

DOUGLAS COUNTY, NV

2022-983764

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04/15/2022 11:46 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: **1420-07-616-046**

Escrow No.: **22024830-ES**

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

Mail Tax Statements to:
Margaret Louise Smith
PO Box 5513
Incline Village, NV 89450

SPACE ABOVE FOR RECORDERS USE

**DURABLE POWER OF ATTORNEY-FINANCIAL MANAGEMENT FOR RAQUEL
RAMOS DIAZ**
(Title of Document)

SPACE BELOW FOR RECORDER

**DURABLE POWER OF ATTORNEY – FINANCIAL MANAGEMENT
RAQUEL RAMOS DIAZ**

1. DESIGNATION OF AGENT

I, RAQUEL RAMOS DIAZ, as principal, appoint my daughter, CINDY A. RAMOS, whose address is 951 Opalite Ct., Carson City, NV 89705, and whose telephone number is (530) 318-8541, as my attorney-in-fact (agent) to act for me as authorized in this document. If CINDY A. RAMOS dies, resigns, is unable to act because of incapacity, or is unwilling to act, I appoint my daughter, ARICELA RAMOS, as my alternate attorney-in-fact, whose address is 2491 Osborne Ave., South Lake Tahoe, CA 96150, and whose telephone number is (530) 318-8670.

2. EFFECTIVE DATE AND DURABILITY

By this document, I intend to create a durable power of attorney which shall be effective only upon my disability or incapacity and shall continue throughout such disability or incapacity. My disability or incapacity shall be deemed to exist if I lack sufficient capacity to make or communicate responsible decisions concerning the management of my financial affairs. The existence of such disability or incapacity shall be conclusively established by attaching to this durable power of attorney the sworn statement of my physician stating that (a) she or he has examined me and (b) believes that I am under a legal disability or by reason of illness or mental or physical disability I am unable to give prompt and intelligent consideration to financial matters.

If this durable power of attorney becomes effective, it shall be suspended if I shall have recovered from disability or regained capacity. The existence of such recovery or restoration of capacity shall be conclusively established by attaching to this durable power of attorney the sworn statement of my physician stating that (a) she or he has examined me and (b) believes that I am no longer under a legal disability or that I am then able to give prompt and intelligent consideration to financial matters.

For the purpose of determining my ability or capacity under this durable power of attorney, I authorize the disclosure of my individually identifiable health information

governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my agent and the successors to my agent.

3. AGENT'S POWERS

I grant to my agent full authority, for me and in my name, place and stead:

- a. To have access to any safe deposit box rented by me or by me with others (including authority to have it drilled), to remove the contents and to terminate the lease of the box;
- b. To ask, demand, sue for, collect and receive all sums of money, dividends, interest, payments on account of debts and legacies and all property now due or which may hereafter become due and owing to me, and give good and valid receipts and discharges for such payments;
- c. To sell, assign and transfer stocks and bonds and securities standing in my name or belonging to me;
- d. To buy and sell securities of all kinds in my name and for my account and at such prices as shall seem good to my agent;
- e. To sign, execute, acknowledge and deliver in my name all transfers and assignments of securities;
- f. To borrow money and to pledge securities for such loans if in the judgment of my agent such action should be necessary;
- g. To consent in my name to reorganizations and mergers, and to the exchange of securities for new securities;
- h. To manage real property, to sell, convey and mortgage realty, to foreclose mortgages and to take title to property in my name if my agent thinks proper, and to execute, acknowledge and deliver deeds of real property, mortgages, releases, satisfactions and other instruments relating to realty which my agent considers necessary;
- i. To place and effect insurance;
- j. To do business with banks, and particularly to endorse all checks and drafts made payable to my order and collect the proceeds;

k. To sign in my name checks on all accounts standing in my name, and to withdraw funds from such accounts, to open accounts in my name or in my agent's name as my attorney-in-fact;

l. To make such payments and expenditures as may be necessary in connection with any of the foregoing matters or with the administration of my affairs;

m. To redeem, surrender, borrow, extend, cancel, amend, pledge, alter or change life insurance policies and annuities, as my agent may deem proper and expedient, and for such purpose to sign and execute any documents, affidavits or forms required in my name and on my behalf, except however, my agent shall have no power and authority over life insurance policies I may own on my agent's life; and to exercise all powers and options involving retirement programs, compensation plans, pension, profit sharing and other employee benefit plans;

n. To retain counsel and attorneys on my behalf, to appear for me in all actions and proceedings to which I may be party in the courts of Nevada or any other state in the United States, or in the United States courts, to commence actions and proceedings in my name if necessary, to sign and verify in my name all complaints, petitions, answers and other pleadings of every description;

o. To make and verify income tax returns, and to represent me in all income tax matters before any office of the Internal Revenue Service, the Nevada Department of Revenue or any other state taxing authority;

p. To make application to any governmental agency for any benefit or government obligation to which I may be entitled; to endorse any checks or drafts made payable to me from any government agency for my benefit, including any Social Security checks;

q. To disclaim or renounce any asset that I may receive by gift, inheritance or other transfer; and

r. To transfer any part or all of any interest I may own in real estate, securities of every nature, bank accounts, brokerage accounts, insurance, annuities and any other assets of any kind and nature, to the trustee or trustees of any revocable trust created by

me as a settlor; and

s. To do and perform all and every act necessary to be done as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my agent may do under this power.

4. REVOCATION OF PRIOR POWERS OF ATTORNEY

I revoke any prior powers of attorney for financial management.

5. THIRD PARTY RELIANCE

Every bank or other financial institution, insurance company, transfer agent, issuer, obligor, safe deposit box company, title insurance company or other person, firm or corporation to which this power of attorney and attachments or a photocopy hereof is presented is authorized to receive, honor and give effect to all instruments signed pursuant to the foregoing authority without inquiring as to the circumstances of their issuance or the disposition of the property delivered pursuant thereto.

I, RAQUEL RAMOS DIAZ, as principal, sign my name to this power of attorney, and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney for financial matters, that I sign it willingly, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

Dated: ²⁰¹⁸ ~~September 17, 2017~~
RRD


Raquel Ramos Diaz, Principal

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WITNESS STATEMENT

I, Kerian Stevens, the witness, sign my name to the foregoing power of attorney, being first duly sworn and do declare to the undersigned authority that I am not an agent's spouse or a child of an agent, that the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge, the principal is eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

Dated: Sept 17, 2017 ²⁰¹⁸

[Signature]
Witness

Subscribed and sworn before me this 17 day of September, ~~2017~~ ²⁰¹⁸

[Signature]
Notary Public in and for said

El Dorado County and State of California

SEE ATTACHMENT FOR NOTARY SEAL

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of California
)
County of El Dorado ss:

On this 17 day of September in the year ~~2017~~ ²⁰¹⁸, before me, Eric Martinez, Notary Public personally appeared RAQUEL RAMOS DIAZ 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 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.

[Signature]
Notary Public in and for said
El Dorado County and State of California

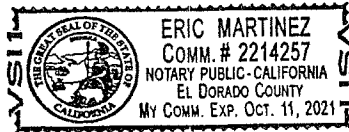
SEE ATTACHMENT FOR NOTARY SEAL

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 17
day of September, 2018, by _____
Erika Stevens

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in black ink, appearing to read 'Eric Martinez', written over a horizontal line.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of El Dorado)

On 09.17.2018 before me, Eric Martinez, Notary Public
(insert name and title of the officer)

personally appeared Raquel Ramos Diaz
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that he (s) / she / they executed the same in his (s) / her / their authorized capacity(ies), and that by his (s) / her / their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)

