

RECORDING REQUESTED BY:  
FIRST AMERICAN TITLE INSURANCE COMPANY

G.E. Capital Mortgage Services, Inc.  
4680 Hallmark Parkway  
San Bernardino, CA 92407  
Attn: Paige Wallace

**WHEN RECORDED MAIL TO:**

Professional Lenders Alliance, LLC  
5 Hutton Centre Dr., Suite 1050  
Santa Ana, CA 92707  
Attention: Hazelle Weissinger  
County: Eureka

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
First American Title  
99 FEB 17 PM 1:07

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
171911 NO. FEES 7.00

Accom  
99-02-12 B

Space above this line for recorder's use only

**LIMITED POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That G.E. Capital Mortgage Services, Inc. a corporation organized and existing under the laws of the state of California, constitutes and appoints **PROFESSIONAL LENDERS ALLIANCE, LLC.** its true and lawful Attorney in Fact, and in its name, place and stead of and for for its use and benefit to do any or all of the acts which are or may be necessary to commence and/or complete trustee's sale proceedings pursuant to the provisions of any and all Nevada Deeds of Trust held by the undersigned, whether naming the undersigned originally as beneficiary or having been assigned to the undersigned.

This power of attorney shall include the power to execute the **Substitution of Trustee, Corporation Grant Deed and Corporation Assignment of Deed of Trust.**

The undersigned further gives to said Attorney in Fact, full power and authority to do and perform every act and thing which may be necessary or convenient, in connection with any of the foregoing, as fully to all intents and purposes, as he might or could do if personally present, hereby ratifying and confirming all that said Attorney in Fact shall lawfully do or cause to be done by authority hereof.

By: G.E. Capital Mortgage Services, Inc.

Name: Paige Wallace  
Title: Asst. Vice President

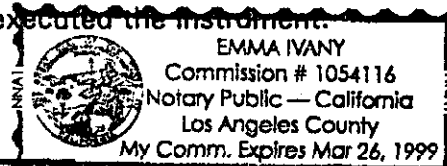
Name: SHARON SMITH  
Title: Assistant Secretary

State of California  
County of San Bernardino

On SEP - 1 1998 before me, EMMA IVANY a Notary Public in and for said county, personally appeared Paige Wallace and SHARON SMITH personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Emma Ivany  
Name: EMMA IVANY



My Commission Expires:

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3-26-99