

DOC # 0215015

05/27/2010

11:30 AM

Official Record

Recording requested By
WILSON BARROWS & SALYER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$22.00

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RPTT:

Recorded By: LLH

Book- 499 Page- 0358



0215015

APN: N/A

Mailing Address of Grantee or Other Person Requesting Recording:

Wilson Barrows & Salyer
442 Court Street
Elko, Nevada 89801

Mail Tax Statements to:

Name: N/A

Address: _____

City/State/Zip: _____

Social Security Number Affirmation Statement:

☒ In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

-OR-

☐ In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

Joanna M. Brown

Legal Secretary

Name

Title

Signature

Title of Document Recorded:

**UNLIMITED DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT
FOR ISABEL ELIA PETERS**

**WILSON BARROWS & SALYER
ATTORNEYS AT LAW
442 Court St.
ELKO, NEVADA 89801**

**UNLIMITED
DURABLE POWER OF ATTORNEY
FOR ASSET MANAGEMENT FOR
ISABEL ELIA PETERS**

**WARNING TO PERSON
EXECUTING THIS DOCUMENT:**

(The following language is required by Nevada law to be contained in this Power of Attorney in ALL CAPS)

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. IF YOU DESIRE AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU, YOU SHOULD CONSIDER MAKING A SEPARATE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS.
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 INTERESTS.

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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 REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

7. THIS FORM PROVIDES FOR 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 HAVE NAMED 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. 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, Isabel Elia Peters, do hereby designate and appoint:

Name: Marcia L. Scott

Address: 152 Twin Bridges, Spring Creek, Nevada 89815

Telephone Number: 775.744.2420

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as my agent to make decisions for me and in my name, place and stead and for my use and benefit and to exercise the powers as authorized in this document. My Agent may do everything as my Agent that I can do in both my individual capacity and in any and all fiduciary capacities that I may hold. The Agent under this Power of Attorney shall have the most broad and unlimited powers allowed by law for an Agent under a power of attorney. Without limiting the foregoing, the powers that the Agent shall have under this Power of Attorney includes, all of the powers hereinafter provided. In addition, whether described in the power or not, the Agent has all of the general authority described in SB 314 (2009), and may do all acts that a principal could do pursuant to SB 314 (2009), including, Sections 40 – 55, which are hereby incorporated by this reference.

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 unable or unwilling 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:

A. Alternative Agent

N/A

3. OTHER POWERS OF ATTORNEY.

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

4. **NOMINATION OF GUARDIAN.**

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

5. **GRANT OF GENERAL AUTHORITY.**

I grant my agent and any successor agent(s) general authority to act for me with respect to the following subjects, such general authority being described in detail in SB 314 (2009):

(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 Following Subjects" instead of initialing each subject.)

- ☒ **All Following Subjects**
- ☐ 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 Maintenance
- ☐ Benefits from Governmental Programs or Civil or Military Service
- ☐ Retirement Plans
- ☐ Taxes

6. **GRANT OF SPECIFIC AUTHORITY.**

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My agent MAY NOT do any of the following specific acts for me 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 an interest in property, including a power of appointment

7. LIMITATION 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.

8. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

- a. I hereby grant to the Agent full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation.
- b. This Power of Attorney is to be construed and interpreted as an

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unlimited power of attorney. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the comprehensive powers herein granted to the Agent.

- c. This Power of Attorney shall not become stale by passage of time or non-use, and recordation shall not be necessary to its effectiveness. In particular, I direct all title companies to rely on this Power of Attorney unless and until they have actual notice of its revocation or termination no matter how much time has elapsed since the execution of this Power of Attorney.
- d. This Power of Attorney is intended to be valid in, and exercisable in all states and countries.
- e. The rights, powers, and authority of the Agent herein granted shall commence and be in full force and effect on date hereof, and such rights, powers, and authority shall remain in full force and effect thereafter until written notice of termination or death.
- f. This Power of Attorney is effective immediately and shall not be affected by my subsequent disability or incapacity, whether temporary or permanent.
- g. For purposes of any Successor Agent appointed hereunder, the original Agent shall be conclusively presumed to be unable or unwilling to act when the successor Agent named in this document executes a written declaration under penalty of perjury that in the successor Agent's opinion the original Agent is unable or unwilling to serve as Agent under the Power of Attorney and when such declaration has been delivered to the original Agent. The effective date of inability or unwillingness, and of the successor Agent becoming the acting Agent under the Power of Attorney, shall be the date of receipt of such declaration by the original Agent. Such declaration, when received, shall be attached to the originals and copies attached to all copies of the Power of Attorney and shall be filed and/or recorded where the Power of Attorney was previously filed and/or recorded. All third



persons may conclusively rely on such declaration and recognize the authority of the Successor Agent. No Successor Agent shall be liable for any act, omission, or default of a prior Agent. Unless requested in writing within sixty (60) days after such effective date by me, or one of my adult beneficiaries, no Successor Agent shall have any duty to investigate or review any action of a prior Agent. The Successor Agent may accept the accounting records of the prior Agent showing assets on hand without further investigation and without incurring any liability to any person claiming or having an interest in the Principal's assets.

9. THIRD PARTY PROTECTION.

Third parties may rely upon the validity of this Power of Attorney or a copy and the representations of my agent as to all matters relating to any 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.

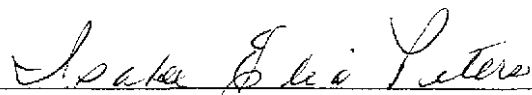
10. RELEASE OF INFORMATION.

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.

11. SIGNATURE AND ACKNOWLEDGMENT.

YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

I sign my name to this Power of Attorney for Asset Management on February 26, 2010, at Elko, Nevada.


Isabel Elia Peters

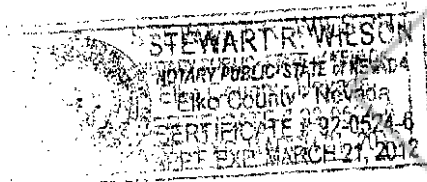
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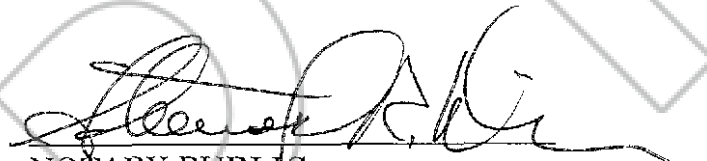
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CERTIFICATE OF ACKNOWLEDGMENT
OF NOTARY PUBLIC

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

On this 26th day of February, in the year 2010, before me, **Stewart R. Wilson**, a Notary Public, personally appeared **Isabel Elia Peters**, 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, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.




NOTARY PUBLIC

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