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OFFICIAL RECORDS

Requested By
HILDA HARP

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 6 Fee: \$ 19.00

Bk: 0113 Pg: 3336



Deputy sg

Assessor's Parcel Number: _____

Recording Requested By:

Name: HILDA HARP

Address: 1370 SARATOGA ST

City/State/Zip MINDEA, NV
89423

Real Property Transfer Tax:

\$ _____

Power of Attorney

(Title of Document)

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.

GENERAL DURABLE POWER OF ATTORNEY including Health Care

1. DESIGNATION OF AGENT.

I, Hilda D. Harp, do hereby designate and appoint:

Name: Kelli M. Harp

Telephone Number: 1-707-246-9900

Address: 339 Columbia Cir.
Benicia, Ca. 94510

as my Agent to make financial and medical decisions for me and in my name, place and stead and for my use and benefit and to exercise the powers as authorized in this document. This power of attorney shall not be affected by my subsequent disability or incapacity.

2. SPRINGING POWER. It is my intention and direction that my designated Agent and any person or entity that my designated Agent may transact business with on my behalf, may rely on a written medical opinion issued by a licensed medical doctor stating that I am disabled or incapacitated, and incapable of managing my affairs, and that said medical opinion shall establish whether or not I am under a disability for the purpose of establishing the authority of my designed Agent to act in accordance with this General Durable Power of Attorney.

3. GENERAL STATEMENT OF AUTHORITY GRANTED. I hereby grant to the Agent named above the following powers to be used for my benefit and on my behalf:

a. **HEALTH CARE.** To make health care decisions for me, before or after my death, including, but not limited to: consent, refusal of consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition, including placement in a long term care facility if necessary; to request, review and receive any information, verbal or written, regarding my physical or mental health, including, but not limited to, medical and hospital records; to execute on my behalf any releases or other documents that may be required to obtain medical care and/or medical and hospital records; and subject only to the limitations and special provisions, if any, set forth below.

b. **MONEY ACCOUNTS.** To deposit into or withdraw funds from any checking, savings, other accounts or deposits I may have in any bank or other financial institution; to open further accounts; to endorse checks payable on such accounts in order to pay bills and

settle debts; to negotiate, endorse or transfer any instrument affecting any such accounts; to create or change rights of survivorship or beneficiary designation; and to exercise all fiduciary powers that the principal has authority to delegate.

c. **TANGIBLE PERSONAL PROPERTY.** To manage tangible personal property and any manufactured or mobile home, including but not limited to moving storing, selling, donating, or otherwise disposing of said property.

d. **MONEY MANAGEMENT.** To demand, sue for, collect, and receive all moneys, debts, legacies, bequests, interests, dividends, annuities, and demands as are now or shall hereafter become due and payable to or belonging to me; to take all lawful means for the recovery thereof, to compromise the same, and to give discharges for the same.

e. **REAL PROPERTY.** To buy, sell, convey, lease or exchange, or make contracts of every kind relative to any real property, any interest therein or the possession thereof which I may own; to collect rents from and disburse funds for repair and maintenance of said real property; to take possession and exercise control over the use of said real property.

f. **SAFE DEPOSIT BOXES.** To enter, establish, maintain, or close any safe deposit box(es) held in my name, either alone or with another; and in doing so to sign my name and to act for my benefit. My Agent may add to and remove all or any contents from my safe-deposit box(es).

g. **GOVERNMENT BENEFITS.** To apply for and to take all necessary steps to obtain and maintain my eligibility for any and all public benefits and entitlement programs, including but not limited to, Social Security, Supplemental Security Income, Medicare, Medicaid and in home support services.

h. **TAXES.** To file or complete tax returns for me including, but not limited to, returns for the years 1990 to 2050; to sign tax forms necessary for the filing of said tax returns including, but not limited, to forms 1040, 709 and 2848.

i. **BURIAL.** To arrange for my burial or cremation; to execute any documents necessary for my burial or cremation; and to purchase or sell any burial plot in my name.

I give and grant to my above-designated Agent full power and authority to do all and every act and thing whatsoever requisite and necessary to be done relative to any of the foregoing as fully to all intents and purposes as I might or could do if personally present; and to conduct, engage in and transact any and all lawful business of whatever nature or kind for my benefit and in my name.

This Article is to be construed and interpreted as a general power of attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney in fact, EXCEPT as may be specifically limited below, and EXCEPT any power to enter into any arbitration agreements or execute



any arbitration clauses in connection with admission to any health care facility including any skilled nursing facility.

4. SPECIAL PROVISIONS AND LIMITATIONS. In exercising the authority under this General Durable Power of Attorney, the authority of my Agent is subject to the following special provisions and limitations. (Initial the applicable paragraphs.)

- 1. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures.
- x *hh* 2. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments, including cardiopulmonary resuscitation, defibrillation, intubation and the use of respirator, not be used. My medical chart should be marked as "No Code" or "Do Not Resuscitate."
- x *hh* 3. If I am in a coma which my doctors have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments, including cardiopulmonary resuscitation, defibrillation, intubation and the use of respirator, not be used. My medical chart should be marked as "No Code" or "Do Not Resuscitate."
- x *hh* 4. I direct my attending physician to mercifully administer such medication to me as will alleviate any suffering I might experience regardless of whether such medication is highly addictive or may shorten my remaining life.
- 5. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastro-intestinal tract after all other treatment is withheld.
- x *hh* 6. I do not desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My Agent is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life.
- x *hh* 7. If I am in a nursing home or long term care facility with no chance of recovery or returning to my home, I direct that all resuscitative and preventive care, including cardiopulmonary resuscitation, defibrillation, intubation and the use of respirator, be discontinued.
- 8. My Agent shall have the sole authority to sign for my cremation or burial in accordance with my wishes and any contract or prearrangement I have made with a funeral company.

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For the purposes of this document and to aid my Agent in making health care decisions for me, "Incurable or Terminal Condition or Illness" is defined as a medical condition or illness which cannot be cured or modified by any known current medical therapies or treatments as determined by two attending physicians, one of whom should be my primary care physician.

5. OTHER POWERS OF ATTORNEY. This General Durable Power of Attorney is intended to, and does, revoke any prior Durable Power of Attorney I have previously executed, for Financial or for Health Care Decisions.

6. WAIVER. I hereby waive any conflict of interest which may arise because my Agent may be a beneficiary of my estate either by will, trust, intestate succession or otherwise.

7. DESIGNATION OF ALTERNATE AGENT. If the person designated in Paragraph 1 as my Agent dies or resigns as my Agent in writing, or is unable or unwilling to make decisions for me, then I designate the following persons to serve as my Agent with the same powers as authorized in this document, such persons to serve in the order listed below.

Name: Tiffanie (Johnson) Travaleri

Telephone Number: 1-707-365-2670

Address: 339 Columbia Cir
Benicia, Ca 94510

Name: _____

Telephone Number: _____

Address: _____

8. NOMINATION OF GUARDIAN. If, after execution of this General Durable Power of Attorney, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my Agent herein named, in the order named.

9. THIRD PARTY PROTECTION. Third parties may rely upon the representations of my agent as to all matters relating to any power granted to my agent, and no person or agency, who relies upon the representation of my agent or the authority granted by my agent, shall incur any liability to me or my estate as a result of permitting my agent to exercise any power.



10. RELEASE OF INFORMATION. I agree to, authorize and allow full release of information by any government agency, medical provider, business, creditor, or third party who may have information pertaining to my health, assets, income or care, to my Agent named herein.

I sign my name to this General Durable Power of Attorney on this 14 day of January, 2013, in Carson City, State of Nevada.

Hilda D. Harp
Principal HILDA D. HARP

~~IF THE PRINCIPAL EXECUTING THIS DOCUMENT RESIDES IN A HOSPITAL, ASSISTED LIVING FACILITY OR FACILITY FOR SKILLED NURSING AT THE TIME OF EXECUTION OF THIS POWER OF ATTORNEY, A CERTIFICATION OF COMPETENCY OF THE PRINCIPAL FROM A PHYSICIAN, PSYCHOLOGIST OR PSYCHIATRIST MUST BE ATTACHED TO THIS POWER OF ATTORNEY BEFORE IT IS EXECUTED.~~

On this 14 day of January, 2013, before the undersigned, a Notary Public, personally appeared Hilda D. Harp, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.



Lorae Myles
Notary Public