

IN THE CIRCUIT COURT FOR BROWARD COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: ESTATE OF  
JOSEPH NICHOLAS SODARO,

File No.: 12 - 05 22 1

Division: 625

Deceased.

**PETITION FOR ADMINISTRATION**

Petitioners, ROSEANN SODARO FRENCH and GEORGE W. FRENCH allege:

1. Petitioners are the niece and nephew-in-law of the decedent; GEORGE W. FRENCH has no legal interest in decedent's estate but was decedent's attorney in fact at the time of decedent's death See copy of document attached as Exh. A). ROSEANN SODARO FRENCH has an interest in decedent's estate as an intestate heir. The Petitioners' address is 1304 Dovercourt Lane, Ormond Beach, Florida 32174, and the name and office address of the Petitioners' attorney are set forth at the end of this Petition.

2. Decedent, JOSEPH NICHOLAS SODARO, whose last known address was 2901 N.E. 41 Street, Fort Lauderdale, Florida 33308, whose age was 92, died on November 27, 2012, at North Broward Medical Center, 201 E. Sample Road, Pompano Beach, Florida 33064, and on the date of death, the decedent owned property in Broward County, Florida.

3. Decedent's spouse predeceased him (see copy of death certificate attached as Exh. B) and never fathered any children.

4. Decedent was preceded in death by his eight siblings; so far as is known, the names of the heirs of this estate are nieces and nephews of the decedent; and their addresses and relationships to decedent, and the dates of birth of any who are minors, are:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u> (If Minor)
Roseann Sodaro French	1304 Dovercourt Lane Ormond Beach, Florida 32174	Niece	Adult

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u> <u>(If Minor)</u>
Sharon Sodaro Lunsford	#4 St. Charles Place Charleston, West Virginia 25314	Niece	Adult
Rosa Marie Evans	1781 Mile Fork Road Charleston, West Virginia 25312	Niece	Adult
George Sodaro	1717 Mile Fork Road Charleston, West Virginia 25312	Nephew	Adult
Michael Thomas Sodaro	1749 Mile Fork Road Charleston, West Virginia 25312	Nephew	Adult
Dolores R. Anania	4601 N.E. 23 Avenue Fort Lauderdale, Florida 33308	Niece	Adult
"John" Yeager	10431 S.W. 50 Terrace Miami, Florida 33165	Nephew	Adult
"Jim" Yeager	c/o John Yeager 10431 S.W. 50 Terrace Miami, Florida 33165	Nephew	Adult

5. Venue of this proceeding is in this county because it was the county of the decedent's residence at the time of the decedent's death.

6. ROSEANN SODARO FRENCH, whose address is; 1304 Dovercourt Lane, Ormond Beach, Florida 32174, who is qualified under the laws of the State of Florida to serve as Co-Personal Representative of the decedent's estate, is entitled to preference in appointment as personal representative because 1) there is no surviving spouse, 2) there are no lineal descendants, and 3) she is one of eight intestate heirs in the closest degree.

7. GEORGE W. FRENCH, whose address is: 1304 Dovercourt Lane, Ormond Beach, Florida 32174, who is qualified under the laws of the State of Florida to serve as Co-Personal Representative of the decedent's estate, should be considered by this court in the appointment as Co-Personal Representative because 1) there is no surviving spouse, 2) there are no lineal descendants, 3) his wife who is entitled to preference is co-petitioner; and 4) he was decedent's attorney in fact under that certain document dated Nov. 12, 2012, which is attached hereto as Exh. A.

8. The nature and approximate value of the assets in this estate are: real estate valued at approximately \$379,000.00; financial accounts valued at approximately \$1,500,000.00; and an interest in two (2) auto parts businesses in West Virginia, whose value is currently unknown.

\$1,500,000.00; and an interest in two (2) auto parts businesses in West Virginia, whose value is currently unknown.

9. This estate will not be required to file a federal estate tax return.

10. After the exercise of reasonable diligence, petitioners are unaware of any unrevoked wills or codicils of decedent.

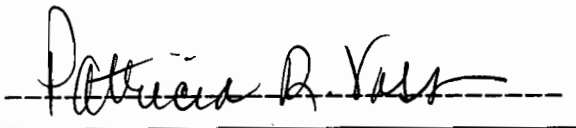
11. Domiciliary probate proceedings are not known to be pending in another state or country.

12. This Petition is being filed without an original death certificate because the decedent has two (2) business interests that need a legal representative to become involved before the death certificates will be received. Petitioners represent that an original death certificate will be filed as soon as they are received.

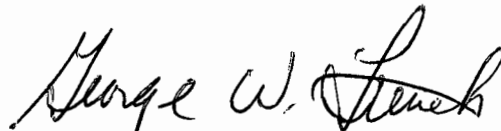
Petitioners request that they, ROSEANN SODARO FRENCH and GEORGE W. FRENCH, be appointed as Co-Personal Representatives of the estate of the decedent.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

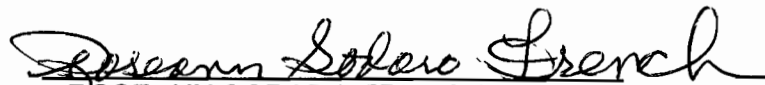
Signed on this 29 day of November, 2012.



Patricia R. Voss, Esq.  
Attorney for Petitioners  
Fla. Bar No. 120634  
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GEORGE W. FRENCH, Petitioner



ROSEANN SODARO FRENCH, Petitioner

# Durable Unlimited Power of Attorney

## Effective Immediately

Notice to Adult Signing this Document: This is an important document. Before signing this document, you should know these important facts. By signing this document, you are not giving up any powers or rights to control your finances and property yourself. In addition to your own powers and rights, you are giving another person, your attorney-in-fact, broad powers to handle your finances and property, which may include powers to encumber, sell or otherwise dispose of any real or personal property without advance notice to you or approval by you. THE POWERS GRANTED UNDER THIS DOCUMENT ARE EFFECTIVE IMMEDIATELY AND WILL REMAIN IN EFFECT IF YOU BECOME DISABLED OR INCAPACITATED. This document does not authorize anyone to make medical or other health care decisions for you. If you own complex or special assets such as a business, or if there is anything about this form that you do not understand, you should ask a lawyer to explain this form to you before you sign it. If you wish to change your durable unlimited power of attorney, you must complete a new document and revoke this one. You have the right to revoke the designation of the attorney-in-fact and the right to revoke this entire document at any time and in any manner. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your attorney-in-fact and any other person to whom you have given a copy of the form. You also should notify all parties having custody of your assets. These parties have no responsibility to you unless you actually notify them of the revocation. If your attorney-in-fact is your spouse and your marriage is annulled, or you are divorced after signing this document, this document may become invalid. Since some third parties or some transactions may not permit use of this document, it is advisable to check in advance, if possible, for any special requirements that may be imposed. You should sign this form only if the attorney-in-fact you name is reliable, trustworthy and competent to manage your affairs. Generally, you may designate any competent adult as the attorney-in-fact under this document.

I, JOSEPH N. SODARO, of 2901 NE 41<sup>ST</sup> ST,  
City of FT LAUDERDALE, State of FLORIDA, as Principal,  
do appoint GEORGE W. FRENCH, of 1304 DOVER COURT LN,  
City of ORMOND BEACH, State of FLORIDA, as my  
attorney-in-fact to act in my name, place and stead in any way which I myself could do, if I were personally present,  
with respect to all the following matters to the extent that I am permitted by law to act through an agent:

I grant my attorney-in-fact the maximum power under law to perform any act on my behalf that I could do personally, including but not limited to, all acts relating to any and all of my financial transactions and/or business affairs including all banking and financial institution transactions, all real estate or personal property transactions, all insurance or annuity transactions, all claims and litigation, and any and all business transactions.

This power of attorney shall become effective immediately and shall remain in full effect upon my disability or incapacitation. This power of attorney grants no power or authority regarding healthcare decisions to my designated attorney-in-fact.

If the attorney-in-fact named above is unable or unwilling to serve, then I appoint

DIANA BERBOTTO MAHOLLAND 2601 NE 8<sup>TH</sup> ST,  
City of FT LAUDERDALE, State of FLORIDA, to be my  
successor attorney-in-fact for all purposes hereunder.

My attorney-in-fact is granted full and unlimited power to act on my behalf in the same manner as if I were personally present. My attorney-in-fact accepts this appointment and agrees to act in my best interest as he or she considers advisable. To induce any third party to rely upon this power of attorney, I agree that any third party receiving a signed copy or facsimile of this power of attorney may rely upon such copy, and that revocation or termination of this power of attorney shall be ineffective as to such third party until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and for my heirs, executors, legal representatives and assigns, agree to indemnify and hold harmless any such third party from any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this power of attorney. This power of attorney may be revoked by me at any time and is automatically revoked upon my death. My attorney-in-fact shall not be compensated for his or her services nor shall my attorney-in-fact be liable to me, my estate, heirs, successors, or assigns for acting or refraining from acting under this document, except for willful misconduct or gross negligence. Revocation of this document is not effective unless a third party has actual knowledge of such revocation.

I intend for my attorney-in-fact under this Power of Attorney to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

**Signature and Declaration of Principal**

I, JOSEPH N. SODARO, the principal, sign my name to this power of attorney this 12<sup>TH</sup> day of NOVEMBER 2012 and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence, and that I have read and understand the contents of the notice at the beginning of this document.

X Joseph N. Sodaro  
Signature of Principal

**Witness Attestation**

I, LELINA HNUCHAK, the first witness, and I, JEFFREY B DIEHL, the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

X Lelina Hnuchak  
Signature of First Witness

X Jeffrey B Diehl  
Signature of Second Witness

EXH A 2 of 3  
E/O Joseph N. Sodaro

**Notary Acknowledgment**

State of FLORIDA County of BROWARD

Subscribed, sworn to and acknowledged before me by JOSEPH SODARO, the Principal,  
and subscribed and sworn to before me by GEORGE FRENCH, DIANA MAHOLLAND, witness, this 12<sup>th</sup>  
day of NOVEMBER 2012.

[Signature]  
Notary Signature NORMAN JACOBS

Notary Public,  
In and for the County of BROWARD  
State of FLORIDA



My commission expires: APRIL 30, 2015

Seal

**Acknowledgment and Acceptance of Appointment as Attorney-in-Fact**

I, GEORGE W. FRENCH have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

[Signature]  
Signature of Attorney-in-Fact

NOVEMBER 12<sup>th</sup> 2012  
Date

**Acknowledgment and Acceptance of Appointment as Successor Attorney-in-Fact**

I, DIANA MAHOLLAND have read the attached power of attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

[Signature]  
Signature of Successor Attorney-in-Fact

NOVEMBER 12<sup>th</sup> 2012  
Date

EXH. A 3 of 3  
E/o Joseph N. Sodaro