

APN# 1319-15-000-015

17-041-31-71

Recording Requested by/Mail to:

Name: Timeshare Wholesalers of Pigeon Forge  
LLC

Address: 1333 Parkway, Suite 3

City/State/Zip: Sevierville, TN 37862

Mail Tax Statements to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Limited Durable Power of Attorney

**Title of Document** (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$1.00 Additional Recording Fee for Use of This Page

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 Russ Juneau and Leilani Juneau  
("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.

RESORT: David Walley's Resort UNIT #: LOT E-1 WEEK #: ALL SEASON OTHER LEGAL DESCRIPTION: \_\_\_\_\_

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: [Signature]

PRINT NAME(S): Russ Juneau

GRANTOR(S) SIGNATURE: [Signature]

PRINT NAME(S): Leilani Juneau

Grantor(s) signature(s) is/are attested by these witnesses who are NOT the Grantor(s).

WITNESS SIGNATURE: [Signature]

PRINT NAME: MICHELLE JUNEAU

WITNESS SIGNATURE: [Signature]

PRINT NAME: SARAH JUNEAU

NOTARY FORM: STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public,

do hereby certify that on this \_\_\_\_\_ day 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 attached loose certificate for notarial recording in California*

# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

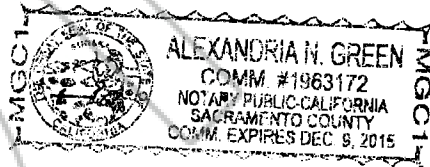
State of California  
County of Sacramento

On 11 August 2015 before me, Alexandria N Green (Notary Public)  
(insert name and title of the officer)

personally appeared Russell Jensen and Leilani Jensen,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the  
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.



Signature Alexandria N Green (Seal)