#### STATUTORY FORM LIMITED POWER OF ATTORNEY (NRS 162A.620)

of

THIS IS AN IMPORTANT LEGAL DOCUMENT. IT CREATES A LIMITED 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.
- 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 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.

#### **NEVADA STATUTORY POWER OF ATTORNEY**

# **DESIGNATION OF AGENT** 1. I, \_\_\_\_\_\_, do hereby designate and appoint: Telephone Number: Email Address: 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. **DESIGNATION** OF ALTERNATE AGENT 2. (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. First Alternative Agent Telephone Number: Email Address: **B.** Second Alternative Agent Address: Telephone Number:

Email Address:

## 3. OTHER POWERS OF ATTORNEY

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

### 4. GRANT OF GENERAL AUTHORITY

I grant my ager	nt and any successor	r agent(s) general	I authority to act f	for me with 1	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.)

[]	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
[]	Retirement Plans
[]	Taxes
[ 1	All Preceding Subjects

# 5. GRANT OF SPECIFIC AUTHORITY

-	agent MAY NOT do any of the following specific acts for me UNLESS I have D the specific authority listed below:		
could signi	N: Granting any of the following will give your agent the authority to take actions that ficantly reduce your property or change how your property is distributed at your death. 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		
6. <u>LIM</u>	ITATION ON AGENT'S AUTHORITY		
	agent that is not my spouse MAY NOT use my property to benefit the agent or a person e agent owes an obligation of support unless I have included that authority in the Special s.		
	CIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY NTED TO AGENT:		

#### 8. <u>EFFECTIVE DATE</u> (INITIAL the clause(s) that applies.)

[	_]	SPRINGING POWER. It is my intention and direction that this Limited Power of Attorney becomes effective in the event
		and upon such time, my designated agent may transact business on my behalf, and act in accordance with this Limited Power of Attorney.
[	_]	I wish to have this Limited Power of Attorney become effective on the following date:
[	_]	I wish to have this Limited Power of Attorney end on the following date:

#### 9. THIRD PARTY PROTECTION

Third parties may rely upon the validity of this Limited 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 Att	orney on at (date)
(address)	_, Las Vegas, Nevada.
(additions)	
	(Signature)
CERTIFICATE OF ACKNO	WLEDGMENT OF NOTARY PUBLIC
State of Nevada } ss.	
County of Clark }	
(here in	nsert name of notary public) personally appeared asert name of principal) personally known to me (or
proved to me on the basis of satisfactory eventhis instrument, and acknowledged that he	vidence) to be the person whose name is subscribed to or she executed it. I declare under penalty of perjury his instrument appears to be of sound mind and under
NOTARY SEAL:	
	NOTARY PUBLIC

#### **IMPORTANT INFORMATION FOR AGENT**

- 1. Agent's Duties. When you accept the authority granted under this Limited 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 Limited Power of Attorney expires, 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 Limited 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 Limited Power of Attorney or your authority under this Limited Power of Attorney. Events that terminate a Limited Power of Attorney or your authority to act under a Limited Power of Attorney include:
  - (a) Death of the principal;

- (b) The principal's revocation of the Limited Power of Attorney or your authority;
- (c) The occurrence of a termination event stated in the Limited Power of Attorney;
- (d) The purpose of the Limited 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.