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DOC # 0698521
04/04/2007 02:56 PM Deputy: PK
OFFICIAL RECORD
Requested By:
KIMBERLY A MAXWELL

Recording requested by and mail to:
NAME: Kimberly Maxwell
STREET: 1301 Slate Rd
CITY/STATE/ZIP: Wellington, NV 89444
APN: _____

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 5 Fee: 18.00
BK-0407 PG- 1101 RPTT: 0.00


DURABLE 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. THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT.

IMPORTANT!: to grant ALL of the following powers, initial the line in front of paragraph number twelve (12) and ignore the lines in front of the other paragraphs/powers.

To grant one or more, but fewer than all, of the following powers, initial the line in front of each paragraph/power that you are granting.

To withhold a power, do not initial the line in front of that power/paragraph. You *should*, but are not required need not, cross out each power /paragraph withheld. **NOTE: if you are authorizing real estate transactions**, see paragraph 7 for additional requirements!

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I, Steven Maxwell, residing at 1301 Slate Rd
Wellington, NV 89444, hereby appoint Kimberly Maxwell of
my wife, 1301 Slate Rd, Wellington, NV, as my Attorney-in-Fact ("Agent")
to act for me in any lawful way **WITH RESPECT TO SUBJECTS I HAVE INITIALED BELOW.**

My Agent shall have full power and authority to act on my behalf for each power I have initialed or for all powers if I have initialed paragraph #12, below. For the powers I have initialed, such 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 below initialed powers:

JRM 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 safety deposit box that I might own, including its contents.

JRM 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.

JRM 3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.

JRM 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; to deal with and elect options under retirement plans including, but not limited to, annuities, pension plans, profit sharing plans, individual retirement accounts, rollovers, transfer and voluntary contributions of same; to apply for and maintain life insurance; to complete charitable contributions; and, to make statutory elections and disclaimers.

JRM 5. Enter into binding contracts on my behalf.

JRM 6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures or other investments.

JRM 7. Sell, convey, purchase, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber my homestead commonly known as ***(NOTE: unless Grantor desires that the Agent have the power to transfer any interest in Grantor's real property, Grantor should not initial this power AND should write on line below, "NOT GRANTED" and INITIALED BY GRANTOR. However, if Grantor wishes Agent to have authority to sell, pledge or otherwise transfer Grantor's interest in real property, then identify the property below and PLACE INITIALS, before and after the description. IN SUCH EVENT, THIS DOCUMENT MUST BE RECORDED IN THE COUNTY RECORDER'S OFFICE PURSUANT TO NRS 111.450):***

MM 8. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:

- a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.
- b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
- c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and Social Security benefits).

MM 9. Initiate, pursue, appeal and settle legal actions on my behalf and in my name against persons, federal, state, county or municipal governments or agencies thereof, health care providers, banks, financial institutions and insurers, for any and all causes of action which may accrue on my behalf to include, and not limited, to non-compliance with this and other powers of attorney, directives to physicians, or denial of insurance coverage.

MM 10. Conduct, engage in, and otherwise transact the affairs of any and lawful business ventures of whatever nature or kind that I may now or hereafter involved in.

MM 11. Hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents, servants, workmen, and others and to remove them, and to appoint other in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.

MM 12. ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL THE LINE IN FRONT OF THIS PARAGRAPH, #12.

All functions transacted by means of this power shall be transacted in my name, and all endorsements and instruments executed by my Agent shall contain my name, followed by that of my said Agent and the designation "Agent" or "Attorney-in-Fact."

The Principal hereby ratifies, acknowledges and declares valid all acts performed by the Agent in connection with the function described above prior to the effective date of this Power of Attorney.

For the purpose of inducing any medical services provider, bank, custodian, insurer, lender, governmental agency, or other party to act in accordance with the powers granted in this document, I hereby represent, warrant, and agree as follows:

- a. If this document is revoked or amended for any reason, I, my estate, my trustee, successors and assigns will hold such party or parties harmless from any loss suffered, or

liability incurred, by such party or parties in acting in accordance with this document prior to that party's receipt of written notice of any such termination or amendment.

b. The functions and powers conferred by this document may be exercised by the appointed Attorney-in-Fact alone and the appointed Attorney-in-Fact's signature or act under the authority granted in this document may be accepted by third parties as fully authorized by me and with the same force and effect as if I were personally present, competent and acting on my own behalf.

c. No person who acts in reliance upon any representation the appointed Attorney-in-Fact may make as to the scope of the appointed Attorney-in-Fact's authority granted under this document shall incur any liability to me, my estate, my heirs, successors or assigns for permitting the appointed Attorney-in-Fact to exercise any such power, nor shall any person who deals with the appointed Attorney-in-Fact be responsible to determine or ensure the proper application of funds or property.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner if I have initialed paragraph #12, above.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

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.

My Agent shall not be entitled to any compensation, during my lifetime or upon my death, 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, consisting of six (6) pages, shall become effective immediately, shall not be affected by my disability or lack of mental competence, and shall continue effective until my death; provided, however, that this Power may be revoked by me at any time by providing written notice to my Agent. As used herein, "disability" or "incapacity" shall mean that my ability to receive and evaluate information effectively or to communicate decisions, or both, is impaired to such an extent that I lack the capacity to manage my financial resources as determined by the certification of one (1) licensed physician, and shall include my inability to take actions due to involuntary detention or disappearance, as determined by affidavit of one party with knowledge

regarding the same. I hereby waive any physician-client privilege for this limited purpose and authorize disclosure or such certification by the physician to my agent for use by that person as is necessary for this Power of Attorney.

NOTE: PRIOR TO EXECUTING THIS DOCUMENT, GRANTOR SHOULD READ IT VERY CAREFULLY AS THIS DOCUMENT CONFERS VERY BROAD POWERS UPON THE PERSON WHOM YOU DESIGNATE AS YOUR ATTORNEY-IN-FACT/AGENT. FOR EXAMPLE, YOUR AGENT WILL HAVE THE POWER TO MANAGE, CONTROL, ADMINISTER, SELL, AND DISPOSE OF YOUR PERSONAL, AND POSSIBLY REAL PROPERTY (IF YOU DID NOT EXPRESSLY REVOKE POWER/PARAGRAPH 7, ABOVE), TO INCLUDE POSSIBLY USING YOUR REAL PROPERTY AS SECURITY FOR A LOAN. YOUR AGENT'S POWERS WILL EXIST FOR AN INDEFINITE PERIOD OF TIME, UNLESS YOU EXPRESSLY REVOKE THIS POWER OF ATTORNEY BY RECORDING THE REVOCATION WITH THE COUNTY RECORDER'S OFFICE. YOUR AGENT'S POWERS WILL ALSO EXIST IN SPITE OF YOUR SUBSEQUENT DISABILITY OR INCAPACITY. GRANTOR'S SIGNATURE MUST BE NOTARIZED.

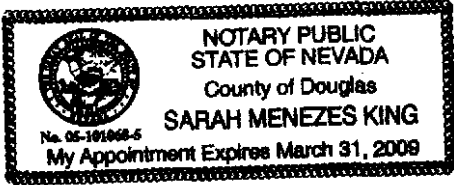
Dated April 2, 2007, at Gardenville, Nevada.

Signature: [Handwritten Signature]
Steven Robert Maxwell
(Printed Name)

STATE OF NEVADA)
COUNTY OF Douglas) ss:

On this 2 day of April, 2007, before me, the undersigned, Notary Public for the State of Nevada, personally appeared Steven Robert Maxwell known to me (or proved to me) to be the identical person named in and who executed the above Durable General Power of Attorney consisting of six (6) typewritten pages, and acknowledged that such person executed it as such person's voluntary act and deed.

[Handwritten Signature]
Notary Public for Said County and State



[Handwritten Signature]
Signature of Attorney-in-Fact/Agent (does not require notarization)

Kimberly A Maxwell
Printed Name of Attorney-in-Fact/Agent