

**When recorded mail to:
Western Title Company
1513 U.S. Highway 395
Gardnerville, Nevada 89410**

APN: 008-130-02; 008-110-04



The party executing this document hereby affirms that this document submitted for recording does not contain the social security number of any person or persons pursuant to NRS 239B.030

**SUBSTITUTION OF TRUSTEE AND
DEED OF FULL RECONVEYANCE**

WHEREAS, VIDLER WATER COMPANY, INC., a Nevada corporation, is the Trustor, TICOR TITLE OF NEVADA, INC., a Nevada corporation, is the original Trustee and DEE ANN and RAYMOND LAIRD WHIPPLE, wife and husband as community property with right of survivorship, are the Beneficiary under that certain Deed of Trust dated December 17, 2008, recorded as File No 133308 Book 246 at Page 537 in the Official Records of Lincoln County, Nevada, on December 24, 2004

WHEREAS, the undersigned is the Beneficiary under the above-referenced Deed of Trust;

WHEREAS, the undersigned desires to substitute a new Trustee under the above-referenced Deed of Trust in the place and stead of said original Trustee thereunder; and

WHEREAS, the undersigned acknowledges that the debt secured by the above-referenced deed of trust is paid in full and agrees to the release of the security for the debt;

NOW, THEREFORE, the undersigned, DEE ANN WHIPPLE, on her own behalf and on behalf of RAYMOND LAIRD WHIPPLE pursuant to that certain General



Power of Attorney dated April 18, 2014, a copy of which is attached hereto as Exhibit "A" and incorporated by this reference as if fully set forth herein, hereby substitutes herself DEE ANN WHIPPLE, as Trustee, under the above-referenced Deed of Trust, with all of the rights, duties and obligations of Trustee under that certain Deed of Trust above-referenced and all modifications and amendments thereto.

Additionally, acknowledging that all sums secured by the above-referenced Deed of Trust have been fully paid, and the note or notes secured thereby having been surrendered for cancellation, in accordance with the provisions of the above-referenced Deed of Trust, the undersigned, as the Substituted Trustee, does hereby reconvey, without warranty, to the person or persons legally entitled thereto, the estate now held by it thereunder.

IN WITNESS WHEREOF, the undersigned has executed this Substitution of Deed of Trust and Deed of Full Reconveyance as of the 6 day of July, 2014.

BENEFICIARY and SUBSTITUTED TRUSTEE:

DEE ANN and RAYMOND LAIRD WHIPPLE

Dee Ann Whipple
DEE ANN WHIPPLE

Raymond Laird Whipple
(principal's name)

Dee Ann Whipple
By DEE ANN WHIPPLE, as Agent of Raymond Laird Whipple pursuant to that certain General Power of Attorney dated April 18, 2014



STATE OF NEVADA)
: ss.
COUNTY OF Clark)

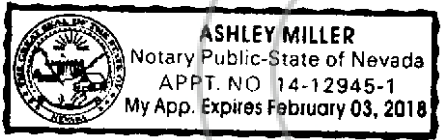
On July 6, 2014, before me, the undersigned, a notary public, personally appeared DEE ANN WHIPPLE, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing Substitution of Trustee and Deed of Full Reconveyance.



Ashley Miller
NOTARY PUBLIC

STATE OF NEVADA)
: ss.
COUNTY OF Clark)

On July 6, 2014, before me, the undersigned, a notary public, personally appeared DEE ANN WHIPPLE, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing Substitution of Trustee and Deed of Full Reconveyance on behalf of RAYMOND LAIRD WHIPPLE pursuant to that certain General Power of Attorney dated April 18, 2014.



Ashley Miller
NOTARY PUBLIC



1. DESIGNATION OF AGENT.

I, RAYMOND LAIRD WHIPPLE, aka LAIRD WHIPPLE, do hereby designate and appoint DEE ANN WHIPPLE 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.

2. DESIGNATION OF ALTERNATE AGENT.

(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 CORTNEY WHIPPLE and ANGELA BRANCO, or the survivor of them, to serve as my agent as authorized in this document.

3. OTHER POWERS OF ATTORNEY.

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

4. NOMINATION OF GUARDIAN.

If, after execution of this Power of Attorney, incompetency proceedings are initiated for my estate, I hereby nominate as my guardian or conservator for consideration by the court the person(s) nominated as Executor in my most recently executed Last Will and Testament. If I do not have a validly executed Last Will, then I nominate as guardian for my estate for consideration by the court my agent herein named, in the order named.

5. GRANT OF GENERAL AUTHORITY.

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

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; Benefits from Governmental Programs or Civil or Military Service; Retirement Plans; Taxes.


(Initial here if this reflects your desires)

(As provided in NRS §§ 162A.480 through 162A.610.)



POWER OF ATTORNEY FOR FINANCIAL MATTERS

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. It creates a durable 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 durable 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.**

Exhibit "A"

My agent **MAY NOT** do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

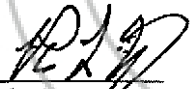
- _____ • Create, amend, revoke or terminate an inter vivos, family, living, irrevocable or revocable trust
- _____ • Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney
- _____ • Create or change rights of survivorship
- _____ • Create or change a beneficiary 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. 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.

7. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

8. DURABILITY AND EFFECTIVE DATE.


(Initial here if this reflects your desires)

DURABLE. This Power of Attorney shall not be affected by my subsequent disability or incapacity.



(Initial here if this reflects your desires)

SPRINGING POWER. It is my intention that this Power of Attorney shall become effective only upon my incapacity and I hereby direct 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.

(Initial here if this reflects your desires)

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

(Initial here if this reflects your desires)

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

(Initial here if this reflects your desires)

HYBRID. As to my first named agent this Power of Attorney shall be Durable and shall not be affected by my subsequent disability or incapacity. As to my alternate agents this Power of Attorney shall become a Springing Power upon the death, incapacity, or inability of my first named agent to act for me, and therefore shall become effective to my alternate agents only upon incapacity as discussed below. My alternate agents may transact business 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.

9. 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.



(As contained in NRS § 162A.370(3): A person that refuses in violation of this section to accept an acknowledged power of attorney is subject to: a) a court order mandating acceptance of the power of attorney; and b) liability for reasonable attorney's fees and costs incurred in any action or proceeding that confirms the validity of the power of attorney or mandates acceptance of the power of attorney)

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 ACKNOWLEDGEMENT. 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.

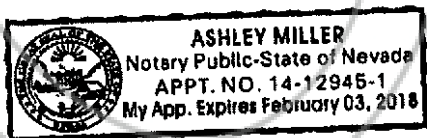
I sign my name to this Power of Attorney on April 18, 2014, at Henderson, Nevada.


RAYMOND LAIRD WHIPPLE

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF NEVADA)
)ss.
COUNTY OF CLARK)

On April 18, 2014, before me, the undersigned, a Notary Public in and for said County of Clark, State of Nevada, personally appeared RAYMOND LAIRD WHIPPLE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal.



NOTARY PUBLIC