

APN 1022-15-001-048  
Escrow No. 155602-CT

Recording Requested by:  
**Commonwealth Land Title Insurance Company**  
2200 Paseo Verde Parkway  
Suite 190  
Henderson, NV 89052

When Recorded Return to:  
**Commonwealth Land Title Insurance Company**  
2200 Paseo Verde Parkway  
Suite 190  
Henderson, NV 89052

DOC # 0689771  
11/30/2006 03:43 PM Deputy: GB

**OFFICIAL RECORD**  
Requested By:

FIRST CENTENNIAL TITLE CO OF  
NV

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 4 Fee: 42.00  
BK-1106 PG-10780 RPTT: 0.00



SPACE ABOVE FOR RECORDERS USE

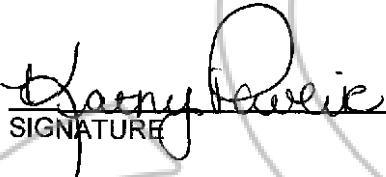
**SPECIAL  
SPECIAL POWER OF ATTORNEY**  
(Title of Document)

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: (state specific law).

  
SIGNATURE

Chief Title Officer for First Centennial Title  
TITLE

Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black Ink.**

(Additional recording fee applies)

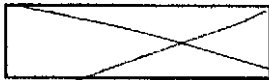
SPACE BELOW FOR RECORDER

# SPECIAL POWER OF ATTORNEY

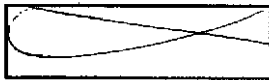
PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS: That I, Kathryn Marie Shipko, Social Security Number 1225, currently residing at CAMP FALLUJAH, IRAQ (address), do hereby appoint Cacy Shipko as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following matters that have been signed by me:

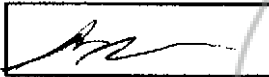
TO GRANT ONE OR MORE OF THE FOLLOWING POWERS:  
SIGN THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.  
TO WITHHOLD A POWER, DO NOT SIGN THE LINE IN FRONT OF IT.  
YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.



A. TO TAKE POSSESSION OF MY HOUSEHOLD GOODS AND SHIP THEM TO A DIFFERENT LOCATION: To take possession and order the removal and shipment of my household goods, personal baggage, or other personal property and cause it to be shipped to any warehouse, depot, dock, or other place of storage or safekeeping, government or private, directed by orders of appropriate U.S. Government transportation officials, and to execute and deliver all necessary forms, papers, certificates and receipts to carry out the foregoing.



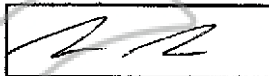
B. TO ACCEPT DELIVERY OF MY HOUSEHOLD GOODS: To accept delivery of, receipt for, and/or clear through customs, my household goods and/or unaccompanied baggage, and to sign any and all documents, release, voucher, receipt, shipping ticket or other instrument necessary or convenient for such purpose.



C. TO ACCEPT MILITARY QUARTERS ON MY BEHALF: To accept military quarters assigned to me or my family members at any military installation; to sign for me and take possession of such quarters in my name; and sign for and take possession of any furniture, appliances, and equipment that may be authorized for use in or with such quarters as I may be assigned; to execute all necessary documents, instruments or papers and perform all acts necessary to carry out the foregoing.



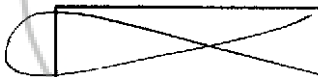
D. TO TERMINATE MILITARY QUARTERS ON MY BEHALF: To effect the termination of U.S. Government quarters assigned to me or my family members, to procure or return any and all U.S. government property used in or for such quarters; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such quarters.



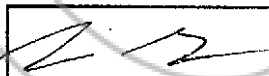
E. TO PREPARE AND FILE MY FEDERAL AND STATE INCOME TAXES: To prepare, execute, sign and file my Federal and State tax returns for the State(s) of Texas for the tax year 2006.



F. TO PERFORM BANKING TRANSACTIONS ON MY BEHALF: To draft checks and other negotiable instruments in my name and to otherwise withdraw from and/or deposit into my account number(s) USAA with USAA (name of bank or financial institution); to endorse, cash and receive the proceeds of any check or other negotiable instrument, which is, made payable to me.



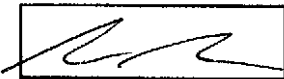
G. TO HANDLE ANY LAWSUIT OR OTHER LEGAL ACTION THAT I MAY HAVE AN INTEREST IN: To institute and prosecute, or to appear and defend, any claims or litigation involving me or my interest; to demand, act to recover, and receive all sums of money and all other things which are now or will become owing or belonging to me as a result of such claims; and to institute accounts on my behalf, and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of powers granted herein.



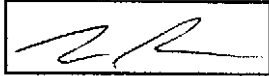
H. TO SELL MY REAL ESTATE ON MY BEHALF: To bargain, sell, assign, and convey, using the standard of a reasonable seller under no compulsion to sell and engaging in an arms-length bargaining transaction, to any person of my attorney's choice, all my right, title and interest in my property at \_\_\_\_\_ (address of property), and to convey by deed or general warranty with the customary covenants; to receive on my behalf payment of the purchase money for the real property described above in any manner that my attorney shall deem wise; to transmit these moneys to me, and to sign, seal, execute and deliver any and all deeds, contracts, or other documents necessary to carry out the foregoing.



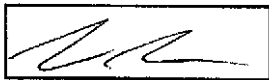
# SPECIAL POWER OF ATTORNEY



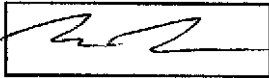
I. **TO PURCHASE REAL ESTATE IN MY NAME:** To purchase in my name and for my use any real property in the City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_ and for that purpose to make, indorse, accept, receive, sign, seal, execute, acknowledge, and deliver any application forms, documents, instruments, or paper necessary or convenient to enter into both a contract and mortgage or deed of trust upon said real estate for such price, at such rate of interest, and upon such terms as my agent shall deem best.



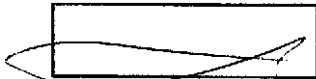
J. **TO USE, OPERATE, AND REGISTER MY MOTOR VEHICLE(S):** To use, operate, insure, title, license, and register, in my name, with any state or governmental agency any and all vehicles of which I am or may become the registered or legal owner.



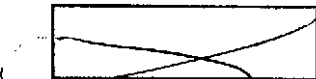
K. **TO SELL MY MOTOR VEHICLE:** To sell my motor vehicle upon such terms, considerations and conditions as my agent shall think proper. Further, to execute and deliver to the proper persons and authority all documents, instruments, and papers necessary to affect the sale and transfer of registration and license of the said vehicle. To take possession of, operate, and maintain this automobile and to execute and deliver all necessary forms, papers, statements of ownership, and receipt to carry out the foregoing.



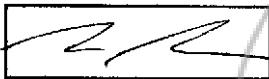
L. **TO PURCHASE MOTOR VEHICLES IN MY NAME:** To purchase motor vehicles in my name and upon such terms, considerations and conditions as my agent shall think proper. Further, to execute and deliver to the proper persons and authority all documents, instruments, and papers necessary to register and license such motor vehicles. To further execute any documents necessary to have repairs my agent deems necessary made on this automobile before I am able to take possession of the automobile. To take possession of, operate, and maintain this automobile and to execute and deliver all necessary forms, papers, statements of ownership, and receipt to carry out the foregoing.



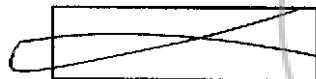
M. **TO SHIP MY VEHICLE:** To take possession of my vehicle, for the purpose of its removal and shipment from wherever it may be located, and to execute any release, voucher, receipt or any other instrument necessary or convenient for such purpose and to execute and deliver to the proper persons and authority, any and all documents, instruments and papers necessary to effect proper registration, insurance and license, in my name, of such automobile.



N. **TO TAKE POSSESSION OF MY VEHICLE AFTER SHIPMENT:** To take possession of my vehicle, after shipment and delivery to any port, warehouse, depot, dock, or other place of storage or safekeeping, government or private; to execute and deliver any release, voucher, receipt, shipping ticket, certificate or other instrument necessary or convenient for such purpose and to execute and deliver to the proper persons and authority, any and all documents, instruments and papers necessary to register, insure and license, such vehicle in my name, and to transport the vehicle to me or any location which I direct in writing.



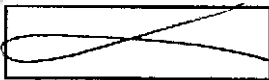
O. **TO TERMINATE MY RESIDENTIAL LEASE:** To execute any and all documents and do all other things necessary or convenient to terminate any and all leases or rental agreements in my name.



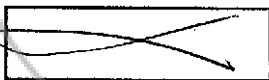
P. **TO LEASE MY HOUSE/APARTMENT TO OTHERS AND ACT AS MY LANDLORD/PROPERTY MANAGER:** To manage, control, lease, sublease, and otherwise act concerning my interest in my residential property; to collect and receive rents or income therefrom; pay taxes, charges and assessments on the same; repair, maintain, protect, preserve, alter and improve the same; commit my resources and contract on my behalf regarding the same; and to do all things necessary or expedient to be done in my agent's judgment in connection with the property.



Q. **TO ENROLL MY LAWFUL DEPENDENTS IN MILITARY BENEFITS PROGRAMS:** To enroll my lawful dependents in DEERS, TRICARE, SMILECARE, or any other benefits program to which I am or my dependents are entitled by virtue of my military affiliation. To do all things necessary, and to execute and deliver to the proper persons and authority, any and all documents, instruments, and papers necessary and expedient to carry out the foregoing.



R. **FOR MY SPOUSE TO RECEIVE NMCRS ASSISTANCE:** If my spouse is my attorney-in-fact and I am deployed, I authorize my spouse, \_\_\_\_\_ (name of spouse) to receive necessary financial assistance from the Navy-Marine Corps Relief Society (NMCRS) without my specific approval in the amount of \_\_\_\_\_ (not to exceed \$3,000). I also authorize my spouse and NMCRS to initiate an allotment in my name for repayment of the loan. I understand that assistance will be provided depending on the merits of the situation and the policies of NMCRS.



S. **MISCELLANEOUS:** To do the following on my behalf:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give and grant unto my attorney-in-fact full power and authority to do and perform each and every act and matter concerning the subject of this document as fully and effectually to all intents and purposes as I could do legally if I were present.



# SPECIAL POWER OF ATTORNEY

I hereby authorize my attorney-in-fact to indemnify and hold harmless any third party who accepts and acts under or in accordance with this power of attorney.

I hereby ratify all that my attorney-in-fact shall lawfully do or cause to be done by this document.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. All acts done by my attorney-in-fact hereunder shall have the same effect and inure to the benefit of and bind myself and my heirs as if I were competent, and not disabled, incapacitated, or incompetent.

I shall be considered disabled or incapacitated for purposes of this Power of Attorney if a physician, based on that physician's examination, certifies in writing at a date subsequent to the date which this Power of Attorney is executed, that I am disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs. I authorize the physician who so certifies, to disclose my physical or mental condition to another person for purposes of this Power of Attorney. A third party who accepts this Power of Attorney, endorsed by proper physician certification of my disability or incapacity, is held harmless and fully protected from any action taken under this Power of Attorney.

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on the 31 day of March, 2007 (expiration date).

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," or if I should be or have been properly certified, in writing, by a physician to be disabled from or incapable of exercising control over my person, property, personal affairs, or financial affairs, then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status or sixty (60) days after I have recovered from such disability unless sooner revoked or terminated by me.

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney at Camp ~~Pendleton, California~~ on 11 day of JUNE, 2006 (today's date).  
Falluja, Iraq

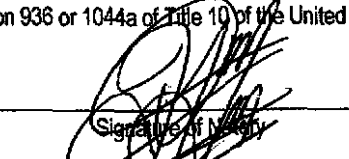
  
Signature of Grantor  
Kathryn M. Shipko

## ACKNOWLEDGEMENT

With the United States Armed Forces

On this the 11 day of June, 2006, before the undersigned officer, personally appeared Kathryn M. Shipko, satisfactorily proven to be (a) serving in or retired from the Armed Forces of the United States, or (b) a lawful dependent of a person serving in or retired from the Armed Forces of the United States, or (c) a person serving with, employed by, or accompanying the Armed Forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same. And the undersigned does further certify that he or she is at the date of this certificate an officer of the Armed Forces of the United States having the general powers of a notary public under the provisions of Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510).

AUTHORIZED TO ACT AS A NOTARY PUBLIC UNDER THE PROVISIONS OF SECTION 1044a OF TITLE 10 OF THE UNITED STATES CODE AND SECTION 1183.5 OF THE CALIFORNIA CIVIL CODE. NO SEAL REQUIRED BY LAW.

  
Signature of Notary  
Name of Officer and Position:  
Grade and Branch of Service:  
Command or Organization:

**J. A. Resendezortiz**  
Sergeant, USMC  
Joint Legal Assistance Office  
Camp Pendleton, CA 92055-5023  
My Commission Expires: 10 Jan 2009.