

17-

Assessor's Parcel Number: \_\_\_\_\_

Recording Requested By:

Name: Elsie J. Osterberg

Address: 860 Palisade Cir.

City/State/Zip Gardnerville, NV 89460

Real Property Transfer Tax:

DOC # 0724705  
06/09/2008 10:56 AM Deputy: SG  
**OFFICIAL RECORD**  
Requested By:  
ELSIE OSTERBERG

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0608 PG-1936 RPTT: 0.00



s n/a

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.*

RECORDING REQUESTED BY AND MAIL TO:  
Elsie J. Osterberg  
860 Palisade Circle  
Gardnerville, Nevada 89460

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**DURABLE GENERAL POWER OF ATTORNEY**  
*with Durable Provision NRS 111.450-111.460*

**EFFECTIVE DATE:**

**PRINCIPAL**

Elsie J. Osterberg  
860 Palisade Circle  
Gardnerville, Nevada 89460

**ATTORNEY-IN-FACT**

Carol J. Thompson

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I. **Designation of Agent.** I, Elsie J. Osterberg, am the Principal of this Durable General Power of Attorney and I constitute and appoint Carol J. Thompson, as my Attorney-in-Fact to act as my true and lawful attorney Principal and in my name, place and stead. If my first designee is unable to serve or declines to serve, I nominate Sheryl Harker, as my Attorney-in-Fact to act as my true and lawful attorney Principal and in my name, place and stead.

II. **Creation of Durable Power of Attorney.** By this document, I intend to create a general Power of Attorney under the laws of the State of Nevada. Subject to the limitations in this document, this Power of Attorney is a Durable Power of Attorney and shall not be affected by my subsequent incapacity. For purpose of establishing incapacity, whenever two licensed, practicing medical doctors who are not related to me or to any beneficiary of heir a law by blood or marriage certify, in writing, that I am unable to manage my financial affairs because of mental or physical infirmity and the certificates are personally served upon me, then the agents named herein shall assume all powers granted in the Power of Attorney.

III. **Statement of Authority Granted.** Subject to any limitations in this document, I hereby grant to my agent full power and authority to act for me and in my name in any way which I myself could act, if I were personally present and able to act, with respect to the following matters as each of them is defined and construed by the laws of the State of Nevada:

1. Real estate transactions.
2. Tangible personal property transactions.
3. Stock and bond transactions.
4. Commodity and option transactions.



5. Banking and other financial institution transactions.
6. Business operating transactions.
7. Insurance and annuity transactions.
8. Estate, Trust and other beneficiary transactions.
9. Claims and litigation.
10. Tax matters.
11. Personal and family maintenance.
12. Benefits from society security, Medicare, Medicaid, or other governmental programs or military service.
13. Retirement plan transactions.
14. Records, reports, and statements.
15. To make gifts, including gifts by the Attorney-in-Fact to the Attorney-in-Fact.
16. Full and unqualified authority to my agent to delegate any or all of the foregoing powers to any person or persons whom my agent shall select.
17. All other matters.

IV. **Duration.** This Power of Attorney shall exist for an indefinite period of time.

V. **Nomination of Conservator of Estate.** If a conservator of the estate is to be appointed for me, I nominate Carol J. Thompson, to serve as my Conservator. In the event that Carol J. Thompson is unable or unwilling to serve in this capacity, then I nominate Sheryl Harker to serve as my Alternate Conservator.

VI. **Revocation of Power of Attorney.** This General Power of Attorney may be revoked by the Principal giving actual written notice to anyone dealing with the Attorney-in-Fact or by recording a Revocation of Power of Attorney with the County Recorder of Douglas County. If this General Power of Attorney is not revoked within 6 months from its effective date by recording a Revocation, it shall be considered to be renewed and effective for an additional 6 month period, until revoked by recording a Revocation of Power of Attorney. The failure of the Principal to record this Revocation shall be construed as a renewal of the Power of Attorney.

VII. **Restrictions.** The Attorney-in-Fact may (1) not use the assets of Principal to pay his own legal obligations, (2) has not authority over any life insurance policies where Principal is the owner and Attorney-in-Fact is the life insured, (3) may not contravene Principal's Durable Power of Attorney for Health Care.

**Warning: This is an important legal document and must be recorded with the County Recorder's office pursuant to NRS 111.450. To revoke this Power of Attorney the Revocation must be recorded in the County Recorder's office.**

*Before executing this document; (a) Read this document very carefully. (b) This document may provide the person you designate as your Attorney-in-Fact with broad powers to administer, manage, dispose, sell, transmit and convey your real and personal property and to borrow money using your property as security for the loan. (c) These powers will exist for an indefinite period of time unless you limit their duration in this document. (d) These powers will continue to*



exist notwithstanding your subsequent disability or incapacity. (e) You have the right to revoke or terminate this Power of Attorney. (f) If there is anything about this form that you do not understand, we urge you to seek competent legal advice.

**DURABLE CLAUSE NRS 111.460: (YOU MUST INITIAL ONE OF THE CLAUSES STATED BELOW)**

\_\_\_\_ "This Power of Attorney IS NOT affected by the disability of the Principal"

EJO "This Power of Attorney **BECOMES EFFECTIVE** upon the disability of the Principal" and remains in effect only during such time periods as I may be mentally or physically incapacitated and unable to care for my own needs or to make competent decisions as are necessary to protect my interests or conduct my affairs.

Dated: EJO 6-9-08

Elsie J. Osterberg  
Elsie J. Osterberg

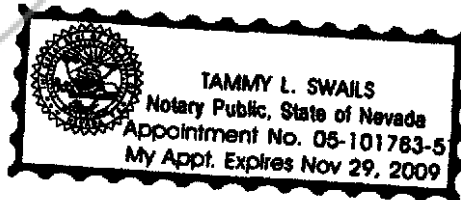
**ACKNOWLEDGMENT**

STATE OF NEVADA )  
 ) Ss.  
COUNTY OF DOUGLAS )

On June 9, 2008, before me, Tammy Swails personally appeared Elsie J. Osterberg, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it. ~~I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.~~

WITNESS my hand and official seal.

Tammy L. Swails  
Notary Public



The Attorney-in-Fact's signature **DOES NOT** have to be notarized.

Carol J. Thompson  
Carol J. Thompson

