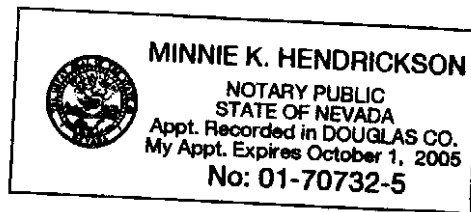
Printed name of Witness _____

STATE OF Nevada
COUNTY OF Douglas

BEFORE ME, a Notary Public, on this day personally appeared John Trent and Gayle Trent, known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument, and known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

Given under my hand and seal of office this 23rd day of September, 2003

Minnie K. Hendrickson
Notary Public Printed name/seal/imprint



0599850

BK1203PG08118