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Assessor's Parcel Number: _____

Recording Requested By:

✓ Name: WALTER SPAELTI

Address: 1792 CANTERBURY DR

City/State/Zip MILFORD, NV 89473

Real Property Transfer Tax: _____

REQUESTED BY
Walter Spaelti
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JUL -7 PM 2:57

WERNER CHRISTEN
RECORDER

\$ 19.00 PAID OF DEPUTY

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

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**GENERAL DURABLE POWER OF ATTORNEY
including Health Care**

1. DESIGNATION OF AGENT.

I, WALTER J. SPAELTI, do hereby designate and appoint:

Name: EILEEN Marie Brooks

Telephone Number: 775-782-9148

Address: 1611 Olua St.
Minden, NV 89423

as my attorney-in-fact to make financial and medical decisions for me and in my name, place and stead and for my use and benefit and to exercise the powers as authorized in this document. This power of attorney shall not be affected by my subsequent disability or incapacity.

2. SPRINGING POWER.

It is my intention and direction that my designated attorney-in-fact and any person or entity that my designated attorney-in-fact may transact business with on my behalf, may rely on a written medical opinion issued by a licensed medical doctor stating that I am disabled or incapacitated, and incapable of managing my affairs, and that said medical opinion shall establish whether or not I am under a disability for the purpose of establishing the authority of my designed attorney-in-fact to act in accordance with this General Durable Power of Attorney.

3. GENERAL STATEMENT OF AUTHORITY GRANTED.

I hereby grant to the attorney-in-fact named above the following powers to be used for my benefit and on my behalf:

a. **HEALTH CARE.** To make health care decisions for me, before or after my death, including, but not limited to: consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition, including placement in a long term care facility if necessary; to request, review and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records; to execute on my behalf any releases or other documents that may be required to obtain medical care and/or medical and hospital records; and subject only to the limitations and special provisions, if any, set forth below.

b. **MONEY ACCOUNTS.** To deposit into or withdraw funds from any checking, savings, other accounts or deposits I may have in any bank or other financial institution; to open further accounts; to endorse checks payable on such accounts in order to pay bills and settle debts; to negotiate, endorse or transfer any instrument affecting any such accounts.

c. **TANGIBLE PERSONAL PROPERTY.** To manage tangible personal property, including but not limited to moving storing, selling, donating, or otherwise disposing of said property.

d. **MONEY MANAGEMENT.** To demand, sue for, collect, and receive all moneys, debts, legacies, bequests, interests, dividends, annuities, and demands as are now or shall hereafter become due and payable to or belonging to me; to take all lawful means for the recovery thereof, to compromise the same, and to give discharges for the same.

e. **REAL PROPERTY.** To buy, sell, convey, lease or exchange, or make contracts of every kind relative to any real property, any interest therein or the possession thereof which I may own; to collect rents from and disburse funds for repair and maintenance of said real property; to take possession and exercise control over the use of said real property.

f. **SAFE DEPOSIT BOXES.** To enter, establish, maintain, or close any safe deposit box(es) held in my name, either alone or with another; and in doing so to sign my name and to act for my benefit. My attorney-in-fact may add to and remove all or any contents from my safe-deposit box(es).

g. **GOVERNMENT BENEFITS.** To apply for and to take all necessary steps to obtain and maintain my eligibility for any and all public benefits and entitlement programs, including but not limited to, Social Security, Supplemental Security Income, Medicare, Medicaid and in home support services.

h. **TAXES.** To file or complete tax returns for me including, but not limited to, returns for the years 1990 to 2050; to sign tax forms necessary for the filing of said tax returns including, but not limited, to forms 1040, 709 and 2848.

i. **BURIAL.** To arrange for my burial or cremation; to execute any documents necessary for my burial or cremation; and to purchase or sell any burial plot in my name.

I give and grant to my above-designated attorney-in-fact full power and authority to do all and every act and thing whatsoever requisite and necessary to be done relative to any of the foregoing as fully to all intents and purposes as I might or could do if personally present; and to conduct, engage in and transact any and all lawful business of whatever nature or kind for my benefit and in my name.

This Article is to be construed and interpreted as a general power of attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the

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general powers herein granted to said attorney in fact, EXCEPT as may be specifically limited in Paragraph 4 hereafter.

4. SPECIAL PROVISIONS AND LIMITATIONS.

In exercising the authority under this General Durable Power of Attorney, the authority of my attorney-in-fact is subject to the following special provisions and limitations:

- NGF* 1. If I am in a coma which my doctors have reasonably concluded is irreversible or if I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments not be used. My medical chart should be marked as "No Code" or "Do Not Resuscitate."
- NGF* 2. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastro-intestinal tract after all other treatment is withheld.
- NGF* 3. I direct my attending physician to mercifully administer such medication to me as will alleviate any suffering I might experience regardless of whether such medication is highly addictive or may shorten my remaining life.
- NGF* 4. I do not desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My attorney-in-fact is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life.
- NGF* 5. If I am in a nursing home or long term care facility with no chance of recovery or returning to my home, I direct that all resuscitative and preventive care be discontinued.
- NGF* 6. My attorney-in-fact shall have the sole authority to sign for my cremation or burial in accordance with my wishes and any contract or prearrangement I have made with a funeral company.

For the purposes of this document and to aid my attorney-in-fact in making health care decisions for me, "Incurable or Terminal Condition or Illness" is defined as a medical condition or illness which cannot be cured or modified by any known current medical therapies or treatments as determined by two attending physicians, one of whom should be my primary care physician.

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5. OTHER POWERS OF ATTORNEY.

This General Durable Power of Attorney is intended to, and does, revoke any prior Durable Power of Attorney I have previously executed, for Financial or for Health Care Decisions.

6. WAIVER.

I hereby waive any conflict of interest which may arise because my attorney-in-fact may be a beneficiary of my estate either by will, trust, intestate succession or otherwise.

7. DESIGNATION OF ALTERNATE ATTORNEY-IN-FACT.

If the personal designated in Paragraph 1 as my attorney-in-fact dies or resigns as my attorney-in-fact in writing, or is unable or unwilling to make financial decisions for me, then I designate the following person(s) to serve as my attorney-in-fact with the same powers as authorized in this document, said persons to serve in the order listed below.

Name: Laurel Ann Midura

Telephone Number: 757-431-1727

Address: 3641 Sea Gull Road
Virginia Beach, VA 23452

Name: James Frederick Spaelti

Telephone Number: 415-587-2888

Address: 780 Dartmouth St.
San Francisco, CA 94134

8. NOMINATION OF GUARDIAN.

If, after execution of this General Durable Power of Attorney, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my attorney-in-fact herein named, in the order named.

9. THIRD PARTY PROTECTION.

Third parties may rely upon the representations of my agent as to all matters

relating to any power granted to my agent, and no person or agency, who relies upon the representation of my agent or the authority granted by my agent, shall incur any liability to me or my estate as a result of permitting my agent to exercise any power.

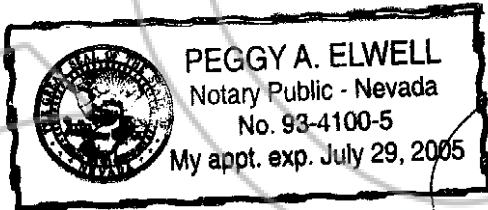
10. RELEASE OF INFORMATION

I agree to, authorize and allow full release of information by any government agency, medical provider, business, creditor, or third party who may have information pertaining to my health, assets, income or care, to my attorney-in-fact named herein.

I sign my name to this General Durable Power of Attorney on this 7 day of July, 2004, in Gardnerville, State of Nevada.

Walter J. Spaech

On this 7 day of July, 2004, before the undersigned, a Notary Public, personally appeared Walter J. Spaech, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.



Peggy A. Elwell
Notary Public

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