

Durable Power Of Attorney

BY THIS DURABLE POWER OF ATTORNEY I, Maychon Theodore Aaron, of 448 S.E. Faye Lane, Lake City, Florida, 32025 , appoint as my attorney in fact to manage my affairs as indicated below, my sons, Kevin L Aaron and Theodore Aaron Jr.

This durable power of attorney is not affected by my subsequent incapacity except as provided by Florida Statute Section 709.08, and is exercisable from the date of execution.

1. General Grant of Power

I hereby grant to my Agents full power and authority to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction, or any interest in property owned by me, including, without limitation, my interest in all real property, including homestead real property; all personal property, tangible or intangible; all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship. or a tenancy by the entirety; all property over which I hold a general, limited or special power of appointment; choses in action; and all other contractual or statutory rights or elections, including, but not limited to, any rights or elections in any probate or similar proceeding to which I am or may become entitled; all as to such property now owned or hereafter acquired by me. I grant to my Agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present, with full power of substitution or revocation. Except as otherwise limited by applicable law, or by this durable power of attorney, my attorney in fact has full authority to perform, without prior court approval, every act authorized and specifically enumerated in this durable power of attorney. I hereby ratify and confirm that my Agent shall lawfully have, by virtue of this durable power of attorney, the powers herein granted, including, but not limited to, the following:

a. Collect all sums of money and other property that may be payable or belonging to me, and to execute receipts, releases, cancellations or discharges;

b. Settle any account in which I have any interest and to pay or receive the balance of that account as the case may require;

c. Borrow money on such terms and with such security as my attorney may think fit and to execute all notes, mortgages and other instruments that my attorney finds necessary or desirable;

d. Draw, accept, endorse or otherwise deal with any checks or other commercial or mercantile instruments for my benefit, specifically including the right to make withdrawals from any savings account or saving and loan deposits;

e. Redeem bonds issued by the United States government or any of its agencies, any other bonds and any certificates of deposit or other similar assets belonging to me;

f. Sell bonds, shares of stock, warrants, debentures, or other assets belonging to me, and execute all assignments and other instruments necessary or proper for transferring them to the purchaser or purchasers, and give good receipts and discharges for all money payable in respect to them. Also, to execute stock powers or similar documents on my behalf and delegate to a transfer agent or similar person the authority to register any stocks, bonds, or other securities either into or out of my name

or nominee's name;

g. Sell, rent, lease for any term, mortgage or exchange any real estate or interests in it, including homestead property, for such considerations and upon such terms and conditions as my attorney may see fit, and execute, acknowledge and deliver all instruments conveying or encumbering title to property owned by me alone as well as any owned by me and by and other person, jointly. If I am married, the attorney in fact may not mortgage or convey my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a durable power of attorney executed by my joining spouse, and either my spouse or I may appoint the other as attorney in fact;

Specific Real Estate Powers

____ The attorneys in fact herein named or successor(s) are all granted the authority to sell, convey, to maintain, to mortgage or to dispose of, the following described property, and to execute any and all documents necessary to effectuate the sale and/or conveyance, and to encumber, and to dispose of any and all parcels of real property where ever situated and such documents shall include, but not be limited to, contracts, deeds, affidavits, bills of sale, closing statements, mortgages, notes and such other instruments as may be required to carry out the purposes herein expressed, and I hereby give and grant unto the attorney in fact named herein or successor(s), full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney or successor(s), shall lawfully do or cause to be done by virtue hereof;

h. To represent me before the Treasury Department in connection with any matter involving any federal taxes in which I am a party, to make, sign, execute, verify and file any return required to be made under the revenue laws of the United States, or the Internal Revenue Code; or under the statutes of any state and to file any claim for refund, offer and compromise or application for a closing agreement, receive refund checks, execute waivers of any period of limitation, request extensions of time, execute any waiver restrictions on assessment for collection of any tax, and execute Petition of Appeal to the United States Tax Court.

The above powers conferred upon my attorney in fact extend to all of my right, title and interest in such property as I have described above and 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.

2. Limitations

____ Notwithstanding the powers contained in this durable power of attorney, my attorney in fact may not:

- a. Perform duties under a contract that requires the exercise of my personal services;
- b. Make any affidavit as to my personal knowledge;
- c. Vote in any public election on my behalf;
- d. Execute or revoke any will or codicil on my behalf;
- e. Create, amend, modify, or revoke any document or other disposition effective at my death or transfer assets to an existing trust created by me unless expressly authorized by this power of attorney; or
- f. Exercise powers and authority granted to me as trustee or as court-appointed fiduciary.

3. Health Care Surrogate Provisions

Designation of Health Care Surrogate

(Pursuant to F.S. §§709.08 and 765).

X In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogates for health care decisions, the attorneys in fact named herein, my sons, Kevin L Aaron and Theodore Aaron Jr.

This designation revokes any prior health care surrogate designation which I may have made.

I fully understand that this designation will permit my surrogates to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional Instructions:

Without limitation on other rights and authority of my Surrogates, my Surrogates may, among other acts and decisions:

1. Have final authority to act for me and to make health care decisions for me in matters regarding my health care during my said incapacity;
2. Consult with appropriate health care providers to provide informed consent in my best interests as the Surrogate perceives same.
3. Give consent in writing using the appropriate consent forms;
4. Have access to all of my appropriate clinical records and may authorize the release of information and clinical records to appropriate persons to ensure the continuity of my health care;
5. Apply for public benefits, including but not limited to, Medicare and Medicaid, for me, and to have access to information regarding my income and assets to the extent required to make application;
6. Authorize the transfer and admission of me to or from a health care facility;
7. Withhold or withdraw life-prolonging or death-delaying procedures in accordance with a written declaration, living will or last illness will and testament I may have or will in the future make;
8. Seek Court orders providing for the withholding and withdrawal of life-prolonging or death-delaying procedures in accordance with a living will or last illness will and testament or declaration I may have made;
9. Do all acts and make all decisions regarding my health care as authorized by law.

My Surrogates shall not be liable or responsible for any costs or expenses of my medical treatment or care except as expressly stated by Statute and my Surrogate's signature on any admission papers for a health care facility, it being understood that the Surrogates acts for me and in my stead, and I, alone, would be liable or responsible for such costs and expenses.

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogates, so they may know who my surrogate is.

Name: N/A

Address: _____

Phone: _____

Name: _____
Address: _____
Phone: _____

4. Standard of Care

____ Except as otherwise provided herein, any attorneys in fact named herein is a fiduciary who must observe the standards of care applicable to trustees as described in Florida Statute Section 737.302. My attorneys in fact are not liable to third parties for any act pursuant to this durable power of attorney if the act was authorized at the time. If the exercise of the power is improper, my attorneys in fact are liable to interested persons as described in Florida Statute Section 731.201 for damage or loss resulting from a breach of fiduciary duty by my attorney in fact to the same extent as the trustee of an express trust. If my attorneys in fact have accepted appointment either expressly in writing or by acting under the power, my attorneys in fact is not excused from liability for failure either to participate in the administration of assets subject to the power or for failure to attempt to prevent a breach of fiduciary obligations thereunder.

5. Multiple Attorneys in Fact: When Joint Action Required

____ Unless my durable power of attorney provides otherwise;

(a) If my durable power of attorney is vested jointly in two attorneys in fact by the same instrument, concurrence of both is required on all acts in the exercise of the power.

(b) If my power of attorney is vested jointly in three or more attorneys in fact by the same instrument, concurrence of a majority is required in all acts in the exercise of power.

(c) Any attorney in fact who has not concurred in the exercise of authority is not liable to me or any other person for the consequences of the exercise. A dissenting attorney in fact is not liable for the consequences of an act in which the attorney in fact joins at the direction of the majority of the joint attorneys in fact if the attorney in fact expresses such dissent in writing to any of the other joint attorneys in fact at or before the time of the joinder.

(d) Unless my durable power of attorney provides otherwise, all authority vested in multiple attorneys in fact may be exercised by the one or more that remain after the death, resignation, or incapacity of one or more of the multiple attorneys in fact.

6. Interpretation and Governing Law

____ This instrument is executed by me in the State of Florida, but it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interests in property.

This instrument is to be construed and interpreted as a durable power of attorney as provided for in Florida Statute Section 709.08, as a health care surrogate as provided for in Florida Statute section 765, as these statutes may be amended from time to time. The enumeration of specific powers herein is not intended to, nor does it limit, or restrict the general powers herein granted to my Agent. This instrument is executed and delivered in the State of Florida, and the laws of the State of Florida shall govern all questions as to the validity of this power and the construction of its provisions

7. Third Party Reliance

____ (a) Any third party may rely upon the authority granted in my durable power of attorney until the third party has received notice as provided herein.

(b) Until a third party has received notice of revocation pursuant to the terms contained herein, partial or complete termination of the durable power of attorney by adjudication of incapacity, suspension by initiation of proceedings to

Printed Name of Witness

**STATE OF FLORIDA
COUNTY OF BROWARD**

Sworn to and subscribed to before me this ____ day of _____, 2016, by
, who is personally known to me or has produced _____ as
identification.

(Signature of Notary)

(Typed/printed name of Notary)

My Commission Expires Serial number (if any)

BEFORE ME, the undersigned authority, personally appeared
("Affiant"), who swore or affirmed that: Theodore Aaron Jr.

1. Affiant is the attorney in fact named in the durable power of attorney
executed by Maychon Theodore Aaron on June 17, 2016.

2. To the best of Affiant's knowledge after diligent search and inquiry:

a. The Principal is not deceased, has not been adjudicated
incapacitated, and has not revoked, partially or completely terminated, or suspended
the durable power of attorney; and

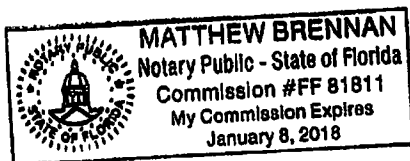
b. A petition to determine the incapacity of or to appoint a guardian
for the Principal is not pending.

3. Affiant agrees not to exercise any powers granted by the durable power
of attorney if Affiant attains knowledge that it has been revoked, partially or completely
terminated, suspended, or is no longer valid because of the death or adjudication of
incapacity of the Principal.

Theodore Aaron Jr.

AFFIANT Theodore Aaron Jr.

Sworn to and subscribed to before me 17 day of June, 2016, by ____
Theodore Aaron Jr., () who is personally known to me or has
produced FL _____ as identification.



(Signature of Notary)

(Typed/printed name of Notary)

Serial number (if any)

My commission

expires: _____

(d) Third parties who act in reliance upon the authority granted to

determine incapacity, my death, or the occurrence of an event referenced in this durable power of attorney, the third party may act in reliance upon the authority granted in this durable power of attorney.

(c) A third party that has not received written notice hereunder may, but need not, require that my attorney in fact execute an affidavit stating that there has been no revocation, partial or complete termination, or suspension of the durable power of attorney at the time the power of attorney is exercised. A written affidavit executed by the attorney in fact under this paragraph may, but need not, be in the following form:

**STATE OF FLORIDA
COUNTY OF BROWARD**

BEFORE ME, the undersigned authority, personally appeared
("Affiant"), who swore or affirmed that: Kevin L Aaron.

1. Affiant is the attorney in fact named in the durable power of attorney executed by Maychon Theodore Aaron on June 17, 2016.

2. To the best of Affiant's knowledge after diligent search and inquiry:

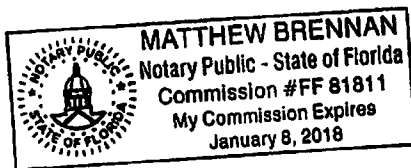
a. The Principal is not deceased, has not been adjudicated incapacitated, and has not revoked, partially or completely terminated, or suspended the durable power of attorney; and

b. A petition to determine the incapacity of or to appoint a guardian for the Principal is not pending.

3. Affiant agrees not to exercise any powers granted by the durable power of attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

Kevin L. Aaron
AFFIANT Kevin L Aaron

Sworn to and subscribed to before me 17 day of June, 2016, by
Kevin L Aaron () who is personally known to me or has
produced FC as identification.



[Signature]
(Signature of Notary)

Matthew Brennan
(Typed/printed name of Notary)

Serial number (if any)
My commission

expires: _____

(d) Third parties who act in reliance upon the authority granted to my attorney in fact hereunder and in accordance with the instructions of the attorney in fact will be held harmless by me from any loss suffered or liability incurred as a result of action taken prior to receipt of written notice revocation, suspension, notice of a petition to determine incapacity, partial or complete termination, or my death. A person who acts in good faith upon any representation, direction, decision, or act of my attorney in fact is not liable to me or to my estate, beneficiaries, or joint owners for those acts.

(e) My attorney in fact is not liable for any acts or decisions made by