Assessor's Parcel Number: _____

Recording Requested By:

Name: Sandra Marie Killen

Address: 622 Kathy Ct.

City/State/Zip: Gardnerville, NV. 89460

Real Property Transfer Tax: _____

Revocation of 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

REVOCATION OF POWER OF ATTORNEY

TO WHOM IT MAY CONCERN: on this **04** day of **February**, 20 **05**,
I, **Sandra Marie Killen**, the undersigned Grantor(s),
a resident of **Douglas 622 Kathy Ct. Gardnerville**, County of
Douglas, State of **Nevada** executed a Power of Attorney
appointing **Jesse Carl McGuire** my attorney in fact to perform certain
acts for me.

On this **30th** day of **June**, 20 **04**, said Power of Attorney was recorded in the Office of the
Recorder of **Douglas** County, State of **Nevada**, in Book
0604PG15068, Instrument Number **617579**.

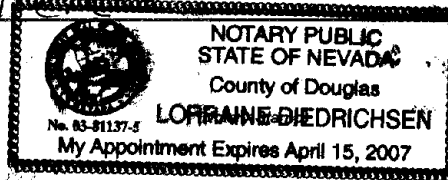**I HEREBY REVOKE SAID POWER OF ATTORNEY, AND ALL POWERS THEREIN GRANTED TO MY SAID
ATTORNEY-IN-FACT.**

IN WITNESS WHEREOF, I have hereunto set my hand this **04** day of **February**, 20 **05**

_____
Signature of Grantor

Sandra Marie Killen
Print or type name here

STATE OF **Nevada**)
)
COUNTY OF **douglas**)

This instrument was acknowledged before me on (date) **4 February 2005**

By (person(s) appearing before notary public) **Sandra Marie Killen**

_____
Notary Public
My commission expires: **April 15, 2007**

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: _____

Address: _____

City/State/Zip: _____

THIS SPACE FOR RECORDERS USE ONLY