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04/26/2010 02:31 PM Deputy: PK

OFFICIAL RECORD
Requested By:
MORRIS CLAWTON

Assessor's Parcel Number: _____

Recording Requested By:

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0410 PG- 4726 REPT: 0.00

✓ Name: Morris C. Clawton

Address: 990 Sheridan Lane

City/State/Zip Gardnerville, NV-89460

Real Property Transfer Tax: _____



Durable General 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.

C:\bc docs\Cover page for recording

RECORDING REQUESTED BY AND MAIL TO:
Morris C. Lawton
990 Sheridan Lane
Gardnerville, Nevada 89410

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

EFFECTIVE DATE:

PRINCIPAL

Morris C. Lawton
990 Sheridan Lane
Gardnerville, Nevada 89410

ATTORNEY-IN-FACT

Michael K. Lawton

I. **Designation of Agent.** I, Morris C. Lawton, am the Principal of this Durable General Power of Attorney and I constitute and appoint Michael K. Lawton, 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 NONE, 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 Michael K. Lawton, to serve as my Conservator. In the event that Michael K. Lawton is unable or unwilling to serve in this capacity, then I nominate ADAE 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

