DOC # 0659119 10/27/2005 11:46 AM Deputy: PK OFFICIAL RECORD Requested By: WESTERN TITLE COMPANY INC

Douglas County - NV Werner Christen - Recorder

Fee:

41.00

BK-1005

PG-12987 RPTT: 0.00

APN: 1221-05-002-031

WHEN RECORDED MAIL

TO:

Name:

JOYLEEN DE ROUSSE

Street

1280 RON LANE

Address:

City/St/ Zip:

GARDNERVILLE, NV 89410

R.P.T.T.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

COVER SHEET

GENERAL POWER OF ATTORNEY (WITH DURABLE PROVISION)

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.

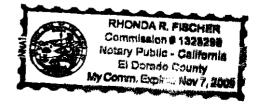
General Power of Attorney

(with Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO AL	L PERSO	NS, be it kn	own that I, Joyleen M. DEROUSSE
of 12	280	RON L	ANE GARBNERUICE, UV 8940
the un	dersigned	J Principal, d	o hereby make and grant a general power of attorney to FUECHAC NU 89410
and do	thereup	on constitute	and appoint said individual as my attorney-in-fact agent.
			, South a
If my A of	Agent is u	nable to ser	ve for any reason, I designate <u>va other</u> , as my successor Agent.
My att	orney-in-	fact/agent sl	nall act in my name, place and stead in any way which I myself could do, if I were personally present,
with re	espect to	the following	g matters, to the extent that I am permitted by law to act through an agent:
(NOTI	CE : The F	Principal mus	it write his or her initials in the corresponding blank space of a box below with respect to each of the
subdiv	isions (A)	through (N)	below for which the Principal wants to give the agent authority. If the blank space within a box for
any pa	irticular s	ubdivision is	NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision.
Cross (out each	power withf	eid,)
Held	eK	(A)	Real estate transactions
7]	(B)	Tangible personal property transactions
[]	(C)	Bond, share and commodity transactions
-	$\neg \mathbb{I} \setminus$	(D)	Banking transactions
Ī	1	(E) \	Business operating transactions
]	(F)	Insurance transactions
1]	(G)	Gifts to charities and individuals other than Attorney-in-Fact/Agent
			(If trust distributions are involved or tax consequences are anticipated, consult an attorney.)
{]	(H)	Claims and litigation
[]	(1)	Personal relationships and affairs
[}	(J)	Benefits from military service
V[]	(K)	Records, reports and statements -
Î\	1	(L)	Full and unqualified authority to my attorney-in-fact/agent to delegate any or all of the foregoing powers to any person or persons whom my attorney-in-fact/agent shall select
	The state of the s	(M)	Access to safe deposit box(es)
[(N)	All other matters

Durab	ole Provis	ion:						
[]	(O)	If the blank space attorney shall no Grantor.	ce in the block to tot be affected b	to the left is ini by the subseque	tialed by the Pri ent disability or i	ncipal, this pov ncompetence o	ver of of the
Other	Terms: _							
								
	-							
capaci			nt hereby accepts thi my best interests as					
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Signed	d under sea	l this _	2016	day of 🔘	TOBER	20 <u>0</u> -	2.	
Signed	l in the pre	sence c	ıf:		101	/ /		-
Witnes					Attorney	Leen M en Croud h-Fact/Agent	Delo	usso
State o	of <u>CE</u> y of <u>EL</u>	al if	grne Solo)			1 .	
me (or and ac	knowledge	me on	the basis of satisface that he/sha/they eon, or the entity upo	tory evidence) to xecuted the same	be the person when in his/her author	ized capacity, and	, persona ribed to the with that by his he si	
		•	official seal.					
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Signat	ure: _ _	yw!		NIE!	1	Affiant	Known	Produced ID (Seal)



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