

APN# \_\_\_\_\_

Recording Requested by/Mail to:

Name: Laurie Sugden  
Address: 900 Arrowhead Dr.  
City/State/Zip: Gardnerville NV 89460



00135819202109683240100104

KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

General Durable 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

\_\_\_\_\_  
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**General Durable Power of Attorney for Financial Matters for  
RUSSELL DEVERE WHITE**

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A GENERAL 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. EXCEPT AS NOTED, THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY.
11. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU.

**1. DESIGNATION OF AGENT.**

I, RUSSELL DEVERE WHITE, do hereby designate and appoint:

Name: Laurie ANN Sugden  
Address: 900 Arrowhead Dr. Gardnerville NV 89460  
Phone: (775) 790-0224

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.**

*(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.)*

If my agent is unable or unwilling to act for me, then I designate the following person(s) to serve as my agent as authorized in this document, such person(s) to serve in the order listed below:

**A. FIRST ALTERNATIVE AGENT**

Name: Kellie Jean Swan  
Address: 1208 Jacobsen Ln  
Phone: Gardnerville, NV 89410  
775-781-6670

**3. OTHER POWERS OF ATTORNEY.**

This Power of Attorney is intended to, and does, revoke any prior Power of Attorney I have previously executed except:

Power granted by me under a General Durable Power of Attorney executed on the same date as this Statutory Form Power of Attorney;

Powers granted by me under any healthcare power of attorney or directive;

Powers granted by me on forms provided by financial institutions granting the right to write checks on, deposit funds to and withdraw funds from accounts to which I am a signatory; and

Powers granting access to a safe deposit box.

**4. NOMINATION OF GUARDIAN.**

If, after execution of this Power of Attorney, incompetency proceedings are initiated for my estate, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

**5. GRANT OF GENERAL AUTHORITY.**

I grant my agent and any successor agent(s) 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
- Estate, 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
- NONE OF THE ABOVE.**

**7. EXPRESSION OF INTENT CONCERNING LIVING ARRANGEMENTS**

It is my intention to live in my home as long as it is safe and my medical needs can be met. My agent may arrange for a natural person, employee of an agency or provider of community-based services to come into my home to provide care for me. When it is no longer safe for me to live in my home, I authorize my agent to place me in a facility or home that can provide any medical assistance and support in my activities of daily living that I require. Before being placed in such a facility or home, I wish for my agent to discuss and share information concerning the placement with me.

It is my intention to live in my home for as long as possible without regard for my medical needs, personal safety or ability to engage in activities of daily living. My agent may arrange for a natural person, an employee of an agency or a provider of community-based services to come into my home and provide care for me. I understand that, before I may be placed in a facility or home other than the home in which I currently reside, a guardian must be appointed for me.

I desire for my agent to take the following actions relating to my care:

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**8. 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.

**9. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:**

I grant my Agent the power and authority to retain private protected person's counsel for me in a guardianship proceeding initiated by those persons named herein to serve as my Agent, for him/her to serve as my guardian. It is my wish that my estate planning attorney be retained to serve as protected person's counsel on my behalf. If my estate planning attorney has been retained by those persons named herein to serve as my Agent, for the purpose of commencing guardianship proceedings to have me made a protected person of the court, I expressly authorize and grant my Agent the power to retain an experienced guardianship attorney to represent me in any guardianship proceeding to have me made a protected person of the court. My Agent's power and authority to retain private protected person's counsel on my behalf will not and shall not be dependent upon my ability to form an attorney-client relationship with the attorney privately retained to serve as protected person's counsel.

**10. DURABILITY AND EFFECTIVE DATE. (INITIAL the clause(s) 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: 5-28-21

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

**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.

**13. 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.**

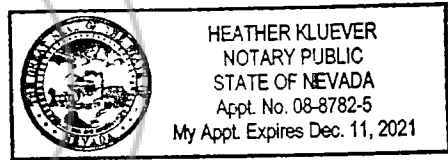
I sign my name to this Power of Attorney on May 28, 2021 at Douglas County, Nevada.

Russell White  
\_\_\_\_\_  
**RUSSELL DEVERE WHITE**

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF DOUGLAS    )

On May 28, 2021, before me, a Notary Public, personally appeared, **RUSSELL DEVERE WHITE**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he or 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.

Heather Kluever  
\_\_\_\_\_  
Notary Public



**Appendix to General Durable Power of Attorney for Financial Matters of  
RUSSELL DEVERE WHITE**

I, RUSSELL DEVERE WHITE, hereby supplement the powers authorized by me in the General Durable Power of Attorney for Financial Matters executed on the date above.

**Section 1.01                    Effects on Legal Capacity**

A formal adjudication of my incapacity is not required for my Agent to exercise the authority granted by me under this General Durable Power of Attorney for Financial Matters.

**Section 1.02                    Consensual Guardianship Authority**

A guardian of my estate may be granted to my spouse and/or my Agent in the order listed herein based upon a statutory *Physician's Guardianship Certificate with Needs Assessment* notwithstanding any enhanced requirements established by legislation in the future for additional testing, reports, or evaluations before a guardianship may be granted. I request that the *Physician's Guardianship Certificate with Needs Assessment* be admitted into evidence by said court.

**Section 1.03                    Limited Guardianship Requested**

I request that my nominated guardian seek to tailor the guardianship so that the court has as limited an amount of jurisdiction over my person and/or estate as is possible, and so that my Agent be allowed to retain as much authority over my affairs as the court is able to grant.

**Section 1.04                    Waiver of Right to Court-Appointed Counsel/Legal Services Counsel**

I understand that I have a legal right to have an attorney appointed for me by the court if guardianship proceedings are commenced to have me made a protected person of the court. However, I have special faith and trust in my family members named herein to serve as my Agent, and if necessary, as guardian of my estate and/or person. Hence, I knowingly and voluntarily waive the right to have an attorney automatically appointed for me in a guardianship proceeding initiated by my family member(s) named herein to serve as my Agent. It is my wish that my estate planning attorney be appointed on my behalf instead of court-appointed counsel. If my estate planning attorney has been retained by my family member(s) named herein to serve as my Agent, for the purpose of commencing guardianship proceedings to have me made a protected person of the court, I expressly authority my Agent to determine and decide upon an attorney of his/her choosing to represent me in any guardianship proceeding to have me made a protected person of the court. My Agent's power and authority to retain private protected person's counsel on my behalf will not and shall not be dependent upon my ability to form an attorney-client relationship with the attorney privately retained to serve as protected person's counsel.

**Section 1.05                    No Termination of This Power of Attorney Shall be Automatic**

I do not wish this document to be automatically terminated by operation of law if a guardian of my estate and/or person is appointed by any Court. My reason is that such a guardianship could be terminated and I may not have the capacity to execute a new power of attorney. I want a court to incorporate my statements made herein as part of any plan of care or plan for the utilization of my estate. Hence, a court may suspend the authority of my Agent under this document and transfer such authority to the guardian of my estate and/or person. Since any court appointing a guardian of my estate and/or person is constitutionally required to take only such actions as are necessary to meet my needs, I believe any statute mandating the termination of this document is unconstitutional as violating my right to privacy and Due Process of law.



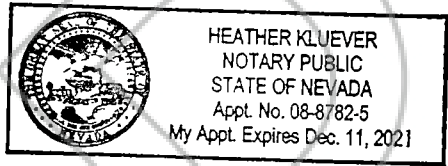
I sign my name to this Appendix to the General Durable Power of Attorney for Financial Matters on May 28, 2021 at Douglas County, Nevada.

Russell D Devere White  
**RUSSELL DEVERE WHITE**

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF DOUGLAS    )

On May 28, 2021, before me, a Notary Public, personally appeared, **RUSSELL DEVERE WHITE**, who 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 subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

Heather Kluever  
Notary Public



## IMPORTANT INFORMATION FOR AGENT

1. **Agent's Duties.** When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must:
  - a. Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
  - b. Act in good faith;
  - c. Do nothing beyond the authority granted in this Power of Attorney; and
  - d. Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:  
(Principal's Name) by (Your Signature) as Agent
  
2. Unless the Special Instructions in this Power of Attorney state otherwise, you must also:
  - a. Act loyally for the principal's benefit;
  - b. Avoid conflicts that would impair your ability to act in the principal's best interest;
  - c. Act with care, competence, and diligence;
  - d. Keep a record of all receipts, disbursements and transactions made on behalf of the principal;
  - e. Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
  - f. Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.
  
3. **Termination of Agent's Authority.** You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include:
  - a. Death of the principal;
  - b. The principal's revocation of the Power of Attorney or your authority;
  - c. The occurrence of a termination event stated in the Power of Attorney;
  - d. The purpose of the Power of Attorney is fully accomplished; or
  - e. If you are married to the principal, your marriage is dissolved.
  
4. **Liability of Agent.** The meaning of the authority granted to you is defined in this chapter. If you violate this chapter or act outside the authority granted in this Power of Attorney, you may be liable for any damages caused by your violation.
  
5. If there is anything about this document or your duties that you do not understand, you should seek legal advice.