DOUGLAS COUNTY, NV

2021-972767

Rec:\$40.00

\$40.00 Pgs=6

08/19/2021 12:32 PM

TICOR TITLE - GARDNERVILLE KAREN ELLISON, RECORDER

APN # 1419-34-310-008

Escrow # 02105482-RLT

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons. (Pursuant to NRS 239b.030)

Recording Requested by and Return to:

TICORTITLE OF NEVADA, INC. 1483 US Highway 395 N, Suite B Gardnerville, NV 89410

Durable Financial Power of Attorney

(Title on Document)

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

This cover page must be typed or printed clearly in black ink only.

DURABLE FINANCIAL POWER OF ATTORNEY

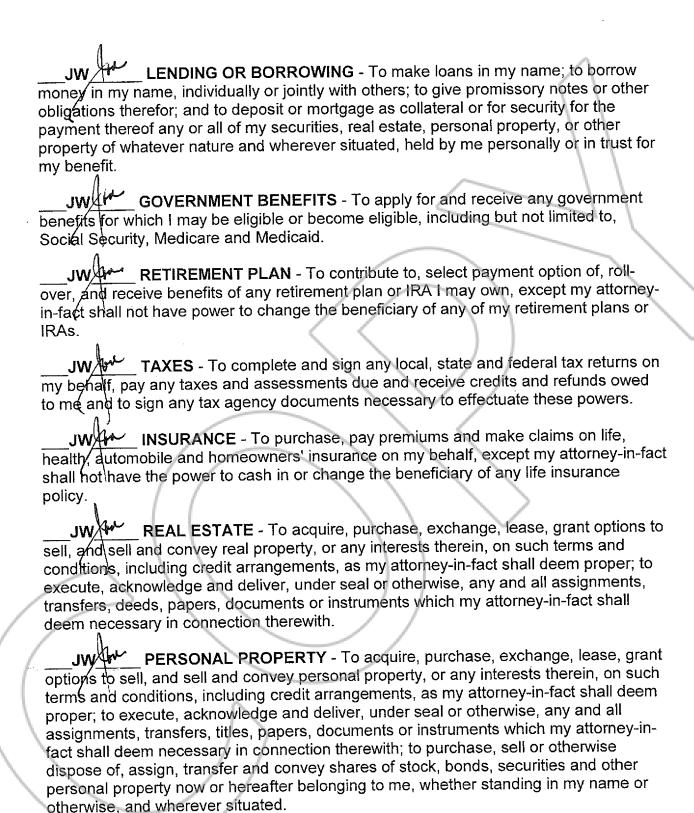
On the 1st day of December, 2018 I, Jonathan E. Whiteman or (Jon Whiteman), the principal, of Genoa, State of Nevada, hereby designate Carrie A. Whiteman, of Genoa, State of Nevada, my attorney-in-fact (hereinafter my "attorney-in-fact"), to act as initialed below, in my name, in my stead and for my benefit, hereby revoking any and all financial powers of attorney I may have executed in the past.

below, in my name, in my stead and for my benefit, hereby revoking any and all financial powers of attorney I may have executed in the past.				
EFFECTIVE DATE				
(Choose the applicable paragraph by placing your initials in the preceding space)				
subsequent disability or incapacity I may experience in the future.				
or				
- B. I grant my attorney-in-fact the powers set forth herein only when it has been determined in writing, by my attending physician, that I am unable to properly handle my financial affairs.				
POWERS OF ATTORNEY-IN-FACT				
My attorney-in-fact shall exercise powers in my best interests and for my welfare, as a fiduciary. My attorney-in-fact shall have the following powers:				
(Choose the applicable power(s) by placing your initials in the preceding space)				
BANKING - To receive and deposit funds in any financial institution, and to withdraw funds by check or otherwise to pay for goods, services, and any other personal and business expenses for my benefit. If necessary to effect my attorney-infact's powers, my attorney-in-fact is authorized to execute any document required to be signed by such banking institution.				
SAFE DEPOSIT BOX - To have access at any time or times to any safe deposit box rented by me or to which I may have access, wheresoever located, including drilling, if necessary, and to remove all or any part of the contents thereof, are to surrender or relinquish said safe-deposit box; and any institution in which any such				

safe-deposit box may be located shall not incur any liability to me or my estate as a

result of permitting my attorney-in-fact to exercise this power.

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power to manage property. To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interests therein, that I now own or may

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SPECIAL INSTRUCTIONS: On the following	ig lines are any special instructions infining
or extending the powers I give to my attorned	ey-in-fact (Write "None" if no additional
instructions are given):	
_None	
O D at 1	

_None		V V		
- Jan.		1		
			<	

AUTHORITY OF ATTORNEY-IN-FACT: Any party dealing with my attorney-in-fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my attorney-in-fact as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my attorney-in-fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my attorney-in-fact shall lawfully do under this instrument. My attorney-in-fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

LIABILITY OF ATTORNEY-IN-FACT: My attorney-in-fact shall not incur any liability to me under this power except for a breach of fiduciary duty.

REIMBURSEMENT OF ATTORNEY-IN-FACT: My attorney-in-fact is entitled to reimbursement for reasonable expenses incurred in exercising powers hereunder, and to reasonable compensation for services provided as attorney-in-fact.

AMENDMENT AND REVOCATION: I can amend or revoke this power of attorney through a writing delivered to my attorney-in-fact. Any amendment or revocation is ineffective as to a third party until such third party has notice of such revocation or amendment.

STATE LAW: This Power of Attorney is governed by the laws of the State of Nevada.



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PHOTOCOPIES: Photocopies of this document can be relied upon as though they were originals.
IN WITNESS WHEREOF, I have on this 28 day of WV mber, 2018, executed this Financial Power of Attorney.
Jonathan E. Whiteman Principal's Signature
How Whiteman
Jon Whiteman Principal's Signature
We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument in the presence of each of us, that the principal signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the principal and in the principal's presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence. Witness's Signature (Name)
1483 Highway 385 Suite B. Gardnewille, NV 89410 Address, City, State, Zip
Witness's Signature 1483 US HWY 395 Suite 13 Gardnerville NV 89410
Address, City, State, Zip
STATE OF Awada Doubla! County, ss.
On this 28 day of 1000 mbw, 2018, before me appeared through government issued photo identification to be the above-named person, in my

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presence executed foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed. Notary Public RISHELE L. THOMPSON My commission expires: 410111 Notary Public - State of Nevada Appointment Recorded in Douglas County No: 99-54801-5 - Expires April 10, 2019 SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT I, Carrie A. Whiteman, the attorney-in-fact named above, hereby accept appointment as attorney-in-fact in accordance with the foregoing instrument. Carrie A. Whiteman Attorney-in-Fact's Signature STATE OF NOVACO DOMAS County, ss. On this 28 day of Normbur 20 / before me appeared , as Attorney-in-Fact of this Power of Attorney who proved to Carrie A whiteria me through government issued photo identification to be the above-named person, in my presence executed the foregoing acceptance of appointment and acknowledged that (s)he executed the same as his/her free act and deed. RISHELE L. THOMPSON Notary Public Notary Public - State of Nevada

My commission expires: 4/10/19

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ppointment Recorded in Dougles County

No: 98-54831-5 - Expires April 10, 2019