

**FILED**

APR 06 2000

**DURABLE POWER OF ATTORNEY**

PETER BENJAMIN  
LAKE COUNTY AUDITOR

**KNOW ALL MEN BY THESE PRESENTS** That: I, **NORMA C. MIKLOS**, being of sound mind, of 204 E. Caroline Street, Tavares, Lake County, Florida, have made, constituted and appointed, and by these presents do hereby make, constitute, and appoint as my true and lawful attorney-in-fact to manage my affairs as hereinafter set forth, my son, **ROGER G. MIKLOS**, presently of 5 Deep River Drive, Hobart, Indiana 46342.

My social security number is 490-20-0179. The Social Security Number of said **ROGER G. MIKLOS** is 310 -48 -1065.

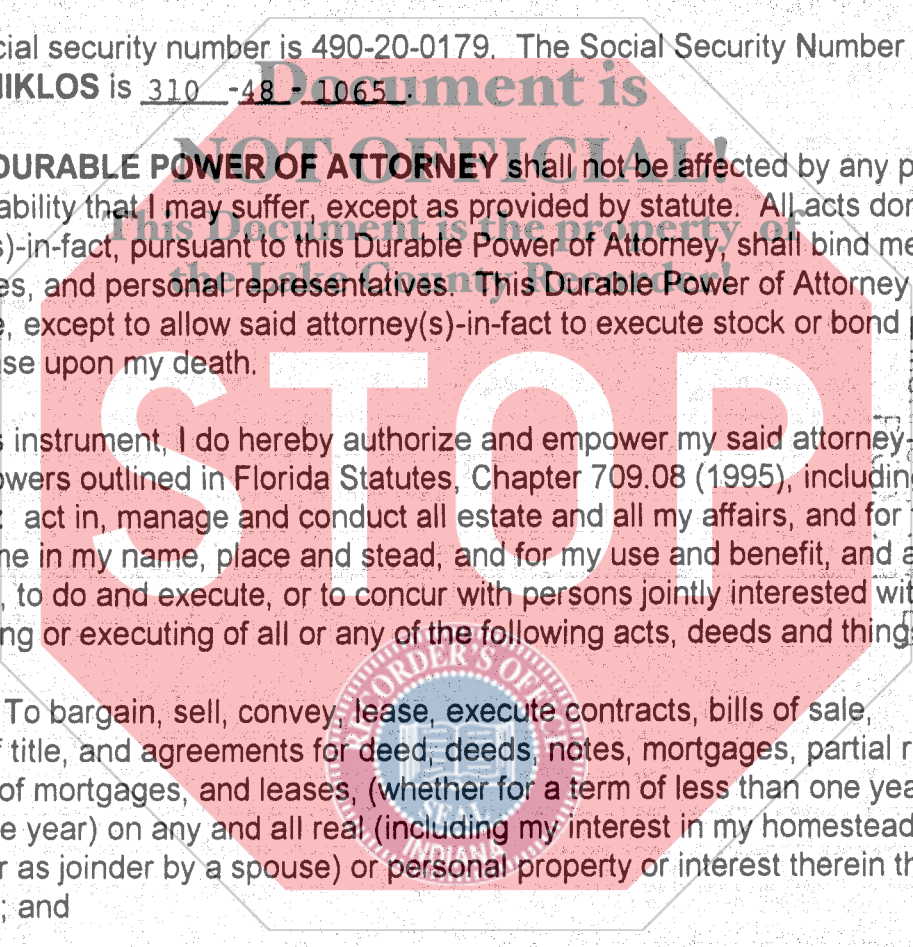
**THIS DURABLE POWER OF ATTORNEY** shall not be affected by any physical or mental disability that I may suffer, except as provided by statute. All acts done by my attorney(s)-in-fact, pursuant to this Durable Power of Attorney, shall bind me, my heirs, devisees, and personal representatives. This Durable Power of Attorney is nondelegable, except to allow said attorney(s)-in-fact to execute stock or bond powers and shall cease upon my death.

By this instrument, I do hereby authorize and empower my said attorney-in-fact to have all powers outlined in Florida Statutes, Chapter 709.08 (1995), including but not limited to: act in, manage and conduct all estate and all my affairs, and for that purpose for me in my name, place and stead, and for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself therein in doing or executing of all or any of the following acts, deeds and things, to wit:

- (1) To bargain, sell, convey, lease, execute contracts, bills of sale, certificates of title, and agreements for deed, deeds, notes, mortgages, partial releases, satisfactions of mortgages, and leases, (whether for a term of less than one year or more than one year) on any and all real (including my interest in my homestead, either individually or as joinder by a spouse) or personal property or interest therein that is owned by me; and
- (2) to invest in and/or purchase any real or personal property assets which my attorney(s)-in-fact shall in their or his or her discretion determine appropriate or necessary; and
- (3) with regard to any personal accounts of mine at institutions such as banks, savings and loan associations, or credit unions, to perform in my name endorsements of checks, drafts, notes or other items payable to me for cash account; renew any account; close any account; or receive and accept any notice, communication, or demand from the bank, savings and loan association, credit union or other such institution to me, with receipt by said attorney(s)-in-fact to be deemed to be receipt by

2000-023379

STATE OF INDIANA  
LAKE COUNTY  
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*n.c.m.*

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*Roger Miklos  
5 Deep River Drive  
Hobart, IN 46342*

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me; and to receive, accept and determine the correctness of any statement of account. Specifically with regard to such institutions, should this power in any way be revoked, by operation of law or otherwise, such revocation shall not be effective as to the said bank, savings and loan association, credit union, or other similar institution until the said institution has received written notice thereof and has had at least fourteen (14) days to act upon said notice; notice of revocation shall be in a form acceptable to the institution; and

(4) to sell, transfer and assign any stocks or bonds owned by me either individually or jointly with another person and execute the necessary stock powers or certificates pertaining thereto; and

(5) to make health care decisions for me (including consent or refusal of consent or withdrawal of consent to any care, treatment, service, or procedure to maintain, diagnose, or treat any physical or mental condition of mine, authorization for my admission to or discharge from any hospital, nursing home, residential care, assisted living or similar facility or service, even against medical advice; hiring and firing medical, social service and other support personnel responsible for my care; contracting on my behalf for any health care related service or facility without my attorney(s)-in-fact incurring personal financial liability for such contracts; and authorizing, or refusing to authorize, any medication intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of, but not intentionally cause, my death); and

(6) to enter any safe deposit boxes which I myself have authority to enter; and

(7) to ask, demand, sue for, recover and receive, of and from all corporations, associations, entities and persons whatsoever, each and every piece or parcel of realty and article of personalty which I own or which I am entitled to possess, and each and every sum of money or right due and owing, or that may become due and owing, to me on any and every account, contract or tort, or, at my attorney's discretion, to arbitrate or compromise for the same, and give discharges; and

(8) to sign any bond, deed, obligation, contract, court order, pleading or process, tax return, tax release, tax waiver, or other document related to taxes; and

(9) to borrow money in my name on such terms as my attorney may deem appropriate and to execute and deliver any documents necessary to give lender a security interest in any or all of my real and/or personal property in connection with any loans; and

(10) to borrow against or obtain the cash surrender value of any of my life insurance policies, and to transfer ownership of any such policies to the beneficiary(ies) named therein; and

(11) to add assets to inter vivos trusts for my benefit; and

(12) to apply on my behalf for the Florida Homestead exemption from ad valorem real property tax; and

(13) to purchase bonds issued by the United States that can be applied at face or maturity value on account of estate tax liabilities, commonly known as "flower bonds"; and

(14) to disclaim any gifts, devises, or bequests I may become entitled to receive; and to file for elective share or other rights to which I may be entitled under probate proceedings.

**THE POWERS CONFERRED UPON MY ATTORNEY(S)-IN-FACT** extend to all of my right, title and interest in property in which I may have an interest jointly with any other person, whether in an estate by the entirety, joint tenancy or tenancy in common and shall supersede any prior health care advance directive.

**THIS INSTRUMENT IS EXECUTED BY ME IN THE STATE OF FLORIDA**, but it is my intention that this Durable Power of Attorney shall be exercisable in any other state or jurisdiction where I may have any property or interests in property.

**I HEREBY CONFIRM ALL ACTS OF MY ATTORNEY(S)-IN-FACT** pursuant to this Durable Power of Attorney and exonerate my attorney(s)-in-fact from any acts or decisions made by the attorney(s)-in-fact in good faith and under the terms of this durable power of attorney.

**IN ACCORDANCE WITH FLORIDA STATUTES SECTION 744.3045 - DEALING WITH DESIGNATION OF PRENEED GUARDIAN**, I hereby designate my son, **ROGER G. MIKLOS** to serve as my guardian in the event of my incapacity. My incapacity for purposes of this paragraph of this Durable Power of Attorney shall be determined either by court order or by written statement of two (2) licensed and practicing physicians stating that, in their opinions, because of advanced age or mental infirmity or physical incapacity, I am unable properly to manage and care for my property and to make health care decisions for myself.

**ANY ACT THAT IS DONE UNDER THIS DURABLE POWER OF ATTORNEY** between the revocation of this instrument and the notice of that revocation to my attorney(s)-in-fact shall be valid, unless the person claiming the benefit of the act had notice of that revocation.

**THIS DURABLE POWER OF ATTORNEY MAY BE REVOKED** only by means of a written declaration of revocation executed in the same fashion as this durable

power of attorney. Such a written revocation shall be effective immediately upon its execution when a person dealing with my attorneys(s)-in-fact shall have actual knowledge of the said revocation or shall be effective upon the recordation of said revocation in the Official Records Book of Sumter County, Florida.

**IN CONSIDERATION** of any party's recognition of this durable power of attorney, the undersigned, and his or her heirs and successors hereby agree to indemnify and hold the party harmless for any loss, cost or expense the party may incur in connection with any acts which the party in good faith undertakes in reliance upon this durable power of attorney.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the 29<sup>th</sup> day of March, A.D., 2000.

Sealed and delivered in the presence of:

  
Printed Name: Michael C. Norvell

  
NORMA C. MIKLOS

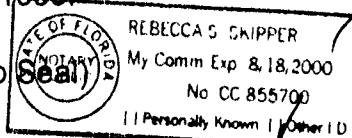
  
Printed Name: Mark F. Germain

**STATE OF FLORIDA  
COUNTY OF LAKE**

Be it known, that on the 29<sup>th</sup> day of March, 2000, before me a Notary Public, in and for the State of Florida, duly commissioned and sworn, dwelling in the County of Lake, personally came and appeared **NORMA C. MIKLOS**, who acknowledged before me that she executed the foregoing Durable Power of Attorney, and who is personally known to me or did present a driver's license with photograph for identification, and who did not take an oath.

Witness my hand and official seal in the County and State last aforesaid this 12<sup>th</sup> day of August, A.D., 1999.

(Notary Public Stamp)



  
Printed Name: Rebecca S. Skipper  
Notary Signature

THIS INSTRUMENT PREPARED BY:  
**MICHAEL C. NORVELL, ESQUIRE**  
Michael C. Norvell, P.A.  
Post Office Box 491615  
Leesburg, Florida 34749-1615  
(352) 365-1400