

# LIMITED POWER OF ATTORNEY [ LPOA ]

BE IT KNOWN that I, \_\_\_\_\_

Print / Spell Client's Name above as it appears on driver's license or id.

(hereafter "Grantor"), do hereby grant this Limited Power of Attorney (hereafter "LPOA") to:

**Company** : LVL Evictions [ Las Vegas Landlord ], Eviction Manager, Nazrudeen Abdool  
**Main Office** : 2840 S Jones Blvd, Ste-1, Las Vegas, NV 89146

and its agents as my attorney-in-fact/agent (hereafter "Attorney-In-Fact/Agent"), pertaining to the property located at:

Address: \_\_\_\_\_  
Print / Spell Rental Property Street Address, City, State, Zip Code

1. My Attorney-In-Fact/Agent shall have full power and authority to undertake, perform and execute the following on my behalf, (regardless whether I am an Owner, Broker, Property Manager, Agent, Tenant, etc.) to include but not be limited to a specific act, authority, documentation, procedure, statement or request for: *Notices, Justice Court Evictions, District Court Eviction Appeals, NV Supreme Court Eviction Appeals, US Bankruptcy Court Tenant Protection/Landlord Lift Automatic Stay Cases, Lockouts, Property Access, Security, Tenant Property Documentation / Inventory / Moving / Storage / Removal, Small Claims, Inspections, Collections, Consultations, Negotiations and Mediations.*
2. My Attorney-In-Fact/Agent shall have the right, regardless of whether specifically or generally indicated here, to:
  - i) substitute another company representative in the event that the current company representative is unavailable;
  - ii) schedule, attend, negotiate and make decisions for all meetings, consultations, negotiations, mediations, court hearings, evictions, appeals, landlord lift of automatic stays, lockouts, property access, security, tenant property documentation / inventory / moving / storage / removals, small claims, collections, inspections and any other fiduciary act or capacity required but not specifically indicated here within, on my behalf;
  - iii) consult with, request and obtain any documents from and provide any documents to, any attorneys, property managers, management companies, handymen, contractors, insurance companies, homeowners associations, tenants, agents or otherwise who are also representing me or involved with the care of the property, on my behalf;
  - iv) consult with an attorney, pay for attorney services and retainer on my behalf;
  - v) start, initiate, turn on, end, cease and turn off any utilities for the property on my behalf;
  - vi) pay for any deposits or utilities and receive refund from any deposits or over paid utilities for the property on my behalf;
  - vii) schedule, coordinate and pay for any security officers or protection services to protect the property on my behalf;
  - viii) schedule, coordinate, grant access to the property and secure the property, for any person or company having the right to obtain his/her/their personal or business property from the property on my behalf;
  - ix) prepare, issue, sign, serve and execute all legal documents, contracts, agreements, settlements, notices, affidavits, declarations and legal notes on my behalf;
  - x) issue all receipts, notices, documents, reports and receive all receipts, notices, documents, reports on my behalf;
  - xi) pay for any fees, bills, expenses, penalties or services I owe, on my behalf;
  - xii) demand, collect, settle, receive fees, refunds or monies owed to me, on my behalf;

- xiii) wait for payment before performing or paying for any services, fees, penalties, expenses I owe; and
- xiv) be either reimbursed within ten (10) business days, from the date of notice or invoice to me, my representative or my estate, or if my credit or debit card information was provided and its use authorized by me, regardless of the amount, by payment authorization or any other form of authorization (to include but not be limited to paper, electronic, email, text, facsimile and verbal authorizations), charge my credit or debit card, for any and all of the following performed on my behalf, to include but not be limited to: fees, services rendered (including service charges to perform tasks or requirements), consultations, negotiations and mediations (regardless of via face-to-face, phone calls, texts, emails or facsimiles), bills, expenses, penalties or monies paid for.
3. My Attorney-In-Fact/Agent agrees to accept this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests, as he/she in his/her discretion deems advisable.
  4. My Attorney-In-Fact/Agent is not an Attorney, Judge, Law Enforcement Officer, Government Agency, or any other associated Government Office or Official.
  5. My Attorney-In-Fact/Agent shall be held legally and liable harmless:
    - i) from any misinterpretation, translation or misunderstanding, of any verbal or written instructions, documents or otherwise (handwritten, electronic generated or typed) that may cause or have caused an error, regardless of language;
    - ii) from any errors (information, data, documents, etc.) regardless of whom provides it (grantor, owner, landlord, agent, tenant, etc.) and/or as a result production of documents from those errors;
    - iii) from any issues as a result of his/her decisions;
    - iv) from any Court decisions regardless of outcome;
    - v) from any decisions deemed by the Court that an attorney or mediation or a formal eviction is warranted for the case;
    - vi) if Court dismisses or denies the case for any reason;
    - vii) from any damages, pain and suffering issues, loss of wages, and third-party actions; and
    - viii) from any other action or issue not listed or indicated here in pertaining to an action or decision taken by my Attorney-In-Fact/Agent.
  6. This LPOA shall be in effect upon its date of execution, and I hereby revoke all previous LPOA pertaining to the property indicated above.
  7. This LPOA may be revoked by me at any time, provided any person relying on this LPOA shall have full rights to accept the authority of my attorney-in-fact/agent, until receipt of actual written notice of revocation.
  8. This LPOA, whether the original or a copy of the original, regardless eSigned or hand notarized, shall be deemed in full effect and enforceable, if the copy has not been altered.
  9. This LPOA: i) have typed and electronic generated format provisions that can NOT be altered or revised; ii) has certain sections that allow for eSign (electronic signature) infill and eSign execution; and iii) once eSigned, can NOT be changed.
  10. If required by my Attorney-In-Fact/Agent, at any time, Grantor agrees to reinforce this LPOA with a notarized copy (at my expense) of this LPOA to my Attorney-In-Fact/Agent.

11. This LPOA and its terms will be governed by and constructed in accordance with the laws of the State of Nevada. Any action regarding jurisdiction to enforce and any litigation regarding venues arising out of this LPOA shall be filed with the appropriate Courts in the County of Clark, State of Nevada.
12. In the event of litigation relating to the subject matter of this LPOA and/or any legal action to protect the attorney-in-fact/agent, the Grantor shall pay for and/or reimburse the appointed attorney-in-fact/agent, indicated in this LPOA, for all reasonable attorney fees and costs.
13. If the appointed Attorney-In-Fact/Agent should, for any reason, change his/her contact information (to include but not be limited to address, phone, facsimile, email, manager name, dba, and any other means of contact) or forget to initial the bottom of each page, then that forgetfulness and/or change shall not void any section of this LPOA.
14. If any provision of this LPOA is held unenforceable, then all remaining provisions of this LPOA shall remain in full force and effect.

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**eSIGNATURE / HAND SIGNATURE SECTION**

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**BY eSIGNING or HAND SIGNING THIS LPOA**, I certify that I have read, understand, and have the full authorize and execute this LPOA, on behalf of myself and any other Grantor, in its entirety, regardless of the State or Country I reside in, and was given the opportunity to seek advice from my own legal counsel before executing this LPOA.

Date: \_\_\_\_\_

Signature: x \_\_\_\_\_

Print/Spell Name: \_\_\_\_\_  
\_\_\_\_\_