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OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$43.00
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The undersigned hereby affirms that this document submitted for recording does not contain the Social Security number of any person or persons (NRS 239B.030)
NORTHERN NEVADA TITLE COMPANY

By: *Tamara Waller*

Print Name/Title: Tamara Waller/Title Officer

APN: 1319-19-212-031
ORDER NO.: 1100269-WD

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: POWER OF ATTORNEY

WHEN RECORDED MAIL TO:

Michael H. Hardie
Joseph H. Edson
902 Meadow Vista Drive
Carson City, NV 89705



I. DESIGNATION OF AGENT.

I, JOSEPH H. EDSON and MICHAEL H. HARDIE, Settlers and acting Trustees of THE EDSON HARDIE FAMILY REVOCABLE TRUST, do hereby designate and appoint:

Name: Stephanie H. Allen
Address: 10086 E. Desert Canyon Drive
Reno, NV 89511
Telephone Numbers: (702) 445-4878 cell

as my agent to make 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.

II. DESIGNATION OF ALTERNATE AGENT.

You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same decisions as the agent designated above in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If my agent is unable or unwilling to act for me, then I designate the following person(s) to serve as my agent as authorized in this document, such person(s) to serve in the order listed below:

A. First Alternative Agent:

Name: _____ n/a _____
Address: _____
Telephone Number: _____

B. Second Alternative Agent:

Name: _____ n/a _____
Address: _____
Telephone Number: _____

III. OTHER POWERS OF ATTORNEY.

This Power of Attorney is intended to, and does, revoke any prior Power of Attorney for financial matters I have previously executed.

IV. NOMINATION OF GUARDIAN.

If, after execution of this 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.

V. GRANT OF GENERAL AUTHORITY.



I grant my agent and any successor agent(s) general authority to act for me with respect to the following subjects:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

- Real Property *MA JE*
- Tangible Personal Property
- Stocks and Bonds
- Commodities and Options
- Banks and Other Financial Institutions
- Safe Deposit Boxes
- Operation of Entity or Business
- Insurance and Annuities
- Estates, Trusts and Other Beneficial Interests
- Legal Affairs, Claims and Litigation
- Personal Maintenance
- Benefits from Governmental Programs or Civil or Military Service
- Retirement Plans
- Taxes
- All Preceding Subjects

VI. GRANT OF SPECIFIC AUTHORITY.

My agent **MAY NOT** do any of the following specific acts for me **UNLESS** I have **INITIALED** the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.

INITIAL ONLY the specific authority you **WANT** to give your agent.)

- Create, amend, revoke or terminate an inter vivos, family, living, irrevocable or revocable trust
- Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney
- Create or change rights of survivorship
- Create or change a beneficiary designation
- Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- Exercise fiduciary powers that the principal has authority to delegate
- Disclaim or refuse an interest in property, including a power of appointment



VII. LIMITATION ON AGENT'S AUTHORITY.

An agent that is not my spouse **MAY NOT** use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

VIII. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

This power is granted so that Stephanie Allen may sign documents on our behalf regarding the sale of real property located at 715 Gacy Lane Unit A; Stateline, NV 89449

IX. DURABILITY AND EFFECTIVE DATE. (INITIAL the clause(s) that applies.)

[.X.] DURABLE. This Power of Attorney shall not be affected by my subsequent disability or incapacity.

[.....] 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 designated agent to act in accordance with this Power of Attorney.

MA JE **[.X.] I wish to have this Power of Attorney become effective on the following date: June 12, 2013**

MA JE **[.X.] I wish to have this Power of Attorney end on the following date: July 1, 2013**

X. THIRD PARTY PROTECTION.

Third parties may rely upon the validity of this Power of Attorney or a copy and 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 unless a third party knows or has reason to know this Power of Attorney has terminated or is invalid.

XI. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information, by any government agency, business, creditor or third party who may have information pertaining to my assets or income, to my agent named herein.

XII. SIGNATURE AND ACKNOWLEDGMENT. YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

I sign my name to this Power of Attorney on the 5th day of June, 2013.



Michael H. Hardie

Signature here

Michael H. Hardie

Print name here

ACKNOWLEDGMENT

STATE OF NEVADA }
COUNTY OF CARSON CITY } ss.

On this 5th day of JUNE, 2013, before me, the undersigned, a Notary Public, personally appeared MICHAEL HARDIE, 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 s/he executed it for the purposes therein contained. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress; fraud, or undue influence.

Sarah L. Zola
NOTARY PUBLIC (SEAL)



I sign my name to this Power of Attorney on the 5th day of June, 2013.

Joseph H. Edson
Signature here
JOSEPH H. EDSON
Print name here

ACKNOWLEDGMENT

STATE OF NEVADA }
COUNTY OF CARSON CITY } ss.

On this 5th day of JUNE, 2013, before me, the undersigned, a Notary Public, personally appeared JOSEPH H. EDSON, 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 s/he executed it for the purposes therein contained. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress; fraud, or undue influence.

Sarah L. Zola
NOTARY PUBLIC (SEAL)

