

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 3/13 BY UA IS THE M/H ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? YES

OWNERS NAME Donald Harden PHONE 454-4980 CELL _____

ADDRESS 4092 SW CR 138 Fort White FL 32038

MOBILE HOME PARK N/A SUBDIVISION N/A

DRIVING DIRECTIONS TO MOBILE HOME 47 S, (2) CR -138, 2nd drive before East end loop of Horseshoe Loop

MOBILE HOME INSTALLER Robert Sheppard PHONE _____ CELL 623-2203

MOBILE HOME INFORMATION

MAKE Fleetwood YEAR 95 SIZE 28 x 52 COLOR off white

SERIAL No. GACLR 35A 08597 HH

WIND ZONE _____ Must be wind zone II or higher NO WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

P SMOKE DETECTOR () OPERATIONAL () MISSING
P FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION _____
P DOORS () OPERABLE () DAMAGED
P WALLS () SOLID () STRUCTURALLY UNSOUND
P WINDOWS () OPERABLE () INOPERABLE
P PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
P CEILING () SOLID () HOLES () LEAKS APPARENT
P ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

EXTERIOR:

P WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
P WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
P ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS: _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE S. qm ID NUMBER _____ DATE 3/13/14

1402-57

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM SWANNGE, FL 32060
OWNERS NAME DONALD L. HARDEN PHONE (386) 454 4980 CELL SAME
INSTALLER Robert Sheppard PHONE (386) 623 2203 CELL SAME
INSTALLERS ADDRESS _____

MOBILE HOME INFORMATION

MAKE Fleetwood Hickory Hill YEAR 1995 SIZE 28 X 52
COLOR PEARL SERIAL No GAFLR35A/B 08597 HH
WIND ZONE II SMOKE DETECTOR YES. OUTSIDE ALL BEDROOMS ETC.

INTERIOR:

FLOORS O.S.B Good Shape, HAS NEW CARPET, TILE, ETC...
DOORS All in Good shape w/ Knobs open & closing properly
WALLS Painted newly, Has sheetrock walls in good shape, No holes.
CABINETS Also in good shape, has good Hardware and working properly.
ELECTRICAL (FIXTURES/OUTLETS) Everything in place, has covers, proper switches etc..

EXTERIOR:

WALLS / SIDING Vinyl Siding good condition
WINDOWS Standard Glass no cracks, leaks etc. has screens.
DOORS Has good doors open / close properly w/ locking knobs etc..

INSTALLER: APPROVED ☒ NOT APPROVED ☐

INSTALLER OR INSPECTORS PRINTED NAME Robert Sheppard
Installer/Inspector Signature Robert Sheppard License No. IIH/1025386 Date 2/28/14

NOTES: _____

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-758-1008 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 3/3/14



Florida Mobile Home Installer License

LICENSEE: ROBERT D. SHEPPARD
LICENSE NUMBER: 1H102386
EFFECTIVE DATE: 09/30/2013

EXPIRATION DATE: 09/30/2014

THE LICENSEE IS HEREBY CERTIFIED UNDER THE PROVISIONS OF SECTION 170.8749,
FLORIDA STATUTES TO CONDUCT AND CARRY ON BUSINESS AS AN INSTALLER OF
MOBILE HOMES IN THE STATE OF FLORIDA

C. G. S. Webb

State of Florida - Department of Highway Safety and Motor Vehicles - Division of Motor Services
Director, Division of Motor Services

DURABLE POWER OF ATTORNEY

State of Florida

County of Alachua

KNOW ALL MEN BY THESE PRESENTS, that I, Pamela G. Harden, of Colombia Co.
(name) (county)

Florida, as authorized by Florida law, do hereby appoint, Donald LEE Harden Sr.
(name)

To manage and conduct my affairs. This power of attorney shall be non-delegable except as otherwise provided in Florida Statutes, and shall be valid and effective from date hereof until such time as I shall die or revoke the power. This durable power of attorney is not affected by subsequent incapacity of the principal except as provided in Florida Statutes.

The property subject to this durable power of attorney shall include all real and personal property owned by me, my interest in all property held in joint tenancy, my interest in all non-homestead property held in tenancy by the entirety, and all property over which I hold power of appointment and shall also include authority to sell, mortgage or convey my homestead property.

Without limiting the broad powers intended to be conferred by the preceding provisions, I expressly authorize my attorney acting hereunder in a fiduciary capacity to do and execute all or any of the following acts, deeds, and things for my benefit and on my behalf.

1. **COLLECTION POWERS:** To ask, demand, sue for, recover, collect, receive all sums of money, bank deposits, chattels and other real or personal property, tangible or intangible, of whatsoever nature or description that may be due, owing, payable or belonging to me, and to execute and deliver receipts, releases, cancellations or discharges.
2. **PAYMENT POWERS:** To settle any account or reckoning whatsoever wherein I now am or at any time hereafter shall be in any way interested or concerned with any person whomsoever, and to pay or receive the balance thereof as the case may require.
3. **SAFE DEPOSIT BOXES:** To enter any safe deposit or other place of safekeeping standing in my name with full authority to remove any and all the contents thereof and to make additions, substitutions and replacements, specifically including any safe deposit box in my name jointly with my spouse or any other person.
4. **BANKING POWERS:**
 - (a) To borrow any sum or sums of money on such terms and with such security, whether real or personal property belonging to me, as my attorney may think fit, and to execute any and all notes, mortgages and other instruments which my attorney may deem necessary or desirable.
 - (b) To draw, accept, make, endorse or otherwise deal with any checks, promissory notes, bills of exchange or other commercial or mercantile instruments, specifically including the right to make withdrawals from any savings account or building or loan deposits.
 - (c) To redeem or cash in any/or all bonds issued by the United States Government or any of its agencies, any other bonds and any certificates of deposit or other similar assets or securities belonging to me.
 - (d) To sell all or any bonds, shares of stock, warrants, debentures, or other securities belonging to me, and to execute all assignments and other instruments necessary or proper for transferring the same to the purchaser or purchasers thereof, and to give good receipts and discharges for all monies payable in respect thereof.
 - (e) To invest the proceeds of any redemptions or sales aforesaid, and any other of my monies, in such, bonds, shares of stock and other securities as my attorney shall think fit, and from time to time to vary the said investments or any of them.



5. **MANAGEMENT POWERS:** To vote at all meetings of stockholders of any company or corporation, and otherwise to act as my attorney or proxy in respect of my shares of stock or other securities or investments which now or hereafter shall belong to me, and to appoint substitutes or proxies with respect to any such shares of stock.
6. **TAX POWERS:** To sign and execute in my behalf any tax return, state or federal relating to income, gift, ad valorem, intangible or other taxes, state or federal, and to act for me in any examinations, audits, hearings, conferences or litigation relating to any such taxes, including authority to file and prosecute refund claims, and to enter into an effect any settlements.
7. **TRUST POWERS:**
- (a) To execute a revocable or irrevocable trust which provides that all income and principal shall be paid to me or the guardian of my estate, or applied for my benefit in such manner as I or my attorney hereunder shall request or as the trustee shall determine, and that on my death any remaining assets, including income, shall pass according to my will or intestate succession if I have no will.
 - (b) To make additions of funds and assets, real and personal, to any trust established by me.
8. **BUSINESS INTERESTS:**
- (a) To sell, rent, lease for any term, or exchange, any real estate or interests therein, for such considerations and upon such terms and conditions as my attorney may see fit; specifically including the power and authority to execute acknowledge and deliver deeds, mortgages, leases and other instruments conveying or encumbering title to property owned by me and my spouse jointly.
 - (b) To commence, prosecute, discontinue or defend all actions or other legal proceedings touching my estate or any part thereof, or touching any matter in which I or my estate may be in any way concerned.
 - (c) The powers herein conferred upon my attorney shall extend to and include all of my right, title and interest in and to any real and personal property, tangible or intangible, in which I may have an estate by the entirety, joint tenancy, tenancy in common, as trustee or beneficiary of any trust, or in any other manner.
9. **PERSONAL INTERESTS:**
- (a) To make gifts, outright or in trust, in an amount not greater than \$10,000.00 per donee per year or the amounts allowed without gift tax consequences under the appropriate Internal Revenue code provisions (including my attorney hereunder appointed).
 - (b) To arrange for my entrance to and care at any hospital, nursing home, health center, convalescent home, retirement home or similar institution.
 - (c) To renounce or disclaim any interest acquired by testate or intestate succession or by inter vivos transfer.
10. **HEALTH CARE POWERS:**
- (a) To authorize, arrange for, consent to, waive and terminate any and all medical and surgical procedures on my behalf (including any election or election and agreement under the Life-Prolonging Procedures Act of Florida with request to providing, withholding or withdrawing life-prolonging procedures should I fail to make a declaration hereunder) and to pay or arrange compensation for my care.
 - (b) To make health care decisions for me and to provide informed consent if I am incapable of making health care decisions or providing informed consent.
 - (i) To be the final authority to act for me and to make health care decisions for me in matters regarding my health care during any period in which I have the incapacity to consent.
 - (ii) To expeditiously consult with appropriate health care providers to provide informed consent in my best interest and make health care decisions for me which my said Surrogate believes I would have made under the circumstances if I were capable of making such decisions.
 - (iii) To give any consent in writing using the appropriate consent form.
 - (iv) To have access to appropriate clinical records regarding me and have authority to authorize the release of information and clinical records to appropriate persons to insure the continuity of my health care.



- (v) To apply for public benefits, where necessary, such as Medicare and Medicaid, for me and have access to information regarding my income and assets to the extent required to make such application if necessary.
- (vi) To make all health care decisions on my behalf including but not limited to those set forth in F.S. Chapter 765.

11. GENERAL POWERS:

- (a) In general to do all other acts, deeds, matters and things whatsoever in or about my estate, property and affairs, or to concur with persons jointly interested with me therein in doing all acts, deeds, matters and things herein particularly or generally described, as fully and effectually to all intents and purposes as I could do myself.
- (b) This instrument is executed by me in the State of Florida but it is my intention that the powers and authority herein conferred upon my attorney as authorized by the laws of Florida now or hereafter in force and effect shall be exercisable in any other state or jurisdiction where I may have any property or assets.

I hereby ratify and confirm, and promise at all times to ratify and confirm all and whatsoever my duly authorized attorney hereunder shall lawfully do or cause to be done by virtue of these presents, including anything which shall be done between the revocation of this instrument by my death or in any other manner and notice of such revocation reaching my attorney; and I hereby declare that as against me and all persons claiming under me everything which my said attorney shall do or cause to be done in pursuance hereof after such revocation as aforesaid shall be valid and effectual in favor of any persons claiming the benefit thereof who, before the doing thereof, shall not have had notice of such revocation.

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney.

[Signature] 2/19/14
Witness Signature Date

[Signature] 2/19/14
Witness Signature Date

Pamela Harden 2/19/14
Signature Date

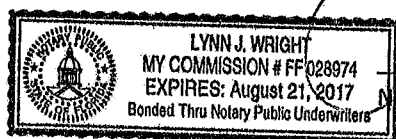
Pamela Harden
Print Name

State of Florida

County of Alachua

Before me, the undersigned authority, duly authorized to take acknowledgements and administer oaths, personally appeared Pamela Harden, personally known to me to be the person described above, who being by me first duly sworn states that (His or Her) is the person who executed the foregoing instrument for the reasons expressed therein.

Dated this 19th day of FEBRUARY, 2014.



[Signature]
NOTARY PUBLIC

My Commission Expires: 8-21-17

