

WARRANTY DEED

THIS DEED is made this 4th day of May, 2022, by and between ROLANDO CASIS, an un-remarried widower of MERIDIAN CASIS, deceased, whose address is 12 Via Salerno, Palm Coast, Florida 32137, by Sophia Ursula Casis Uhl, his Attorney-in-fact, pursuant to attached Durable Power of Attorney as Exhibit B, herein the “grantor,” and CASIS ENTERPRISES, LLC, a Florida Limited Liability Company, whose post-office address is 12 Via Salerno, Palm Coast, Florida 32137, herein the “grantee.” (As used herein, the terms grantor and grantee shall include, where the context permits or requires, singular or plural, heirs, personal representatives, successors, or assigns.)

WITNESSETH, That the grantor, for and in consideration of the sum of Ten and 00/100 Dollars (\$10.00) and other valuable considerations paid to the grantor by the grantee, the receipt and sufficiency of which are hereby acknowledged, has granted, bargained, sold and conveyed and by these presents does hereby grant, bargain, sell and convey to the grantee, forever, all of that certain real property in Flagler County, Florida, more particularly described in Exhibit A attached hereto and by this reference made a part hereof.

TO HAVE AND TO HOLD the same, together with the tenements, hereditaments and appurtenances, unto the grantee in fee simple. And the grantor fully warrants the title to said property and will warrant and defend the same against the lawful claims of all persons whomsoever.

This conveyance is SUBJECT TO ad valorem taxes or assessments levied or which may become a lien subsequent to December 31st of the calendar year next preceding the date hereof, and covenants, easements and restrictions of record, if any.

THE GRANTOR HOLDS THE IDENTICAL MEMBERSHIP INTEREST IN THE GRANTEE LLC AS HIS OWNERSHIP INTERESTS IN EACH OF THE ABOVE-DESCRIBED PROPERTIES. ACCORDINGLY, ONLY MINIMUM DOCUMENTARY STAMPS ARE REQUIRED TO BE PAID IN RECORDING THIS DEED.

Prepared by:
(without examination of title)
John R. Crawford
Marks Gray, P.A.
1200 Riverplace Blvd., Suite 800
Jacksonville, FL 32207
(904) 398-0900

IN WITNESS WHEREOF, this deed has been executed as of the date first above written.

Signed, sealed and delivered
in the presence of:

Janice B. Richardson

Janice B. Richardson
(Printed Name of Witness)

Josephine Scimeca

Josephine Scimeca
(Printed Name of Witness)

Sophia Ursula Casis Uhl
Attorney In-Fact for Rolando Casis (SEAL)

By: Sophia Ursula Casis Uhl, as Attorney-In-Fact for Rolando Casis

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 4th day of May, 2022, by Sophia Ursula Casis Uhl, as Attorney-In-Fact for Rolando Casis, un-remarried widower of Meridian Casis, deceased, and who is personally known to me, or who has produced Florida Driver's License or Wisconsin DL as identification.

Josephine Scimeca
Signature of Notary Public
Notary Public, State of Florida
My commission expires: _____

(Notarial Seal)

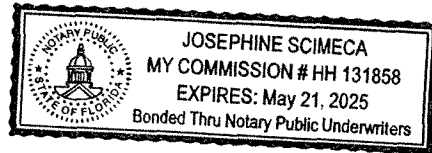


Exhibit "A"

Parcel #1

Unit No. 214, Building B of Residences at European Village, a Condominium, according to The Declaration of Condominium recorded in O.R. Book 1239, Page 1791, and all exhibits and amendments thereof, Public Records of Flagler County, Florida.

Parcel Identification Number: 38-11-31-1915-000B0-2140

More commonly known as 101 Palm Harbor Pkwy Unit B214, Palm Coast, FL 32137

Parcel #2

Unit P68, Building B of European Village Garage Condominium, a Condominium according to the Declaration of Condominium recorded in O.R. Book 1239, Page 1695, and all exhibits and amendments thereof, Public Records of Flagler County, Florida.

Parcel Identification Number: 38-11-31-1915-000B0-P068

More commonly known as 101 Palm Harbor Pkwy #P068, Palm Coast, FL 32137

Official Copy

Exhibit "B"

DURABLE POWER OF ATTORNEY
(Except for wife, conditioned upon Lack of Capacity)

I, ROLANDO C. CASIS, whose full name is Rolando Celino Casis, a resident of Flagler County, Florida, by these presents do make, constitute and appoint my wife, MERIDIAN CAASI CASIS, or one of my elder daughters, SOPHIA URSULA CASIS UHL, LIZA SOLEDAD CASIS, or MYRA VICTORA CASIS, as my true and lawful attorney-in-fact, in the order of priority named.

Powers and Authorities

Any person acting as my attorney-in-fact (my "attorney") under this instrument may act with respect to any and all of my property, real and personal, tangible and intangible, including all of my right, title and interest in any property in which I may have an interest jointly with any other person. Without limiting in any way the foregoing sentence, I authorize my attorney to engage in any of the following actions:

- (1) Hold, invest, lease, or otherwise manage any of my real or personal property, or any interest therein, eject tenants or other persons from, and maintain, insure, or improve the same;
- (2) Buy, lease, or otherwise acquire, sell, mortgage, pledge, or otherwise encumber or dispose of, any property wherever located, be it real or personal, or any interest or right therein, upon such terms as my attorney shall think proper;
- (3) Buy, sell, invest and reinvest the whole or any portion of my securities, including United States government obligations, and other personal property in any form of investment, real or personal, publicly traded or closely held;
- (4) Conduct all banking transactions including, but not limited to, making deposits or investments in, or withdrawals from, any account in any banking, trust, savings or similar institution, exercise any right or option pertaining thereto, borrow monies on my behalf, and open accounts, or interests of whatever kind with any such institution, in my name, in my attorney's name, or in our names jointly;
- (5) Institute, prosecute, defend, compromise, and settle legal, equitable, or administrative hearings, actions, suits, or other proceedings, or otherwise engage in litigation on my behalf;
- (6) Act as my attorney or proxy with respect to any stocks, shares, bonds, or other investments, notwithstanding that my attorney may have a conflict of interest;
- (7) Engage and dismiss agents, counsel, and employees, including but without limitation custodial, investment advisory, secretarial, bookkeeping, and accounting personnel;
- (8) Have access to, and deposit and withdraw the contents of any safe deposit box;

Initials of Principal: RC

(9) To prepare, execute on my behalf, and file federal, state or foreign gift, income, and other tax returns, claims for refund covering any taxes paid and all other documents in connection with any such taxes; and further, to appear for me and represent me before the Internal Revenue Service, the Florida Department of Revenue, or any other taxing authority, in connection with any matter involving my federal, state or foreign gift, income and other taxes, receive refund checks, execute waivers of the statute of limitations, and execute closing agreements, and to prepare and execute on my behalf a government form of power of attorney authorizing my attorney or any agent appointed by my attorney to exercise any of the foregoing powers;

(10) Apply and qualify me for any Federal, state or local government entitlements that I am eligible for (such as Social Security, Medicaid, Supplemental Social Security, etc.), act on my behalf and collect, deposit and pay out as necessary amounts due me from such programs and if, when applying for any such program, my income exceeds any applicable cap, to create an irrevocable income trust or similar trust and to transfer so much of my assets and income to such trust as will enable me to qualify for such benefits;

(11) Transfer any or all of my assets to any trust which I may have established during my lifetime, and waive or consent to accountings and other transactions under any such trust, or execute, as grantor, a revocable trust for my primary lifetime benefit and transfer any or all of my assets to such trust created by my attorney;

(12) Prepare, file, and settle proofs of claim under any insurance policy or for compensation or benefits of any character; apply for reinstatement of any lapsed life insurance policy, and borrow, make election as to the application of any dividends, and make loans thereon, or apply for advances for the purpose of payment of premiums thereon, or for any other purpose;

(13) Renounce any fiduciary position to which I have been or may be appointed or elected, resign from any such position currently held, and settle and account with respect to such position formally or informally as my attorney shall deem appropriate;

(14) Renounce any interest in property to which I may become entitled for any reason, including homestead and elective share, and release any interest in property which I may now or hereafter own, taking into account such matters as any reduction in taxes on my estate and the effect of such action upon persons interested in my estate.

(15) I specifically authorize and encourage my attorney to make gifts (outright, in trust or otherwise, including by forgiveness of debt) to my wife, individually, to any of my children, individually, or to any other person named as a beneficiary in any last will and testament or living trust executed by me and in effect at the time of any such gift, however, only if necessary or desirable for bona fide estate planning, financial planning, medicaid or asset planning purposes (but no third party need inquire into any such determination). My attorney shall attempt to make such gifts prorata to the interest of such beneficiaries under my will or living trust. My attorney is authorized to withdraw assets from any revocable living trust

Initials of Principal: pe

established by me to make these gifts, and any such gifts shall represent an advancement of any amounts to be received pursuant to my will or living trust.

In carrying out the authority hereunder, my attorney may seek review of my medical records, execute releases of confidential information from medical providers and insurers or other third party payors, and consult to the same extent as any health care surrogate of mine, and shall be considered my personal representative (along with my health care surrogate) for health care disclosure under 2004 federal HIPAA regulations; however, I leave decisions about my health care to my health care surrogate under Florida law.

Preced Designation of Guardian of the Property

In the event of the institution of any proceeding for my incapacity, I expressly desire that my attorney provided for herein be appointed to serve as guardian of my property should I be adjudicated incompetent or incapacitated. Upon the filing of any such proceedings, I direct that this instrument be filed with the clerk of the court.

THIS POWER OF ATTORNEY IS UNCONDITIONAL AS TO MY WIFE. HOWEVER, THE EXERCISE OF THIS POWER OF ATTORNEY BY ANY DAUGHTER OF MINE NAMED HEREIN IS CONDITIONED UPON MY LACK OF CAPACITY TO MANAGE PROPERTY (AS DEFINED IN SECTION 744.102(10)(a), FLORIDA STATUTES), AS WELL AS THE LACK OF CAPACITY TO MANAGE PROPERTY OF MY WIFE, IF SHE IS LIVING AND, ACCORDINGLY, IS EXERCISABLE ONLY UPON THE DELIVERY OF AN AFFIDAVIT AS DESCRIBED IN SECTION 709.08(4), FLORIDA STATUTES, WITH RESPECT TO ME AND, IF APPLICABLE, MY WIFE. MY SECOND AND THIRD ALTERNATE ATTORNEYS SHALL BE AUTHORIZED TO ACT UPON PROVIDING EVIDENCE THAT EACH ALTERNATE ATTORNEY NAMED HEREIN AND HAVING A HIGHER PRIORITY IS DECEASED OR UNABLE OR UNAVAILABLE TO ACT. INABILITY OR UNAVAILABILITY TO ACT MAY BE PROVEN BY THE AFFIDAVIT OF THE ATTORNEY SEEKING TO ACT, AND ANY THIRD PARTY SHALL BE FULLY PROTECTED AND SHALL INCUR NO LIABILITY FOR RELYING UPON SUCH AN AFFIDAVIT.

Effect of Appointment

This instrument is to be construed as a general power of attorney. The enumeration of specific rights or powers is not to be interpreted as restricting the general rights or powers herein granted to my attorney, provided, however, my attorney named herein shall not have power either (i) to revoke my existing will or make a new will for me, or (ii) to alter, amend, or revoke any trust established by me during my lifetime which would adversely affect any beneficial interest created thereunder, without the beneficiary's written consent, except that my attorney-in-fact may amend any trust established by me during my lifetime as necessary to further the objects of the trust in view of tax considerations or other compelling circumstances. Further, any authority granted to my said attorney shall be limited so as to prevent this power of attorney (1) from causing my attorney to be taxed on my income, (2) from causing my estate to be subject to a general power of appointment (as that term is defined in Section 2041 of the Internal Revenue Code of

Initials of Principal: *see*

1986, as amended) by my attorney, and (3) from causing my attorney to have any incidents of ownership (within the meaning of Section 2042 of the Internal Revenue Code of 1986, as amended) with regard to any life insurance policies on the life of my attorney.

This durable power of attorney shall not be affected by my subsequent incapacity except as provided in section 709.08, Florida Statutes. This power of attorney is being executed in several counterparts, each of which shall be deemed an original, and the first three (3) pages of each of which I have initialed for identification.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at St. Augustine, Florida, this 26 day of September, 2006.

Signed, sealed and delivered in the presence of:

[Signature]
Signature of Witness
John R. Crawford
Printed Name of Witness

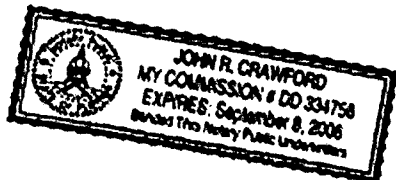
[Signature] (SEAL)
Rolando C. Casis

[Signature]
Signature of Witness
Lauren McKenzie
Printed Name of Witness

STATE OF FLORIDA
COUNTY OF ST. JOHNS

The foregoing instrument was acknowledged before me this 26 day of September, 2006, by Rolando C. Casis, who is personally known to me or produced Florida Driver's License or _____ as identification.

[Signature]
Signature of Notary
Notary Public, State of Florida
My commission expires: 9-8-08



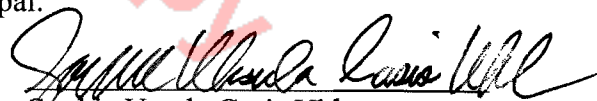
(Notarial Seal)

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DUVAL

Before me, the undersigned authority, personally appeared SOPHIA URSULA CASIS UHL (“Affiant”), who swore or affirmed that:

1. Affiant is the alternate attorney-in-fact named in the Durable Power of Attorney (the “POA”) executed by ROLANDO C. CASIS, whose full name is Rolando Celino Casis, (“Principal”) on September 26, 2006.
2. The primary attorney-in-fact, MERIDIAN CAASI CASIS, died September 22, 2017. Accordingly, the POA is currently exercisable by Affiant. The Principal is not deceased, and is domiciled in Flagler County, Florida.
3. To the best of the Affiant’s knowledge after diligent search and inquiry:
 - (a) There has been no revocation, or partial or complete termination, of the POA or of affiant's authority under the POA; and
 - (b) Affiant's authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or guardian advocate.
4. Affiant is acting within the scope of authority granted by the POA.
5. Affiant agrees not to exercise any powers granted by the POA if Affiant attains knowledge that it has been revoked, has been partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the principal.



 Sophia Ursula Casis Uhl

SWORN TO AND SUBSCRIBED BEFORE me by the Affiant, Sophia Ursula Casis Uhl, by means of physical presence or online notarization this 4th day of May, 2022, who is personally known to me, or has produced Florida Driver’s License or Wisconsin DL, as identification.



(Notary Signature)
 Josephine Scimeca
 (Typed/Printed Name of Notary)
 Notary Public, State of Florida
 My Commission Expires: May 21, 2025

