

Form A240

LIMITED POWER OF ATTORNEY

(With Durable Provision)

TO ALL PERSONS, be it known, that I, **John M. Quinn** of **Caliente, Nevada** as Grantor, do hereby make and grant a limited and specific power of attorney to **Almenia V. Starnes** of **Caliente, Nevada** and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence: (Describe specific authority)

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

Special durable provisions:

This power of attorney shall not be affected by disability of the Grantor. This power of attorney may be revoked by the Grantor giving notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:

Signed under seal this _____ day of _____, 19____
Signed in the presence of:

Witness

Grantor

Witness

Attorney-in-Fact

State of NV
County of Lincoln

On October 10, 1994 before me,
appeared John M. Quinn
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature



ALYSON HAMMOND Affiant _____ Knows _____ Produced ID _____
Notary Public - State of Nevada Type of ID _____
Appointment Recorded in Lincoln County _____ (Seal)
MY APPOINTMENT EXPIRES AUG. 27, 1995



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E-Z Legal Form A240

LIMITED POWER OF ATTORNEY

DATED:

102547

No. 102547
FILED AND RECORDED AT REQUEST OF
Almedia Starnes
October 10, 1994
17 45 MINUTES PAST 10 O'CLOCK
A.M. IN BOOK 111 OF OFFICIAL
RECORDS, PAGE 223 LINCOLN
COUNTY, NEVADA.
Yuriko Setzer
COUNTY RECORDER

By *Julie Brecher*, Deputy