



OFFICIAL RECORDS OF  
PINAL COUNTY RECORDER  
VIRGINIA ROSS

RECORDED ELECTRONICALLY  
BY SECURITY TITLE AGENCY

WHEN RECORDED MAIL TO:

Richard Paul Campbell  
1433 E. Douglas Street  
Casa Grande, AZ 85122

DATE/TIME: 03/16/2016 14:11

FEE: \$11.00

PAGES: 7

FEE NUMBER: 2016-015567



76160029LS

CAPTION HEADING:

POWER OF ATTORNEY

DO NOT REMOVE

THIS IS PART OF THE OFFICIAL DOCUMENT

## **GENERAL POWER OF ATTORNEY**

I, Phyllis Irene Campbell, residing at 1119 E Shepherds Way, Casa Grande, Arizona 85122, hereby appoint Richard Paul Campbell of 1119 E Shepherds Way, Casa Grande, Arizona 85122, as my attorney-in-fact ("Agent") to exercise the powers and discretions described below.

If the Agent is unable to serve for any reason, I appoint Linda D Campbell, of 1119 E Shepherds Way, Casa Grande, Arizona 85122, as my alternate or successor Agent, as the case may be to serve with the same powers and discretions.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions.
  - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
  - b. Add, delete or change beneficiaries to any financial accounts I own including insurance policies, annuities, retirement accounts, payable on death savings or checking account or other investments.
  - c. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
  - d. Have access to any safe deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain insurance and annuity contracts, including life insurance upon my life or the life of any other appropriate person.

4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, commodities, options or other investments.
7. Maintain and/or operate any business that I may own.
8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.
10. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:
  - a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.
  - b. Obtain information or documents from any government or its agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.
  - c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including medical, military and social security benefits), and to appoint anyone, including my Agent, to act as my "Representative Payee" for the purpose of receiving Social Security benefits.
11. Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving (or if it is appropriate to make such gifts for estate planning and/or tax purposes), to file state and federal gift tax returns, and to file a tax election to split gifts with my spouse, if any. No Agent acting under this instrument, except as specifically authorized in this instrument, shall have the power or authority to (a) gift, appoint, assign or designate any of my assets, interests or rights, directly or indirectly, to such Agent, such Agent's estate, such Agent's

creditors, or the creditors of such Agent's estate, (b) exercise any powers of appointment I may hold in favor of such Agent, such Agent's estate, such Agent's creditors, or the creditors of such Agent's estate, or (c) use any of my assets to discharge any of such Agent's legal obligations, including any obligations of support which such Agent may owe to others, *excluding* those whom I am legally obligated to support.

12. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.

13. To exercise fiduciary responsibilities which I have a right to delegate.

14. Subject to other provisions of this document, disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate. However, my Agent may not disclaim assets to which I would be entitled, if the result is that the disclaimed assets pass directly or indirectly to my Agent or my Agent's estate. Provided that they are not the same person, my Agent may disclaim assets which pass to my Gift Agent, and my Gift Agent may disclaim assets which pass to my Agent.

15. Have access to my healthcare and medical records and statements in regards to billing, insurance and payments.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, or (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. A successor Agent shall not be liable for acts of a prior Agent.

No person who relies in good faith on the authority of my Agent under this instrument shall incur any liability to me, my estate or my personal representative. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way

affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent as required under state law or upon my request or the request of any authorized personal representative, fiduciary or court of record acting on my behalf.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated 12-23- 13, at Casa Grande, Arizona.

I, Phyllis Irene Campbell, the principal, sign my name to this power of attorney this 23 day of December and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly and that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Phyllis Irene Campbell  
Phyllis Irene Campbell

Conyers DE  
I, Dana Dent, the witness, sign my name to the foregoing power of attorney, being first duly sworn, and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Witness Signature: *Dana Dent Conyers*

Name:

Dana Dent

City:

Casa Grande

State:

Arizona

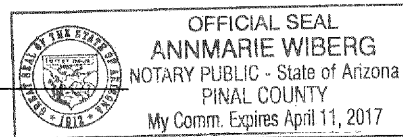
(may not be the Agent, the Agent's spouse or child, or the Notary Public)

STATE OF ARIZONA,  
COUNTY OF PINAL COUNTY, ss:

Subscribed, sworn to and acknowledged before me by Phyllis Irene Campbell, the principal, and  
subscribed and sworn to before me by Dana Dent, witness, this 23 day of

December 2013.

*Ann Marie Wiberg*  
Notary Public



My commission expires 4-11-2017

RECORDING REQUESTED BY  
Security Title Agency, Inc.

AND WHEN RECORDED MAIL TO:

PHYLLIS I CAMPBELL  
1433 E. DOUGLAS STREET  
CASA GRANDE, AZ 85122

ESCROW NO.: 76160029 - 076 - LSA

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT OF AUTHORITY REGARDING POWER OF ATTORNEY**

State of Arizona

County of Pinal

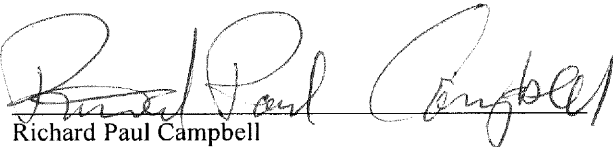
} SS:

I, being duly sworn on oath depose and say as follows:

That I am the duly appointed Attorney in Fact for Phyllis Irene Campbell by that certain Power of Attorney dated December 23, 2013, and

- This Affidavit will be attached thereto and will be recorded therewith: General Durable Power of Attorney
- Recorded in Pinal County, Arizona, in Instrument No..

That on 11 day of March, 2016, the date on which I did perform an act pursuant to said Power of Attorney, I did not have actual knowledge of the revocation or termination of said Power of Attorney by death, disability or incompetence of my said principal or principals.

  
Richard Paul Campbell

Individual

The foregoing Affidavit of Authority, dated 3/11/16 and consisting of 1 page(s), was acknowledged before me this 11 day of March, by Richard Paul Campbell.

Notary Public

My Commission Expires: 8/29/17

