

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

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SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that as principal I,  
JOSEPH T. ALLMON (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:

VAUDA B. ALLMON

said appointment being made for the purposes hereinafter set forth.

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:

1. Empowerment of Attorney

My 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:

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

*Handwritten signature*

STATE OF SOUTH CAROLINA  
SPECIAL POWER OF ATTORNEY  
DOCUMENTARY  
STAMP  
MAY 23 1982

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