DOUGLAS COUNTY, NV

Rec:\$21.00

Total:\$21.00

2014-851554 10/23/2014 01:44 PM

NORTHERN NEVADA TITLE

WHEN RECORDED MAIL TO: Brian C. Mehrer 1027 Keystone Court Gardnerville, NV 89460

KAREN ELLISON, RECORDER

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons. (Pursuant to NRS 239b.030)

ABOVE SPACE FOR RECORDER'S USE ONLY

Escrow No. 1101715-WD APN: 1220-21-810-055

STATUTORY FORM POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A DURABLE POWER OF ATTORNEY FOR FINANCIAL MATTERS. BEFORE EXECUTING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

(INITIAL each to confirm your understanding.)

1. THIS DOCUMENT GIVES THE PERSON YOU DESIGNATE AS YOUR AGENT THE POWER TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU. YOUR AGENT WILL BE ABLE TO MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF.

2. THIS POWER OF ATTORNEY BECOMES EFFECTIVE IMMEDIATELY UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

3. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.

4. THE PERSON YOU DESIGNATE IN THIS DOCUMENT HAS A DUTY TO ACT CONSISTENT WITH YOUR DESIRES AS STATED IN THIS DOCUMENT OR OTHERWISE MADE KNOWN OR, IF YOUR DESIRES ARE UNKNOWN, TO ACT IN YOUR BEST INTERESTS.

5. YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT. UNLESS YOU SPECIFY OTHERWISE, GENERALLY THE AGENT'S AUTHORITY WILL CONTINUE UNTIL YOU DIE OR REVOKE THE POWER OF ATTORNEY OR THE AGENT RESIGNS OR IS UNABLE TO ACT FOR YOU.

_____6. YOUR AGENT IS ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

7. THIS FORM PROVIDES FOR DESIGNATION OF ONE AGENT. IF YOU WISH TO NAME MORE THAN ONE AGENT YOU MAY NAME A CO-AGENT IN THE SPECIAL INSTRUCTIONS. CO-AGENTS ARE NOT REQUIRED TO ACT TOGETHER UNLESS YOU INCLUDE THAT REOUIREMENT IN THE SPECIAL INSTRUCTIONS.

8. IF YOUR AGENT IS UNABLE OR UNWILLING TO ACT FOR YOU, YOUR POWER OF ATTORNEY WILL END UNLESS YOU HAVE NAMED A SUCCESSOR AGENT. YOU MAY ALSO NAME A SECOND SUCCESSOR AGENT.

9. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT.

10. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY.

11. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

- 1. DESIGNATION OF AGENT.
- I, . Brian C. Mehrer

do hereby designate and appoint:

Name: . Sheri K. Mehrer

Address: . 1027 Keystone Court Gardnerville, Nevada 89460

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.

2. 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: .	
Address: .	//
Telephone Number: .	
B. Second Alternative Agent	
Name: .	
Address:	
Telephone Number: .	
3. OTHER POWERS OF ATTORNEY.	

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

4. 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.

5. 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.)

Be	Real Property
	Tangible Personal Property
	Stocks and Bonds
	Commodities and Options
Por	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	
6. GRANT OF SPECIFIC AUTHORITY.	
My agent MAY NOT do any of the following specific acts for me specific authority listed below: (CAUTION: Granting any of the following will give your agent the that could significantly reduce your property or change how your your death. INITIAL ONLY the specific authority you WANT to g	authority to take actions property is distributed at
	/ / /
Create, amend, revoke or terminate an inter vivos, family, liv	ing, irrevocable or revocable
Make a gift, subject to the limitations of NRS and any specia Attorney	l instructions in this Power of
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 s survivor benefit under a retirement plan	survivor annuity, including a
Exercise fiduciary powers that the principal has authority to o	delegate
Disclaim or refuse an interest in property, including a power	of appointment
7. LIMITATION ON AGENT'S AUTHORITY.	
An agent that is not my spouse MAY NOT use my property to benefit agent owes an obligation of support unless I have included that authority	
8. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTH	IORITY GRANTED TO AGENT:
The powers appointed by this Power of Attorney are specifically for the required to purchase, encumber and hypothecate sell, transfer or convey_representations or warranties, or otherwise grant or dispose of, an interest to real property refinance, encumber and hypothecate the premises common	with or without covenants, t in real property or a right incident

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9 DURA	BILITY AND EFFECTIVE DATE. (INITIAL the clause(s) that applies.)
J. DOIGI	DURABLE. This Power of Attorney shall not be affected by my subsequent disability or
	incapacity.
	7
	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.
1	
PSI	I wish to have this Power of Attorney become effective on the following date:
	October 20, 2014
0 1	Mall an account
101	I wish to have this Power of Attorney end on the following date Detaber 24, 2014
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10. THIR	D 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.

11. 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.

12. 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.

Detaber 16, 2014 Nevada (city). Mehrer Brian (Signature) CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC State of Nevada County of Douglas , in the year 2014, before me, On this 16 (here insert name of notary public) personally appeared Brian (here insert name of principal) 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. 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. **NOTARY SEAL**

(Signature of Notary Public)

I sign my name to this Power of Attorney on

SHERRY ACKERMANN NOTARY PUBLIC Escrow No.:

1101715-WD

Title Order No.:

EXHIBIT A

THE LAND REFERRED TO HEREIN BELOW IS DESCRIBED AS FOLLOWS:

Lot 36, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 27, 1974 in Book 374, Page 676 as Document No. 72456.

