

Official Record

Recording requested By
EDDIE S. GIAMPAPA

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$19.00

Page 1 of 6

RPTT:

Recorded By: AE

Book- 258 Page- 0595



0136524

APN _____

APN _____

APN _____

DURABLE POWER OF ATTORNEY

Title of Document

Affirmation Statement

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: _____
(State specific law)

Eddie Giampapa
Signature Title

EDDIE GIAMPAPA
Print

7-10-10
Date

Grantees address and mail tax statement:

PO Box 431
PARACA NV
89012



STATE OF NEVADA DURABLE POWER OF ATTORNEY

DISCLOSURES

I, EDDIE S. GIAMPAPA, of 207 North Hollingshead Street, Panaca Nevada 89042, understand that this DURABLE POWER OF ATTORNEY is an important legal document, and I further understand and disclose the following:

1. This document gives the person I designate as my agent the power to make decisions concerning and act in respect to my property, including my money, bank accounts, business accounts and other similar matters.
2. This power of attorney becomes effective immediately.
3. This power of attorney does not authorize the agent to make health care decisions for me.
4. The person I designate as my agent has a duty to act consistently with my desires as stated in this document, or with my desires that I have otherwise made known to my agent, or if my desires are unknown, to act in my best interests.
5. I trust the person I have selected as my agent. I understand that the power granted in this document will exist indefinitely from the date I execute it, and if I am unable to make health care decisions for myself, this power will continue until the time when I become able to make health care decisions for myself or until I die.
6. Except as I otherwise specify in this document, the person I have designated to make health care decisions is not entitled to compensation.
7. I understand that I have provided for the designation of one agent, and if I wish to name more than one agent, I may name a successor agent(s) or a co-agent(s) in the special instructions below.
8. If my agent is unwilling to act or unable to act, my power of attorney may end unless I have name a successor agent(s) or a co-agent(s).
9. I have the right to revoke this document, either in all or in part, or to revoke the appointment of the person I have designated as my agent by notifying that person either orally or in writing.
10. I understand that the person I have designated as my agent has the right to examine my financial records and to consent to their disclosure unless I limit this right in this document.
11. This document revokes any prior DURABLE POWER OF ATTORNEY I may have executed, recorded or otherwise created.

IN WITNESS WHEREOF I have hereunto set my hand this

7 day of OCT, 2010

Eddie S. Giampapa
EDDIE S. GIAMPAPA



DESIGNATION OF AGENT

I, EDDIE S. GIAMPAPA, of 207 North Hollingshead Street, Panaca Nevada 89042, do hereby designate and appoint:

Name: EDDIE RANDALL GIAMPAPA.
Address: 1815 Paul Lane, Concord California 94521
Telephone Number: (925) 609-7301

as my agent to make health care decisions for me as authorized in this document.

CREATION OF DURABLE POWER OF ATTORNEY

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.

GENERAL GRANT OF AUTHORITY

I grant my agent and any successor agent(s) general authority to act for me with respect to the following subjects:

- ESG* [.....] Real Property
- ESG* [.....] Tangible Personal Property
- ESG* [.....] Stocks and Bonds
- ESG* [.....] Commodities and Options
- ESG* [.....] Banks and Other Financial Institutions
- ESG* [.....] Safe Deposit Boxes
- ESG* [.....] Operation of Entity or Business
- ESG* [.....] Insurance and Annuities
- ESG* [.....] Estates, Trusts and Other Beneficial Interests
- ESG* [.....] Legal Affairs, Claims and Litigation
- ESG* [.....] Personal Maintenance
- ESG* [.....] Benefits from Governmental Programs or Civil or Military Service
- ESG* [.....] Retirement Plans
- ESG* [.....] Taxes
- ESG* [.....] All Preceding Subjects

SPECIFIC GRANT OF AUTHORITY

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed in this section. I have been cautioned that by granting any of the following I will give my agent the authority to take actions that could significantly reduce my property or change how my property is distributed at my death.

{INITIAL ONLY the specific authority you WANT to give your agent}

ESG Create, amend, revoke or terminate an inter vivos, family, living, irrevocable or revocable trust

ESG



- ESG* Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney
- ESG* Create or change rights of survivorship
- ESG* Create or change a beneficiary designation
- ESG* Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan
- ESG* Exercise fiduciary powers that the principal has authority to delegate
- ESG* Disclaim or refuse an interest in property, including a power of appointment

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.

SPECIAL PROVISIONS AND LIMITATIONS

In exercising the authority under this durable power of attorney, the authority of my agent is subject to the special provisions and limitations listed below:

DURATION

ESG DURABLE. This Power of Attorney **SHALL NOT** be affected by my subsequent disability or incapacity.

ESG 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 opinion 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.

ESG I wish to have this Power of Attorney become effective on the following date:

ESG I wish to have this Power of Attorney end on the following date:

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

ESG



DESIGNATION OF SUBSEQUENT AGENT

If the person designated in paragraph 1 as my agent is unable to make health care decisions for me, then I designate the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

A. Subsequent Agent

Name: EDDIE ROBERT CIAMPOR
Address: ... 90119 PINEMOUNT AVE ... LV, NV 89143
Telephone Number: 702-338-6566

PRIOR DESIGNATIONS REVOKED

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

NOMINATION OF GUARDIAN

If, after execution of this Durable Power of Attorney for Health Care, 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.

RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information by any government agency, medical provider, business, creditor or third party who may have information pertaining to my health care, to my agent named herein, pursuant to the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations.

(CONTINUED ON THE FOLLOWING PAGE)

ESB



IN WITNESS WHEREOF I have hereunto set my hand this

7 day of OCT, 2010

Eddie S. Giampapa
EDDIE S. GIAMPAPA

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEVADA)

)ss.

COUNTY OF LINCOLN)

On this 7th day of October, 2010, before me M. HOWARD (name of the notary public) personally appeared EDDIE S. GIAMPAPA, whose name is subscribed to this instrument as party thereto, personally known to me to be the same person described in and who executed the said instrument as party thereto, and duly acknowledged to me that the foregoing instrument was executed as his free act and deed and which was done voluntarily, and for the use and purposes therein mentioned.

NOTARY SEAL

M. Howard
Notary Public

