

DOUGLAS COUNTY, NV **2020-951903**  
Rec:\$40.00  
\$40.00 Pgs=5 09/03/2020 08:44 AM  
STEWART TITLE COMPANY  
KAREN ELLISON, RECORDER

A.P.N. No.:	1420-08-211-004
File No.:	845393 rc
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Teri J. Mark	
740 E. Glenmere Drive	
Chandler, AZ 85225	

(for recorders use only)


### Power of Attorney

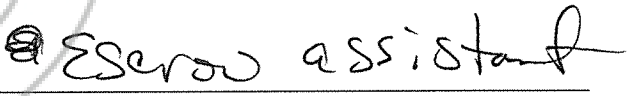
Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

[\*] I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: \_\_\_\_\_ (State specific law)

  
Signature

  
Title

  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink. (Additional recording fee applies)

NEVADA STATUTORY POWER OF ATTORNEY

<b>Principal</b>	Teri J. <del>Mark</del> <sup>Ward</sup>
<b>Agent</b>	John G. Davidson Address: 740 E Glenmere Dr, Chandler AZ 85225 Telephone: 725-247-7601
<b>Alternate Agent</b>	Meghan A. Davidson Address: 461 Burns St. Reno NV 89502 Telephone: 775-229-0462

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:

No Special Instructions

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.

I wish to have this Power of Attorney become effective on the following date: 8/15/2020

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.

10. THIRD PARTY PROTECTION.

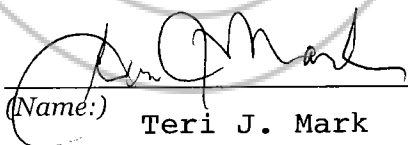
Third parties may rely upon the validity of this Power of Attorney or a copy and the representations of my agent as to all matters relating to any power granted to my agent, and no person or agency who relies upon the representation of my agent, or the authority granted by my agent, shall incur any liability 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 Carson City, Nevada.

  
(Name:) Teri J. Mark

15 Aug 2020  
Date

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA                    }  
  }  
COUNTY OF   CARSON              }

ss.

This instrument was acknowledged before me on   Aug 15, 2020  , by  
  Teri J. Mark  

  Erin A. DiPietro    
NOTARY PUBLIC

