

**IN THE CIRCUIT COURT FOR COLUMBIA COUNTY,
FLORIDA**

IN RE: ESTATE OF

PROBATE DIVISION

DEBRA P. EVANS A/K/A File No. _____
DEBRA DEES EVANS F/K/A
DEBRA L. PARRISH A/K/A Division Probate
DEBRA LYNN PARRISH
Deceased.

**OATH OF PERSONAL REPRESENTATIVE
AND DESIGNATION AND ACCEPTANCE OF RESIDENT AGENT**

STATE OF FLORIDA

COUNTY OF COLUMBIA

I, JOSEPH M. PARRISH (Affiant), state under oath that:

1. I am qualified within the provisions of sections 733.302, 733.303 and 733.304, Florida Statutes, to serve as personal representative of the estate of DEBRA P. EVANS A/K/A DEBRA DEES EVANS F/K/A DEBRA L. PARRISH A/K/A DEBRA LYNN PARRISH, deceased. I have reviewed the statutes and understand the qualifications. Under penalties of perjury, I certify that the following statements are true:

a. I am 18 years of age or older.

b. I have never been convicted of a felony.

c. I have never been convicted in any state or foreign jurisdiction of abuse, neglect, or exploitation of an elderly person or a disabled adult, as those terms are defined in Florida Statutes section 825.101.

d. I am mentally and physically able to perform the duties of personal representative.

e. I am a resident of the State of Florida.

2. I will faithfully administer the estate of the decedent according to law.

3. My place of residence is 238 NW PARRISH COURT, LAKE CITY, FL 32055, and my post office address is 238 NW PARRISH COURT, LAKE CITY, FL 32055.

4. I will promptly file and serve a notice on all interested persons at any time I know that I would not be qualified for appointment and will include the reason I would not then be

qualified and the date on which the disqualifying event occurred.

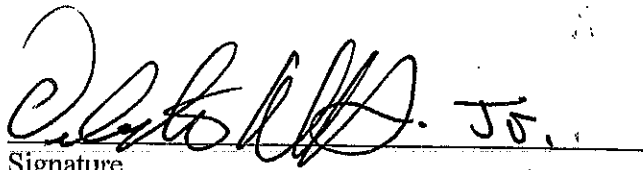
5. I will file and serve a notice within 20 days on all interested persons, in the event there is a change in my residence address, street address, or mailing address.

6. I hereby designate O'Connor Law Firm, attorneys Patrick M. O'Connor and Adam T. Rauman, who are members of The Florida Bar, who are residents of Pinellas County, Florida, whose office address is 2240 Belleair Road, Suite 115, Clearwater, Florida 33764 and whose post office address is 2240 Belleair Road, Suite 115, Clearwater, Florida 33764 as my agents for the service of process or notice in any action against me, either in my representative capacity, or personally, if the personal action accrued in the administration of the estate.


JOSEPH M. PARRISH
Affiant

Sworn to (or affirmed) and subscribed before me by means of () physical presence or () online notarization, on Aug. 12, 2023, by Affiant, who is personally known to me personally or who has produced FL/DL as identification.




Signature
Notary Public State of Florida
My Commission Expires: November 29, 2025
My Commission Number is: HH202595

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Deceased.**

NOTICE OF TRUST

DEBRA P. EVANS A/K/A DEBRA DEES EVANS F/K/A DEBRA L. PARRISH A/K/A DEBRA LYNN PARRISH, a resident of COLUMBIA County, Florida, who died on May 27, 2023, was the settlor of a trust entitled: **DEBRA P. EVANS F/K/A DEBRA L. PARRISH REVOCABLE TRUST AGREEMENT**, dated **THE 23RD DAY OF AUGUST, 2010**, which is a trust described in Florida Statutes Section 733.707(3) and is liable for the expenses of the administration of the decedent's estate and enforceable claims of the decedent's creditors to the extent the decedent's estate is insufficient to pay them, as provided in Florida Statutes Section 733.607(2).

The name and address of the trustee are set forth below.

The clerk shall file and index this notice of trust in the same manner as a caveat, unless there exists a probate proceeding for the grantor's estate in which case this notice of trust must be filed in the probate proceeding and the clerk shall send a copy to the personal representative.

Signed on this _____ day of _____, 2023.



JOSEPH M. PARRISH, CO-TRUSTEE
238 NW PARRISH COURT
LAKE CITY, FL 32055

MICHAEL J. MEYER, JR., CO-TRUSTEE
3960 PINETOP BLVD
TITUSVILLE, FL 32796

Copy mailed to attorney for the Personal

ACCEPTANCE BY TRUSTEE

I, JOSEPH M. PARRISH, hereby accept the designation as Successor Co-Trustee under the DEBRA P. EVANS F/K/A DEBRA L. PARRISH REVOCABLE TRUST AGREEMENT DATED THE 23RD DAY OF AUGUST, 2010. I acknowledge a copy of said Trust and accept the duties and obligations thereunder.

IN WITNESS WHEREOF, we set our seal this 5 day of July, 2023.

Witnesses:

X John Brown Cap Yonitis
John Brown Law Yonitis
(Print Name)

X [Signature]
JOSEPH M. PARRISH

Luis Augusto De Oliveira
Alessio Pedro

(Print Name)

[Signature] OA Pedro

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was subscribed before me by means of ☒ physical presence or ☐ online notarization this 5 day of July, 2023, by JOSEPH M. PARRISH, ☐ who is personally known to me, ☒ who produced a Florida Drivers License, or ☐ who has produced P-620-493-83-466-0 as identification, and who did take an oath.

[Signature] JA
(Signature of Person Taking
Acknowledgment)

Orlando Abreu Jr.
(Name of Acknowledger Typed,
Printed, or Stamped)

(SEAL)

