

Return To:

Janice L Bentley
3517 Kaileen Circle, NE
Palm Bay, FL 32905

Property Appraisers Parcel ID (Folio) Number(s)
27-362400 772B

QUIT-CLAIM DEED

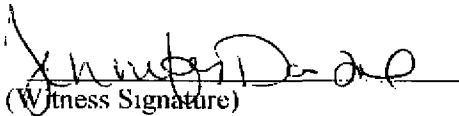
THIS QUIT CLAIM DEED executed July 6, 2009, by James D Hansford and Ivarene R Hansford, husband and wife, whose post office address is 4441 Stack Blvd, #209, Melbourne, FL 32901 grantors to Janice L Bentley, a single woman, whose post office address is 3517 Kaileen Circle, NE, Palm Bay, FL 32905, grantee

WITNESSETH that the said grantors, for and in consideration of the sum of \$10 00 and love and affection in hand paid by the said second party, the receipt whereof is hereby acknowledged, odes hereby remise, release and quit-claim unto the said second party forever, all the right, title, interest, claim and demand which the said first party has in and to the following described lot, piece or parcel of land situate, lying and being in the County of Brevard State of Florida, to-wit

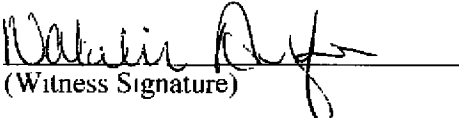
Condominium Unit No 30, of the RIDGEWOOD CLUB, a Condominium according to the Declarations of Condominium thereof, as recorded in the Official Records Book 2597, Page 1449 through 1528, Public Records of Brevard County, Florida, together with all appurtenances thereto

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever of the said grantors, either in law or equity, the only proper use, benefit and behoof of the grantee forever

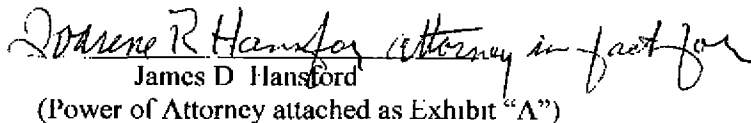
IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first above written


(Witness Signature)

Jennifer Dautel
(Print Name of Witness)


(Witness Signature)

Natalie Alfaro
(Print Name of Witness)


James D Hansford
(Power of Attorney attached as Exhibit "A")

Jennifer Dautel
(Witness Signature)

Ivarene R. Hansford
Ivarene R. Hansford

Jennifer Dautel
(Print Name of Witness)

Natalie Alfaro
(Witness Signature)

Natalie Alfaro
(Print Name of Witness)

**STATE OF FLORIDA
COUNTY OF BREVARD**

I HEREBY CERTIFY that this day, the foregoing instrument was acknowledged before me this 10 day of July, 2009 by James D. Hansford and Ivarene R. Hansford, husband and wife, who are personally known to me or ☒ who have produced driver's license(s) as identification and who executed the foregoing instrument and they acknowledged before me that they executed the same

WITNESS my hand and official seal in the County and State last aforesaid this 10th day of July, 2009



Kathleen M. Hinson
Notary Signature
Kathleen M. Hinson
Printed Name of Notary

My commission expires

*Ivarene R. Hansford Att. to POA
who produced FL Driver's License*

This instrument prepared by
 Laura K Betten, Esq
 Betten Murphy & Weiss, Attorneys, P A
 1800 Penn Street, Suite 6
 Melbourne, Florida 32901
 (321) 676-2525

DURABLE POWER OF ATTORNEY **(GENERAL)**

KNOW ALL MEN BY THESE PRESENTS THAT BY THIS DURABLE POWER OF ATTORNEY, I, JAMES D HANSFORD SR , of Melbourne, Florida, appoint as my attorney-in-fact to manage my affairs my spouse, IVARENE R HANSFORD, of Melbourne, Florida

This durable power of attorney shall become effective immediately and shall not be affected by my subsequent incapacity and shall be valid until such time as I shall die, or I revoke the power, or I am adjudicated totally or partially incapacitated, unless the court determines that certain authority in this document is to remain exercisable by my attorney-in-fact. All acts of my attorney-in-fact taken or done without knowledge of 1) my death, 2) an adjudication of my incompetency, or 3) my revocation are valid and effective, and are hereby ratified and confirmed. All acts done by my attorney pursuant to this power shall bind me, my heirs, devisees, and personal representatives. This power of attorney is nondelegable.

All of my property and interest in property are subject to this durable power of attorney, including homestead real property, powers of appointment, chooses in action, and all contractual or statutory rights of election.

This instrument is to be construed and interpreted as a GENERAL power of attorney. The enumeration of specific items, rights, acts or powers herein is not intended to, nor does it, limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney-in-fact. Without limiting the broad powers conferred by the preceding provisions, I authorize my attorney-in-fact to

1 Sell, purchase, convey, mortgage, rent, lease for any term, or exchange any real estate or interests in it 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 jointly

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

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

4 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

5 Draw, accept, endorse, or otherwise deal with any checks or other commercial or mercantile instruments, specifically including the right to make withdrawals from any savings account or building and loan deposits Access and manage accounts of any kind or nature whatsoever, whether at banks, savings and loans, credit unions, investment and brokerage houses or any financial institutions This power shall specifically include the right and ability to transfer, close and retitle any such accounts and to establish any accounts in any form of sole or joint ownership, with or without the right of survivorship, or in any form that would make the account transfer or payable upon my death, in the sole and absolute discretion of my attorney-in-fact

6 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

7 Sell bonds, shares of stock, warrants, debentures, or other assets belonging to me, and execute all stock powers, 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

8 Invest the proceeds of any redemptions or sales and any other of my money in bonds, shares of stock, and other securities as my attorney shall think fit Furthermore, my attorney-in-fact may delegate investment responsibility to a third party and may grant any such person discretionary trading authority over my assets, accounts and investments

9 Vote at all meetings of stockholders of any company and otherwise act as my attorney or proxy in respect of my shares of stock or other securities or investments that now or hereafter belong to me and appoint substitutes or proxies with respect to any of those shares of stock

10 Access, manage, control, make and implement any investment, withdrawal, rollover, recalculation, redemption, annuitization, beneficiary designation or distribution decisions for any individual retirement accounts or annuities I may own, or any similar tax deferred or retirement accounts of any kind or nature whatsoever

11. To execute Federal Tax Form 2848 or any power of attorney form required by the Internal Revenue Service, including covering any tax years, to prepare,

sign and file federal, state, or local income, gift, other tax returns of all kinds, FICA returns, payroll tax returns, claims for refunds, requests for extensions of time, ruling requests, petitions to the tax court or other courts regarding tax matters, and any and all other tax related documents, including, without limitation, receipts, offers, waivers, consents (including, but not limited to, consents and agreements under Internal Revenue Code Section 2032A, or any successor section thereto), closing agreements and any power of attorney form required by the Internal Revenue Service, Florida taxing authority, or other taxing body with respect to any tax period, to consent to extension of any limitation of action relating to assessments, to pay taxes due, collect refunds, post bonds, receive confidential information and contest deficiencies determined by the Internal Revenue Service, Florida taxing authority, or other taxing body, to exercise any elections I may have under federal, state or local tax law, and generally to represent me in all tax matters and proceedings of all kinds and for all periods before or after the date of this delegation, before all offices and officers of the Internal Revenue Service, Florida taxing authority, and any other taxing body I authorize my agent to substitute a representative and to delegate authority to a new representative and to retain and discharge professional counsel

12 Enter any safe deposit box or other place of safekeeping standing in my name alone or jointly with another and to remove the contents and to make additions, substitutions, and replacements

13 Prosecute, defend, assign, waive and settle all rights, actions or other legal proceedings touching my estate or any part of it or touching any matter in which I may be concerned in any way

14 Arrange for, consent to, authorize, or refuse medical, therapeutical, and surgical procedures for me, including the administration of drugs

15 To take care of, contract for, make arrangements for and make financial commitments for, on my behalf, the medical care and attention of myself, including, without limiting the foregoing, to engage doctors and nurses, to provide hospitalization, consent to operations, enter into personal services contracts to ensure my care, call ambulances and provide any required consents to medication and any other medical procedures If I have executed a living will or advance directive with appointment of the health care surrogate, or a similar form appointing any person to serve as my health care surrogate or agent as to health care matters, I request that my attorney-in-fact appointed herein cooperate with such surrogate or agent and keep such surrogate or agent reasonably advised of any financial matters relating to my health care, and to the extent possible cooperate with such health care surrogate and abide by that person's decisions and actions concerning my health care and the matters covered in such documents and assist in providing financial resources reasonable and necessary to

implement such decisions. I further grant my attorney-in-fact the authority to act as my personal representative for all purposes of and as defined by and under HIPAA - the Health Insurance Portability and Accountability Act of 1996, with full authority to exercise, enforce or waive any and all of my rights under or requirements of HIPAA and to sign on my behalf any documents required or allowed by HIPAA.

16 Make gifts of any real or personal property as my attorney-in-fact shall see fit, including gifts to my attorney-in-fact.

17 Execute, implement, administer and fund, with my income and/or assets, any trust required by any state or federal governmental entity to entitle me to become qualified for any governmental or private benefits or assistance. Access and make any decisions or exercise any rights I may have in any income, benefits or pension to which I am entitled.

18 Purchase, pay premiums upon, abandon, take loans against, make investment decisions, exercise any rights in, change or designate beneficiaries for or surrender any life insurance or long term care insurance policy I may own or have any incidents of ownership in, whether they insure my life and care or any other. This authority expressly includes the right and power for my attorney-in-fact to transfer ownership of any interest I may have in any insurance policy or annuity policy to any third party, including my attorney-in-fact, or to take loans against, deal with in any manner or otherwise release any interests I may own in any insurance or annuity policy.

19 Do anything regarding my estate, property, and affairs that I could do myself.

20. By this Durable Power of Attorney, I intend to give my Agent, while either serving as an Agent hereunder or as guardian of my person and estate, the right and authority, after obtaining approval of a court of competent jurisdiction if a guardian, to make gifts, grants or other transfers without consideration, whether taxable or non-taxable, either outright or in trust, whether by the creation of or amendment to or by transferring assets to a revocable or irrevocable trust, to or for the benefit of any one or more of myself, my spouse, my descendants, a charitable institution or other beneficiaries of my bounty which may extend beyond my disability or life in connection with medicaid, estate, gift, income or other tax planning or in connection with estate planning (collectively "tax planning") on my behalf. It is my desire that my Agent take into consideration what a reasonable and prudent person would do under the same circumstances wherein such person would wish to limit the expenditure of estate, gift, income and generation skipping transfer taxes (collectively the "taxes") or the expenses

of probate administration or to obtain government assistance with the cost of nursing home care or other public benefits to which I could become entitled

This expression of authority is granted by me so that my Agent, my descendants, my spouse and any other beneficiaries of my estate, as well as any institution or court of competent jurisdiction, are aware of my desire to minimize the obligation of my estate to pay taxes or costs of administration and to maximize the value of my estate for the benefit of the beneficiaries of my estate, utilizing advanced tax and medicaid planning techniques. It is my intention that this authority be honored and that my Agent use this authority and the provisions of Florida Statutes Section 744.441, as amended and if applicable, on my behalf to implement tax, medicaid or estate planning techniques

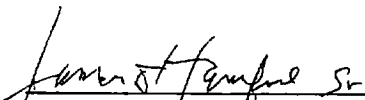
The powers conferred upon my attorney-in-fact extend to all of my right, title, and interest in property in which I may have an interest jointly with any other person, whether in an estate by the entirety, joint tenancy, or tenancy in common

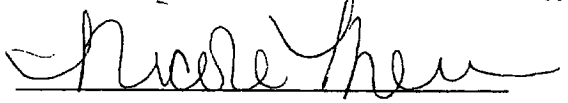
This instrument is executed by me in the State of Florida, but it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interest in property

IN WITNESS WHEREOF, I have set my hand and seal on this 14th day of October, 2008

SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF


CHRISTINE R. FEACOTT

 (L S)
JAMES D. HANSFORD SR


Nicole Therrien

STATE OF FLORIDA - COUNTY OF BREVARD

BE IT KNOWN that on the 14th day of October, 2008, before me, a Notary Public in and for the State of Florida duly commissioned and sworn, dwelling in Brevard County, personally came and appeared JAMES D HANSFORD SR , to me personally known or who produced a driver's license as identification and he acknowledged the within DURABLE POWER OF ATTORNEY to be his act and deed

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office the day and year last above written

NOTARY PUBLIC



Laura K. Betten (L S)

The following is a specimen signature of the attorney-in-fact appointed herein:

Ivarene R Hansford
IVARENE R HANSFORD
Attorney-in-fact for
JAMES D HANSFORD SR

7-6-2008
Date