

APN# 1318-23-411-023

Recording Requested by/Mail to:

Name: MOBO LAW, LLP

Address: 10280 Donner Pass Rd

City/State/Zip: Truckee, CA 96161

Mail Tax Statements to:

Name: Corrine Strauss

Address: P.O. Box 5112

City/State/Zip: Stateline, NV 89449



KAREN ELLISON, RECORDER

POWER OF ATTORNEY

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain 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)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

*** DO NOT REMOVE THIS PAGE - IT IS A PART OF THIS INSTRUMENT ***

POWER OF ATTORNEY

4 Pages

FILED AND RECORDED-OPR	CLERKS NOTES
On: <u>03/16/2020 01:55 PM</u>	
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Receipt No: <u>2003413</u>	
Amount: \$ <u>34.00</u>	
By: <u>Wanda Spencer</u> , Deputy	
Elizabeth James, County Clerk Harrison County, Texas	



STATE OF TEXAS

COUNTY OF HARRISON

I hereby certify that this instrument was filed on the date and time stamped hereon by me and was duly recorded in the Official Public Records of Harrison County, Texas.

Elizabeth James
Elizabeth James, Harrison County Clerk

Record and Return To:



TONIA TAYLOR
1507 N FULTON ST

MARSHALL, TX 75670

DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, SUBTITLE P, TITLE 2, ESTATES CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. IF YOU WANT YOUR AGENT TO HAVE THE AUTHORITY TO SIGN HOME EQUITY LOAN DOCUMENTS ON YOUR BEHALF, THIS POWER OF ATTORNEY MUST BE SIGNED BY YOU AT THE OFFICE OF THE LENDER, AN ATTORNEY AT LAW, OR A TITLE COMPANY.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until:

- (1) you die or revoke the power of attorney;
- (2) your agent resigns or is unable to act for you; or
- (3) a guardian is appointed for your estate.

I, Johnny B Jones, residing at 1507 N Fulton St, Marshall, Texas 75670, appoint Rosie J Taylor of 1507 N Fulton St, Marshall, Texas 75670, as my agent ("Agent") to act for me in any lawful way with respect to all of the following powers that I have listed below.

- Real property transactions
- Tangible personal property transactions
- Stock and bond transactions
- Commodity and option transactions
- Banking and other financial institution transactions
- Business operating transactions
- Insurance and annuity transactions
- Estate, trust, and other beneficiary transactions
- Claims and litigation
- Personal and family maintenance
- Benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service
- Retirement plan transactions
- Tax matters
- Digital assets and the content of an electronic communication

I hereby revoke any and all general powers of attorney and special powers of attorney that

previously have been signed by me.

SPECIAL INSTRUCTIONS APPLICABLE TO AGENT COMPENSATION: My agent is entitled to reimbursement of reasonable expenses incurred on my behalf but shall receive no compensation for serving as my agent.

GRANT OF SPECIFIC AUTHORITY

(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. Consultation with an attorney is recommended before granting any of these specific powers).

In addition to the above powers, my agent will have the authority to:

- Create, amend, revoke, or terminate an inter vivos trust
- Make a gift, subject to the limitations of Section 751.032 of the Durable Power of Attorney Act (Section 751.302, Estates Code) and any special instructions in this power of attorney
- Create or change rights of survivorship
- Create or change a beneficiary designation
- Authorize another person to exercise the authority granted under this power of attorney

THIS POWER OF ATTORNEY IS NOT AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY.

I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

If the Agent is unable to serve for any reason, I appoint Tonia D Taylor, of 1507 N Fulton St, Marshall, Texas 75670, as my alternate or Successor Agent, as the case may be to serve with the same powers and discretions.

This power of attorney continues until I revoke it or it is terminated by my death or other event described in Subtitle P, Title 2 of the Texas Estates Code.

I agree that any third party who receives a copy of this document may act under it. Termination of this durable power of attorney is not effective as to a third party until the third party has actual knowledge of the termination. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. The meaning and effect of this durable power of attorney is determined by Texas law.

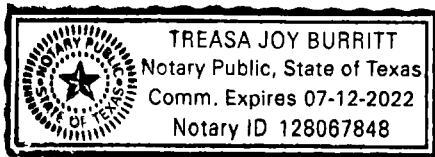
Dated March 8, 2019, at Marshall, Texas.

Johnny B Jones
Johnny B Jones

STATE OF TEXAS,
COUNTY OF HARRISON, ss:

This document was acknowledged before me on 3.8.19 (date) by Johnny B Jones (name of principal).

Treasa Joy Burritt
(signature of notarial officer)



Treasa Joy Burritt
(printed name)

My commission expires 07.12.2022