

provided for and supported during any absence, illness or inability whatsoever to attend to my affairs as in the judgment of my said Attorney may seem proper and appropriate under the circumstances, even if it completely exhausts my property and uses up all assets which I have or hold.

4. I further empower my said Attorney to pay any debts that I may owe or to renew any debts that I may owe as my Attorney in her discretion may deem best. I further empower my Attorney to take any steps that I, if present, could take to keep any of my insurance policies in force or to surrender any policy or policies that my Attorney may feel that it is improper under my circumstances to keep in force.

5. I specifically direct and empower my said Attorney-in-Fact to make claim or claims against any person or corporation and to execute any and all necessary forms to effect collection under claims which I may have by reason of any illness or accident or hospital or surgical policies of insurance, whether such policies insure me or a third party, and receipt by my Attorney-in-Fact of the sums due or claims by me under the said policies of insurance, or any person shall fully release the insurance companies or persons for the money so paid.

Giving and granting unto my said Attorney by these presents, full and whole power, strength and authority in and about the premises, to have, use and take all lawful ways and means in my name for the execution thereof, and for me and in my name to make, seal and deliver, and generally to do all and every other act or acts, thing or things, device or devices whatsoever needful or necessary to be done about the premises, for me and in my name as fully, largely and amply, and to all intents and purposes as I might or could do if I were personally present.

IN WITNESS WHEREOF, I have hereunto set my Hand and Seal, dated at Charleston, South Carolina, the 17 day of June in the year of our Lord One Thousand Nine Hundred and Seventy-Three and in the One