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KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: RAYMOND G. NAVARRO

Address: 3518 SHAWNEE DR.

City/State/Zip: CARSON CITY, NV, 89705

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

NEVADA STATUTORY 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)

Marlene Ladnier

Signature

MARLENE LADNIER

Printed Name

This document is being (re-)recorded to correct document # 2016-880169, and is correcting the spelling of the last name of Principal to "PEROCK" AND ALSO TO CORRECT ADDRESS OF AGENT, RAYMOND G. NAVARRO, TO 3518 SHAWNEE DR. CARSON CITY, NV, 89705, phone No: 775 684-9338

\$1.00 Additional Recording Fee for Use of This Page

RECORDING REQUESTED BY:

RAYMOND G. NAVARRO
3518 SHAWNEE DR
CARSON CITY, NV, 89705



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NEVADA STATUTORY POWER OF ATTORNEY

NRS 162A.620

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:

- A. 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.
- B. THIS POWER OF ATTORNEY BECOMES EFFECTIVE IMMEDIATELY UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.
- C. THIS POWER OF ATTORNEY **DOES NOT** AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.
- D. 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.
- E. 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.
- F. YOUR AGENT IS ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.
- G. 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 REQUIREMENT IN THE SPECIAL INSTRUCTIONS.

- H. 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.
- I. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT.
- J. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY EXCEPT AS SPECIFICALLY PROVIDED OTHERWISE BY LAW OR IN THE DOCUMENT GRANTING THE PRIOR POWER OF ATTORNEY.
- K. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK AN ATTORNEY TO EXPLAIN IT TO YOU.

NEVADA STATUTORY POWER OF ATTORNEY

Principal	GREGORY EARL PEROCK
Agent	Address: 3521 SHAWNEE CARSON CITY, NV 89705 Telephone: 775) 671-0516 RAYMOND G. NAVARRO, AGENT
Alternate Agent	Address: NONE Telephone:

1. DESIGNATION OF AGENT.

I, the above-named Principal, do hereby designate and appoint the above-named Agent 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.

If my agent is unable or unwilling to act for me, then I designate the Alternate Agent designated above to serve as my agent as authorized in this document. All references to "my agent" refer to an alternate agent only after the immediate predecessor has failed or ceased to act.

3. OTHER POWERS OF ATTORNEY.

This Power of Attorney is intended to, and does, revoke any prior Power of Attorney for financial matters I have previously executed other than a power of attorney that grants the authority to transfer assets into one or more trusts established by my or to designate a trust I established as the beneficiary under a contract or transfer-on-death arrangement. This Power of Attorney does not affect any power of attorney for health care.

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 my agent as the guardian of my estate or conservator. This shall be superseded by any nomination of a guardian made in a document that I sign after the date of this document. If my agent fails or ceases to act as the guardian of my estate or conservator, the Alternate Agent designated above shall serve in the order named.

5. GRANT OF GENERAL AUTHORITY.

I grant my agent the 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.)

Real Property

- Tangible Personal Property
- Stocks and Bonds
- Commodities and Options
- 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 UNLESS I have INITIALED the specific authority listed below:

- Create, amend, revoke or terminate an inter vivos, family, living, irrevocable or revocable trust
- Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney
- 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 survivor annuity, including a survivor benefit under a retirement plan
- Exercise fiduciary powers that the principal has authority to 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 the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

8. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

SEE MARCH 13, 2016
LETTER TO RAYMOND G. NAVARRO
ATTACHED

9. DURABILITY AND EFFECTIVE DATE. (INITIAL each clause that applies.)

DURABLE. This Power of Attorney shall not be affected by my subsequent disability or incapacity.

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.

GE I wish to have this Power of Attorney become effective on the following date: 4-30-16

I wish to have this Power of Attorney end on the following date: _____

GE I wish to have this Power of Attorney continue in force until revoked by me or until my death, whichever occurs first.

10. THIRD 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.

I am the above-named "Principal", and I sign my name to this Power of Attorney in ^{BENO} Las Vegas, Nevada.

Gregory Earl Percock
(Name:) GREGORY EARL PERCOCK
PERCOCK

April 30, 2016
Date

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA

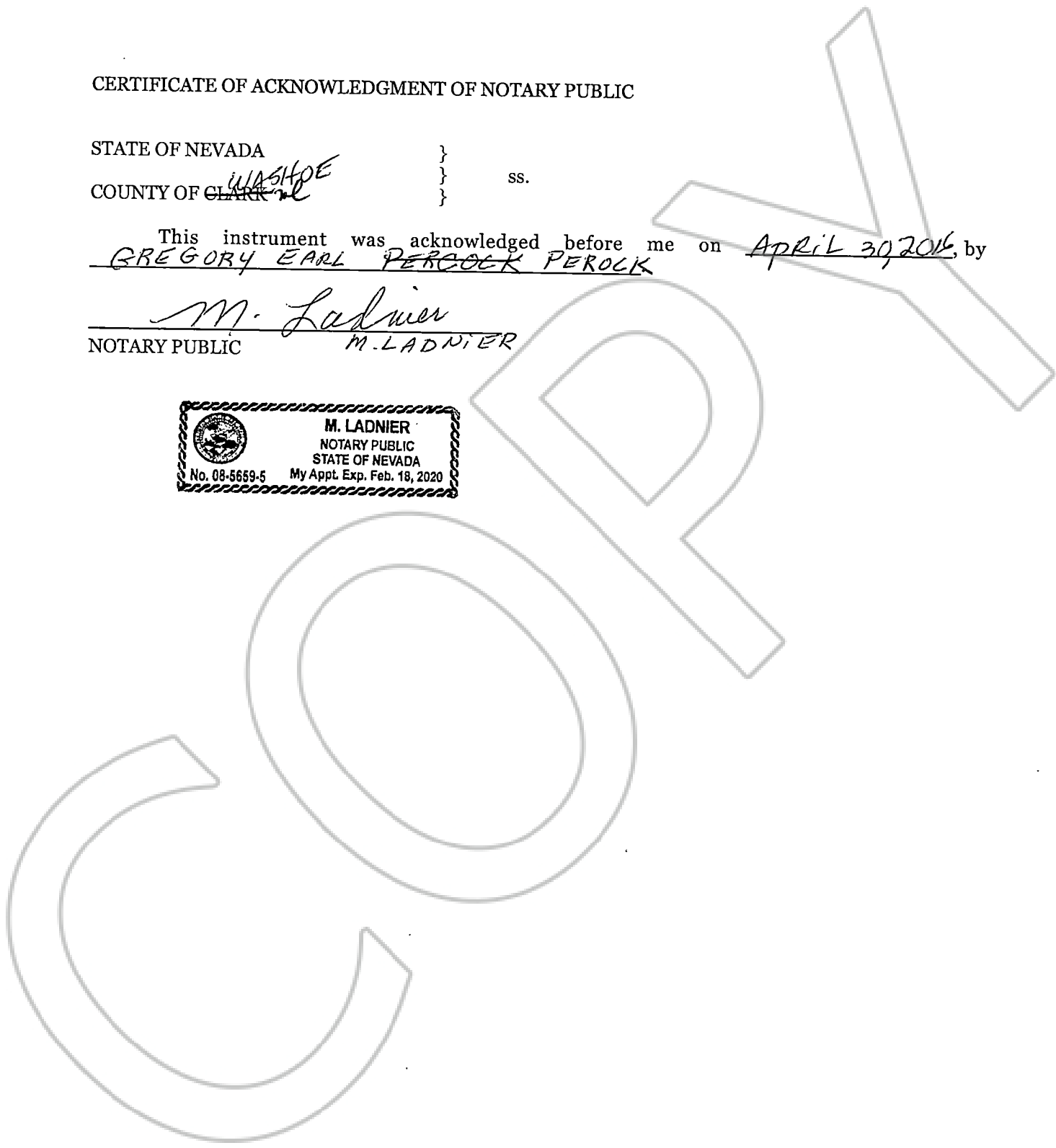
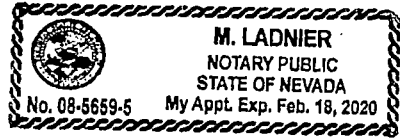
COUNTY OF ~~CLARK~~ ^{WASHOE}

}
}
}

ss.

This instrument was acknowledged before me on April 30, 2016, by
GREGORY EARL PERCOCK PEROCK

M. Ladnier
NOTARY PUBLIC M. LADNIER



Gregory Earl Perock

3521 Shawnee Drive

Carson City, Nevada

775-671-0516

prack_0@frontier.com
www.frontier.com

March 13th 2016

To: Marlene Ladnier or "Ray" Raymond Navarro

3518 Shawnee Drive, Carson City, Nevada 89705

Regarding my desire to keep the property operational should I become incapacitated, I instruct either of you to collect rents; and pay the bills that arrive in the mail box. Property Tax is currently paid in full; Homeowners Insurance, AAA Nevada: HO5003029708 is due April 1st (3 quarters @-297.00) at the office on 2901 S. Carson St. ; the two NV Energy and one SW Gas bill are paid at Walmart with my cash from rents. The Rents Received receipt book shall suffice to instruct you as to when amounts that are written in become due. Rental Applications and Rental Agreements shall be in keeping with the receipt book for all necessary details.

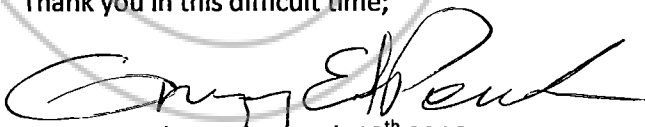
Next of kin:

Wayne Richard Perock, 251 Heidi Circle, in Carson City, Nevada, 89701

Jack Timothy Perock, 5504 Connie Drive in Shingle Springs, California, 95682

My reloading components and machinery are to go to Donald Inskeep , resides on 126 Crestview Drive, Mount Charleston, Nevada. 702-872-9309

Thank you in this difficult time;



Gregory Earl Perock, March 13th 2016