

(7) To prepare and file such tax and other returns as may be required by any State of the Union and the United States of America, and claims for refunds thereto.

(8) To have access to such safety deposit box as may be leased by me.

(9) And, generally, to manage and control my property and to execute any and all instruments necessary or expedient for that purpose as I might do, if personally present.

(10) In attorney's sole discretion, to discontinue all, some, or any medication being administered to me and all, some, or any life sustaining devices being operated for my benefit, provided in the opinion of two or more physicians licensed to practice in South Carolina, based upon ordinary standards of medical practice given in writing to attorney:

(i) I have undergone an irreversible cessation of total spontaneous brain function, or

(ii) I have lost consciousness for a period of six months and my condition is terminal, irreversible, or there is no reasonable medical expectation of recovery. My attorney shall take whatever legal steps he deems fit, at my expense, to see that this wish is carried out.

And I, the said LOIS S. LUNSFORD, do hereby ratify and confirm all acts of my attorneys, and do declare that all acts and deeds performed under this instrument shall have the same full force and effect as if performed and signed by me in person, and this instrument shall be effective until revoked in writing or shall cease by operation of law.

Any other provision to the contrary notwithstanding, the signature of either of my aforementioned attorneys in fact shall be sufficient for all purposes hereunder and shall be considered for all intents and purposes, with the same validity as the signatures of both attorneys in fact, so that the signatures of both attorneys in fact shall not be required.

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