Date:

To:

Via Email:

Name of Signer:

RE: Durable Power of Attorney and Durable Medical Power of Attorney

Dear Mr./Mrs. ,

I, , owner of , Notary Public Office, hired to travel to the Signer, , on , for the purpose of verifying his or her identity and executing several advanced directives, specifically, Durable Power of Attorney and Florida Durable Medical Power of Attorney, hereby, by the power vested in me by the State of Florida, and for the best interest of the Signer, would find it unethical, in my part, to proceed with the acknowledgement of the advanced directive for the following reasons:

1. The Signer refused the documents and/or refused to sign the documents on . He or she seemed incapable of reading or filling out the information in the directive documents. Therefore, Signer may be incapable of **understanding the nature and affect** of appointing an attorney-in-fact in the State of Florida and/or providing clear named agent(s) – It is in the best interest for the Signer to retain an attorney for legal advice to determine attorney-in-fact in the advanced directives documents.
2. The documents are **incomplete and/or blank.** The documents were provided to the signer, who is physically disabled, on by for the purpose of signing or directing the notary to sign in his or her presence by verbal, written, or other means; however, the Signer is unable to provide verbal, written, or other means of directives.

**Pursuant to Florida Statute Title X Public Officers, Employees and Records;**

**Chapter 117 Notary Public Officers Section 107 Prohibited Acts.**

F.S. 117.107 –

(5) A notary public may not notarize a signature on a document if it appears that the person is mentally incapable of understanding the nature and effect of the document at the time of notarization.

 (10) A notary public may not notarize a signature on a document if the document is incomplete or blank. However, an endorsement or assignment in blank of a negotiable or nonnegotiable note and the assignment in blank of any instrument given as security for such note is not deemed incomplete.

RECOMMENDATION:

1. Seek Legal Advice

As of the date of this letter and for the reasons set forth above I regret to inform my office, and I, refuse to provide notarial services for medical directive documents for the above named signer.

Should circumstances change and directives be provided, in writing, directly by the signer or an attorney on behalf of the signer, for the signer's execution, we would be happy to reconsider notarial services.

We apologize for any inconvenience.

*Respectfully,*

Maria D. Triminio

One-Stop Public Services, Inc.

Notary Public in the State of Florida

cc:

Name of Witness 1

Name of Witness 2

**I AM NOT AN ATTORNEY LICENSED TO PRACTICE LAW IN THE STATE OF FLORIDA, AND I MAY NOT GIVE LEGAL ADVICE OR ACCEPT FEES FOR LEGAL ADVICE.**