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Skagit County Auditor

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Please return to: Angela M. Pelan, 10306 Regency Parkway Drive, Omaha, NE 68114 (402)397-7300

Document Title: Durable Financial Power of Attorney

Reference Number:

Grantor(s):

additional grantor names on page ____

1. Alice Simone Harb

2.

Grantee(s):

additional grantee names on page ____

1. Patricia Ann Zawaideh

2. Ziad L. Zawaideh

Abbreviated legal description:

full legal on page(s) ____

That portion of the West 313.5 feet of Government Lot 5 in Section 12, Township 34 North, Range 1, East W.M., lying Southerly of the County Road; TOGETHER WITH all shorelands of the second class in front of said West 313.5 feet of Government Lot 5.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____

#P19238

DURABLE FINANCIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, Alice Beotta Simone Harb a/k/a Alice Simone Harb, of Omaha, Douglas County, Nebraska, hereby appoint Patricia A. Zawaideh as my true and lawful attorney-in-fact for me and in my name and stead and to my use to act as a general administrator of all my property wherever situated and whether real, personal or mixed; provided, however, that my said attorney-in-fact shall have the powers set forth in this instrument only in the event I become incompetent or otherwise unable to adequately attend to my property and business affairs due to illness or other incapacity or disability, as determined by the opinion of a licensed physician. In the event Patricia A. Zawaideh is unable or unwilling to serve as my health care attorney-in-fact, I appoint Ziad L. Zawaideh, M.D. as my successor attorney-in-fact.

My attorney-in-fact shall have full authority to maintain, sell, transfer, preserve or otherwise deal with my real or personal property in any manner that she/he may deem appropriate and such authority shall include, but not be limited to:

(a) Power to endorse and present for payment any checks payable to me and to deposit the proceeds in my bank account and to draw and write checks upon any bank account or funds as I may have.

(b) Power to negotiate for the sale or conveyance of any real or personal property which I may have an interest in, including the power to execute a deed, mortgage, trust deed, lease, and all other loan documents or conveyance documents.

(c) Power to be my substitute and proxy to vote any securities that I may own or to sell, transfer, convert or otherwise dispose of the same and receive the proceeds thereof.

(d) Power to execute any documents on my behalf including, but not limited to tax returns, checks, bank drafts, contracts, notes, endorsements, insurance claim forms and other insurance documents and all other documents or instruments of every kind and description.

(e) Power to carry on any business that I may own including the power to wind up business affairs and liquidate the same.

(f) Power to employ agents and employees on my behalf.

(g) Power to collect debts owed to me and to receive and collect any inheritance or legacy of mine and to issue releases of any such debts or obligations.

(h) Power to apply and receive any insurance benefits or government benefits or payments including but not limited to Medicare, Medicaid, veteran's benefits, health insurance claims or benefits or any other assistance for which I might be eligible.



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(i) Power to make gifts or execute documents and instructions in furtherance of my estate plan or which may otherwise be advantageous for estate and gift tax planning purposes.

This instrument shall be construed and interpreted as a general and durable power of attorney. The enumeration of specific items, rights, acts or powers herein shall not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my attorney-in-fact.

I declare that this power of attorney shall not be affected by my disability or incapacity, and that the authority granted herein shall continue during any period while I am disabled or incapacitated. Furthermore, all such authority shall continue after my death, until notice of such death shall have been received by my attorney so that said attorney has actual knowledge of the fact that I have died. Any action taken in good faith by said attorney during any period while it is uncertain whether I am alive, before said attorney receives actual knowledge of my death, or, in any event, taken during any period while I am disabled or incapacitated, shall be as valid as if I were alive, competent, and not disabled.

SIGNED this 12th day of November, 1997.

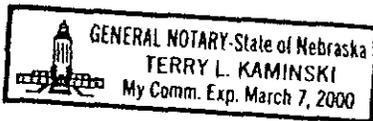
Alice Simone Harb

Alice Beotta Simone Harb a/k/a
Alice Simone Harb

STATE OF NEBRASKA)
) ss.
COUNTY OF DOUGLAS)

On this 12th day of November, 1997, before me, a Notary Public, duly commissioned and qualified in and for said County, personally came Alice Beotta Simone Harb a/k/a Alice Simone Harb, to me known to be the identical person whose name is affixed to the foregoing instrument, and acknowledged the same to be his voluntary act and deed.

Witness my hand and notarial seal the day and year last above written.



Terry L. Kaminski

Notary Public

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