

APN: \_\_\_\_\_

Recording requested by and mail documents and tax statements to: Jesse McGuire

✓ Name: 85 N. Edison #1

Address: \_\_\_\_\_

City/State/Zip: Reno, NV 89502

POA107

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REQUESTED BY

Jesse McGuire

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

2004 JUN 30 PM 2:59

WERNER CHRISTEN  
RECORDER

\$ 15.00 PAID DM DEPUTY

## DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I/we, (grantor's name) Sandra Killen Sandra Killen  
 the undersigned Grantor(s), of (complete address) 622 Kathy Court, Gardnerville, Nevada 89410  
 do hereby appoint and grant a durable power of attorney to (appointee's name) Jesse Carl McGuire "son"  
85 N. Edison #1, Reno Nevada 89502 - Jesse McGuire  
 of (complete address) 85 N. Edison #1 Reno Nevada 89502  
 as my attorney in fact.

Sign & print names

Granting to my appointed attorney-in-fact full power and authority to do and undertake all acts on my behalf that I/we could do personally including but not limited to the right to sell, deed, buy trade, mortgage, assign rent or dispose of any real personal property; the right to execute, accept, undertake and perform all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts or safe deposit box; the right to borrow, collect, lend invest or reinvest funds; the right to initiate, defend, commence or settle legal actions on my behalf; the right to vote (in person or by proxy) any shares or beneficial interest in any entity, and the right to retain any accountant, attorney or other advisor deemed necessary to protect my interests relative to any foregoing unlimited power. My/our attorney-in-fact shall have full power to execute, deliver and accept all documents and undertake all acts consistent with the foregoing.

This power of attorney shall become effective upon and remain in effect only during such time periods as I may be mentally or physically incapacitated and unable to care for my/our own needs or make competent decisions as are necessary to protect my interests or conduct my/our affairs.

My/our attorney-in-fact hereby accepts his appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as he in his best discretion deems advisable, and I/we affirm and ratify all acts so undertaken.

This power of attorney may be revoked by me/us at any time, and shall automatically be revoked upon m/our death, provided any person relying on this power of attorney shall have full rights to accept the authority of my attorney of my/our attorney-in-fact until in receipt of actual notice of revocation.

I hereby agree to accept the appointment as attorney-in-fact, pursuant to the foregoing Power of Attorney.

Sign JK

Jesse McGuire  
Attorney-in-Fact Signature

In Witness Whereof, I/We have hereunto set my hand/our hands this 29 day of June, 2004

Sign → Sandra Killen  
Grantor's Signature

\_\_\_\_\_  
Grantor's Signature

Sandra Killen  
Print or type name here

\_\_\_\_\_  
Print or type name here

STATE OF NEVADA )  
COUNTY OF DOUGLAS )  
On this 29 day of June, 20 04, personally appeared before me, a  
Notary Public \_\_\_\_\_  
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who  
acknowledged that she executed this instrument. Witness my hand and official seal.

Sharon Ricker  
Notary Public



My commission expires: 04.04.05

Consult an attorney if you doubt this forms fitness for your purpose.