

APN # _____

Recording Requested By:

Name Kay Daly

Address _____

City/State/Zip _____

EUREKA COUNTY, NV

Rec: \$35.00

Total: \$35.00

KAY DALY

2018-236162

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LISA HOEHNE, RECORDER

Power of Attorney
(Title of Document)

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

**DURABLE POWER OF ATTORNEY FOR
FINANCIAL MANAGEMENT FOR
MARK RAY DALY**

1. DESIGNATION OF AGENT

I, MARK RAY DALY of 276 N. 5th Street, Panaca, Nevada 89042 as principal, appoint my daughter, LENA KAY DALY, whose address is 276 N. 5th Street, Panaca, NV 89042, and whose telephone number is (775) 388-7159 as my attorney-in-fact (agent) to act for me as authorized in this document.

If LENA KAY DALY dies, resigns, is unable to act because of incapacity, or is unwilling to act, I appoint, JOHN BLUME, as my first alternate attorney-in-fact, whose address is 276 N. 5th Street, Panaca, NV 89042, and whose telephone number is: (702) 376-3185.

2. EFFECTIVE DATE AND DURABILITY

By this document, I intend to create a durable power of attorney which shall be effective immediately, and shall not be revoked upon incapacity.

3. AGENT'S POWERS

I grant to my agent full authority, for me and in my name, place and stead:

- a. To have access to any safe deposit box rented by me or by me with others (including authority to have it drilled), to remove the contents and to terminate the lease of the box;
- b. To ask, demand, sue for, collect and receive all sums of money, dividends, interest, payments on account of debts and legacies and all property now due or which may hereafter become due and owing to me, and give good and valid receipts and discharges for such payments;
- c. To sell, assign and transfer stocks and bonds and securities standing in my name or belonging to me;
- d. To buy and sell securities of all kinds in my name and for my account and at such prices as shall seem good to my agent;

- e. To sign, execute, acknowledge and deliver in my name all transfers and assignments of securities.
- f. To borrow money and to pledge securities for such loans if in the judgment of my agent such action should be necessary;
- g. To consent in my name to reorganizations and mergers, and to the exchange of securities for new securities;
- h. To manage real property, to sell, convey and mortgage realty, to foreclose mortgages and to take title to property in my name if my agent thinks proper, and to execute, acknowledge and deliver deeds of real property, mortgages, releases, satisfactions and other instruments relating to realty which my agent considers necessary;
- i. To place and effect insurance;
- j. To do business with banks, and particularly to endorse all checks and drafts made payable to my order and collect the proceeds;
- k. To sign in my name checks on all accounts standing in my name, and to withdraw funds from such accounts, to open accounts in my name or in my agent's name as my attorney-in-fact;
- l. To make such payments and expenditures as may be necessary in connection with any of the foregoing matters or with the administration of my affairs;
- m. To redeem, surrender, borrow, extend, cancel, amend, pledge, alter or change life insurance policies and annuities, as my agent may deem proper and expedient, and for such purpose to sign and execute any documents, affidavits or forms required in my name and on my behalf, except however, my agent shall have no power and authority over life insurance policies I may own on my agent's life; and to exercise all powers and options involving retirement programs, compensation plans, pension, profit sharing and other employee benefit plans;

n. To retain counsel and attorneys on my behalf, to appear for me in all actions and proceedings to which I may be party in the courts of Nevada or any other state in the United States, or in the United States courts, to commence actions and proceedings in my name if necessary, to sign and verify in my name all complaints, petitions, answers and other pleadings of every description;

o. To make and verify income tax returns, and to represent me in all income tax matters before any office of the Internal Revenue Service, the Nevada Department of Revenue or any other state taxing authority;

p. To make application to any governmental agency for any benefit or government obligation to which I may be entitled; to endorse any checks or drafts made payable to me from any government agency for my benefit, including any Social Security checks;

q. To disclaim or renounce any asset that I may receive by gift, inheritance or other transfer; and

r. To transfer any part or all of any interest I may own in real estate, securities of every nature, bank accounts, brokerage accounts, insurance, annuities and any other assets of any kind and nature, to the trustee or trustees of any revocable trust created by me as a settlor; and

s. To do and perform all and every act necessary to be done as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my agent may do under this power.

4. REVOCATION OF PRIOR POWERS OF ATTORNEY

I revoke any prior powers of attorney for financial management.

5. THIRD PARTY RELIANCE

Every bank or other financial institution, insurance company, transfer agent, issuer, obligor, safe deposit box company, title insurance company or other person, firm or corporation to which this power of attorney and attachments or a photocopy hereof is presented is authorized to receive, honor and give effect to all instruments signed pursuant to the foregoing authority without inquiring as to the circumstances of their issuance or the disposition of the property delivered pursuant thereto.

I, MARK RAY DALY, as principal, sign my name to this power of attorney on the 4 day of Oct, 2018 and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

Dated: Oct 4, 2018

Mark Ray Daly
Mark Ray Daly, Principal

WITNESS STATEMENT

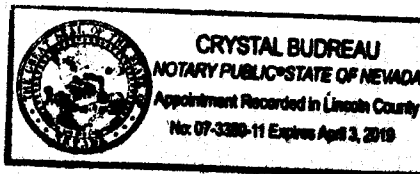
I, W. Catherine Tennille the witness, sign my name to the foregoing power of attorney, being first duly sworn and do declare to the undersigned authority that I am not an agent's spouse or a child of an agent, that the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge, the principal is eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

Dated: October 4, 2018

W. Catherine Tennille
Witness

Subscribed and sworn to before me
this 4th day of Oct, 2018

Crystal Budreau
Notary Public in and for said Lincoln
County and State of Nevada

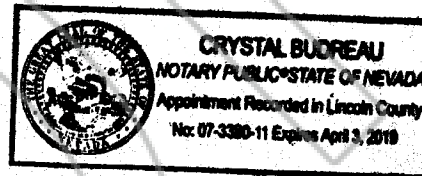


CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Nevada)
) ss.
County of Lincoln)

On this 4th day of Oct., in the year 2018, before me, the undersigned personally appeared MARK RAY DALY 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 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.

Crystal Budreau
Notary Public



DURABLE POWER OF ATTORNEY FOR HEALTH CARE FOR MARK RAY DALY

This is an important legal document. It creates a durable power of attorney for health care. Before executing this document, you should know these important facts.

- 1) This document gives the person you designate as your attorney-in-fact the power to make health care decisions for you. This power is subject to any limitations or statements of your desire that you include in this document. The power to make health care decisions for you may include consent, refusal or consent, or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. You may state in this document any types of treatment or placements that you do not desire.
- 2) 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.
- 3) Except as you otherwise specify in this document, the power of the person you designate to make health care decisions for you may include the power to consent to your doctor not giving treatment or stopping treatment which would keep you alive.
- 4) Unless you specify a shorter period in this document, this power will exist indefinitely from the date you execute this document and, if you are unable to make health care decisions for yourself, this power will continue to exist until the time when you become able to make health care decisions for yourself.
- 5) Regardless of this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped if you object.
- 6) You have the right to revoke the appointment of the person designated in this document to make health care decisions for you by notifying that person of the revocation orally or in writing.
- 7) You have the right to revoke the authority granted to the person designated in this document to make health care decisions for you by notifying the treating physician, hospital, or other provider of health care orally or in writing.
- 8) The person designated in this document to make health care decisions for you has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.
- 9) This document revokes any prior durable power of attorney for health care.

1) DESIGNATION OF HEALTH CARE AGENT.

I do hereby designate and appoint:

Name: Lena Kay Daly (daughter)

Address: 276 N. 5th Street, Panaca, NV 89042

Phone: Home: (775) 388-7159

as my attorney-in-fact to make health care decisions for me as authorized in this document.

2) CREATION OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE.

By this document I intend to create a durable power of attorney by appointing the person designated above to make health care decisions for me. This power of attorney shall not be affected by my subsequent incapacity.

3) GENERAL STATEMENT OF AUTHORITY GRANTED.

In the event that I am incapable of giving informed consent with respect to health care decisions, I hereby grant to the attorney-in-fact named above full power and authority to make health care decisions for me before, or after my death, including: consent, refusal or consent, or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose, or treat a physical or mental condition, subject only to the limitations and special provisions, if any, set forth in paragraph 4 or 6.

4) SPECIAL PROVISIONS AND LIMITATIONS.

My attorney-in-fact is not permitted to consent to any of the following: commitment to or placement in a mental health treatment facility, convulsive treatment, psychosurgery, sterilization, or abortion. Additional restrictions of authority for treatment or placement are listed below. If I do not write any limitations, my attorney-in-fact will have the broad powers to

make health care decisions on my behalf which are set forth in paragraph 3, except to the extent that there are limits provided by law.

In exercising the authority under this durable power of attorney for health care, the authority of my attorney-in-fact is subject to the following special provisions and limitations:

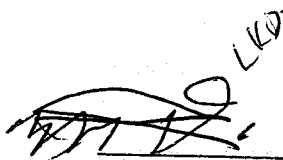
5) DURATION.

I understand that this power of attorney will exist indefinitely from the date I execute this document unless I establish a shorter time. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my attorney-in-fact will continue to exist until the time when I become able to make health care decisions for myself.

6) STATEMENT OF DESIRES.

With respect to decisions to withhold or withdraw life-sustaining treatment, my attorney-in-fact must make health care decisions that are consistent with my known desires. I can, but am not required to, indicate my desires below. If my desires are unknown, my attorney-in-fact has the duty to act in my best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decision that is in my best interests. If I wish to indicate my desires, I may "initial" the statement or statements that reflect my desires and/or write my own statements in the space below.

I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures.

 LKW

If I am in a coma which my doctors have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments **not** be used.

If I have an incurable or terminal condition or illness and no reasonable hope of long term recovery or survival, I desire that life sustaining or prolonging treatments **not** be used.

I **do not** desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My attorney-in-fact is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life.

Other or Additional Statements of Desires: _____

7) DESIGNATION OF ALTERNATE ATTORNEY-IN-FACT

If the person designated in paragraph 1 as my attorney-in-fact is unable to make health care decisions for me, then I designate the following person to serve as my attorney-in-fact to make health care decisions for me as authorized in this document.

Alternative Attorney-in-fact:

Name: John Blume

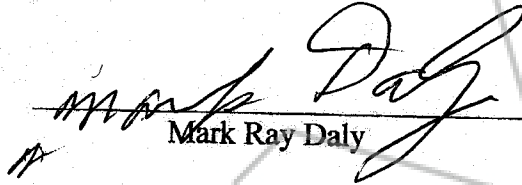
Address: 276 N. 5th Street, Panaca, NV 89042

Phone: (702) 376-3185

8) PRIOR DESIGNATIONS REVOKED

I revoke any prior durable power of attorney for health care.

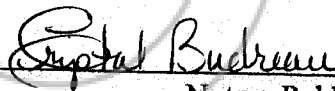
DATED this 4 day of Oct, 2018.


Mark Ray Daly

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of Nevada)
) ss.
County of Lincoln)

On this 4th day of Oct in the year 2018, before the undersigned personally appeared MARK RAY DALY, 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 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

