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OFFICIAL RECORD  
AMY ELMER, RECORDER

DURABLE SPECIAL POWER OF ATTORNEY

Samuel Patrick Sanfilippo

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)

*Newton Vera Hernandez*  
Signature Title  
Newton Vera Hernandez  
Print  
3/14/2024  
Date

Grantees address and mail tax statement:  
367 NORTH HIGHWAY 93  
Box 125  
ACACUO, NEVADA 89001

**DURABLE SPECIAL POWER OF ATTORNEY**  
**Samuel Patrick Sanfilippo**

I, Samuel Patrick Sanfilippo of Alamo, Nevada, Lincoln County, State of Nevada designate Newton Vern Holaday, my friend, of 367 North Highway 93, Alamo, 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 Durable Special Power of Attorney A purpose of my Durable Special 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 or in the future may own to my benefit and for my care and wellbeing during my disability.

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 Durable 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 Durable Special Power of Attorney, the following powers are set forth to provide guidance as to some of the specific powers granted by 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, deposit and withdraw funds, acquired and redeem certificates or 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 the Durable Special Power of Attorney.

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

(E) My agent may endorse, convey and otherwise transfer all business interests that I may 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 statues 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 or 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. This provision of my power of attorney shall become

effective and remain in effect from and following the time my attending physician certifies that I have incurred a physical or mental condition rendering me unable to give current directions to attending physicians and other providers of health care as to my care and treatment.

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 Durable Special 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 Durable Special Power of Attorney.

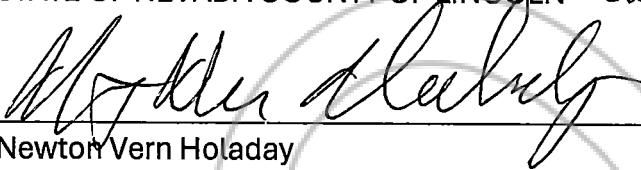
6. My Disability. This Durable Special Power of Attorney shall become effective upon my disability and shall not be affected hereby.

7. Property Held by Me in a Fiduciary Capacity. My agent shall have no power under this Durable Special 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 29<sup>th</sup> day of February 2024.

  
\_\_\_\_\_  
Samuel Patrick Sanfilippo  
Principal

STATE OF NEVADA COUNTY OF LINCOLN *clark*

  
\_\_\_\_\_  
Newton Vern Holaday  
Agent

STATE OF NEVADA COUNTY OF LINCOLN *clark*  
367 North Highway 93  
P.O. Box 125  
Alamo, Nevada 89001  
(775)482-4388

The foregoing Durable Special Power of Attorney acknowledged before me on the 29<sup>th</sup> day of February 2024

Witness my hand and official seal

**STATE OF NEVADA  
COUNTY OF CLARK**

*Acknowledged before me by Samuel Sanfilippo AND Newton Vern Holaday*  
\_\_\_\_\_  
Notary Public

My Commission Expires: *02-01-2026*



