

APN# _____

Recording Requested by/Mail to:

Name: JUDITH Ann Bray

Address: 1038 Aspen Grove Cir

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____



SHAWNYNE GARREN, RECORDER

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)

Judith A Bray
Signature

JUDITH Ann Bray
Printed Name

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

Michael And Judith Bray
1038 Aspen Grove Circle
Minden, NV 89423

DURABLE POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT

WARNING TO PERSON EXECUTING THIS DOCUMENT – THE POWERS YOU GRANT BELOW CONTINUE TO BE EFFECTIVE SHOULD YOU BECOME Disabled or incompetent.

Caution: this is an important legal document and upon proper execution will create a durable power of attorney. This gives the person whom you designate as your attorney-in- fact broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, Or otherwise dispose of any real or personal property without advanced notice to you or approval by you.

These powers will continue to exist even if you become disabled or incompetent. You do have the right to terminate or revoke the power of attorney and any or all powers granted within at any time up to the point of your incapacity.

This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy also known as a health care or medical power of attorney to do this.

If there is anything about this document that you do not understand, you should ask a lawyer to explain it to you.

This durable power of attorney for financial management is given by me, Judith Ann Bray the principal, presently of 1038 Aspen Grove Circle, Minden, NV 89423, USA on this

12 day of July, 2024.

1. Nature of Power: This is a durable power of attorney and the authority of my attorney- in- fact shall not terminate if I become disabled or incapacitated.

2. Previous power of attorney: I revoke any previous durable power of attorney granted by me.

3. Attorneys- in- fact: I APPOINT Michael Patrick Bray, of 1038 Aspen Grove Circle, Minden, NV, 89423, USA and Brandi Bray-Torres, of 987 Ranch View Circle, Carson City, NV, 89705, USA, to act jointly and severally as my attorneys -in- fact. Upon the death, refusal or inability of Michael Patrick Bray, or Brandi Bray -Torres to act or continue to act as my attorney in fact, the remaining attorney in fact will continue to act as my attorney in fact in sole capacity.

4. My “Attorney- in- fact”: I will refer to my attorneys in fact as my attorney -in- fact.

5. Governing law: this document will be governed by the laws of the state of Nevada. Further, my attorney- in- fact is directed to act in accordance with the laws of the state of Nevada at any time he or she may be acting on my behalf.

6. Liability of Attorney- in- fact: My attorney-in- fact will not be liable to me, my estate, my heirs, Successors or assigns for any action taken or not taken under this document, except for willful misconduct or gross negligence. A successor attorney in fact will not be liable for the acts of a prior attorney in fact.

7. Effective date: This power of attorney will start immediately and will continue notwithstanding a finding of my mental incapacity or mental infirmity which may occur after my execution of this power of attorney.

8. Powers of Attorney- in- fact: My attorney- in- fact has authority to do anything on my behalf that I may lawfully do by an attorney- in- fact (the “General Power”).

9. Specific Powers: Without restricting its generality in any way, the following powers are specifically included within the foregoing general power:

Initials:

JB **Real estate transactions:**

a. To deal with any interest I may have in real property & all documents on my behalf concerning my interest, including, but not limited to, real property I may subsequently acquire or receive. These powers include, but are not limited to, the ability to:

i. purchase, sell, exchange, except as a gift, place as security on loans, convey with or without covenants, rent, collect rent, sue for and receive rents, eject and remove tenants or other persons, to pay or contest taxes or assessments, control any legal claim in favor of or against me, partition or consent to partitioning, mortgage, charge, lease, surrender, manage or otherwise deal with real estate and any interest therein; and

ii. Execute and deliver deeds, transfers, mortgages, charges, leases, assignments, surrenders, releases and other instruments required for any such purpose.

JB **Maintain property and make investments:** b. To retain any assets owned by me at the date of this durable power of attorney becomes effective, and the power to reinvest those assets in similar investments. In addition, my attorney-in-fact may invest my assets in any new investments, of his or her choosing, regardless of whether they are authorized by any applicable legislation.

JB **Banking transactions:** c. To do any act that I can do through an attorney-in-fact with a bank or other financial institution. This power includes, but is not limited to, the power to:

i. Open, maintain or close bank accounts including but not limited to, (checking accounts, savings accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions.

ii. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals.

iii. Borrow from any banking or financial institution if deemed necessary by my attorney-in-fact, and to manage all aspects of the loan process, including the placement of security and negotiation of terms.

iv. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America including US treasury securities.

v. Have access to any safe deposit box that I might own, including its contents; and

vi. Create and deliver any financial statements necessary to or from any bank or financial institution.

JB **Business operating transactions:** d. To take any action my attorney-in-fact deems necessary with any business that I may own or have interest in by doing any act which can be done through an attorney in fact.

JB **Insurance transactions:** e. To do any act that I can do through an attorney-in-fact with any insurance policy. This power includes, but is not limited to, the power to pay premiums, start, modify, or terminate policies, manage all cash payouts.

JB **Claims and litigation matters:** f. To institute, maintain, defend, compromise, arbitrate or otherwise dispose of, any and all actions, suits, attachments or other legal proceedings for or against me.

JB **Tax matters:** g. To act for me in all matters that affect my local, state and federal taxes and to prepare, sign, and file documents with any governmental body or agency. Obtain information or documents from any governmental body or agency. And to receive any refund checks.

JB **Government benefits:** h. To act on my behalf in all matters that affect my right to allowances, compensation and reimbursements properly payable to me by the government of the United States or any agency or department thereof.

JB **Family care:** j. To make whatever expenditures are required for the maintenance education benefit, medical care and general advancement of me, my spouse and other persons that I have chosen or which I am legally required to support any of which may include my attorney- in- fact.

JB **Chattel and goods transactions:** k. To purchase, sell or otherwise deal with any type of personal property I may currently or in the future have an interest in.

JB **Estate transactions:** l. To do any act that I can do through an attorney- in- fact with regard to all matters that affect any trust, probate estate, conservatorship, or other fund from which I may receive payment as a beneficiary.

JB **Living trust transactions:** m. To transfer any of my assets to the trustee of any revocable trusts created by me if such a trust is in existent at the time of such transfer. This property can include real property, stocks, bonds accounts, insurance policies or other property.

JB **Gift transactions:** n. To make gifts to my spouse, children, grandchildren, great grandchildren and other family members on special occasions including birthdays and seasonal holidays. My attorney in fact may decide at his or her absolute discretion the amount of these gifts.

JB **Employee required professionals:** o. To appoint and employ any agents, servants, companions, or other persons, including nurses and other healthcare professionals for my care and the care of my spouse, and accountants, attorneys, clerks, workers at others for the management, preservation and protection of my property and estate, at such compensation and for such length of time as my attorney -in- fact considers advisable.

10. Attorney-in- fact compensation my attorney-in-fact will receive no compensation except for reimbursements of all out-of-pocket expenses associated with carrying out my wishes.

11. Co-Owning of Assets and Mixing of Funds: my attorney- in- fact may continue to Co-own assets and have any funds owned by him or her mix with my funds to the same extent that Co owning of assets and mixing of funds existed before the operation of this power of attorney.

12. Personal gain from managing my affairs: my attorney- in- fact is allowed to personally gain from any transaction he or she may complete on my behalf if the transaction is completed in good faith and with my attorney- in- fact believing it is in my best interest.

13. Delegation of authority: my attorney- in- fact may delegate any authority granted under this document to a person of his or her choosing. Any delegation must be in writing and state the extent of the power delegated and the period of time in which the delegation will be effective.

14. Nomination of guardian or conservator: in the event that a court decides that it is necessary to point a guardian or conservator for me I hereby nominate my attorney- in- fact to be considered by the court for appointment to serve as by guardian or conservator, or in any similar representative capacity.

15. Attorney in fact restrictions: This power of attorney is not subject to any conditions or restrictions other than those noted above.

16. Notice to third parties: Any third party who receives a valid copy of this power of attorney can rely on and act under it.

17. Severability: if any part of any provision of this document is ruled invalid or unenforceable under applicable law, such part will be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provisions or remaining provisions of this document.

18. Acknowledgement:

- 1. I, Judith Ann Bray, being the principal named in this durable power of attorney hereby acknowledge:
 - a. I have read and understand the nature and effect of this durable power of attorney.
 - b. I recognize that this document gives my attorney-in-fact broad powers over my assets, and that these powers will continue past the point of my incapacity.
 - c. I am of legal age in the state of Nevada to grant a durable power attorney; And
 - d. I am voluntarily giving this durable power of attorney and recognize that the powers given in this document will become effective as of the date of my incapacity or as specified within.

IN WITNESS WHEREOF I hereunto set my hand and seal in the Town of Minden, Nevada,

This 12 day of July, 2024.

SIGNED In the Presence of:

Witness: [Signature] (Sign)

Abday Medicine Crown

Witness: [Signature] (Sign)

Laynton Medicine Crown

Judith Ann Bray
Judith Ann Bray (Principal)

NOTARY ACKNOWLEDGMENT

STATE OF NEVADA

COUNTY OF DOUGLAS

On this 12 day of July, 2024, Judith Ann Bray personally appeared before me,

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, an acknowledged that they executed it. I declare under the penalty of perjury that Judith Ann Bray appears to be of sound mind and under no duress, fraud, or undue influence.

[Signature]

Notary Public

My commission expires: 10/18/2025

