

Recording Requested By:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)

When recorded Mail to:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)



KAREN ELLISON, RECORDER

**NEVADA STATUTORY POWER OF ATTORNEY
NRS 162A.620**

WARNING TO PERSON EXECUTING THIS DOCUMENT

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:

1. 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.
2. THIS POWER OF ATTORNEY BECOMES EFFECTIVE IMMEDIATELY UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.
3. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.
4. 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.
5. 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.

6. YOUR AGENT IS ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.
7. 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.
8. 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.
9. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT.
10. 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.
11. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK AN ATTORNEY TO EXPLAIN IT TO YOU.

1. DESIGNATION OF AGENT.

I, JUDITH R. SPIVEY, do hereby designate and appoint the below-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:

JERRY T. SPIVEY

2. DESIGNATION OF ALTERNATE AGENT.

If my agent is unable or unwilling to act for me, then I designate the below-named alternate agent 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:

(You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same decisions as the agent designated above in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

I. First Alternate Co-Agents:

Nicholas Ryan Gallington
Current phone number: 530-720-7171

and

Charity Lynn Rask Oliver
Current phone number: 623-797-0807

The Co-Agents are to act jointly, whenever feasible. Each Co-Agent shall seek the other Co-Agent’s approval in writing (e-mail or text message is acceptable) prior to taking action, if feasible. If an immediate action is required, the first available Co-Agent may act individually but shall first attempt a telephonic contact with the other Co-Agent for at least an hour. If an immediate action is required and a one-hour delay would result in irreparable harm to health or property of the Principal, then the first available Co-Agent may act individually but shall first attempt at least one telephonic contact with the other Co-Agent.

If one of my Co-Agents is unable or unwilling to act for me, then I designate the remaining Co-Agent to serve as my sole agent, and 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.

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 me 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:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

- 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:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

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:

9. DURABILITY AND EFFECTIVE DATE.

By this document, I hereby create a durable power of attorney by appointing the person designated above (including each alternate name herein) as my agent to make financial decisions for me.

EFFECTIVE IMMEDIATELY. This power of attorney will exist indefinitely from the date I execute this document

DURABLE. This power of attorney shall not be affected by my subsequent incompetence, disability, or other 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.

I wish to have this Power of Attorney become effective on the following date:
_____.

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

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

If I am unable to make financial decisions for myself when this power of attorney expires, the authority I have granted my agent will continue to exist until the time when I become able to make financial decisions for myself.

10. POWER TO NEGATE DIRECTIVE.

Notwithstanding anything to the contrary herein, I reserve the right to make any decisions for myself and object to any decisions made by my agent so long as I have sufficient mental capacity.

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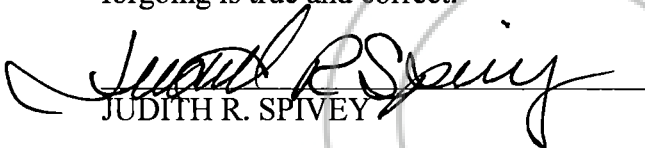
11. THIRD PARTY PROTECTION.

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.

12. 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.

I sign my name to this Statutory Power of Attorney on this 11 day of December 2017, at 1624 10th St, Suite 3, Minden, Nevada. I understand the full importance of this document and I am emotionally and mentally competent to execute it. This document constitutes an affidavit of the declarations made herein, and, in compliance with NRS53.045 (which permits unsworn declarations to serve as an affidavit without a notary), I declare under penalty of perjury that the foregoing is true and correct.



JUDITH R. SPIVEY

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

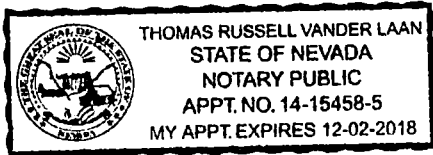
STATE OF NEVADA)
): ss
COUNTY OF Douglas)

On this 11th day of December, 2017, before me, Thomas Vander Laan, personally appeared JUDITH R. SPIVEY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

My commission expires on 12/02/18.



NOTARY PUBLIC



COPIES: You should retain an executed copy of this document and give one to your agent.