

Official Record

Recording requested By
PAUL W. MATHEWS

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 272 Page- 0608



0141652

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, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) 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, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: _____
(State specific law)

Paul W. Mathews
Signature Title

Paul W. Mathews
Print

7-12-12
Date

Grantees address and mail tax statement:

Paul W. Mathews
429 So. 500 E
St. George UT. 84770



DURABLE POWER OF ATTORNEY

STATE OF UTAH)
)
) :ss.
COUNTY OF WASHINGTON)

RAMON LYNN MATHEWS, declares as follows:

I appoint **PAUL WILDEN MATHEWS** , as attorney-in-fact for me and in my name, place, and stead, to do and perform all and every act that I may legally do through an attorney-in-fact, and every proper power necessary to carry out the purposes for which this power is granted. My attorney-in-fact may do all acts and execute all documents as fully and effectually as I could do if personally present and acting with the capacity to act. I expressly intend that this power of attorney be a "durable" power of attorney, and that it shall not be affected by my disability, incapacity, or incompetency. The power may not be exercised unless my attorney-in-fact determines that I am unable or unwilling to manage my business or financial affairs

If my attorney-in-fact acts in good faith in reliance on a committee's determination, then my attorney-in-fact shall not be required to take further action to determine my fitness or capacity to manage my affairs.

The following general provisions shall apply to any and all exercises of this



power of attorney:

- a. All business transacted for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney-in-fact for the purposes of carrying out any of these powers shall contain my name followed by that of my attorney-in-fact with the designation "attorney-in-fact."
- b. I hereby ratify and confirm all lawful acts done and caused to be done by my attorney-in-fact and any substitute attorney-in-fact pursuant to this power of attorney.
- c. If I revoke or terminate the authority of this power of attorney, I agree for myself and my executors, administrators, and assigns that in consideration of my attorney-in-fact's willingness to act pursuant to this power, to save and hold my attorney-in-fact harmless from any loss suffered or liability incurred by my attorney-in-fact in so acting in good faith after revocation or termination without notice.

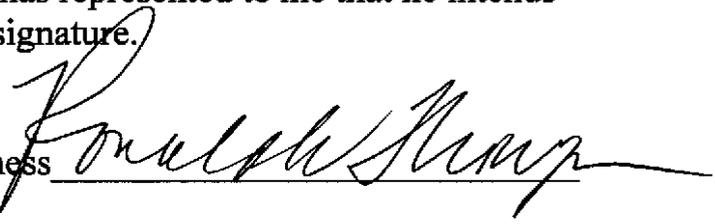
DATED this 9 day of July, 2012.

I, **RAMON LYNN MATHEWS**, hereby certify that I intend for the following mark to constitute my signature.



RAMON LYNN MATHEWS has signed the above document before me by making his mark as indicated above and he has represented to me that he intends for the mark shown above to constitute his signature.

Date 7-9-12

Witness 

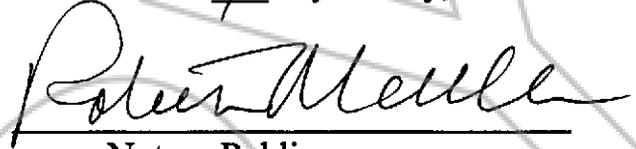


STATE OF UTAH)

: ss

COUNTY OF WASHINGTON)

Signed and subscribed before me, the undersigned Notary Public, by **RAMON LYNN MATHEWS** and the above named witness on the 7 day of July, 2012.



Notary Public

