

RECORDING REQUESTED BY: STEWART VACATION OWNERSHIP
PREPARED BY: & WHEN RECORDED MAIL TO:
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Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 42.00
BK-0712 PG- 1140 RPTT: 0.00

#16-003-51-72 / 20126053



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, RICHARD R. FINK, residing at 504 Lakeside Terrace, Brick, NJ, do hereby make, constitute and appoint my wife MARIANNE K. FINK of 504 Lakeside Terrace, Brick, NJ as my Attorney-in-Fact, and in the event she shall be unable or unwilling to so act, I appoint my daughter JANET MARIE PLANT, as my Alternate Attorney-in-Fact, and in the event she shall be unable or unwilling to so act, I appoint my daughter DIANE LOUISE PLOTT, as my Alternate Successor Attorney-in-Fact, to act in, deal with, manage and conduct all of my estate, affairs, property of every kind and in every manner, and in my name, place and stead, to do all acts, deeds, matters and things whatsoever in connection therewith as fully and effectually in all respects as if I were personally present. Without in any manner restricting the foregoing general powers, my attorney shall have the following specific powers:

1. To buy, sell, lease, exchange or otherwise acquire and dispose of any real or personal property and any interest therein. To manage, operate, repair, alter or improve the same.
2. To execute and deliver deeds, bills of sale, or other instruments for the conveyance or transfer of title of real or personal property and of any interest therein upon such terms and conditions and with or without covenants or warranties as my attorney shall deem best.
3. To borrow money and to make and execute mortgages, agreements of pledge, or other instruments to secure the repayment of any monies so borrowed.
4. To deposit in and withdraw monies from any bank, savings bank or trust company.
5. To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee benefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plan to other retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances.
6. To buy, sell, exchange, assign, convey, settle and exercise commodities futures contracts and call and put options on stocks and stock indices traded on a regulated options exchange and collect and receive all proceeds of any such transactions; establish or continue option accounts for the principal with any securities or futures broker; and, in general, exercise all powers with respect to commodities and options.

7. To exercise or perform any act, power, duty, right, or obligation, in regard to any contract of life, accident, health, disability, liability, or other type of insurance or any combination of insurance; and to procure new or additional contracts of insurance for me and to designate the beneficiary of same; provided, however, that my Agent cannot designate himself or her self as beneficiary of any such insurance contracts.

8. To make, endorse, assign otherwise transfer any checks, notes, bonds, stocks, drafts, bills of exchange or other negotiable instruments.

9. To ask for, collect and receive any monies that may be or become due to me, and to take any action necessary to enforce the collection of the payment thereof; to secure any debts or other obligations due me; to settle and compromise any claims held by me.

10. To have full access to any safe deposit box. To prepare and file any tax returns or applications for licenses required by any municipality, state or federal government or agency thereof and to pay any amount due them. To make claims for and collect any refund or rebate to which I may be entitled.

11. To institute, prosecute and defend any actions or proceedings brought in any court or before any commission, board or bureau of any municipality, state or federal government or any agency thereof.

12. To appoint and remove any substitute for, or agent of, my said attorney.

13. To arrange for and pay the costs of medical, dental, nursing, hospital, convalescent and other health care and treatment, including admission to hospitals, nursing homes, rest homes or other care facilities or institutions. To make application for insurance, pension or employee benefits related to such health care and treatment. To obtain on my behalf copies of medical reports, summaries or other related information concerning me made or taken before or after the date of this instrument.

14. I intend for my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA), 42 USC 1320d and 45 CFR 160-164, I authorize:

Any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking payment from me for such services to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug and alcohol abuse.

The authority given my agent shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable

health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

15. To collect any and all mails as may be in the possession of the United States Postal Service and to reroute any and all future mails so that same may be collected by the Attorney-in-Fact as heretofore named.

16. To conduct banking transactions as set forth in Section 2 of P.L. 1991, c.95 (N.J.S.A. 46:2B-8, et seq.)

17. To pay my pledges to and make such gifts as I have regularly made to charitable organizations described in Section 170(c) of the Internal Revenue Code or corresponding provisions of any subsequent federal tax laws and to make such gifts to persons, or for their benefit, as I have regularly made.

Any gifts made to individuals by my attorney-in-fact shall be consistent with my estate plan.

18. This Power of Attorney shall not be affected by my disability.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11 day of JUNE, 2012.

Richard R. Fink
RICHARD R. FINK

WITNESSED BY:

[Signature]

I HEREBY ACCEPT THE FOREGOING APPOINTMENT.

Marianne K. Fink
MARIANNE K. FINK

The authority so conveyed upon the Alternate Attorney-in-Fact shall commence if the first Attorney-in-Fact is unable or unwilling to so act in the capacity provided.

I HEREBY ACCEPT THE FOREGOING APPOINTMENT.

JANET MARIE PLANT
Alternate Attorney-in-Fact

I HEREBY ACCEPT THE FOREGOING APPOINTMENT.

DIANE LOUISE PLOTT
Alternate Attorney-in-Fact

STATE OF NEW JERSEY)
)ss:
COUNTY OF OCEAN)

BE IT REMEMBERED that on this 11th day of June, 2012, before me, the subscriber, personally appeared RICHARD R. FINK, who I am satisfied, is the person mentioned in the within Power of Attorney and I having first made known to him the contents thereof, he did acknowledge that he signed, sealed and delivered the same as and for his voluntary act and deed for the uses and purposes therein expressed.

**Kathleen M Sutton
Notary Public Of New Jersey
My Commission Expires 4/16/2014**

COOPER