



RECORDING COVER PAGE

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APN# 1319-30-712-001

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TITLE OF DOCUMENT (DO NOT Abbreviate)

Limited Durable Power 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:

Property Relief, LLC

Return to:

Name Robert and Francine Staiman

Address P.O. Box 6757

City/State/Zip Sevierville, 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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Prepared By and Return To:

Property Relief
1148 Wagner Dr #101
Sevierville, TN 37862

LIMITED DURABLE POWER ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the undersigned,
Robert C. Staiman + Francine J. Staiman ("Principal(s)")

being of legal age, DO(ES) HEREBY CONSTITUTE and appoint Property Relief, LLC. also of legal age, as Principal(s) true and lawful attorney-in-fact for and on behalf and in Principal(s) name, place and stead to do any and all of the following acts:

To perform any and all acts necessary to convey the real and personal property legally described as:

Resort/Unit/Week# Ridge Pointe Tahoe 44,48 / 1

in _____ County, State of NV and made a part hereof.

This power includes but is not limited to contacting the resort on Principal(s) behalf, making inquiries into the status of accounts affecting this property, making reservations, banking weeks, ordering death certificates, collecting proceeds, executing any and all documents, notarial or otherwise, in the names as written below or in other form and all other issues that are deemed necessary in Agent's discretion to carry out the transfer of said property. This power shall not be affected by the disability of the Principal(s). Grantee has the power to perform all and every act and thing fully and to the same extent as the Principal(s) could do if personally present, with full power of substitution and revocation.

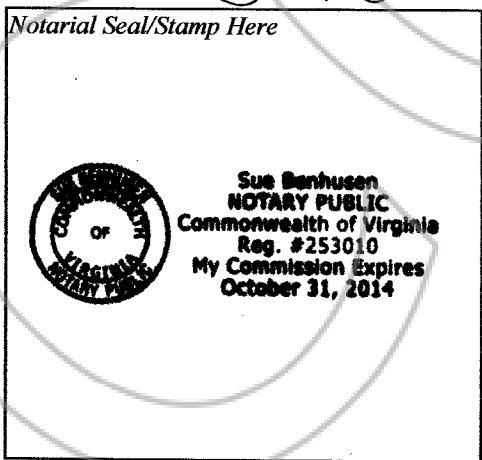
AND THE PRINCIPAL(S) DO(ES) HEREBY RATIFY AND CONFIRM all whatsoever that the said attorney-in-fact or duly appointed substitute shall do or cause to be done by virtue of the powers hereby granted.

SUBSCRIBED AND SWORN BEFORE ME, Sue Benhuser, a Notary Public, this Power of Attorney is executed in the County of Fairfax, State of VA. this 28 day of June, 2011.

WITNESSES:

Grantor(s) signature is attested by these witnesses who are NOT the Grantor(s). The Notary may also sign as ONE witness.

WITNESS 1: [Signature] Sign above
WITNESS 2: [Signature] Sign above
Print Name: Sue Benhuser Print Name: MADIA TABIBI



PRINCIPAL(S):

Signature: [Signature]

Print Name: Robert C. Staiman

Signature: [Signature]

Print Name: Francine J. Staiman

WITNESS my hand and official seal:
Signature: [Signature]

My Commission Expires: _____