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Assessor's Parcel Number: Recording Requested By: Name: Wyndham Vacation Resorts Address: 8427 South Park Cir. City/State/Zip Orlando, FL 32819	DOC # 0764985 06/08/2010 01:26 PM Deputy: OFFICIAL RECORD Requested By: GUNTER HAYES & ASSOCIATES LLC Douglas County - NV Karen Ellison - Recorder Page: 1 Of 6 Fee: 19 BK-0610 PG-1716 RPTT: 0
Real Property Transfer Tax:	\$
Pour of attorne	u)
(Title of Document)	// /

19.00

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.

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NYC DEPARTMENT OF FINANCE OFFICE OF THE CITY REGISTER

This page is part of the instrument. The City Register will rely on the information provided by you on this page for purposes of indexing this instrument. The information on this page will control for indexing purposes in the event of any conflict with the rest of the document.



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RECORDING AND ENDORSEMENT COVER PAGE

PAGE 1 OF 5

Document ID: 2009100501533001

Document Date: 09-19-2008

Preparation Date: 10-21-2009

Document Type: POWER OF ATTORNEY

Document Page Count: 4

PRESENTER:

BARTECH TITLE AGENCY INC.

COURTESY RECORDING NUMBER: CRBT-11867

271 MAIN STREET

EASTCHESTER, NY 10709

914-337-4400

john@bartechabstract.com

RETURN TO:

WILLIAM F. SMITH 317 LITTLE TOR ROAD NEW CITY, NY 10965

845-634-2221

Borough

Block Lot

PROPERTY DATA Address Unit

Property Type:

CROSS REFERENCE DATA

CRFN_____ or Document ID Reel Year_

Page]

or File Number_

PARTY ONE:

KENNETH S. WILDER 11 BROOKSIDE AVENUE

NYACK, NY 10960

PARTIES

PARTY TWO:

CORA W. WILDER 11 BROOKSIDE AVENUE

NYACK, NY 10960

	1	FEES AT	ND TAXES	
Mortgage	100		Filing Fee:	
Mortgage Amount:	\$	0.00		<u> </u>
Taxable Mortgage Amount:	\$	0.00	NYC Real Property	/ Transfer Tax:
Exemption:			<u> </u>	\$
TAXES: County (Basic):	\$	0.00	NYS Real Estate T	ransfer Tax:
City (Additional):	\$	0.00		\$
Spec (Additional):	\$	0.00	REC	ORDED OR F
TASF:	\$	0.00	O Company of the Control of the Cont	F THE CITY I
MTA:	\$	0.00		CITY OF
NYCTA:	\$	0.00		Recorded/Fi
Additional MRT:	\$	0.00		City Register
TOTAL:	S	0.00		
Recording Fee:	\$	57.00	10.15	* /)
Affidavit Fee:	3	0.00	AND THE SECOND	GRANT

0.00 RECORDED OR FILED IN THE OFFICE OF THE CITY REGISTER OF THE

CITY OF NEW YORK

10-23-2009 10:20 Recorded/Filed

City Register File No.(CRFN):

2009000346436

0.00

00.0

City Register Official Signature



DURABLE GENERAL POWER OF ATTORNEY NEW YORK STATUTORY SHORT FORM

THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME DISABLED OR INCOMPETENT

CAUTION: This is an important document. It gives the person whom you designate (your "Agent") broad powers to handle your property during your lifetime, which may include powers to mortgage, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. These powers will continue to exist even after you become disabled or incompetent. These powers are explained more fully in New York General Obligations Law, Article 5, Title 15, Sections 5-1502A through 5-1503, which expressly permit the use of any other or different form of power of attorney.

This document does not authorize anyone to make medical or other health care decisions. You may execute a Health Care Proxy to do this.

If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, KENNETH S. WILDER
11 Brookside Avenue, Nyack, New York 10960
do hereby appoint:

CORA W. WILDER

- 11 Brookside Avenue, Nyack, New York 10960
- (If I person is to be appointed agent, insert the name and address of your agent above)

(If 2 or more persons are to be appointed agents by you insert their names and addresses above) my attorney(s)-in-fact TO ACT

If more than one agent is designated, CHOOSE ONE of the following two choices by putting your initials in ONE of the blank spaces to the left of your choice:

	ι	J	Davis affects was a Dr. Harris Dr. ave.
١.	r	1	All counts would not TOCETHED
N	L	- 1	All agents must act TOGETHER.
110	- 141 1.		
urn	either t	olank	space is initialed, the agents will be required to act TOGETHER.)

1 Fach agent may SEPARATELY act

IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Alternatively, the letter corresponding to each power you wish to grant may be written or typed on the blank line in subdivision "(S)", and you may then put your initials in the blank space to the left of subdivision "(S)" in order to grant each of the powers so indicated.

[] (A)	real estate transactions;	[] (M)	making gifts to my spouse, children and
[] (B)	chattel and goods transactions;			more remote descendants, and parents, not to exceed in the aggregate \$10,000 to
[] (C)	bond, share and commodity transactions;			each of such persons in any year;
[] (D)	banking transactions;] (N)	tax matters;
[] (E)	business operating transactions;	ί](0)	all other matters;
[] (F)	insurance transactions;	Į/] (P)	full and unqualified authority to my
[] (G)	estate transactions;	1	\	attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or
[] (H)	claims and litigation;	V.		persons whom my attorney(s)-in-fact
[] (I)	personal relationships and affairs;	1	1	shall select;
[] (J)	benefits from military service;			<
[] (K)	records, reports and statements;	Sandan Sanda		
[] (L)	retirement benefit transactions;	,		

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of section 5-1503 of the New York General Obligations Law.)

[] (Q) to make gifts on my behalf, in excess of \$10,000 including gifts of any real property I may own, to anyone or more members of a class consisting of my descendants, including my said attorney-infact, in any degree whether presently living or born hereafter, in such proportions and amounts without regard to equality, if said gifts, in the sole and absolute discretion of my said attorney-infact, are in my best interests for any reason, including the ultimate reduction or minimization of taxes of any kind or the creation of eligibility on my part for government benefits or entitlement of any kind, or are for the support, maintenance or welfare of any member of the aforesaid class of persons;

] (R) to engage in all matters concerning the Social Security Administration, Veterans' Administration, Social Services, Medicaid and all other government benefits or entitlements, including claims, planning for eligibility submission of

applications and appeals.

Each of the above matters identified by the following letters:

AACDEF GHIJKLMW/GR

BK- 0610 PG- 1720

This durable Power of Attorney shall not be affected by my subsequent disability or incompetence. If every agent named above is unable or unwilling to serve, I appoint

to be my agent for all purposes hereunder.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy of facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

This Durable General Power of Attorney may be revoked by me at any time. In Witness Whereof I have hereunto signed my name this (YOU SIGN HERE:) ACKNOWLEDGEMENT, IN NEW YORK STATE STATE OF NEW YORK, COUNTY OF before me, the undersigned, personally appeared On KENNETH S. WILDER personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies) and that by his\her\their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument. MICHAEL T. HEFFERNAN Notary Public, State of New York No. 31-4505649 Qualified in Putnam County Commission Expires August 31, 2009 ACKNOWLEDGEMENT OUTSIDE NEW YORK STATE STATE OF , COUNTY OF before me, the undersigned, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies) and that by his\her\their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned in (insert city or political subdivision and state or county or other place acknowledgment taken.)

AFFIDAVIT THAT POWER OF ATTORNEY IS IN FULL FORCE

(Sign before a Notary Public)

STATE OF NEW YORK, COUNTY OF ROCKLA.	<i>ND</i> ss.:
	\ \
1. The Principal within did, in writing appoint me as the Principal's true	sworn, deposes and says: and lawful ATTORNEY(S)-IN-FACT in the
within Power of Attorney. 2. I have no actual knowledge or actual notice of revocation or termin	\ \
otherwise, or knowledge of any facts indicating same. I further represent	nt that the Principal is alive, has not revoked or
repudiated the Power of Attorney and the Power of Attorney still is in for 3. I make this Affidavit for the purpose of inducing	all force and effect.
Bartech Title Agency Inc.	
to accept delivery of the following Instrument(s), as executed by me in	my capacity as the ATTORNEY(S)-IN-FACT,
with full knowledge that this Affidavit will be relied upon in accepting and in paying good and valuable consideration therefore:	the execution and delivery of the instrument(s)
(C	ra W. Wilder
Sworn to before me this 2/2t Day of September, 2007	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	00.00
Bula a Pea	SEAL!
Notary Public, State of Ne	w York
No. 01PE5020493 Qualified in Reckland Co Commission Expires New .	ounty 22, 100 January 7, 2010
Statutory Short Form	
DURABLE POWER OF A	TTORNEY
KENNETH S. WILD	FD
REINEIH S. WILD	
то	CRBT-11967
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CORA W. WILDE	R
	Decords Duturn to
	heilian R Smith
	Nev City Ny 10965
	ner cityini 10100