

my benefit, provided in the opinion of two or more physicians licensed to practice in ~~South Carolina~~ ^{United States}, based upon ordinary standards of medical practice, given in writing to Attorney:

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

(ii) I have lost consciousness for a period of thirty (30) days or longer and my condition is terminal, irreversible, or there is no reasonable medical expectation of recovery.

(b) In my attorney's sole discretion, to petition any court of competent jurisdiction for a mandatory injunction requiring compliance by hospital staff, doctors, nurses or any other medical personnel with the actions taken by my attorney authorized under this special power of attorney.

(c) In my attorney's sole discretion, prior to taking any of the actions authorized hereunder, to seek on my behalf and at my expense a declaratory judgment from any court of competent jurisdiction interpreting the validity of any or all acts authorized by this special power of attorney, but such declaratory judgment shall not be necessary in order for my attorney to perform any act authorized hereunder.

(d) In my attorney's sole discretion, in my name, or on my behalf, and at my expense, to bring an action against any hospital staff, physician, nurse or other medical personnel who fail to comply with actions taken by my attorney under this special power of attorney and to demand damages of all kinds, including actual and punitive damages.

2. Resignation and Revocation

(a) This power of attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing his own estate. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

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