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OFFICIAL RECORD  
Requested By:  
CLARIE M FERNANDEZ

Recording Requested By

And when recorded mail to:

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 OF 4 Fee: 17.00  
BK-0510 PG- 4163 RPTT: 0.00

Name CLARIE M. FERNANDEZ  
Street Address 3300 Dog Leg Drive  
City Minden, NV. 89423  
State  
Zip  
L



Space above this line for recorder's use

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# Power of Attorney

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT MAY BE BROAD AND SWEEPING. THIS DOCUMENT IS NOT INTENDED TO AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH-CARE DECISIONS FOR YOU. IF YOU WISH TO DO SO, FORM #1401 IS DESIGNED FOR THAT PURPOSE. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO (FORM #1404).

I, JOANNE FERNANDEZ  
3300 Dog Leg Drive, Minden, NV: 89423  
NAME AND ADDRESS

the undersigned (jointly or severally, if more than one) appoint CLARIE M. FERNANDEZ  
3300 Dog Leg Drive, Minden NV. 89423

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:

See top of page two, for instructions on initialing choices.

**INITIAL**

**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
- (I) Transactions
- (J) Claims And Litigation.
- (K) Personal And Family Maintenance, Benefits From Social Security, Medicare, Medicaid Or Other Governmental Programs Or Civil Or Military Service.

- (L) Retirement Plan Transactions.
- (M) Tax Matters.
- (N) Making Gifts To My Spouse, Children, And More Remote Descendants, And Parents, Not To Exceed In The Aggregate \$10,000 To Each Of Such Persons In Any Year.
- (O) Full And Unqualified Authority To My Attorney(s)-In-Fact To Delegate Any Or All Of The Foregoing Powers To Any Person Or Persons Whom My Attorney(s)-In-Fact Shall Select.
- (P) **ALL THE POWERS LISTED ABOVE.**
- (Q) **ONLY THE POWERS SPECIFIED IN SPECIAL INSTRUCTIONS ON PAGE 2.**

(R) **ALL POWERS EXCEPT MEDICAL (GENERAL POWER OF ATTORNEY)**

**YOU NEED NOT INITIAL ANY OTHER OPTIONS IF YOU INITIAL OPTION (P) or (Q) or (R).**

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**Initialing Instructions:**

- Initial options (A) through (O) as appropriate. If you wish to include ALL options, you need only to initial option (P).
- If you wish to limit this power of attorney to a specific option or transaction select option (Q) and provide written instructions in the space provided below.
- If you select option (R) this becomes a general power of attorney (granting the broadest powers as allowed by law) except those powers that require a specific legal document by law, i.e.: A Medical Power of Attorney.

**Special Instructions:**

On the following lines you may give special instructions limiting or extending the powers granted to your AGENT.

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**To indicate when this document shall become effective, initial one of the following:**

- JA*  (A) This document shall become effective upon the date of my signature.
- (B) This document shall become effective on \_\_\_\_\_ DATE \_\_\_\_\_.
- (C) This document shall become effective upon the date of my disability and shall not otherwise be affected by my disability. **(Springing)**

**Initial one of the following only, if you have initialed (a) or (b) above:**

- This document shall not be affected by my subsequent disability. **(Durable)**
- This document shall be revoked by my subsequent disability. **(Non-Durable)**

**If you want to limit the term of this document, initial one of the following:**

- This document shall only continue in effect for \_\_\_\_\_  years or  months. **(Limited)**
- This document shall terminate on \_\_\_\_\_ DATE \_\_\_\_\_. **(Limited)**

If I have initialed option (c) and I have become incapacitated, during the term of this document, the time limitations above shall be null and void.

**Unless you direct otherwise above, this power of attorney is effective immediately and will continue until it is revoked. If either of the durable or springing paragraphs is initialed then the notice to persons executing durable power of attorney below applies.**

**NOTICE TO PERSON EXECUTING DURABLE POWER OF ATTORNEY**

A durable power of attorney is an important legal document. By signing the durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

Your AGENT (attorney-in-fact) has no duty to act unless you and your AGENT agree otherwise in writing.

This document gives your AGENT the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your AGENT borrows money on your behalf. This document does not give your AGENT the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the AGENT to accept or receive a gift.

Your AGENT will have the right to receive reasonable payment for services provided under this durable power of attorney unless you provide otherwise in this power of attorney.

The powers you give your AGENT will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney. The powers you give your AGENT in this durable power of attorney will

continue to exist even if you can no longer make your own decisions respecting the management of your property.

You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this durable power of attorney at any time, so long as you are competent.

This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principal's signing or acknowledgment of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.

You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your AGENT the right to deal with property that you now have or might acquire in the future. The durable power of attorney is important to you. If you do not understand the durable power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

**IF YOU HAVE APPOINTED MORE THAN ONE AGENT, CHECK ON OF THE FOLLOWING:**

- Each AGENT may exercise the powers conferred separately, without the consent of any other AGENT.
- All AGENTS shall exercise the powers conferred jointly, with the consent of all other AGENTS.

**You may designate an alternate AGENT (attorney-in-fact). Any alternate you designate will be able to exercise the same powers as the AGENT(S) you named at the beginning of this document. If you wish to designate an alternate or alternates, complete the following:**

If the AGENT(S) named at the beginning of this document is unable or unwilling to serve or continue to serve, then I appoint the following AGENT(S) to serve with the same powers:

Name(s) of first alternate AGENT(S): Emerald Hill  
1404 Patrick Ave. Reno, NV. 89509  
ADDRESS OF THE FIRST ALTERNATE AGENT(S)

Name(s) of second alternate AGENT(S): \_\_\_\_\_  
ADDRESS OF THE SECOND ALTERNATE AGENT(S)

**NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS AGENT**

By acting or agreeing to act as the AGENT (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an AGENT. These responsibilities include:

The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.

The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under applicable state law. In addition to criminal prosecution, you may also be sued in civil court.

I/We have read the foregoing notice and I/We understand the legal and fiduciary duties that I/We assume by acting or agreeing to act as the AGENT(S) (attorney-in-fact) under the terms of this power of attorney.

March 30, 2010  
DATE

Chaire M. Fernandez  
PRINT NAME OF AGENT

Chaire M. Fernandez  
AUTOGRAPH OF AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF AGENT

\_\_\_\_\_  
AUTOGRAPH OF AGENT

GIVING AND GRANTING unto my said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as I might or could do if personally present, hereby ratifying all that my said Attorney shall lawfully do or cause to be done by virtue of these presents. The powers and authority hereby conferred upon my said Attorney shall be applicable to all real and personal property or interests therein now owned or hereafter acquired by me and whatever situate.

My said Attorney is empowered hereby to determine in his/her sole discretion the time when, purpose for and manner in which any power herein conferred upon him/her shall be exercised, and the conditions, provisions and covenants of any instrument or document which may be executed by him/her pursuant hereto; and in the acquisition or disposition of real or personal property, my said Attorney shall have exclusive power to fix the terms thereof for cash, credit and/or property, and if on credit with or without security.

When the context so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

WITNESS my hand this 30 day of March, 2010.

003 22 9730  
PRINCIPAL'S SOCIAL SECURITY NUMBER

Jeanne Fernandez  
PRINCIPAL'S AUTOGRAPH  
Jeanne Fernandez

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

STATE OF Nevada  
COUNTY OF Douglas } SS.

On this 30 day of March in the year 2010, before me, R. Brad Garner, a Notary Public, duly commissioned and qualified in above said County and State, personally appeared Jeanne Fernandez  personally known to me or  proved to me on this basis of satisfactory evidence consisting of an identifying document or  the oath of \_\_\_\_\_ 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 same.

WITNESS my hand and official seal.

R. Brad Garner  
AUTOGRAPH



**OR WITNESSES**

We declare under penalty of perjury under the laws of the State of Nevada that the person who signed or acknowledged this document is personally known to us (or proved to us on the basis of convincing evidence) to be the principal who signed or acknowledged this power of attorney in our presence.

Executed this 30th day of March, 2010.

Lisa Whifford  
WITNESS AUTOGRAPH

\_\_\_\_\_  
WITNESS AUTOGRAPH

963 Tye Ln. Ste 306  
ADDRESS

\_\_\_\_\_  
ADDRESS

Carsen City, NV 89705  
CITY, STATE AND ZIP

\_\_\_\_\_  
CITY, STATE AND ZIP