

Official Record

Recording requested By  
JOSEPH M. MOFFO

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$42.00

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RPTT:

Recorded By: LB

Book- 282 Page- 0378



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POWER OF ATTORNEY

Title of Document

Affirmation Statement

X 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)

Signature

Date

Joseph M. MOFFO

Print

10-11-13

Date

Grantees address and mail tax statement:

Joseph M. MOFFO

P.O. Box 535

Proche NV 89043-0535



# POWER OF ATTORNEY

I, **GLORIA ROSE STELLA** of Clark County, State of Nevada, designate **JOSEPH MICHAEL MOFFO**, of Pioche, Lincoln County, Nevada my attorney-in-fact and agent, to act for me, in my name and for my benefit, as follows:

## 1. Purpose of My Power of Attorney.

A purpose of my Power of Attorney is to allow my agent to transfer, assign, convey, sell, deliver and manage my interest in and to any assets which I may own now or in the future may own to my benefit and for my care and well being.

## 2. General Powers of My Agent.

My agent, may perform any act or exercise any power, duty, or right that I may have or acquire in the future with regard to the transfer of any property, whether real or personal, tangible or intangible, which I now own or which I subsequently acquire.

I grant my agent full power and authority to do everything necessary to transfer, assign, convey and deliver any interest I may have in property owned by me. My agent, shall have full power of substitution or revocation.

I ratify and confirm all that my agent may lawfully do or cause to be done by virtue of this Power of Attorney.

## 3. Enumeration of Specific Powers

While not in any way restricting the powers of my agent to carry out the terms of this Power of Attorney, the following powers are set forth to provide guidance as to some of the specific powers granted by me to my agent:

(a) My agent, may convey real or personal property, whether tangible or intangible, or any interest therein.

(b) My agent may receive and endorse checks and drafts, open accounts, deposit and withdraw funds, acquire and redeem certificates of deposit in banks, savings and loans and all other financial institutions.

(c) My agent may execute or release deeds of trust or other security agreements as may be necessary to accomplish the purpose of this Power of Attorney.



(d) My agent may apply for, endorse and transfer certificates of title for any motor vehicle.

(e) My agent may endorse, convey and otherwise transfer all business interests that I may now own or hereafter acquire.

(f) My agent may have access to any safe deposit box rented by me and remove the contents of such safe deposit box, and any institution in which a safe deposit box is located shall be, relieved of any liability to me, my heirs or assigns, as a result of my agent's exercise of this power.

**4. Medical Treatment Decisions.**

My agent may execute a directive on my behalf pursuant to the statutes of the State of Nevada, governing the care and treatment to be administered to or withheld from me at any time after I incur an injury, disease, or illness which renders me unable to give current medical directions to attending physicians and other providers of medical services.

I have carefully selected this agent with confidence in the belief that this person's familiarity with my desires, beliefs, and attitudes will result in directions to attending physicians and providers of health care which would probably be the same as I would give, were I able to do so.

**5. Reliance Upon Representation of My Agent**

No person who acts in reliance on the representations of my agent, or the authority granted under this Power of Attorney shall incur any liability to me, my heirs or assigns as a result of permitting my agent, to exercise any power granted under this Power of Attorney.

**6. My Disability.**

This Power of Attorney shall become effective upon execution hereof

**7. Property Held by Me in a Fiduciary Capacity.**

My agent shall have power under this Power of Attorney with regard to any act, power, duty, right, or obligation that I may have relating to any person, matter,



transaction or property held by me or in my custody as a trustee, custodian, personal representative or other fiduciary capacity.

Dated this 1st day of October 2013.

\_\_\_\_\_  
GLORIA ROSE STELLA  
Principal

STATE OF NEVADA  
:ss  
COUNTY of NEVADA

The foregoing Power of Attorney acknowledged before me on the 1st day of October, by GLORIA ROSE STELLA.

Witness my hand and official seal

\_\_\_\_\_  
Notary Public

