

DOC # 791392
10/24/2011 03:47PM Deputy: SD
OFFICIAL RECORD
Requested By:
Property Relief, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: \$40.00
BK-1011 PG-4067 RPTT: 0.00



RECORDING COVER PAGE

Must be typed or printed clearly in black ink only.

APN# 1318-15-822-001

11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>

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 Joy H McCormick

Address PO 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.

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



Prepared By and Return To:

Property Relief
P.O. Box 5050
Sevierville, TN 37864

LIMITED DURABLE POWER ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the undersigned, John S. Oliver
Nola C. Oliver ("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# Wyndham South Shore 154,000 pts, in Douglas 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 inquires 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.

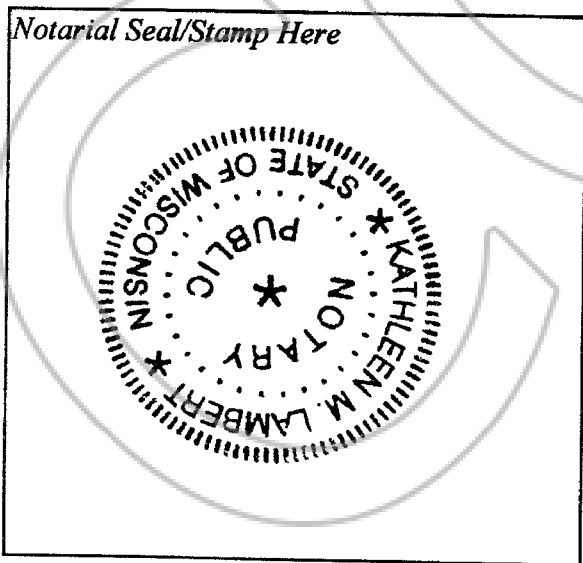
AND THE PRINCIPAL(S) DO(ES) HEREBY RATIFY AND CONFIRM all whatsoever that the said attorney-in-fact or duly
appointed substitute shall do or cause to be done by virtue of the powers hereby granted.

SUBSCRIBED AND SWORN BEFORE ME, KATHLEEN M LAMBERT, a Notary Public, this Power of
Attorney is executed in the City of OVERLAND State of SD this 2nd day of SEPT, 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: _____ Sign above
WITNESS 2: _____ Sign above
Print Name: _____ Print Name: _____



PRINCIPAL(S):

Signature: John S. Oliver
Print Name: John S. Oliver
Signature: Nola C. Oliver
Print Name: Nola C. Oliver

WITNESS my hand and official seal.
Signature: Kathleen M Lambert
My Commission Expires: 5/10/15