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APN# 1318-15-818-001 PTN

Recording Requested by/Mail to:

Name: GUNTER-HAYES & ASSOC.

Address: 3200 W. TYLER, SUITE D

City/State/Zip: CONWAY, AR 72034



00025137201508721790050050

KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

STATUTORY 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

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STATUTORY DURABLE POWER OF ATTORNEY

OF

HELEN M. REA

NOTICE: THE POWERS GRANTED BY THIS STATUTORY DURABLE POWER OF ATTORNEY ("POWER OF ATTORNEY") ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT THAT IS CONTAINED IN THE PROBATE CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, **Helen M. Rea**, my address being 1937 Boardwalk, Prescott, Arizona, appoint Curtis Garlon Rea, Jr., whose address is 1937 Boardwalk, Prescott, Arizona acting as my agent (attorney-in-fact) to act for me in any lawful way with respect to all of the following powers, except for any power that I have crossed out below.

TO WITHHOLD A POWER, YOU MUST CROSS OUT EACH POWER WITHHELD.

1. Real Property Transactions;
2. Tangible Personal Property Transactions;
3. Stock and Bond Transactions;
4. Commodity and Option Transactions;
5. Banking and Other Financial Institution Transactions;
6. Business Operating Transactions;
7. Insurance and Annuity Transactions;
8. Estate, Trust, and Other Beneficiary Transactions;
9. Claims and Litigation;
10. Personal and Family Maintenance;
11. Benefits from Social Security, Medicare, Medicaid, or other governmental programs or civil or military service;
12. Retirement Plan Transactions;
13. Tax Matters.

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY AND MY ATTORNEYS-IN-FACT SHALL HAVE THE POWER AND AUTHORITY TO

PERFORM OR UNDERTAKE ANY ACTION THAT I COULD PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

SPECIAL INSTRUCTIONS

SPECIAL INSTRUCTIONS APPLICABLE TO GIFTS (INITIAL THE LINE IN FRONT OF THE FOLLOWING SENTENCE TO HAVE IT APPLY):

____ I grant to my attorney-in-fact the power to apply my property to make gifts, except that the fair market value of any gift to any individual may not exceed the amount of the annual exclusion from the federal gift tax that is available to me for the calendar year of the gift, considering all previous gifts that have been made to that individual during the calendar year by me or by my attorney-in-fact as my agent which qualified for the annual exclusion.

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR ATTORNEY-IN-FACT.

UNLESS YOU DIRECT OTHERWISE BELOW, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY (i) INITIALING THE LINE IN FRONT OF THE ALTERNATIVE CHOSEN, OR (ii) CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

- X (A) This Power of Attorney is effective immediately and is not affected by my subsequent disability or incapacity.
- ____ (B) This Power of Attorney is not effective immediately and it becomes effective upon my disability or incapacity.

For purposes of this Power of Attorney, I will be deemed to be "disabled" or "incapacitated" upon receipt by my attorneys-in-fact of a written opinion from a board certified physician (rendered after the date of this Power of Attorney) stating that I am physically or mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this Power of Attorney. I will no longer be deemed to be disabled or incapacitated if my attorneys-in-fact receives a written opinion from a board certified physician stating that I am physically and mentally capable of managing my financial affairs. A written affidavit signed and acknowledged by my attorneys-in-fact which states that I am "disabled" or "incapacitated", as defined above, shall be conclusive proof of my disability or incapacity. A third party who accepts this Power of Attorney is fully protected from any action taken under this Power of Attorney that is based on the determination made by the physician of my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS INITIALED OR CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).

I agree that any third party who receives a copy of this document may act under it. Revocation of this Power of Attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

By my execution of this Power of Attorney, I revoke any durable power of attorney previously signed by me, excluding any power of attorney regarding medical or other health care decisions.

If Curtis Garlon Rea, Jr. dies, becomes legally disabled, resigns, or refuses to act, I name Myron Cabot Oglesby, Jr. as my successor attorneys-in-fact and, if Myron Cabot Oglesby, Jr. dies, becomes legally disabled, resigns, or refuses to act, then I name Cathy Gregor as my successor attorneys-in-fact.

Signed this 2 day of Sept, 2014.

This Power of Attorney is not affected by subsequent disability or incapacity of the Principal, nor is it affected by how much time has elapsed since its execution.

I, Helen M. Rea, the Principal, sign my name to this Power of Attorney this 2 day of Sept, 2014 and being first duly sworn do declare to the undersigned authority that I sign and execute this instrument or direct another to sign for me as my Power of Attorney, and that I sign it willingly, or willing direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the Power of Attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Helen M. Rea
Signature of Principal

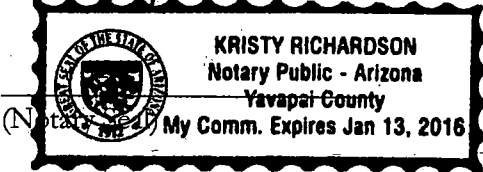
I, Alice OBrien, the Witness, sign my name to the foregoing Power of Attorney this 2 day of Sept, 2014, and being first duly sworn, do declare to the undersigned authority that the Principal signs and executes this instrument as his Power of Attorney and that he signs it willing, or willingly directs another to sing for him, and that I, in the presence and hearing of the Principal, sing this Power of Attorney as witness to the Principal's signing and that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Alice O'Brien
Signature of Witness

STATE OF ARIZONA

COUNTY OF Yavapai

Subscribed, sworn to and acknowledged before me by Helen M. Rea, the Principal, and subscribed, sworn to and acknowledged before me by Alice O'Brien, the witness this 2 day of Sept, 2014.



[Signature]
Signature of Notary Public

THE ATTORNEYS-IN-FACT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.