DOC # 789878

09/22/2011 09:21AM Deputy: GB

OFFICIAL RECORD

Requested By:

Property Relief, LLC

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 2 Fee: \$15.00

BK-911 PG-3768 RPTT: 0.00

RECORDING COVER PAGE

Must be typed or printed clearly in black ink only.

To print this document properly—do not use page scaling.

P:\Recorder\Forms 12_2010

APN# 1319-30.717-001
11 digit Assessor's Parcel Number may be obtained at: http://redrock.co.clark.nv.us/assrrealprop/ownr.aspx
TITLE OF DOCUMENT (DO NOT Abbreviate)
Comited Durable Lower Attorney
Title of the Document on cover page must be EXACTLY as it appears on the first page of the document to be recorded.
Recording requested by:
Peopeery Relief, LC
Return to:
Name Robert and Francine Staman
Address PO Box 6757
City/State/Zip_Seville, TN 37864
This page provides additional information required by NRS 111.312 Sections 1-2.
An additional recording fee of \$1.00 will apply.

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BK 911 PG-3769

Prepared By and Return To: Property Relief 1148 Wagner Dr #101 Sevierville, TN 37862

LIMITED DURABLE POWER ATTORNEY

					1
KNOW ALL MEN BY	THESE	PRESENTS:	That	the	undersigned,
Corde 1 - SIFIMA	+ Fran	CINE J.	Stra	Mark	Principal(s)")
being of legal age, DO(ES) HEREBY CONST.	ITUTE and appoin	Property Relief II	C also ofte		
and lawful attorney-in-fact for and on beha	lf and in Principal	(s) name, place and	stead to do	my and all o	f the following
		all the second s		The state of the s	.\ \
To perform any and all acts necessary to co	onvey the real and I	personal property leg	ally describe	ed as:	- I
Resort/Unit/Week# R. de Po	inte Ti	rhoe c	14,42	3/1	
in		County, State o	All	and mod	e a part hereof.
This power includes but is not limited to accounts affecting this property making	contacting the reso	rt on Principal(s) he	half making		
and the state of t	eservanne nombi	no unales ordenina	Manually 1 142.5		. 76
affected by the disability of the Principal(s) same extent as the Principal(s) could do if p					
AND THE PRINCIPAL(S) DO(ES) HEREBY appointed substitute shall do or cause to be	RATIFY AND CON	FIRM all whatsoever	that the sa	id attorney-	in-fact or duly
appointed substitute shall do or cause to be	done by virtue of t	he powers hereby gr	anted.		•
SUBSCRIBED AND SWORN BEFORE MI		Zenhuser		a Na	otary Public,
this Power of Attorney is executed in the	e County of	Equi	/		
this 28 day of 1 Tune	Or	de Joix	_	, State (of UB.
	WITNE		1		
Grantor(s) signature is attented by these	VV L1 NE. Pitnesses who are NO	SSES: If the Grantor(s) The	Vatara mas a	No. at a second	
WITNESS 1:		* ×	y files y files y as	SU SIGN AS ON	Ewitgess.
	Sign above	WITNESS 2:	M	بر ليك	Mule
Print Name: Que Denhus		rint Name:	1014 T	Sign abov	re
Notarial Seal/Stamp Here					
	PRI	NCIPAL(S):	, 0		
	, ,	. / Væ	- K-		
	, ,	ignature:		<u> </u>	
		/ D x	ساق		
HOTARY PUBLIC		rint Name: 1205	ert C.	Stary	w
Ger 3 Commenwealth of Ving	The state of the s	1		111	
My Commission Expiri October 31, 2014	s s	ignature: ZUWC	we I	Dair	nan
The state of the s			/	, , ,	
	P	rint Name: Thou	icine.	1 Ste	riman
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/ /	V	VITNESS my hand a	nd official	ecar:	_
		ignature:		2	} _
	N	ly Commission Ex	pires:	· · · · · · · · · · · · · · · · · · ·	