APN:1320-29-40-034

After Recording Return To:

BRENDA D. STEIN P.O. BOX 674 MINDEN, NV 89423 DOC # 759926
03/09/2010 11:24AM Deputy: DW
OFFICIAL RECORD
Requested By:
STEWART TITLE - DOUGLAS
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-310 PG-2167 RPTT: 0.00

1027048 DR

-[Space Above This Line For Recording Data]-

SPECIFIC DURABLE POWER OF ATTORNEY

NOTICE: IF YOU HAVE ANY QUESTIONS ABOUT THE POWERS YOU ARE GRANTING TO YOUR AGENT AND ATTORNEY-IN-FACT IN THIS DOCUMENT, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT RELATES ONLY TO ACTIONS RELATED TO ONE SPECIFIC PROPERTY ADDRESS AND 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.

| \sim | The state of the s | |
|--|--|--|
| 1. Kick STEIN | | with a current address of |
| DO BOY 1641 M CORVALLY. | OR 97339 | , have made, |
| constituted, and appointed, and by the | nese presents do he | ereby make, constitute and appoint |
| KREUDA D. SPEIN | N | whose current address is |
| IGH MONO AVE. MINDEN. | NV 89423 | , my true and lawful attorney- |
| in-fact ("Agent") to act for me and in my | y name, place and ste | ead, to undertake and to do all lawful |
| acts necessary to complete the pure | chase and/or financi | ng and settlement of the following |
| property: | The state of the s | |
| Property Address: 1641 More ("Property") (LEGAL DESCRIPTION IS | Λ , Λ | 1/1/ 00/09 |
| Property Address: 164 1710 | NO MYE 111/1 | UPEN, NU 874W |
| ("Property") (LEGAL DESCRIPTION IS | ATTACHED). | |

I hereby authorize my Agent to do all acts necessary and execute all documents necessary to obtain financing and borrow money on my behalf and to pledge the Property as security on my behalf for the following purposes:

(YOU MUST CROSS OUT ALL POWERS YOU WISH TO WITHHOLD FROM YOUR AGENT)

Purchase the Property
Refinance to pay off existing liens on the Property
Improve, alter or repair the Property
Establish a line of credit with the equity in the Property
Withdraw cash equity from the Property

I hereby authorize my agent to sign all documents necessary to consummate the loan on my behalf, including but not limited to the execution, acknowledgment and delivery of all contracts, applications for credit, deeds, notes, deeds of trust, mortgages, settlement statements, Truth-In-Lending Act forms, Real Estate Settlement Procedures Act forms, any affidavits including but not limited to those relating to Fannie Mae, Freddie Mac, private investor, private mortgage insurance, title insurance, to receive federal, state, and investor required disclosures on my behalf, and any and all other documents or amendments thereto necessary to the purchase and/or encumbrance of the Property as fully and largely as I might or could do if acting personally.

| VA Loans Only: In the event my Agent applies for a loan on my behalf that is guaranteed by the Department of Veterans Affairs: |
|--|
| 1. All or a portion of my entitlement may be used. 2. If this is a purchase transaction, the price of the Property is \$ |
| 4. I intend to use and occupy the Property as my home. 5. This specific power of attorney shall automatically expire 60 days from the date of this document unless revoked by my written revocation prior to said date. 6. I further authorize my Agent to execute any forms required by the Veterans Administration |
| including but not limited to VA forms 1802, 1876, 1820, 1859 and any and all other documents or amendments thereto necessary to utilize my eligibility for VA Guaranty. |
| This Power of Attorney is effective immediately and revokes any previous powers of attorney granted by me relating to the Property only. Any third party who receives a copy of this Power of Attorney may act under it. Revocation of this 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. |
| This Power of Attorney shall continue and remain in effect regardless of any incapacity or disability I may hereafter suffer. |
| I hereby ratify, confirm and declare that any act or thing lawfully done hereunder by my Agent shall be binding on myself and my heirs, legal and personal representatives, and assigns. |
| IN WITNESS HEREOF, I have set my hand this |
| Evek & St |
| Lych A Crossner Lun James (Witness) (Witness) |
| STATE OF NEWADA |
| COUNTY OF DOUGLAS |
| On this 17 day of February 2010, before me, the undersigned Notary Public, personally appeared Rick Story |
| known to be the individual described in and who executed the foregoing instrument and each duly acknowledged to me that they executed the same. |
| APRIL L. BUROHETT N |
| NO.94-5648-3 My Appt. Exp. Oct. 18, 2010 No.94-5648-3 My Appt. Exp. Oct. 18, 2010 No.94-5648-3 N |
| THE ATTORNEY-IN-FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE |

APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.