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Official Record

Recording requested by
GOICOECHEA DI GRAZIA, COYLE & STANTON, LTD.

Eureka County - NV

Mike Rebaleati - Recorder

Fee \$20.00

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Recorded By: LLH

Book- 503 Page- 0043



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**Recording Requested By
and Return To:**

Goicoechea, Di Grazia,
Coyle & Stanton, Ltd.
530 Idaho Street
Elko, NV 89801

The undersigned affirms that
this document does not contain
a social security number.

POWER OF ATTORNEY

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:

A. 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.

B. THIS POWER OF ATTORNEY BECOMES EFFECTIVE IMMEDIATELY UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

C. THIS POWER OF ATTORNEY DOES NOT AUTHORIZE THE AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.

D. 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.

E. 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.

F. YOUR AGENT IS ENTITLED TO REASONABLE COMPENSATION UNLESS YOU STATE OTHERWISE IN THE SPECIAL INSTRUCTIONS.

G. 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.

H. 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.

I. YOU HAVE THE RIGHT TO REVOKE THE AUTHORITY GRANTED TO THE PERSON DESIGNATED IN THIS DOCUMENT.

J. THIS DOCUMENT REVOKES ANY PRIOR DURABLE POWER OF ATTORNEY.

K. 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.

We, LYNFORD MILLER and SUSAN MILLER do hereby designate and appoint:

Name: LAVON S. MILLER

Address: HC 62 Box 62093
Eureka, Nevada 89316

Telephone Number: 775-318-0072

as our agent to make decisions for us and in our name, place and stead and for our use and benefit and to exercise the powers as authorized in this document.

2. OTHER POWERS OF ATTORNEY.

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

3. GRANT OF GENERAL AUTHORITY.

We grant our agent and any successor agent(s) general authority to act for us with respect to the following subjects:



(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 Preceding Subjects" instead of initialing each subject.)

<input checked="" type="checkbox"/>	Real Property
<input checked="" type="checkbox"/>	Tangible Personal Property
<input checked="" type="checkbox"/>	Stocks and Bonds
<input checked="" type="checkbox"/>	Commodities and Options
<input checked="" type="checkbox"/>	Banks and Other Financial Institutions
<input checked="" type="checkbox"/>	Safe Deposit Boxes
<input checked="" type="checkbox"/>	Operation of Entity or Business
<input checked="" type="checkbox"/>	Insurance and Annuities
<input checked="" type="checkbox"/>	Estates, Trusts and Other Beneficial Interests
<input checked="" type="checkbox"/>	Legal Affairs, Claims and Litigation
<input checked="" type="checkbox"/>	Personal Maintenance
<input checked="" type="checkbox"/>	Benefits from Governmental Programs or Civil or Military Service
<input checked="" type="checkbox"/>	Retirement Plans
<input checked="" type="checkbox"/>	Taxes
<input checked="" type="checkbox"/>	All Preceding Subjects

5. GRANT OF SPECIFIC AUTHORITY.

Our agent MAY NOT do any of the following specific acts for us UNLESS we 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.)

<input type="checkbox"/>	Create, amend, revoke or terminate an inter vivos, family, living, irrevocable or revocable trust
<input type="checkbox"/>	Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney
<input type="checkbox"/>	Create or change rights of survivorship
<input type="checkbox"/>	Create or change a beneficiary designation
<input type="checkbox"/>	Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
<input type="checkbox"/>	Exercise fiduciary powers that the principal has authority to delegate

☐ Disclaim or refuse an interest in property, including a power of appointment

6. LIMITATION ON AGENT'S AUTHORITY.

An agent that is not my spouse MAY NOT use our 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.

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

We further grant our agent the authority to execute any and all loan documents on our behalf. (INITIAL)

☒ LM ☒ SM

8. DURABILITY AND EFFECTIVE DATE. (INITIAL the clause(s) that applies.)

☒ LM SM DURABLE. This Power of Attorney shall not be affected by our subsequent disability or incapacity.

☐ SPRINGING POWER. It is our intention and direction that our designated agent, and any person or entity that our designated agent may transact business with on our behalf, may rely on a written medical opinion issued by a licensed medical doctor stating that I am disabled or incapacitated, and incapable of managing our affairs, and that said medical opinion shall establish whether or not I am under a disability for the purpose of establishing the authority of our designated agent to act in accordance with this Power of Attorney.

☒ LM SM I wish to have this Power of Attorney become effective on the following date: December 9th 2013

☐ I wish to have this Power of Attorney end on the following date:

9. THIRD PARTY PROTECTION.

Third parties may rely upon the validity of this Power of Attorney or a copy and the representations of our agent as to all matters relating to any power granted to our agent, and no person or agency who relies upon the representation of our

agent, or the authority granted by our agent, shall incur any liability to us or our estate as a result of permitting our 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.

We agree to, authorize and allow full release of information, by any government agency, business, creditor or third party who may have information pertaining to our assets or income, to our 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.

We sign our name to this Power of Attorney on December 9, 2013, at Carlin, Nevada.

Lynford Miller
LYNFORD MILLER

Susan Miller
SUSAN MILLER

CERTIFICATE OF ACKNOWLEDGMENT
OF NOTARY PUBLIC

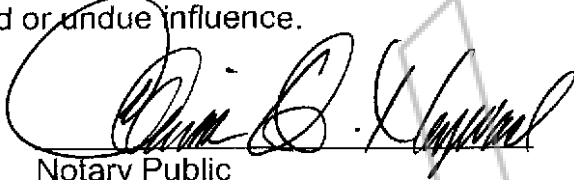
(You may use acknowledgment before a notary public instead of the statement of witnesses.)

State of Nevada }
County of Carlin } ss.

On December 9, 2013, 2013, before me personally appeared LYNFORD MILLER and SUSAN MILLER personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it. I declare under penalty of

perjury that the persons whose names are ascribed to this instrument appear to be of sound mind and under no duress, fraud or undue influence.




Notary Public

IMPORTANT INFORMATION FOR AGENT

1. Agent's Duties. When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (a) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (b) Act in good faith;
- (c) Do nothing beyond the authority granted in this Power of Attorney; and
- (d) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:
(Principal's Name) by (Your Signature) as Agent

2. Unless the Special Instructions in this Power of Attorney state otherwise, you must also:

- (a) Act loyally for the principal's benefit;
- (b) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (c) Act with care, competence, and diligence;
- (d) Keep a record of all receipts, disbursements and transactions made on behalf of the principal;
- (e) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and

- (f) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

3. Termination of Agent's Authority. You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include:

- (a) Death of the principal;
- (b) The principal's revocation of the Power of Attorney or your authority;
- (c) The occurrence of a termination event stated in the Power of Attorney;
- (d) The purpose of the Power of Attorney is fully accomplished; or
- (e) If you are married to the principal, your marriage is dissolved.

4. Liability of Agent. The meaning of the authority granted to you is defined in this chapter. If you violate this chapter or act outside the authority granted in this Power of Attorney, you may be liable for any damages caused by your violation.

5. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

