STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE

GREEN TO SEPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that as principal I, WILLIAM ALAN IVESTER (hereinafter sometimes referred to as "Principal"), a resident of the state and county aforesaid, have made, constituted and appointed and by these presents do make, constitute and appoint the following as my true and lawful attorney:

VIRGINIA RUDEANE IVESTER

said appointment being made for the purposes hereinafter set forth. If, for any reason she is unwilling or unable to serve or continue to serve, then I hereby constitute and appoint as substitute or successor attorneys my parents, ROY WILLIAM IVESTER and EVELYN IRENE IVESTER.

WHEREAS, despite my desire to live and enjoy life as long as possible, I nevertheless do not wish to prolong my life at all costs. Accordingly, I desire to establish the means by which, under the circumstances specified below, my life shall not be prolonged by artificial means and I shall be permitted to die, and

WHEREAS, I desire that my wishes in this regard be carried out, despite the contrary feelings, beliefs or opinions of my immediate family, other relatives or friends, and

WHEREAS, under the circumstances specified below, the existence of which having been determined in the manner hereinafter described, I expressly do not consent to the use of such medication or such life sustaining devices as shall be specified by any of my attorneys in fact named herein,

NOW, THEREFORE, THIS SPECIAL POWER OF ATTORNEY:

Empowerment of Attorney 1.

Attorney is authorized as follows:

(a) 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:

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