EUREKA COUNTY, NV
LAND-POA
Rec:$37.00
Total:$37.00
SIRI POROVICH

2022-248076
05/23/2022 10:22 AM
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KATHERINE J. BOWLING, CLERK RECORDER

APN #_____

Recording Requested By:

Name Siri Porovich

Address_____

City/State/Zip_____

_____

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)

POWER OF ATTORNEY FOR FINANCIAL DECISIONS

WARNING TO PERSON EXECUTING THIS DOCUMENT

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 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.

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.

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 for financial decisions.

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, Siri Prowell, do hereby designate and appoint the following individual 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.

Name: Mary S. Prowell
Address: P.O. Box 757 Eureka NV. 89316
Telephone Number: 775-293-2498

2. DESIGNATION OF ALTERNATE AGENT

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. First Alternate Agent

Name: Stephanie Roberts
Address: P.O. Box 1151 Oakdale, Ca. 95361
Telephone Number: 209-559-3911

B. Second Alternate Agent

Name: _____
Address: _____
Telephone Number: _____

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, in the order 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:

(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.)

[SP] Real Property (NRS 162A.480)

[SP] Tangible Personal Property (NRS 162A.490)

[SP] Stocks and Bonds (NRS 162A.500)

[____] Commodities and Options (NRS 162A.510)

[SP] Banks and Other Financial Institutions (NRS 162A.520)

[____] Safe Deposit Boxes (NRS 162A.520(1)(c),(f))

[____] Operation of Entity or Business (NRS 162A.530)

[SP] Insurance and Annuities (NRS 162A.540)

[____] Estates, Trusts and Other Beneficial Interests (NRS 162A.550)

[____] Legal Affairs, Claims and Litigation (NRS 162A.560)

[____] Personal and Family Maintenance (NRS 162A.570)

[____] Benefits from Governmental Programs or Civil or Military Service (NRS 162A.580)

[SP] Retirement Plans (NRS162A.590)

[SP] Taxes (NRS 162A.600)

[____] All Preceding Subjects

6. GRANT OF SPECIFIC AUTHORITY

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 the Nevada Revised Statutes 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. EXPRESSION OF INTENT CONCERNING LIVING ARRANGEMENTS.

[SP] It is my intention to live in my home as long as it is safe and my medical needs can be met. My agent may arrange for a natural person, employee of an agency or provider of community-based services to come into my home to provide care for me. When it is no longer safe for me to live in my home, I authorize my agent to place me in a facility or home that can provide any medical assistance and support in my activities of daily living that I require. Before being placed in such a facility or home, I wish for my agent to discuss and share information concerning the placement with me.

[_____] It is my intention to live in my home for as long as possible without regard for my medical needs, personal safety or ability to engage in activities of daily living. My agent may arrange for a natural person, an employee of an agency or a provider of community-based services to come into my home and provide care for me. I understand that, before I may be placed in a facility or home other than the home in which I currently reside, a guardian must be appointed for me.

[_____] I desire for my agent to take the following actions relating to my care:

_____

_____

_____

8. 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.

9. SPECIAL INSTRUCTIONS OR OTHER ADDITIONAL AUTHORITY GRANTED TO AGENT (write NONE or draw a line through the entire section if you have no special instructions):

_____

_____

_____

10. AUTHORITY OF PRINCIPAL

Except as otherwise expressly provided in this Power of Attorney, the authority of a principal to act on his or her own behalf continues after executing this Power of Attorney and any decision or instruction communicated by the principal supersedes any inconsistent decision or instruction communicated by an agent appointed pursuant to this Power of Attorney.

11. DURABILTY AND EFFECTIVE DATE

(INITIAL the clause that applies.)

[_____] DURABLE. This Power of Attorney shall not be affected by my subsequent disability or incapacity.

[_____] SPRINGING POWER. It is my intention and direction that my designated agent, and any person or entity that my designated agent may transact business with on my 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 my affairs, and that said medical option shall establish whether or not I am under a disability for the purpose of establishing the authority of my designated agent to act in accordance with this Power of Attorney.

[SP] I wish to have this Power of Attorney become effective on: 4-14-2022

[_____] I wish to have this Power of Attorney end on: _____

12. 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.

13. 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.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY)

I sign my name to this Durable Power of Attorney for Financial Decisions on the 19 day of May, 2022 at Eureka (city), NV 89316 (state).

Siri Porovich
Signature

Siri Porovich
Printed Name

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA)
) ss.
COUNTY OF Eureka)

On this 19 day of May, 2022, before me, Michael Nunn, Notary Public, personally appeared Siri Porovich 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.

NOTARY PUBLIC in and for said County and State

MICHAEL ALLEN NUNN III
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No: 21-6381-08 - Expires December 31, 2024

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 NRS 162A.200 to 162A.660, inclusive. If you violate NRS 162A.200 to 162A.660, inclusive, 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.

COPIES: You should retain an executed copy of this document and give one to your agent. The power of attorney should be available so a copy may be given to your financial institutions.