

APN # _____

Recording Requested By:

Name Tami Owens

Address _____

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EUREKA COUNTY, NV
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2021-246435
10/08/2021 04:24 PM

Pgs=6

TAMY OWENS



00013965202102464350060067

LISA HOEHNE, CLERK 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)

Recorded in Newton County, Missouri



Recording Date/Time: 05/13/2020 at 02:44:03 PM

Book: 369 Page: 3232

Instr #: 202003253

Type: POA

Pages: 5

Fee: \$36.00 S 20200002915



Jennifer A. Childers
Recorder of Deeds

\$36.00

OK#1142#36.00

Above 3" margin for recorder's use only.

Do not write in the above space.

RETURN DOCUMENT TO:

TAMI OWENS

DATE OF DOCUMENT:

19th Feb. 2015

TITLE OF DOCUMENT:

POA

GRANTOR(S) NAMES:

PAULA J. RENTRO

GRANTEE(S) NAMES:

TAMARA OWENS + Michele D. Rentro

GRANTEE(S) ADDRESS:

10052 IBOX Rd NEOSHO MO

RE-RECORDING DOCUMENT:

Reason for Re-Recorded Document and book/page.

LEGAL DESCRIPTION:

OR PAGE WHERE LEGAL IS LOCATED IN THE DOCUMENT.

REFERENCE BOOK AND PAGE:

(IF REQUIRED)

JENNIFER A. CHILDERS

RECORDER OF DEEDS

NEWTON

COUNTY

NEOSHO

MISSOURI

**DURABLE POWER OF ATTORNEY
OF PAULA J. RENFRO**

I, PAULA J. RENFRO, presently residing in Newton County, Missouri, have made, constituted and appointed TAMARA OWENS and MICHELE D. RENFRO, or either one of them, as my attorney-in-fact (referred to in this instrument as my "agent") with the power and authority hereinafter set forth.

1. **THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER I AM DEAD OR ALIVE.**
2. The powers and authorities granted to my agent herein shall be personal to my agent or to the person or persons named herein or designated as successor agent. Such powers and authorities may not be exercised by another person in the name of or on behalf of my agent, nor shall said powers or authorities be delegated to any other person.
3. It is my intent that the powers and authorities conferred on my agent under this power of attorney shall be exercisable notwithstanding my disability or incapacity and that this power of attorney shall be considered "durable under provisions of the "Durable Power of Attorney Law of Missouri" or any other statute or rule of law.
4. I hereby confer upon my agent GENERAL POWERS to act in a fiduciary capacity on my behalf with respect to all lawful subjects and purposes. In granting these GENERAL POWERS to my agent, I acknowledge that this power of attorney shall extend to and include each and every action or power which an adult who is not disabled or incapacitated may carry out through an agent pursuant to law.
5. In addition to granting such GENERAL POWERS to my agent, I understand that my agent shall have the following additional powers:
 - (a) To nominate a guardian or conservator for me;
 - (b) To endorse, sign, redeem, cash in, transfer or withdraw any interest I might have in United States Savings Bonds or other obligation of the United States government in which I own any interest and to execute any instrument required to carry out the powers herein granted.
 - (c) To obtain and receive any information concerning any account I have at any banking facility at any location and the power to deposit money or securities to any of my accounts and to sign and endorse any instrument on my behalf to effect such deposit and to withdraw money or securities from any bank and to sign or endorse any instrument to effect such withdrawal at any bank.

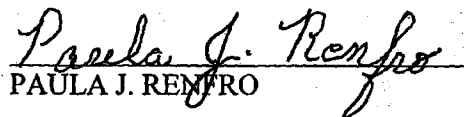
- (d) To enter, drill, and to remove items or the contents therein from any safety deposit box, lock box, or other similar depository at any bank or other financial institution whether said box or depository is held in my name, the name of a Trust in which I am Grantor, or in my name with others.
- (e) **HIPAA RELEASE.** I intend for my attorney-in-fact to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. §§ 1320d *et seq.*, and 45 C.F.R. pts. 160-164. I authorize any Healthcare Provider (as hereinafter defined) to give, disclose, and release to my attorney-in-fact, whether or not (he) (she) is currently serving in that capacity and whether or not I am incapacitated at the time of such inquiry, all individually identifiable health information or medical records, including, without limitation, any information about any past, present, or future medical or mental health condition. As used herein, "Healthcare Provider" shall mean any physician, chiropractor, psychiatrist, psychologist, dentist, or any other healthcare professional or private or public healthcare institution, including a hospital, health plan, clinic, laboratory, pharmacy, governmental agency, insurance company, or the Medical Information Bureau, Inc.

This authority shall supersede any prior agreement that I may have made with any Healthcare Provider to restrict access to my individually identifiable health information. This authority has no expiration date and shall expire only if I revoke this Durable Power of Attorney.

By this instrument, I waive all privileges that may be applicable to any information and records and to any communication pertaining to me and made in the course of any confidential relationship recognized by law. I hereby release and agree to indemnify and hold harmless any Healthcare Provider from any liability resulting from the Healthcare Provider's release of any of my individually identifiable health information to my attorney-in-fact or successor attorney-in-fact under this authority.

6. This power of attorney shall become effective immediately.
7. I acknowledge that this power of attorney need not be recorded in order to be classified as a "durable" power of attorney. However, this power of attorney may be recorded if it is determined that such recording is necessary or appropriate. Such determination with respect to recording of this power of attorney may be made either by me or by my agent.
8. This power of attorney may be revoked by me or by my legal representative at any time pursuant to Section 8 of the Durable Power of Attorney Law of Missouri but only if such revocation is in writing subscribed by me (or my legal representative), dated and acknowledged in the manner prescribed by law for conveyances of real estate. I agree that I will make a reasonably diligent effort to serve a true copy of such revocation on the agent either personally or at the agent's last known residence address. Further, I reserve the right to file such written revocation for record in the office of the Recorder of Deeds in the city or county where such power of attorney was recorded, then such written revocation may be filed for record by me or my legal representative in the city or county of my current residence. I acknowledge that this power of attorney may not be revoked orally but may only be revoked in writing as described in this paragraph.
9. All references in this power of attorney to "agent" or "attorney-in-fact" or similar designation shall refer not only to the initial agent appointed herein but also to every successor agent appointed in or pursuant to the terms of this power of attorney.
10. The laws of the State of Missouri, including the Durable Power of Attorney Law of Missouri, shall apply to this power of attorney and its interpretation, validity and operation, regardless of any subsequent change in my legal residence.
11. This instrument may be executed in any number of counterparts, and all of said counterparts shall constitute one and the same instrument, all having the same force and effect as the original. Any person accepting this power of attorney from my agent may rely upon a copy hereof in the same manner as if said person were relying upon the original power of attorney.
12. This Durable Power of Attorney hereby revokes any and all Powers of Attorney heretofore made by me.

IN WITNESS WHEREOF, I have executed this power of attorney on the day and year acknowledged below.


PAULA J. REMFRO

STATE OF MISSOURI)
) ss.
COUNTY OF NEWTON)

On this 14th day of FEB., 2015, before me a Notary Public, personally appeared PAULA J. RENFRO to me known to be the person described in and who executed the foregoing DURABLE POWER OF ATTORNEY and acknowledged that she executed the same as her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office on the day and year last above written.


Notary Public

My Commission expires:

HOLLY R. MITCHELL
Notary Public - Notary Seal
STATE OF MISSOURI
County of Newton
My Commission Expires: 12-19-18
Commission # 14540444

STATE OF MISSOURI, COUNTY OF NEWTON

This is to certify that the foregoing is a true and correct copy of the document on file in my office

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or Instrument # _____

Witness my name and seal this 09th day of August, 2021

Jennifer A. Childers, Recorder of Deeds

by  Deputy.