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01/07/2010 12:41 PM Deputy: KE  
OFFICIAL RECORD  
Requested By:  
TSI TITLE & ESCROW

APN # 1318-23-610-038

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 42.00  
BK-0110 PG- 1076 RPTT: 0.00

Recording Requested by:



Name TSI Title and Escrow

( for Recorder's use only )

Address P.O. Box 7197

City/State/Zip Stardline

Nwada 89449

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 printed.



# UNIFORM STATUTORY FORM POWER OF ATTORNEY (CALIFORNIA PROBATE CODE SECTION 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (California probate code sections 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, JAMES SPENCE  
1975 Webster Palo Alto, CA 94301

Name and Address

appoint Merry Spence-Hinckley  
1975 Webster St  
Palo Alto, CA 94301

Name and Address of the Person Appointed, or of Each Person Appointed if you want to designate more than one

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:  
TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

**INITIAL**

- (A) Real Property Transactions.
- (B) Tangible Personal Property Transactions.
- (C) Stock And Bond Transactions.
- (D) Commodity And Option Transactions.
- (E) Banking And Other Financial Transactions.
- (F) Business Operating Transactions.
- (G) Insurance And Annuity Transactions.
- (H) Estate, Trust, And Other Beneficiary Transactions.

**INITIAL**

- (I) Claims And Litigation.
- (J) Personal And Family Maintenance.
- (K) Benefits From Social Security, Medicare, Medicaid, Or Other Governmental Programs. Or Civil Or Military Service
- (L) Retirement Plan Transactions.
- (M) Tax Matters.
- (N) ALL THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER OPTIONS IF YOU INITIAL OPTION (N)

**SPECIAL INSTRUCTIONS:**

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT. TWO YEARS ONLY

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED

Initial below if you do not want this Power of Attorney to continue when you become incapacitated.

This document shall be revoked by my subsequent disability.



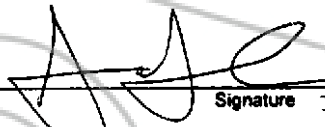
**EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED**

If I have designated more than one agent, the agents are to act \_\_\_\_\_

IF YOU APPOINT MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 12 day of MARCH, 2008

  
Signature JAMES SPENCE

State of CALIFORNIA

County of SANTA CLARA

**BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT**

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS.

On \_\_\_\_\_, before me, \_\_\_\_\_, a Notary Public, personally appeared \_\_\_\_\_

personally known to me (or proved to me on this basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature (Seal)

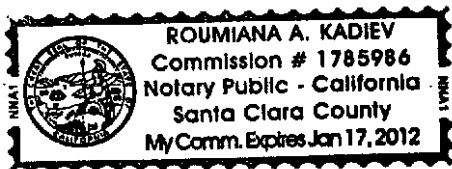
PLEASE SEE ATTACHED CURRENT CALIFORNIA FORM

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }  
County of Santa Clara }

On March 12, 2008 before me, Roumiana A. Kadiev, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared James Spence  
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Roumiana A. Kadiev  
Signature of Notary Public

Place Notary Seal Above

## OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

### Description of Attached Document

Title or Type of Document: Uniform Statutory Form Power of Attorney

Document Date: March 12, 2008 Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

RIGHT THUMBPRINT OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_