

LINCOLN COUNTY, NV

2023-164228

\$37.00

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04/19/2023 09:21 AM

FIRST AMERICAN TITLE INSURANCE COMPANY

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 001-123-05, 001-102-12, 001-102-09, 001-121-20, 001-103-20, 001-121-12, 001-103-13,
001-103-11, 001-103-15, 001-103-18

File No: 107-2662790

Recording Requested by:
First American Title Insurance Company

When Recorded Mail To:
Rena Shaw c/o Noelle C Marble
538 Silver Sky Court
Rio Linda, CA 95673

Uniform Statutory Form Power of Attorney

This page added to provide additional information required by NRS 111.312 Section 1-2

This cover page must be typed or printed clearly in black ink only.

UNIFORM STATUTORY FORM POWER OF ATTORNEY

(California Probate Code § 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, **RENAE C. SHAW 3929 Big Cloud Way, Antelope, CA 95843**
(your name and address)

appoint **NOELLE C. MARBLE 538 Silver Sky Court, Rio Linda, CA 95673**
(name and address of the person appointed, or of each person appointed if you want to designate more than one)

as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- (A) Real property transactions.
- (B) Tangible personal property transactions.
- (C) Stock and bond transactions.
- (D) Commodity and option transactions.
- (E) Banking and other financial institution transactions.
- (F) Business operating transactions.
- (G) Insurance and annuity transactions.
- (H) Estate, trust, and other beneficiary transactions.
- (I) Claims and litigation.
- (J) Personal and family maintenance.
- (K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service.
- (L) Retirement plan transactions.
- (M) Tax matters.
- (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

- * Should the original agent under this durable power of attorney fail to qualify or cease to serve, NADINE M. CRONKHITE, also known as, NADINE M. WATSON, shall serve as successor agent. Should NADINE M. CRONKHITE, fail to qualify or cease to serve as successor agent, MICHELLE C. CRONKHITE shall serve as successor agent. In such case, one of the following documents shall be attached to this durable power of attorney: a resignation or declination to serve signed by the original agent; a written, signed and dated instrument from a board-certified physician or psychiatrist that the original agent is physically or mentally incapable of serving; a certified court order as to the incapacity or inability of the original agent to serve; or a certified death certificate of the original agent. Third parties who deal with the successor agent shall be entitled to rely on the original power of attorney instrument with any such document attached.

- * I give my agent the additional powers listed on Attachment 1.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

**EXERCISE OF POWER OF ATTORNEY WHERE
MORE THAN ONE AGENT DESIGNATED**

If I have designated more than one agent, the agents are to act _____.

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 13 day of October, 2011

Renae C. Shaw
(your signature)

Renae C Shaw

State of California

County of Sacramento

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State Of California)
County Of Sacramento) ss.

On October 13, 2011, before me, Leslie A. Arnal, a Notary Public, personally appeared RENAE C. SHAW, who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Leslie Arnal



Attachment 1 to Uniform Statutory Power of Attorney

ADDITIONAL POWERS

Subject always to my agent's fiduciary duties, notwithstanding other provisions of law, my agent shall also have the following specific powers in addition to others granted herein:

1. To sign my name to transfer title to assets into, or to designate as a beneficiary of any property, benefit, or contract right payable on my death, the name of the Trustee(s) of the RENAE C. SHAW REVOCABLE TRUST dated October 13, 2011, or any sub-trust created thereunder, as amended from time to time (hereinafter the 'Trust').
2. To make gifts which:
 - (a) Are consistent with my pattern of lifetime giving or are made to the persons to whom the assets being gifted would pass at my death; and
 - (b) Will not reduce my standard of living; and
 - (c) Are either proper for estate tax reduction purposes, or are reasonably planned to assist in qualifying me for Medi-Cal (Medicaid) or other benefits which my agent believes to be in my best interests to secure.

For this purpose, my agent may withdraw cash or property from any trust, partnership or other assets to which I have access, and thereafter make such gifts as meet the recited standards, including a gift within the recited standards to my agent named in this document. My agent may pay any gift tax that may arise by reason of gifts made pursuant to this power of attorney.

Notwithstanding any other provision of this Paragraph 2, if my agent makes gifts to any of the beneficiaries of the Trust, such gifts must be made as though the gift were distributed under the terms of the Trust at my death; my agent may not make a gift to that agent in excess of the greater of Five Thousand Dollars (\$5,000.00) or five percent (5%) of my estate available for gifting in any calendar year; and my agent may not use my assets to discharge legal obligations of my agent except for support of those dependents for whom both my agent and I owe a duty of support.

3. To create a revocable living trust, the dispositive provisions of which are essentially parallel to my most recent estate plan or, if I have no valid will or other estate plan, are essentially parallel to the laws of intestacy of my state of domicile.
4. To amend the Trust to change tax-related provisions of the Trust so long as there are no changes to dispositive provisions and no additional restrictions imposed on Trustee's ability to make distributions.
5. To exercise my right to make a disclaimer.
6. To open accounts in the name of the Trust.
7. To manage my annuities, self-directed retirement plans and individual retirement accounts as follows:

- (a) To open and maintain annuities, self-directed retirement plans and individual retirement accounts.
 - (b) To hire, fire, and delegate powers to investment managers for annuities, self-directed retirement plans and individual retirement accounts.
 - (c) To designate beneficiaries of annuities, self-directed retirement plans and individual retirement accounts that are essentially parallel to my most recent estate plan.
 - (d) To select or change payment options for annuities, self-directed retirement plans and individual retirement accounts.
 - (e) To apply for and make distribution elections for annuities, self-directed retirement plans and individual retirement accounts.
 - (f) To make deposits to annuities, self-directed retirement plans and individual retirement accounts.
8. To refinance or encumber property, and in connection therewith to do any or all of the following:
- (a) To sign deeds and other instruments to take title out of the name of the Trust and to place it in my name or in my name and the name of another.
 - (b) To negotiate loans.
 - (c) To refinance property.
 - (d) To sign promissory notes and security instruments.
 - (e) To sign for lines of credit.
 - (f) To access lines of credit.
 - (g) To sign deeds and other instruments to place title standing in my name, or in my name and the name of another, in the name of the trustee of the Trust.
9. To explore and implement Medi-Cal (Medicaid) planning strategies and options and to plan and accomplish asset preservation in the event that I require long-term health and nursing care.
10. If I have granted an agent under an Advance Health Care Directive (“Health Care Agent”) the power to make decisions concerning my residence, personal life, and medical care, my agent under this power of attorney shall make payments for such care as my Health Care Agent shall direct, and my agent under this power of attorney is released from any and all liability for making such payments.

11. My agent shall use the following format when signing on my behalf under this power of attorney: “**RENAE C. SHAW, by [agent’s name], attorney in fact.**”
12. My agent is entitled to reasonable compensation and to reimbursement of all reasonable and necessary expenses incurred while acting as my agent.

Dated: October 13, 2011



RENAE C. SHAW

