

will occur whether or not life-sustaining procedures are used so that the use of them would serve only to artificially prolong the dying process; that I have directed that such procedures be withheld or withdrawn, so that I may be permitted to die naturally with only the administration of medication, or the performance of any medical procedure, deemed necessary to provide me with comfort and care.

In the absence of my ability to give directions regarding the use of such life-sustaining pocedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

It is my intent to give not only the specific powers to my Attorney as above designated, but also to give my said Attorney all powers necessary to accomplish the duties, and to perform the responsibilities, of a general attorney-in-fact. I do hereby ratify any and all actions my designated Attorney may perform for me in my name to the end that all matters of a personal and business nature which may arise in my absence may be effectively performed by my said Attorney.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this instrument this 15 day of March, 1982.

Maude P. King (SEAL)  
Maude P. King

The foregoing instrument was on the 15 day of March, 1982, subscribed on each page and at the end thereof by Maude P. King, and by her signed, sealed, published, and declared to be her Power of Attorney, in the presence of us, who thereupon, at her request, in her presence, and in the presence of each other, have hereunto subscribed our names as attesting witnesses thereto.

Martha P. Hill  
Lucile Wright  
Franklin C. Linton

Greenville  
Sumter, South Carolina  
Greenville,  
Sumter, South Carolina  
Greenville,  
Sumter, South Carolina

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