

DOC # 0210443

08/16/2007

03:00 PM

Official Record

Recording requested By
T D SULLIVAN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$42.00

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RPTT:

Recorded By: FES

Book- 0461 Page- 0173

APN# _____

Recording Requested by:

Name Thomas Sullivan

Address P.O. Box 5265

City/State/Zip Santa Cruz, CA 95063



General Durable Power of Attorney
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed or printed.

353862
OFFICIAL RECORDS
CHURCHILL COUNTY NEVADA
RECORDED BY
Robert Allen Sullivan
2003 JUL 18 AM 10:02

TRENA MORETTO
COUNTY RECORDER
FEE *440* DEP *JS*

GENERAL DURABLE POWER OF ATTORNEY
[A.S. 13.26.332]

THE POWERS GRANTED FROM THE PRINCIPAL TO THE AGENT OR AGENTS IN THE FOLLOWING DOCUMENT ARE VERY BROAD. THEY MAY INCLUDE THE POWER TO DISPOSE, SELL, CONVEY, AND ENCUMBER YOUR REAL AND PERSONAL PROPERTY, AND THE POWER TO MAKE YOUR HEALTH CARE DECISIONS. ACCORDINGLY, THE FOLLOWING DOCUMENT SHOULD ONLY BE USED AFTER CAREFUL CONSIDERATION. IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, YOU SHOULD SEEK COMPETENT ADVICE.

YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME.

Pursuant to AS 13.26.338 - 13.26.353, I, **HELEN V. NESS**, whose address is P.O. Box 39803, Ninilchik, Alaska 99639, do hereby appoint **ROBERT ALLEN SULLIVAN**, whose address is 4077 Equestrian Drive, Fallon, Nevada 89406, my attorney-in-fact to act as I have checked below in my name, place, and stead in any way which I myself could do, if I were personally present, with respect to the following matters, as each of them is defined in AS 13.26.344, to the full extent that I am permitted by law to act through an agent:

THE AGENT OR AGENTS YOU HAVE APPOINTED WILL HAVE ALL THE POWERS LISTED BELOW UNLESS YOU DRAW A LINE THROUGH A CATEGORY AND INITIAL THE BOX OPPOSITE THAT CATEGORY:

- | | |
|--|-------|
| (A) real estate transactions | (X) |
| (B) transactions involving tangible personal property, chattels, and goods | (X) |
| (C) bonds, shares, and commodities transactions | (X) |
| (D) banking transactions | (X) |
| (E) business operating transactions | (X) |
| (F) insurance transactions | (X) |
| (G) estate transactions | (X) |
| (H) gift transactions | (X) |
| (I) claims and litigation | (X) |
| (K) benefits from government programs and military service | (X) |
| (L) health care services | (X) |
| (M) records, reports, and statements | (X) |
| (N) delegation | (X) |
| (O) all other matters, including those specified as follows: | (X) |

IF YOU HAVE APPOINTED MORE THAN ONE AGENT, CHECK ONE OF THE FOLLOWING:

- Each agent may exercise the powers conferred separately, without the consent of any other agent.
- All agents shall exercise the powers conferred jointly, with the consent of all other agents.

TO INDICATE WHEN THIS DOCUMENT SHALL BECOME EFFECTIVE CHECK ONE OF THE FOLLOWING:

- This document shall become effective upon the date of my signature.
- This document shall become effective upon the date of my disability and shall not otherwise be affected by my disability.

IF YOU HAVE INDICATED THAT THIS DOCUMENT SHALL BECOME EFFECTIVE ON THE DATE OF YOUR SIGNATURE, CHECK ONE OF THE FOLLOWING:

- This document shall not be affected by my subsequent disability.
- This document shall be revoked by my subsequent disability.

IF YOU HAVE INDICATED THAT THIS DOCUMENT SHALL BECOME EFFECTIVE UPON THE DATE OF YOUR SIGNATURE AND WANT TO LIMIT THE TERM OF THIS DOCUMENT, COMPLETE THE FOLLOWING:

This document shall only continue in effect for _____ () years from the date of my signature.

YOU MAY DESIGNATE AN ALTERNATE ATTORNEY-IN-FACT. ANY ALTERNATE YOU DESIGNATE WILL BE ABLE TO EXERCISE THE SAME POWERS AS THE AGENT(S) YOU NAMED AT THE BEGINNING OF THIS DOCUMENT. IF YOU WISH TO DESIGNATE AN ALTERNATE OR ALTERNATES, COMPLETE THE FOLLOWING:

If the agent(s) named at the beginning of this document is unable or unwilling to serve or continue to serve, then I appoint the following agent to serve with the same powers:

First alternate or successor attorney-in-fact:

Second alternate or successor attorney-in-fact:

Third alternate or successor attorney-in-fact:

NOTICE OF REVOCATION OF THE POWERS GRANTED IN THIS DOCUMENT

You may revoke one or more of the powers granted in this document. Unless otherwise provided in this document, you may revoke a specific power granted in this power of attorney by completing a special power of attorney that includes the specific power in this document that you want to revoke. Unless otherwise provided in this document, you may revoke all the powers granted in this power of attorney by completing a subsequent power of attorney.

This document shall not be revoked except by my death or my subsequent written revocation.

NOTICE TO THIRD PARTIES

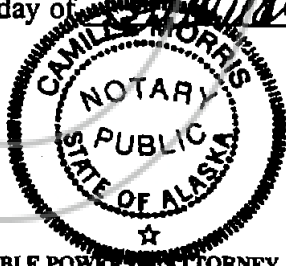
A third party who relies on the reasonable representations of any attorney-in-fact as to a matter relating to a power granted by a properly executed statutory power of attorney does not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the attorney-in-fact to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed statutory form power of attorney may be liable to the principal, the attorney-in-fact, the principal's heirs, assigns, or estate for a civil penalty, plus damages, costs, and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective upon the disability of the principal, the disability of the principal is established by an affidavit, as required by law.

This power of attorney shall not be affected by the subsequent disability of the principal.

IN WITNESS WHEREOF, I have hereunto signed my name this 14th day of February, 2003.

HELEN V. NESS
HELEN V. NESS

SUBSCRIBED AND SWORN TO or affirmed before me at Soldotna, Alaska, this 14th day of February, 2003.



Camille Morris
Notary Public in and for the State of Alaska
My Commission Expires: 7-18-07

COPY

CERTIFIED COPY

The foregoing instrument is a full, true and correct copy of the original on file in the office of the County Recorder, Churchill County, State of Nevada.

Witness my hand

This 19 day of July, 2007

VICKY L. TRIPP
CHURCHILL COUNTY RECORDER

BY Josha Mills DEPUTY



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