

- (X) to consent to medical treatment
- (X) to personally apply for government benefits
- (X) to manage property or to make any gift or disposition of property
- (X) to make decisions about his or her social environment or other social aspects of his or her life

Petitioner has insufficient experience to make judgments concerning the rights the alleged incapacitated person is incapable of exercising (strike if not applicable).

5. Petitioner is seeking a PLENARY ~~MENTAL~~ (strike one) guardianship.

6. The names, addresses and relationships of all known next of kin of the alleged incapacitated person are (give dates of birth of any who are minors):

Fred Ammerpohl, 4436 Pelorus Drive, New Port Richey, FL 34652 -  
Brother

7. The alleged incapacitated person's attending or family physician is (give name, address and telephone number):

NONE.

Petitioner requests that an examination be made as to the mental and physical condition of the alleged incapacitated person as provided by law, and that an order be entered determining the mental and physical capacity of said person.

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 May 8, 1997. Fran C. J.  
May 8 1997 Fran C. J.

FRAN CANTONIS LANG  
Petitioner

[Signature]  
GUS M. BILIRAKIS, ESQ.  
Attorney for Petitioner

Florida Bar No. 0848018  
BILIRAKIS LAW GROUP, P.A.  
4538 Bartelt Road  
Holiday, FL 34690  
(address)  
Telephone: 813-937-3226  
FAX: 813-934-5069

[Print or Type Names Under All Signature Lines]

