

DOUGLAS COUNTY, NV

2017-897576

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STEWART TITLE VACATION OWNERSHIP

KAREN ELLISON, RECORDER

Recording Requested By:
RESORTS WEST VACATION CLUB

P.O. BOX 5790

STATELINE, NV 89449

DURABLE GENERAL POWER OF ATTORNEY

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

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NAME

MAILING ADDRESS

CITY, STATE ZIP CODE

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DURABLE GENERAL POWER OF ATTORNEY

1. DESIGNATION OF AGENT AND ATTORNEY - IN - FACT.

I, MICHAEL G. NELSON, residing at: 1951 Rolling Vista Drive, No. 46, City of Lomita, County of Los Angeles, State of California, Zip Code 70717, age: 64, being in good health and of sound mind, do hereby designate and appoint, my Wife, RENA C. NELSON, residing at: 1951 Rolling Vista Drive, City of Lomita, County of Los Angeles, State of California, 70717, age: 59, as my Temporary Agent and Attorney - in - Fact, to act on my behalf, and in my name, to transact all financial and business affairs, and make all financial or business decisions on my behalf, and to have full access to all of my private, financial and business records and to make all other legal decisions on my behalf, as authorized in this document.

In the event that my Wife predeceases me or she states in writing that she is unwilling to serve and act as my Agent and Attorney- in-Fact, then, I revoke this Power of Attorney, or if I were to die, then this Power of Attorney, and all terms in this Document, is automatically revoked. I have intentionally not, and I do not, designate any Alternative Agent for this Power of Attorney.

2. DURATION OF DURABLE GENERAL POWER OF ATTORNEY.

By this legal document, I intend to create a Durable General Power of Attorney, for all purposes, including, but not limited to, Acting on my behalf, transacting any financial or business affairs on my behalf, and have access to all of my private, financial and business records, and any appropriate make health care decisions on my behalf, as authorized by the California Civil Code.

I Intend to have this Power of Attorney go into effect on the date that I sign this document, before a licensed Notary Public. This Power of Attorney shall be in effect upon the date of my Notarized signature on this document, and it shall remain in full force and effect despite any future incapacity, or disability of my body or mind, until revoked in writing, or for a time period of Nineteen (19) Months, after the date of it's execution, regardless of any Statutory Law or Authority that may limit or extend it to a lesser or longer period of time.

3. GENERAL STATEMENT OF AUTHORITY.

I hereby grant to my Agent and Attorney - in - Fact, the Power to:

(a) To ask, demand, sue for, recover, collect and to receive on my behalf every sum of money, debts, accounts, legacies, bequests, interests, dividends, annuities and to demand any sum now due and owing and payable to me, or which shall become due and owing and payable to me in the future, and to take any lawful action for the recovery thereof by legal process or otherwise, and to execute and deliver any satisfaction or release therefor, and to compromise any such claim, or demand, or legal action, on my behalf; and,

(b) To exercise any or all of the following powers as to any real estate and / or building thereon, belonging to me, or any interest therein, regardless of it's location: To contract for, buy or purchase, receive and take possession thereof and of evidence of title thereto, to lease or rent the same for any term or lawful purpose, including business, residence and oil or mineral rights or development, or to sell, exchange, grant or convey the same with or without warranty; and,

(c) To mortgage, transfer in trust, or otherwise encumber or hypothecate the same to secure payment of a negotiable or non-negotiable note or performance of any obligation or agreement. And to further exercise any of these powers for any personal property or goods, wares and merchandise, belonging to me; and,

(d) To create, amend, supplement and terminate any trust and to instruct and advise the trustee of any trust wherein I am or may be trustee or trustor or beneficiary, to represent me and to vote stock, exercise stock option rights, accept and deal with any dividend, distribution or bonus, join in any corporate financing reorganization, merger liquidation, consolidation or other action, and to covert, adust enforce or foreclose and to compromise, settle and satisfy any obligation secured or unsecured, owing by or to me and to give or accept any property or money to accomplis same; and

(e) To act or make all other legal decisions on my behalf, as if I were personally present and consenting to such act or legal decision, and my personal care and comfort, including but not limited to where I live, my food and meals, hiring household employees, my transportation, my mail, and my entertainment and recreation and vacations; and

(f) In the event that I become incapable of acting for myself, or incapable of giving an informed consent for any health care decision, I hereby grant to my Agent full power and authority to act on my behalf or transact business on my behalf or to give consent, or refuse consent, or withdraw consent, to any type of health care procedure (including but not limited to any overly invasive examinations, or diagnoses, or continued long term medical treatment of any physical or mental condition, or continued life support by machines, etc.) , or to make any other health care decision, to the same extent that I could if I were competent to do so, subject to the terms of this instrument. My Agent shall exercise all of these powers and authority in accordance with my expressed desires, known to my Agent, whether contained in this document or not. Before acting, my Agent shall communicate with my doctors and attempt to communicate with me regarding my desires unless such an attempt would be futile. If my desires are unknown, then my agent should decide for me, having my best interests in mind.

4. STATEMENT OF DESIRES AND SPECIAL PROVISIONS.

I declare that I wish to live as long as I can enjoy life, but if I am incapacitated, I want my Agent and Attorney-In-Fact, to continue to make all financial and business decisions and health care decisions and all other legal decisions on my behalf, including whether or not to continue to sustain my life, by extra-heroic means, or by artificial means or machinery, (ie. if I am in an Irreversible Comma for more than Fifteen (15) Days).

5. NOMINATION OF CONSERVATOR OF PERSON.

If it becomes necessary to appoint a conservator of my person, I nominate the following individuals, in order of preference, to serve as conservator of my person, (name, address, and telephone number) : My Wife, RENA C. NELSON, now residing at: 1951 Rolling Vista Drive, City of Lomita, County of Los Angeles, State of California, 70717, age: 59, and who's Cell Telephone Number is: (310) 702 - 0257, as my Sole Conservator.

6. AUTHORITY CONCERNING FINANCIAL, BUSINESS, AND MEDICAL INFORMATION AND RECORDS.

Subject to any limitations set forth elsewhere in this document, my Agent shall have the Power and Authority to do all of the following:

- (a) Request, review, and receive any financial or business records, or information, verbal or written, regarding my physical or mental health, including but not limited to, medical, psychological and hospital records and doctor's reports;
- (b) Execute any waivers or releases that may be required in order to obtain such records or information;
- (c) Consent to the disclosure of any private financial or business records or information;
- (d) Execute documents such as: "Consent For Treatment" or "Refusal To Permit Treatment" or "Leaving Hospital Against Medical Advice," or any necessary waiver or release from liability required by any hospital or physician.

7. DECLARATION OF PRINCIPAL.

I declare that my lawyer has explained to me my rights in connection with this instrument, and the consequences of signing it, and that I have read the warnings contained herein, and that I am voluntarily and freely signing this document.

Dated: 5/19/2016

By: Michael Nelson

MICHAEL G. NELSON, Grantor of Powers.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF 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 Los Angeles }

On 05/19/2016 before me, Hanif Thakor, Notary Public,
(Here insert name and title of the officer)

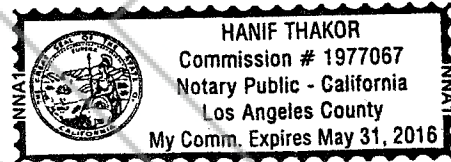
personally appeared Michael Nelson,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) 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]
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Durable General Power of Attorney
(Title or description of attached document)

of Attorney
(Title or description of attached document continued)

Number of Pages 7 Document Date 05/19/16
Including this page.

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)
 Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

EXHIBIT "A"

(34)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/38th interest in and to Lot 34 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 001 through 038 (inclusive) as shown on that certain Condominium Plan recorded June 22, 1987, as Document No. 156903; and (B) Unit No. 005 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe recorded August 21, 1984, as Document No. 097150, as amended, by Documents recorded October 15, 1990, June 22, 1987 and November 10, 1987 as Document Nos. 236691, 156904 and 166130, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in the same unit type conveyed, in Lot 34 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-724-005