

APN# _____

Recording Requested by/Mail to:

Name: Charles Delavega

Address: 3353 Coloma Dr.

City/State/Zip: Carson City, Nevada
89705

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____



00182027202410085330020024

SHAWNYNE GARREN, RECORDER

Revocation of 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)

Charles Delavega

Signature

Charles Delavega

Printed Name

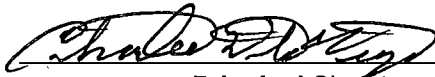
This document is being (re-)recorded to correct document # _____, and is correcting

REVOCATION OF POWER OF ATTORNEY

WHEREAS, on December 17, 2018, I, CHARLES DELAVEGA, of 3353 COLOMA DR, CARSON CITY, NV 89705-7200, executed a Financial Power of Attorney empowering John A. DelaVega to act as my true and lawful attorney-in-fact to handle my financial affairs should I become incapacitated and unable to do so myself (the "Power of Attorney").

NOW THEREFORE, I hereby give notice that I, being of sound mind, revoke and rescind the Power of Attorney. As such, all power and authority granted to John A. DelaVega under the Power of Attorney is hereby terminated.

IN WITNESS WHEREOF, I have signed my name below on this 26 day of May, 2024.



Principal Signature

Charles DelaVega

Principal Name

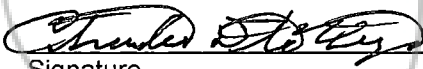
NOTARY ACKNOWLEDGEMENT OF PRINCIPAL

State of NEVADA)

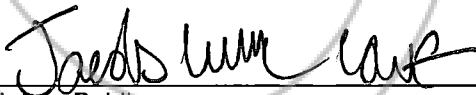
(Seal)

County of DOUGLAS)

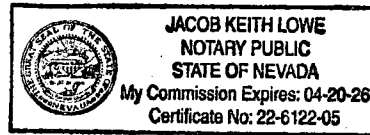
The foregoing instrument was acknowledged before me this 28th day of MAY, 2024, by the undersigned, Charles DelaVega, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.



Signature



Notary Public



My Commission Expires: 04/20/2026