

DOC # 0657120
10/06/2005 03:31 PM Deputy: KLJ

OFFICIAL RECORD

Requested By:
STEWART TITLE OF DOUGLAS

COUNTY
Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1005 PG- 2593 RPTT: 0.00



APN 1319-10-211-012

Recording Requested By:

Stewart Title of Douglas County

1663 US Highway 395 N., Ste. 101

Minden, NV 89423

**WHEN RECORDED MAIL TO:
PATRICK K. ELLIOTT
P. O. BOX 472
GENOA, NV 89411**

GENERAL 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.

GENERAL POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, Patrick K. Elliott, residing at 275 Old Barn Road Genoa, NV 89411, hereby appoint Donna M. Elliott of 275 Old Barn Road Genoa, NV 89411 as my Attorney-in-Fact ("Agent").

If my Agent is unable to serve for any reason, I designate Donna Marie Elliott of Douglas County, _____ as my successor Agent.

I hereby revoke any and all general powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
 - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
 - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
 - c. Have access to any safe deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.
4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated 05/30, 2005 at 9:00am

Patrick K. Elliott

Patrick K. Elliott

YOUR PRINTED FULL LEGAL NAME:

Patrick K. Elliott

WITNESS' SIGNATURE:

Holly M. Corgan

WITNESS' PRINTED FULL LEGAL NAME:

HOLLY MARLENE CORGAN

WITNESS' SIGNATURE:

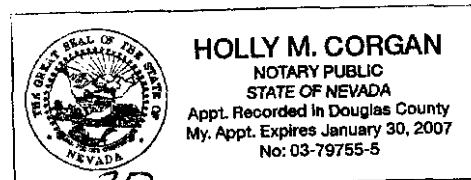
mark corgan

WITNESS' PRINTED FULL LEGAL NAME:

MARK CORGAN

Acknowledgement:

STATE OF Nevada
COUNTY OF Douglas



The foregoing instrument was acknowledged before me this 30 day of May, 2005 by Holly Corgan Patrick K. Elliott, who is personally known to me or who has produced 1601066451 Drivers License as identification.