

APN# _____



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Kellen Dimitri

Address: Po Box 247

City/State/Zip: Genoa, NV 89411

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Durable Power of Attorney
Title of Document (required)

Please complete the Affirmation Statement below:

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) Military Discharge – NRS 419.020 (2)
 Other NRS _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted
for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Signature

Kellen Dimitri

Printed Name

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

STATUTORY FORM POWER OF ATTORNEY
(Pursuant to Nevada Revised Statute Chapter 162A)

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A 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, THAT IS A SEPARATE DOCUMENT.

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 INTEREST.

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 REIMBURSEMENT OF EXPENSES REASONABLY INCURRED ON YOUR BEHALF.

7. THIS FORM PROVIDES FOR THE 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 NAME 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. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY.

11. AN ACT PERFORMED BY AN AGENT PURSUANT TO THIS POWER OF ATTORNEY HAS THE SAME EFFECT AND INURES TO THE BENEFIT OF AND BINDS YOU, THE PRINCIPAL AND YOUR SUCCESSORS IN INTEREST, AS IF THE PRINCIPAL HAD PERFORMED THE ACT.

12. 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, KIFKA DIMITRI, do hereby designate and appoint:

Name: KELLEN DIMITRI
Address: 230 Genoa Lane
Genoa, NV 89411
Telephone No: 775-450-5290

as my agent to make decisions for me and in my name, place and stead 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 unwilling or unable 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:

First Alternate Agent

Name:
Address:

Telephone No:

Second Alternate Agent

Name:
Address:

Telephone No:

3. OTHER POWERS OF ATTORNEY

This Power of Attorney is intended to, and does, revoke any prior Power of Attorney for the financial matters I have previously executed.

4. NOMINATION OF GUARDIAN

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

5. GRANT OF GENERAL AUTHORITY

Authority granted in this power of attorney is exercisable with respect to property that I have when the power of attorney is executed or acquire later, whether or not the property is located in this State and whether or not the authority is exercised, or the power of attorney is executed in the State of Nevada.

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
- Estates, Trusts, and Other Beneficial Interests
- Legal Affairs, Claims and Litigation
- Personal and Family Maintenance
- Benefits from Governmental Programs or Civil or Military Service
- Retirement Plans
- Taxes
- Gifts
- ALL PRECEDING SUBJECTS**


6. GRANT OF SPECIFIC AUTHORITY


My agent MAY NOT do any of the following specific acts 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 interest in property, including a power of appointment
- [] Delegate authority granted under the power of attorney

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:

8. LIMITATIONS 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 INSTRUCTION OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

Notwithstanding anything in this instrument of NRS to the contrary, in addition to the other powers granted or limitation imposed by this instrument or otherwise granted or imposed by law, the following additional authority is granted, and additional limitations are imposed:

Special Powers:

(INITIAL each subject you want to include in the agent's special authority. If you wish to grant special authority over all subjects, you may initial "All Preceding Subjects" instead of initialing each subject.)

To make gifts, grants, or other transfers without consideration to or for the benefit of a charitable institution or multiple charitable institutions, either outright or in trust, including the completion of any charitable pledges I may have made.

To establish any trust with my assets for my benefit upon such terms as may be necessary or proper in connection therewith; to transfer any asset in which I have an interest to any such trust or to any trust as to which I am a Trustor/Settlor or Grantor or that I may have created; and to exercise (in whole or in part), release or let lapse any power I may have under any trust, whether or not created by me, including any power of appointment, revocation, or withdrawal.

To remove any person as a beneficiary under any bank account, investment account or other financial account or security, retirement account, annuity contract and/or life insurance policy and to designate as beneficiary thereof any charitable institution or multiple charitable institutions.

To continue to support any person as to whom I have a legal obligation to support in accordance with such support obligation as imposed by law or court order.

To respond to my mail; to cancel or continue to use any of my charge accounts and credit cards; to cancel or continue any of my club, church, or other organization memberships, and payments or contributions incidental to such memberships; to take custody of all my important documents, including, but not limited to, my will,

trust agreements, deeds, leases, life insurance policies, contracts and securities; to enter into oral or written agreements on my behalf; to support and maintain any animals I may own; to continue to pay any installment obligations I have incurred or may incur in the future; to execute, acknowledge and deliver any agreement, stock power, deed, leases and assignments of leases, assignments of such accounts and cancellation of such notices, covenants, indentures, mortgages, deeds of trust and reconveyances thereunder, bills, bonds, notes, receipts, evidences of debt, releases and satisfaction of mortgages, judgments and other debts, or any other documents for the accomplishment of, or relating to, any acts authorized by this instrument; and to perform all, any and every act required to be done as fully as I could do if personally and able to act.

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ALL PRECEDING SUBJECTS

Special Limitations:

Notwithstanding the foregoing provisions of this instrument, my agent:

- (a) Shall have no incident of ownership over any life insurance policy in which I may own an interest, and which insures his/her life;
- (b) Is prohibited from appointing, assigning, gifting or disclaiming any of my assets, interests or rights having a value in excess of the annual dollar limit of the federal gift tax annual exclusion amount in any one calendar year to my agent, their estate, their creditors or the creditors of their estate and is prohibited from using my assets to discharge any of their legal obligations, including any obligation of support which they may owe to other (excluding me and those whom I am legally obligated to support), and the annual right to appoint, assign or disclaim assets, interests or rights to my agent or for their benefit within the federal gift tax annual exclusion amount shall be non-cumulative and shall lapse at the end of each calendar year;
- (c) Is prohibited from releasing, lapsing, or exercising any power of appointment on my behalf if the appointment, directly or indirectly, benefits my agent, the creditors of my agent, the estate, and creditors of the estate of my agent or discharges a legal obligation of support which my agent may have; and
- (d) Shall not hold or exercise any powers which I may have over assets they have given to me or other assets held in an irrevocable trust of which they are a Trustor/Settlor or Grantor.

10. AUTHORITY OF PRINCIPAL

Except as otherwise expressly provided in this Power of Attorney, the authority of a principal to act on his or her own behalf continues after executing this Power of Attorney and any decision or instruction communicated by the principal supersedes any inconsistent decision or instruction communicated by an agent appointed pursuant to this Power of Attorney.

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11. DURABILITY AND EFFECTIVE DATE

(INITIAL the clause(s) that apply)

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:

I wish to have this Power of Attorney end on the following date:
At death.

12. THIRD PARTY PROTECTION

Third parties may rely upon the validity of this Power of Attorney or a photocopy, facsimile, digital or other reproduction, and the representations of my agent as to all matters relating to a 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.

13. 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.

14. EXCULPATION.

A person acting under this instrument as my agent shall not incur any liability to me, my estate, my heirs, successors or assigns for acting or refraining from acting hereunder, except when acting or refraining from acting is a breach of the agent's duty committed dishonestly, with an improper motive or with reckless indifference to the purposes of this Power of Attorney or in my best interest or is an abuse of a confidential or fiduciary relationship with me.

15. RESIGNATION OF MY AGENT.

A person acting under this instrument as my agent may resign as my agent hereunder by the execution of a written resignation delivered to me or, if I am incapacitated, to the co-agent hereunder, or, if none, to the successor agent hereunder. If I am incapacitated and no co-agent or successor agent is designated hereunder, my agent may resign by delivering such written resignation to my spouse or, if none, to a parent or descendant of mine or, if none, to my caregiver, or, if none, to any person reasonably believed by the agent to have sufficient interest in my welfare or a governmental agency having authority to protect my welfare.

16. DEEMED RESIGNATION OF AGENT.

A person acting under this instrument as my agent shall be deemed to have resigned, and such person's authority hereunder shall be terminated, upon the person's death or incapacity. If the person acting under this instrument as my agent is my spouse, they shall be deemed to have resigned, and their authority shall be terminated upon an action being filed for the dissolution or annulment of the marriage or for our legal separation.

17. INCAPACITY.

For the purposes of this Power of Attorney, a person (including me) shall be incapacitated if a determination has been made that the person is unable to manage property or business affairs because of an impairment in the ability to receive and evaluate information or communicate decisions even with the use of technological assistance.

With respect to determining whether I have become incapacitated, the persons designated in this instrument to serve as my agent, in the order of priority listed above, are hereby authorized to make such determination. If incapacity is by reason of a physical or mental illness, progressive or intermittent, physical, or mental deterioration or similar cause, the person, authorized above to make the determination must, for the determination to be effective, obtain a written statement from a physician, psychiatrist, or licensed psychologist (a "health care provider"). Such written statement must state that the health care provider has examined me and has concluded that I am incapacitated. The person authorized hereunder to determine if I have become incapacitated may act as my personal representative pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations, to obtain a determination of incapacity.

With respect to determining whether my agent has become incapacitated, my agent shall be incapacitated, and such agent's authority under this Power of Attorney shall terminate, as follows: (a) the agent's incapacity has been declared by a court of competent jurisdiction; (b) a guardian for the agent's person has been appointed; (c) a written statement has been issued by a health care provider which states that the health care provider has examined my agent and has concluded that my agent is incapacitated; or (d) the agent is deemed incapacitated as provided below.

Further, for the purposes of this Power of Attorney, a person (including me) shall be deemed incapacitated if a person designated in this instrument to serve as my agent, in the order of priority listed above, has determined that the person is missing, detained (including incarcerated in a penal system) or is outside the United States and is unable to return, and the person making such determination of deemed incapacity executes a written statement in that regard.

