

OFFICIAL RECORD

Requested By:
RONALD SCOTT

Assessor's Parcel Number: _____

Recording Requested By:

Name: AUDREY B. BROOKS-SCOTT

Address: P.O. BOX 1295

City/State/Zip GARDNERVILLE, NV 89410

Real Property Transfer Tax: _____

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 40.00
BK-1007 PG- 9245 RPTT: 0.00



DURABLE 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.

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, **Audrey B. Brooks-Scott**, the undersigned Grantor, of 3138 Bodie Road, Gardnerville, NV 89410 (mailing address: P.O. Box 1295, Gardnerville, NV 89410), do hereby appoint and grant a durable power of attorney to **Ronald James Scott**, of 3138 Bodie Road, Gardnerville, NV 89410 (mailing address: P.O. Box 1295, Gardnerville, NV 89410), as my attorney in fact.

Granting to my appointed attorney-in-fact full power and authority to do and undertake all acts on my behalf that I could do personally including but not limited to the right to sell, deed, buy, trade, mortgage, assign rent or dispose of any real personal property; the right to execute, accept, undertake and perform all contracts in my name; the right to deposit, endorse, or withdraw funds to or from any of my bank accounts or safe deposit box; the right to borrow, collect, lend, invest or reinvest funds; the right to initiate, defend, commence or settle legal actions on my behalf; the right to vote (in person or by proxy) any shares or beneficial interest in any entity, and the right to retain any accountant, attorney or other advisor deemed necessary to protect my interests relative to any foregoing unlimited power. My attorney-in-fact shall have full power to execute, deliver and accept all documents and undertake all acts consistent with the foregoing.

This power of attorney shall become effective upon and remain in effect only during such time periods as I may be mentally or physically incapacitated and unable to care for my own needs or make competent decisions as are necessary to protect my interests or conduct my affairs.

My attorney-in-fact hereby accepts her appointment subject to its items and agrees to act and perform in said fiduciary capacity consistent with my best interests as she in her best discretion deems advisable, and I affirm and ratify all acts so undertaken.

This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept the authority of my attorney or my attorney-in-fact until in receipt of actual notice of revocation.

I hereby agree to accept the appointment as attorney-in-fact, pursuant to the foregoing Power of Attorney.

Ronald James Scott
Attorney-in-Fact Signature

In Witness Whereof, I, Audrey B. Brooks-Scott, have hereunto set my hand this 25th day of OCTOBER, 2007.

Audrey B. Brooks-Scott
Grantor's Signature

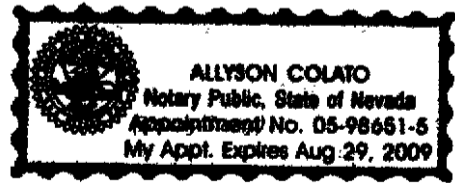
Audrey B. Brooks-Scott
Grantor's Name

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on (date) October 25, 2007

By **Audrey B. Brooks-Scott**.

Allyson Colato
Notary Public
My commission expires: August 29, 2009



RECORDING REQUEST BY AND MAIL TAX STATEMENT TO

THIS SPACE FOR RECORDERS USE ONLY

Name: Audrey B. Brooks-Scott
Address: P.O. Box 1295
City/State/Zip: Gardnerville, NV 89410