

2022000882

POWER OF ATTORNEY

RECORDING FEES

\$25.00

PRESENTED & RECORDED:

01-19-2022 11:12:07 AM

BRITTANY GRANT

REGISTER OF DEEDS

LANCASTER COUNTY, SC

BY: TERRY PARKMAN

BK: DEED 1510

PG: 83 - 86

(CAROLINA)

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ASTER)

DURABLE POWER OF ATTORNEY

OF

WILLIAM A. CHICK

KNOW ALL MEN BY THESE PRESENTS that I, **WILLIAM A. CHICK**, Principal, domiciled in the State of South Carolina and a resident of the County of LEXINGTON, being emotionally and mentally competent to make this declaration, and desirous of appointing an ATTORNEY-IN-FACT to act as my fiduciary in my best interest, do hereby nominate, constitute, and appoint as my true and lawful Attorney-in-Fact:

CONSTANCE M. CHICK or Dr. REBECCA C. PACE

MY NAMED ATTORNEY-IN-FACT is hereby vested with all powers as are necessary or desirable to provide for my support, maintenance and health, including but not limited to the following:

TO CONDUCT any ongoing business or trade of mine as my Attorney-in-Fact deems necessary to preserve my estate; TO MANAGE any real estate of mine; TO BUY any kind of property, real or personal, on terms and conditions as my Agent deems appropriate; TO SELL or lease, exchange, donate to charitable entities, or to remove tenants and recover possession of, any Real or Personal Property belonging to me; TO EXECUTE and deliver any deeds, contracts, or other instruments necessary to convey title to such property; TO BORROW money for the purposes described herein; TO COLLECT, prosecute, litigate or defend any suits or actions, compromise, or otherwise dispose of any claim in which I may have an interest, or debt which now or hereafter may be owed to me; TO PAY, compromise or discharge and secure releases from, any legitimate obligations of mine, or claims against me;

ALSO, TO SIGN and deliver any contracts, agreements, assignments, acknowledgments, waivers, proxies, stock powers, and any other instruments which are appropriate for the conduct of my business or personal affairs, or the management of my property.

ALSO, TO ESTABLISH, manage, refinance, or close accounts with financial institutions on my behalf, including loans, mortgages, lines of credit, checking, savings, retirement, money market, credit or

debit card accounts; *TO SIGN* or endorse in my name as Attorney-in-Fact for me any check, draft, promissory note, mortgage or other instrument for credit, deposit or payment; *TO DEPOSIT* in my name and for my account with any Bank or Trust Company all monies to which I am entitled; and *TO WITHDRAW* or transfer any funds from my accounts as my fiduciary deems to be in my best interest;

ALSO, To ARRANGE with any Bank for the creation, maintenance, or closure of a Safe-Deposit Box in my name, to have access to such box for addition or removal of contents therein to assist me in management of my affairs;

W *ALSO, TO PREPARE* and file state and federal tax returns or extension requests or amended returns, to pay taxes due, and to receive and deposit on my behalf any refunds due me.

ALSO, TO APPLY for and receive on my behalf any Social Security, Medicare, and Medicaid benefits to which I am entitled; to make any transfers of resources not prohibited by law to qualify me for state or federal medical care assistance programs and for the lawful avoidance of Medicaid recovery liens.

ALSO, TO APPLY for, transfer, or endorse Certificates of Title registered with the Department of Motor Vehicles or Department of Natural Resources.

ALSO, TO ACT AS MY AGENT, to whom I grant my ADVANCE CONSENT in the event that I am unable to make competent decisions concerning my own health care, *REGARDLESS OF PHYSICIAN CERTIFICATION*, to make all decisions as to my **HEALTH CARE**, consistent with my best interest, as are authorized by, and protected by, the 1990 Adult Health Care Consent Act, SC Code **44-66-10** et seq, as amended.

HIPAA AUTHORIZATION: When considering or making health-care decisions for me, all individually identifiable health information and medical records shall be released to my Attorney-in-Fact, including, but not limited to, diagnostic, treatment, other health care, related insurance and financial records, and any written reports or opinions concerning my health, past present or future, on request. This directive includes all health information and medical records governed by the *Health Information Portability and Accountability Act of 1996*

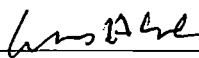
(HIPAA) 42 USC 1320d and 45 CFR 160-164, is effective whether or not I am mentally competent, except in the event that I revoke this authority in writing and deliver it to my health-care provider.

SURVIVAL: This Power of Attorney shall not be affected or cancelled by any physical disability or mental incompetence which renders me incapable of managing my own estate, or determining my future health, welfare, or existence, nor shall it be affected or cancelled by the subsequent appointment of a guardian or conservator. This power is granted pursuant to South Carolina Code of Laws Section **62-5-501**, as amended.

RELIANCE: No person who may act in reliance upon the representations of my Attorney-in-Fact as to the scope or validity of authority granted herein shall incur any liability to me or to my estate as a result of permitting my Attorney-in-Fact to exercise the authority granted herein, nor is such person who deals with my Attorney-in-Fact responsible to determine or insure the proper application of funds or property of mine by my Attorney-in-Fact. SC Code of Laws Section **62-5-501(F)**.

REVOCATION: I hereby revoke any other Powers of Attorney heretofore executed by me. This Power of Attorney shall remain in force until revoked by me, by giving written notice to my Agent, and by re-recording this original instrument, marked as REVOKED, or by recording a subsequent instrument of revocation making reference hereto, indicating the Book and Page of original recordation.

IN WITNESS WHEREOF, I hereunto set my hand and seal to this Durable Power of Attorney this 12th day of January, 2022, and being duly sworn, declare this to be my Durable power of Attorney, that I sign it as my free and voluntary act, that I am over the age of Eighteen years, and am under no constraint or undue influence.

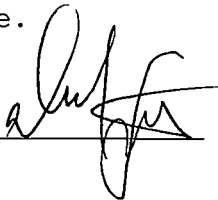

WILLIAM A. CHICK

STATE OF SOUTH CAROLINA)

COUNTY OF LEXINGTON)

PROBATE


We, the undersigned witnesses, sign our names below, one being first duly sworn, and do declare to the undersigned Notary Public that WILLIAM A. CHICK, Principal, signs and executes this instrument as his Durable Power of Attorney, and signs it voluntarily, and that each of us in his presence signs this instrument as witness to his signing, and that to the best of our knowledge, the Principal is over eighteen years of age, of sound mind and under no constraint or undue influence.


Witness


Witness (notary)

ACKNOWLEDGEMENT

THE FOREGOING instrument is subscribed, sworn to, and acknowledged before me: H.M. Knight, a Notary Public for South Carolina, by WILLIAM A. CHICK, Principal, and subscribed and sworn to by the other witness who signed above, this 12th day of January 2022.


Notary Public for South Carolina
My Commission Expires 1-07-31

