



THIS INSTRUMENT PREPARED BY & RETURN TO:  
Fred A. Morrison  
McLin & Burnsed, P.A.  
Post Office Box 491357  
Leesburg, Florida 34749-1357

**Utility Easement**

RESERVED FOR RECORDING

THIS EASEMENT given the 22 day of December, 2011, by **CENTRAL FLORIDA HEALTH ALLIANCE, INC.**, whose address is 600 East Dixie Avenue, Leesburg, Florida 34748, hereafter referred to as Grantor, to **THE CITY OF LEESBURG, FLORIDA**, whose address is P.O. Box 490630, Leesburg, FL 34749-0630, hereafter referred to as Grantee,

**WITNESSETH:**

That for and in consideration of the sum of \$1.00 and other good and valuable considerations, in hand paid and tendered unto Grantor, receipt whereof is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and confirm unto Grantee, its successors and assigns forever, a perpetual easement over and across the following described real property:

**AS DESCRIBED ON EXHIBIT "A" ATTACHED**

for the purpose of construction, installation, repair, maintenance, replacement and improvement of underground or above ground utilities, including but not limited to water, sewer, reuse water, natural gas, electricity, cable television, fiber optics, and telecommunications. If Grantee damages any surface improvements in its use of this easement, it shall repair any such damage at its expense, and restore the improvements to substantially the same condition they were in prior to the damage. Grantee is also given an irrevocable license, for so long as this Easement remains in effect, to cross the adjoining real property owned by Grantor, for the purpose of conducting any activities permitted by this Easement provided that such right of passage shall not interfere substantially with Grantor's use of its adjoining property.

**TO HAVE AND TO HOLD** unto Grantee, its successors and assigns forever. Grantor does hereby warrant the title to the interests conveyed to Grantee hereunder and will defend the same against the lawful claims of all persons whomsoever.

**IN WITNESS WHEREOF**, Grantor has set his or her hand and seal the day and year first above written. As used herein, the term "Grantor" shall refer to that person, or those persons, so named above, and shall be interpreted as being singular or plural, and shall be considered to have the person, number and gender appropriate to the context of the named individuals or entities.

{SIGNATURES APPEAR ON FOLLOWING PAGE}

WITNESSES (two required)

GRANTOR: CENTRAL FLORIDA HEALTH ALLIANCE, INC.

Kimberley McMahon  
Kimberley McMahon  
(Type or print name of Witness)

BY: Philip J. Braun  
Philip J. Braun, VP/General Counsel  
Type or print name and corporate title

Marlene Kimball  
Marlene Kimball  
(Type or print name of witness)

STATE OF FLORIDA  
COUNTY OF Lake

BEFORE ME, the undersigned Notary Public, personally appeared Philip J. Braun, the VP/General Counsel of Central Florida Health Alliance, Inc., who acknowledged before me that (s)he executed this instrument on the 22<sup>nd</sup> day of December, 2011, and was were either  personally known to me, or who  produced \_\_\_\_\_ as identification.



Marlene Kimball  
NOTARY PUBLIC

Commission Number

Marlene Kimball  
Type or print name of Notary

Commission expiration date