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POWER ATTY
RECORDING FEES

\$25.00

PRESENTED & RECORDED:

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BK: RB 20431
PG: 136 - 144

DAVID HAMILTON
CLERK OF COURT
YORK COUNTY, SC
BY: REGINA PRUITT CLERK

STATE OF SOUTH CAROLINA)
)
COUNTY OF YORK)

**DURABLE POWER OF ATTORNEY
WITH
HEALTH CARE POWERS**

KNOW ALL MEN BY THESE PRESENTS, that I **Rhonda Hedrick Moss**, residing in York County, South Carolina, have made, constituted and appointed, and by these presents do make, constitute and appoint **Randal Scott Moss** my true and lawful attorney(s) and agent, for me and in my name, place and stead:

1. To ask, demand, sue for, recover, collect and receive any and all sums of money, debts, dues, accounts, rents, profits, legacies, bequests, interest, dividends, annuities, demands, merchandise, properties or effects whatsoever as are now or shall hereafter become due, owing, payable or belonging to me from any person or persons, corporations or other legal entity whatsoever.

2. To have, use and take all lawful ways and means in my name or otherwise to recover the possession thereof, or damages for any injury

done thereto, and to distain for rent due thereon; to commence and prosecute unto final judgment and execution any suit or suits, action or actions, real, personal or mixed, which my said attorney shall deem proper for the recovery, possession or enjoyment of any matter or thing which is or which may hereafter be due, payable, owing, belonging, accruing or appertaining to me for or by reason of the premises or any part thereof; my said attorney to have, use and take all lawful ways and means in my name or otherwise, and to compromise and adjust any claim in favor of or against me, and to execute and deliver proper releases, acquittances or other sufficient discharges for the same for me and in my behalf.

3. To bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments and to accept and take possession of such lands and all deeds and other assurances in the law therefore, and to lease, let, demise, bargain, sell, convey by gift deed remise, release, convey, mortgage, hypothecate or otherwise dispose of the lands, tenements and hereditaments on such terms and conditions either for or without consideration, including the authority to make absolute gifts and under such covenants as my said attorney shall think fit.

4. To bargain and agree for, buy, sell, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choices in action and other property, real, personal or mixed, and to make, do and transact all and every kind of business of every nature, kind and description whatsoever, with the full power to sell any such property at public or private sale and to convey any and all of such property and any reinvestments thereof from time to time for such price

and upon such terms as to my said attorney shall deem proper, including the right to make absolute gifts to others or to my attorney in fact.

5. To insure and cause insurance to be made of any such goods, wares, merchandise, property, species or other commodity or any part thereof at such premiums and for such risk as to my said attorney shall seem proper.

6. To sign, seal, execute, deliver and acknowledge such deeds, leases, assignments, covenants, indentures, agreements, mortgages, hypothecations, proxies, bills, bonds, notes, receipts, evidences of debt, releases, bills of sale and other instruments of every nature, kind and description whatsoever, as may be necessary or proper in the premises.

7. To make improvements upon lands belonging to me, to borrow money for such periods of time and upon such terms and conditions as to my said attorney shall seem proper, and to secure such loans by mortgage or pledge of any property belonging to me; and to invest and reinvest any monies or properties presently owned or hereafter acquired by me.

8. To make, execute, and deliver such contracts, agreements, forms, applications or other instruments or documents as may be necessary or proper to establish, reduce or agree upon the tax liability or valuation or assessment for tax purposes with respect to any property, real, personal or mixed, owned by the undersigned.

9. To establish banking and savings accounts and to invest in certificates of deposit; to make deposits and withdrawals therefrom; to have access to safety deposit boxes; and to engage in any and all banking

functions necessary or appropriate to the exercise of the powers granted by these presents.

10. This Power of Attorney shall not be affected by the physical disability or mental incompetence of the principal which renders the principal incapable of managing her own estate but the authority conveyed hereby shall be exercisable notwithstanding my physical disability or mental incompetence. All acts done by my Attorney in Fact pursuant to this Power of Attorney during any period of disability or mental incompetence shall have the same effect and insure to the benefit of and bind me and my heirs, devisees, legatees and personal representatives as if I were mentally competent and not disabled. This Power of Attorney is executed pursuant to the provisions of Paragraph 62-101, et. seq, S. C. Code Ann. 1976, as amended.

11. To do and perform any and all other acts or things whatsoever requisite or necessary to be done in or about the premises as fully and to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue of these presents.

12. My Attorney-in-Fact is hereby given authority to make health care decisions on my behalf pursuant to the provisions of Section 44-66-30, South Carolina Code of Laws, 1976, as amended or any such other code sections as might control health care decisions under state law. My Attorney-in-Fact shall have the authority to make all health care decisions until such time as this Power of Attorney is revoked and such decisions

shall not be reviewable by any other medical authority or court of law. My Attorney-in-Fact is given the further authority to make health care decisions on my behalf whether or not I am able to consent or make decisions myself and

To make decisions authorizing, acknowledging, acquiring, consenting to, refusing and/or denying health care and/or medical treatment for me and in my behalf.

I fully understand that this designation will permit my Attorney to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits or use my own funds and assets to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional Instructions:

Without limitation on the right and authority of my Attorney, my Attorney may, among other acts and decisions:

1. Have final authority to act for me and to make health care decisions, including decisions as to surgery or other medical procedures.
2. Consult with appropriate health care providers to provide informed consent in my best interests as my Attorney perceives same;
3. Give any consent in writing using the appropriate consent forms;
4. Have access to all of my appropriate clinical records and may authorize the release of information and clinical records to appropriate persons to ensure the continuity of my health care;
5. Apply for public benefits, including but not limited to, Medicare and Medicaid, for me, and to have access to information regarding my income and assets to the extent required to make application;
6. Authorize the transfer and admission of me to or from a/any health care facility;

7. Withhold or withdraw life-prolonging or death-delaying procedures in accordance with a written declaration, living will or last illness will and testament I have or I will in the future make;
8. Have the authority to seek Court orders providing for the withholding and withdrawal of life-prolonging or death-delaying procedures in accordance with a living will or last illness will and testament of declaration I may have made;
9. Do all acts and make all decisions regarding my health care as authorized by law.

My Attorney shall not be liable or responsible for any costs or expenses of my medical treatment or care except as expressly stated by Statute or with my consent and my Attorney's signature on any admission papers for a health care facility shall not make the Attorney liable or responsible for any costs and expenses incurred for my care at such health care facility, it being understood that the Attorney acts for me and in my stead, and I, alone, would be liable or responsible for such costs and expenses.

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I may or may not notify and send a copy of this document to the following persons other than my Attorney, so they may know who my Attorney is:

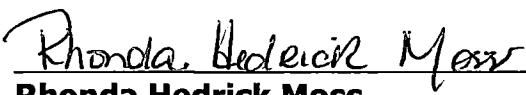
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

13. My Attorney-in-Fact is not required to file any fiduciary bond for faithful service as such Attorney.

14. No person who may act in reliance upon the representations of my Attorney-in-Fact for the scope of authority granted to the Attorney-in-Fact shall incur any liability as to me or to my Estate as a result of permitting my Attorney-in-Fact to exercise this authority, nor is any such person who deals with my Attorney-in-Fact responsible to determine or ensure the proper application of funds or property.

15. In the event that my above named Attorney-in-Fact predeceases me, dies or resigns while so serving or for any reason becomes incapable of continuing to act as my true and lawful attorney, then and in such event(s), I hereby name, constitute and appoint and by these presents do name, constitute and appoint, **Taylor Scott Moss OR Evan Robert Moss each able to act independently and individually** as my named true and lawful next attorney for me and in my name, place and stead and to have all rights, privileges, authority and responsibility granted hereinabove to my first named true and lawful attorney.

IN WITNESS WHEREOF, I have hereunto set my Hand and Seal this the 29 day of September, 2022.


Rhonda Hedrick Moss

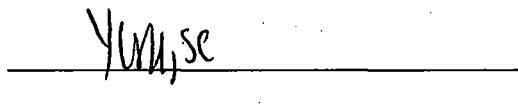
Signed, Sealed, Published and declared by Rhonda Hedrick Moss as and for
her Power of Attorney in the presence of us, who in the presence of each
other, at her request, have subscribed our names as Witnesses:

Signature:

Address (City & State):



Rhonda Hedrick Moss
Witness #1



Yvonne
Witness #2 (can also be Notary)

STATE OF SOUTH CAROLINA)
)
COUNTY OF YORK)

Personally appeared before me the undersigned witness and made oath that he saw the within named Rhonda Hedrick Moss seal and as her act and deed, deliver the within written Power of Attorney, and that he with the other witness subscribed above, witnessed the execution thereof.

Rhonda Hedrick
Witness #1

SWORN to before me this 29 day of September, 2022.

AC

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: 4/17/28

