

RECORDING COVER PAGE

(Must be typed or printed clearly in BLACK ink only and avoid printing in the 1" margins of document)

DOUGLAS COUNTY, NV

2016-875349

Rec:\$16.00

\$16.00

Pgs=3

01/15/2016 09:52 AM

TIMESHARE WHOLESALERS OF PIGEON FORGE

KAREN ELLISON, RECORDER

APN# 42-010-40

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

**TITLE OF DOCUMENT
(DO NOT Abbreviate)**

Limited Durable Power of Attorney

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

RECORDING REQUESTED BY:

Chandler S. Eason, Jr. Trustee of the Eason Trust A dated January 2, 1991 w/a/d July 12, 1978

RETURN TO: Name TimeShare Wholesalers of Pigeon Forge LLC

Address 1338 Parkway, Suite 3

City/State/Zip Sevierville, TN 37862

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name _____

Address _____

City/State/Zip _____

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly—do not use page scaling.

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 Chandler S. Eason, Jr., Trustee of the Eason Trust A dated January 2, 1991 u/a/d July 12, 1978 ("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: The Ridge Tahoe, The Cascades Bldg UNIT #: Cascades 42-284-01-01 WEEK #: 42-284-01-01

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: Chandler S Eason Jr Trustee

PRINT NAME(S): Chandler S. Eason, Jr., Trustee of the Eason Trust A dated January 2, 1991 u/a/d July 12, 1978

GRANTOR(S) SIGNATURE: _____

PRINT NAME(S): _____

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

WITNESS SIGNATURE: _____

PRINT NAME: _____

WITNESS SIGNATURE: _____

PRINT NAME: _____

NOTARY FORM: STATE OF _____ COUNTY OF _____

I, _____, a Notary Public, do hereby certify that on this _____ day of _____, 20____, personally appeared before me Chandler S. Eason, Jr., Trustee of the Eason Trust A dated January 2, 1991 u/a/d July 12, 1978, 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 ACKNOWLEDGEMENT

WE

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

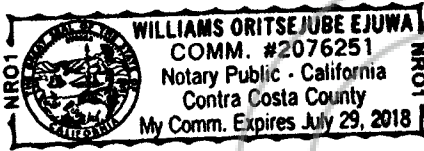
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Contra Costa)
On 11/12/2015 before me, Williams Oritsejube Ejuwa, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Chandler Streeton Eason
Name(s) of Signer(s)

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 [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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: Limited Durable Power of Attorney
Document Date: 11/12/2015 Number of Pages: 1
Signer(s) Other Than Named Above: None

Capacity(ies) Claimed by Signer(s)

Signer's Name: Chandler S. Eason
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: Self

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

WE