

particularly to endorse all checks and drafts made payable to my order and collect the proceeds;

9. To sign in my name checks on all accounts standing in my name, and to withdraw funds from said accounts, to open accounts in my name or in his name as my attorney-in-fact;

10. To make such payments and expenditures as may be necessary in connection with any of the foregoing matters or with the administration of my affairs;

11. To retain counsel and attorneys on my behalf;

12. To appear for me in all actions and proceedings to which I may be party in the courts of South Carolina or any other state in the United States, or in the United States Courts, to commence actions and proceedings in my name if necessary, to sign and verify in my name all complaints, petitions, answers and other pleadings of every description;

13. To authorize any and all kinds of medical procedures and treatment, including but not limited to, medication, therapy, surgical procedures, and dental care, and to consent to all such treatment, medication or procedures where such consent is required; to obtain the use of medical equipment, devices or other equipment and devices deemed by Attorney needful for proper care, custody and control of my person and to do so without liability for any neglect, omission, misconduct or fault with respect to such medical treatment or other matters authorized herein.

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RBN
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TAL

INCIDENTAL POWERS

In order to make the transfers described above, my Attorney is fully authorized and empowered to execute documents and papers,

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