DOUGLAS COUNTY, NV

2015-862701

Rec:\$15.00

Pgs=2

05/27/2015 09:28 AM

\$15.00 TIMESHARE WHOLESALERS OF PIGEON FORGE

KAREN ELLISON, RECORDER

Prepared By And Return To: Timeshare Wholesalers of Pigeon Forge, LLC 1338 Parkway, Suite 3, Sevierville, Tennessee 37862

## LIMITED DURABLE POWER OF ATTORNEY

| KNOW ALL MEN BY THESE PRESENTS:   |
|---|
| That the undersigned George S. Tengan & Doris A. Tengan   |
| ("Grantor(s)"), being of legal age, DO(ES) HEREBY CONSTITUTE(S) and appoint(s) Felix Valdes, also of legal age, as Grantor(s) true and lawful Attorney-In-Fact for, and on behalf, and in Grantor(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 below.   |
| PESOPT. RIL TIL   |
| OTHER LEGAL DESCRIPTION: NACGLE BLDG  UNIT #: 33129 BWEEK #: Winter  OTHER LEGAL DESCRIPTION: NACGLE BLDG   |
|   |
| This power includes, but not limited, to contacting the resort and/or exchange company on Grantor(s) behalf, making inquiries 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 Attorney-In-Fact's discretion to carry out the transfer of said property. This power shall not be affected by the disability of the Grantor(s). Grantor(s)'s Attorney-In-Fact has the power to perform all and every act, and thing, fully and to the same extent as the Grantor(s) could do if personally present, with full power of substitution and revocation. |
| AND THE GRANTOR(S) DO(ES) HEREBY RATIFY AND CONFIRM all whatsoever that the said Attorney-In-Fact, shall do or cause to be done by virtue of the powers hereby granted.   |
| GRANTOR(S) SIGNATURE: Land School   |
| PRINT NAME(S): George Schengan  |
| GRANTOR(S) SIGNATURE: Grant Doris Congas  |
| PRINT NAME(S): DORIS A. Tengan  |
| Grantor(s) signature(s) is are attested by these witnesses who are <u>NOT</u> the Grantor(s).   |
| WITNESS SIGNATURE: Joseph R. Rechamb  |
| PRINT NAME: JUSEPH R. DENHAM JV   |
| WITNESS SIGNATURE: Walte & Osaka  |
| PRINT MAME: WALTER K. OSAKA   |
| NOTARY FORM: STATE OFCOUNTY OF  |
| I,, a Notary Public,  |
| do hereby certify that on thisday of, 20, personally appeared before me   |
| , who appoints Felix Valdes as Attorney-In-Fact,  |
| known to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing  |
| instrument, and swore, and acknowledged, to me that he/she/they executed the same for the purpose, and in the capacity,   |
| therein expressed, and that the statements contained therein are true and correct.  |
| Witness my hand and official seal:  |
| Notary Signature:   |
| My Commission Expires:  |

See att achment

| CIVIL CODE § 1189   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |  |
|---|---|--|
| State of California   | KATAN KANAN KA  |  |
| County of Santa Clara   | \ \   |  |
| On July, 22, 2014 before me, Marina Barota, Wotary public, Date Here Insert Name and Title of the Officer |   |  |
|   |   |  |
| personally appeared George S Tengan and Name(s) of Signer(s)  Doris A Tengan  ,                           |   |  |
| $\mathcal{O}$   | Name(s) of Signer(s)  |  |
| Doris A Tensan -  |   |  |
| MARINA BAROTA  Commission # 1955662  Notary Public - California  Santa Clara County                       | ho proved to me on the basis of satisfactory vidence to be the persons whose names is are ubscribed to the within instrument and acknowledged me that he/she/they executed the same in the/their authorized capacity(ies), and that by their signatures on the instrument the ersons, or the entity upon behalf of which the ersons acted, executed the instrument.  Description under PENALTY OF PERJURY under the laws the State of California that the foregoing paragraph true and correct. |  |
| ***************************************   | ITNESS my hand and official seal.   |  |
|   |   |  |
| Place Notary Seal Above S   | ignature: Mary Land   |  |
| OPTI  | ONAL  |  |
| Though this section is optional, completing this information can deter alteration of the document or      |   |  |
| fraudulent reattachment of this form to an unintended document.   |   |  |
| Description of Attached Document  |   |  |
| Title or Type of Document: Document Date:   |   |  |
| Number of Pages: Signer(s) Other Than Named Above:  |   |  |
| Capacity(ies) Claimed by Signer(s)  |   |  |
| Signer's Name:  | Signer's Name:  |  |
| ☐ Corporate Officer — Title(s):   | ☐ Corporate Officer — Title(s):   |  |
| ☐ Partner — ☐ Limited ☐ General   | ☐ Partner — ☐ Limited ☐ General   |  |
| ☐ Individual ☐ Attorney in Fact   | ☐ Individual ☐ Attorney in Fact   |  |
| ☐ Trustee ☐ Guardian or Conservator   | ☐ Trustee ☐ Guardian or Conservator   |  |
| □ Other:  | Other:  |  |
| Signer is Representing:   | Signer Is Representing:   |  |

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT** 

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