

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Ulyses Perez,
(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser)
as the owner of the below described property:

Property tax Parcel ID number 32-6S-16-04016-006

Subdivision (Name, Lot, Block, Phase) _____

Give my permission for Awilda Perez to place a
(Name of person authorized to sign as owner or place a structure)

Select one: ☐ Mobile Home ☐ Travel Trailer ☐ Utility Pole Only ☒ Single Family Home
☐ Barn ☐ Shed ☐ Garage ☐ Culvert ☐ Other (specify) _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Awilda Perez Awilda Perez 10-8-24
Printed Name of Signor Signature Date

Printed Name of Signor Signature Date

Printed Name of Signor Signature Date

Sworn to and subscribed before me this 8 day of October, 2024 by

K physical presence or _____ online notarization and this (these) person(s) are personally
known to me _____ or produced ID Pennsylvania Driver License

Amy M. Shiver [Signature]
Printed Name of Notary Signature

Notary Stamp

Created 12/2023



NOTICE

1. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

2. THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

3. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

4. YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

5. THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

6. A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

7. THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA. C.S. CH. 56.

8. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

9. I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

1 MAR 2022
DATE

Ulyses Perez, Jr.
ULYSES PEREZ, JR.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, **ULYSES PEREZ, JR.**, Palmyra, Pennsylvania, hereby revoking any and all prior Powers of Attorney granted by me, have made, constituted and appointed, and by these presents do make, constitute and appoint my mother, **AWILDA E. PEREZ**, my true and lawful Attorney-In-Fact/Agent. If my mother is unable or unwilling to serve as my Attorney-In-Fact/Agent, then I appoint my sister, **MELANIE E. NICEWONGER**, to serve as my Attorneys-In-Fact/Agent in her place. My Attorney-In-Fact/Agent shall have all of the power and authority to make any decision and take any action including, without limiting the generality of the foregoing for me and in my name and on my behalf:

1. To make limited gifts to any person, including my agent(s) themselves;
2. To make unlimited gifts or transfers of any amount or kind and at any time to my spouse, my children, or my grandchildren, or other family members, including my agent(s) themselves, as my agent in my agent's sole discretion shall deem advisable, to benefit this class of beneficiaries, for estate planning purposes, or to qualify me or my spouse for any government, public or private benefits which may be available to me or my spouse or my dependents. This right may be exercised as many times and in whatever way my agent chooses;
3. To create a trust for my benefit, and amend, revoke, disclaim or terminate an inter vivos or testamentary trust in which I am a settlor or beneficiary;
4. To make additions to an existing trust for my benefit or for the benefit of any family member;
5. To claim an elective share of the estate of my deceased spouse;
6. To change, release or disclaim any interest in real or personal property, including a power of appointment;
7. To renounce fiduciary positions;
8. To withdraw and receive the income or corpus of a trust;

9. To authorize my admission to a psychiatric, medical, nursing, residential or similar facility and to enter into agreements for my care;
10. To authorize medical, therapeutic and surgical procedures, including administration of drugs;
11. To place prescription drug order(s) and to accept delivery or pick-up of said order(s);
12. I authorize and direct any physician, health care professional, health care provider, and medical care facility to provide to my agent information relating to my physical and mental condition and the diagnosis, prognosis, care, and treatment thereof upon the request of my agent. It is my intent that this authorization for my agent to be considered a personal representative under privacy regulations related to protected health information and for my agent to be entitled to all health information in the same manner as if I personally were making the request. This authorization and direction shall also be considered a consent to the release of such information under current and future regulations, laws and rules, including but not limited to, the express grant of authority to personal representatives as provided by Regulation Section 164.502(g) of Title 45 of the Code of Federal Regulations and the medical information privacy law and regulations generally referred to as HIPAA;
13. To engage in real property transactions, including but not limited to, purchase, sale, management, rental, conveying, mortgaging, executing releases, affidavits, easements, releasing life estates, satisfactions, deeds and other instruments relating to realty, including creating or changing rights of survivorship;
14. To engage in tangible personal property transactions, including transfer or exchange of title to motor vehicles;
15. To engage in stock, bond and other securities transactions, including buying, selling, exchanging, redeeming or converting securities (including U.S. Savings Bonds, Treasury Notes, Bills and other governmental securities);
16. To engage in commodity and option transactions;

17. To engage in banking and financial transactions, including creating or changing rights of survivorship and beneficiary designations;
18. To borrow money;
19. To enter safe deposit boxes;
20. To engage in insurance and annuity transactions;
21. To engage in retirement plan transactions, including the power to change beneficiary designations, and the right to waive the principal's right to be a beneficiary of a joint and survivor annuity, or any survivor benefit under a retirement plan;
22. To handle interests in estates and trusts, to disclaim property or interests in an estate or trust, including a power of appointment, and to exercise or delegate fiduciary powers that the Principal has the right to exercise;
23. To pursue claims and litigation;
24. To receive government benefits;
25. To pursue tax matters, including but not limited to, review, preparation and/or execution of tax returns; and
26. To make an anatomical gift of all or part of my body.
27. To operate a business or entity.
28. To provide for personal and family maintenance.

In general, my Attorney-In-Fact/Agent is authorized to and may perform any and all acts that may be authorized by the Act of February 18, 1992, P.L. 45, No. 26, as amended from time to time as fully to all intents and purposes as I might or could do if personally present, with full power of substitutions and revocation, hereby ratifying and confirming all that said Attorney/Agent may do pursuant to this power.

My Attorney-In-Fact/Agent is also hereby authorized to delegate authority given under this power of attorney and to appoint any successor Attorney-In-Fact/Agent as necessary.

Should I ever be adjudged incompetent by a Court, I nominate my Attorney-In-Fact/Agent, **AWILDA E. PEREZ**, to be guardian of my estate and my person. If **AWILDA A. PEREZ** is unable to serve, then I nominate **MELANIE E. NICEWONGER** as guardian in her place.

My Attorney-In-Fact/Agent shall be entitled to reimbursement of all costs and to reasonable compensation for services performed hereunder.

I hereby authorize my attorney(s), John M. Zimmerman, Esquire and Caleb J. Zimmerman, Esquire, to make copies of this Power of Attorney and to certify these copies as true and correct as this original document. These certified copies may be mailed or electronically transmitted and shall be relied upon by any person for any purpose whatsoever.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of March, 2022.

WITNESS:

Jana Bush

Ulyses Perez, Jr. (SEAL)
ULYSES PEREZ, JR.

Joyce A. Gehman

(MUST HAVE 2 WITNESSES)

(AGENT & NOTARY CANNOT BE A WITNESS)

(PERSON WHO EXECUTES ON PRINCIPAL'S BEHALF MAY NOT BE WITNESS)

ACKNOWLEDGEMENT

COMMONWEALTH OF PENNSYLVANIA :
:
COUNTY OF LEBANON :

On the 1st day of March, 2022, before me personally appeared the above-named ULYSES PEREZ, JR., known to me or adequately proven to be the person who executed the foregoing Power of Attorney, and acknowledged that he executed said Power of Attorney by his signature for the purposes therein contained.

Amy D. Keller
Notary Public

Commonwealth of Pennsylvania - Notary Seal
Amy D. Keller, Notary Public
Lebanon County
My commission expires February 20, 2023
Commission number 1343933
Member, Pennsylvania Association of Notaries

ACKNOWLEDGEMENT BY AGENT

I, AWILDA E. PEREZ, have read the attached Power of Attorney and I am the person identified as the Agent for the Principal. I hereby acknowledge that when I act as Agent:

I shall keep the assets of the Principal separate from my assets.

I shall keep a full and accurate record of actions, receipts and disbursements on behalf of the Principal.

I shall act in accordance with the Principal's reasonable expectations to the extent actually known by me and, otherwise, in the Principal's best interest, act in good faith and act only within the scope of authority granted to me by the Principal in the Power of Attorney.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of March, 2022.

WITNESS:

Laura Bush

Awilda Perez (SEAL)
AWILDA E. PEREZ

ACKNOWLEDGEMENT BY AGENT

I, Melanie E. Nicewonger, have read the attached Power of Attorney and I am the person identified as the Agent for the Principal. I hereby acknowledge that when I act as Agent:

I shall keep the assets of the Principal separate from my assets.

I shall keep a full and accurate record of actions, receipts and disbursements on behalf of the Principal.

I shall act in accordance with the Principal's reasonable expectations to the extent actually known by me and, otherwise, in the Principal's best interest, act in good faith and act only within the scope of authority granted to me by the Principal in the Power of Attorney.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____, 2022.

WITNESS:

Melanie E. Nicewonger (SEAL)

STATE OF FLORIDA
COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Awilda Perez,
(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser)
as the owner of the below described property:

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Subdivision (Name, Lot, Block, Phase) _____

Give my permission for Ulyses Perez to place a
(Name of person authorized to sign as owner or place a structure)

Select one: ☐ Mobile Home ☐ Travel Trailer ☐ Utility Pole Only ☒ Single Family Home
☐ Barn ☐ Shed ☐ Garage ☐ Culvert ☐ Other (specify) _____

I (We) understand that the named person(s) above will be allowed to receive a building permit on the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

Awilda Perez Awilda Perez 10-8-24
Printed Name of Signor Signature Date

Printed Name of Signor Signature Date

Printed Name of Signor Signature Date

Sworn to and subscribed before me this 8 day of October, 20 24 by

X physical presence or _____ online notarization and this (these) person(s) are personally

known to me _____ or produced ID Pennsylvania Drivers License

Amy m. Shiver
Printed Name of Notary

[Signature]
Signature

Notary Stamp



Created 12/2023