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POWER ATTY  
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ANGIE M BRYANT  
CLERK OF COURT  
YORK COUNTY, SC  
BY: REGINA PRUITT CLERK

STATE OF SOUTH CAROLINA )

COUNTY OF YORK )

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, GARY BUDREAU, of the Town of Fort Mill, do hereby name, constitute and appoint JODY BUDREAU, of the Town of Fort Mill, as my true and lawful Attorney-in-Fact, to do and perform each and every act, deed, matter and thing whatsoever, in my behalf, and in my stead, with regard to my personal and business affairs, and my real and personal property, as fully and as effectively, to all intents and purposes, as I might or could do in my own person if personally present.

I hereby nominate and appoint SARA HEADLEY as my alternate or successor power of attorney in the event that JODY BUDREAU shall predecease me or be unable to perform her duties herein; that SARA HEADLEY shall have the same and identical powers and authority as herein granted to JODY BUDREAU.

This power may be exercised in the absolute and unrestricted discretion of my said Attorney-in-Fact, from time to time and at any time, with respect to my said property, whether the same be considered or designated as real, personal or mixed, and at any time owned or held by me, without the necessity of Court approval, and is in addition to any and all other rights, powers or authorities granted by statute, common law, or general rules of law in effect at the time of the execution and delivery of this Power of Attorney.

Included in the powers and authority herein granted to my said Attorney-in-Fact, and in no way to be construed as any limitation whatsoever thereon, is the right of my Attorney-in-Fact to:

- (a) Collect and receive, or to take such action as may be necessary to collect and receive, all such sums of money, debts, accounts, interest, dividends, annuities, and demands whatsoever as now are, or may hereafter become due, owing or payable to me, and to sign any such papers or documents as may be necessary to approve any funds to which I may be entitled.
- (b) Make, execute and deliver acquittances, receipts, releases, or other discharges as may be necessary upon collection or receipt of indebtedness due me as set forth in Paragraph (a) above.
- (c) Buy, sell, pledge, hypothecate, and in every way and manner, deal in and with goods, wares and merchandise, and chooses in action.
- (d) Sell, exchange, give, transfer as a gift, encumber or otherwise dispose of any real estate of which I am now or may hereafter be seized or possessed, in fee

simple, or for any lesser estate, to any person, persons, or other entity or entities, upon such terms or conditions or manner whatsoever or to purchase any real estate or personal property on my account, and for these or other purposes to execute any acknowledgement in deeds, mortgages, bills of sale contracts or other instruments whatsoever, as may be necessary or appropriate in the premises. To act as trustee in my behalf and to invest and reinvest all or any part of my property in any property or interest (including undivided interest) in property, whether real, personal, intangible, or mixed, wheresoever the same may be located.

- (e) To transfer property, real and/or personal, to himself/herself, by deed, title or whatever document is appropriate, without limitation or consequence to my Attorney-in-Fact.
- (f) Engage in, do and transact any and every kind of business in my behalf that she may, in her sole and exclusive discretion, deem proper.
- (g) Sell, transfer, purchase, pledge or otherwise dispose of stocks, bonds or similar property.
- (h) Endorse without restriction, my name on my behalf, negotiate checks, promissory notes, letters of credit or other negotiable instruments payable to me or my order or which may require my endorsement and to deposit proceeds to any checking accounts, savings accounts or similar accounts in my name at any financial institution.
- (i) Make, receive, and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposit, in banks, savings and loan associations and other institutions as may be necessary or proper in the exercise of the rights and powers herein granted. To deposit in my name and for my account, with any bank, banker or trust company or any building or savings and loan association or any other banking or similar institution, all monies to which I am entitled or which may come into my Attorney's hands as such Attorney-in-Fact, and all bills of exchange, drafts, check, promissory notes and other securities for money payable belonging to me, and for that purpose to sign my name and endorse each and every such instrument for deposit or collection; and from time to time, or at any time, to withdraw any or all monies deposited to my credit at any bank, banker or trust company or any building or savings and loan association or any other banking or similar institution having monies belonging to me, and in connection therewith to draw checks or to make withdrawals in my name; to make, do, execute, acknowledge and deliver, for and upon my behalf and in my name, all such checks, notes and contracts.
- (j) To manage any and all Individual Retirement Accounts (IRA), pension accounts, 401-k accounts, profit sharing accounts and/or any similar accounts, to withdraw funds, close accounts, open accounts, transfer account funds, to all such accounts as my attorney-in-fact deems appropriate in her absolute discretion.
- (k) To apply for the Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup, van, motorcycle or other motor vehicle and to represent in such transfer assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer assignment.
- (l) To prepare, sign and file joint or separate income tax returns or declarations of estimated tax for any year or years; to prepare, sign and file gift tax returns with

respect to gifts made by me for any year or years; to consent to any gift and to utilize any gift-splitting provisions or other tax election; and to prepare, sign and file any claims for refund of any tax.

- (m) To have access at any time or times to any safe deposit box rented by me, wheresoever located, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe deposit box, and any institute in which any such safe deposit box may be located shall not incur any liability to me or my estate as a result of permitting my Attorney-in-Fact to exercise this power.
- (n) 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 deems by Attorney-in-Fact 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.
- (o) To negotiate, buy or sell any negotiable instruments, securities or bonds.
- (p) To institute, prosecute, defend, abandon, compromise, settle, arbitrate, and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, distresses or other proceedings, or otherwise engage in litigation involving me, my property or any interest of mine; to supervise compromise, enforce, arbitrate, defend or settle any claim by or against me arising out of property damages or personal injuries suffered by or caused by me, or under such circumstances that the loss resulting there from will, or may fall on me; or to intervene in any action or proceeding relating thereto.
- (q) To insure my property against damage or loss and my Attorney-in-Fact against liability with respect to third persons; to obtain, make claim upon, collect and dispose of insurance and insurance proceeds for my care, custody and control.
- (r) To do all acts necessary for maintaining my customary standard of living, including by way of illustration and not by way of restriction, power to provide living quarters by purchase, lease or by other contract, or by payment of the operating costs including interest, amortization payments, repairs and taxes of premises owned and occupied by me, to provide normal domestic help for the operation of my household, to provide usual vacations and usual travel expenses, to provide usual educational facilities, and to provide funds for all my current living costs, including, among other things shelter, clothing, food and incidental; and if necessary to make all necessary arrangements, contractual or otherwise, for me at any hospital, nursing home, convalescent home or similar establishment.
- (s) To hire, to discharge and to compensate any attorney, accountant, expert witness or other assistant or assistants where my Attorney-in-Fact shall think such action to be desirable for the proper execution my Attorney-in-Fact of any of the powers described in this section, and for the keeping of needed records thereof.
- (t) To purchase, accept, hold, name a beneficiary, change a beneficiary, and deal with as owner policies of insurance on my life; to execute or cancel any automatic premium loan agreement with respect to any policy, and shall have the power to elect or cancel any automatic premium loan provision in a life insurance

policy; to borrow money with which to pay premiums due on any policy either from the company issuing the policy or from any other source and may assign any such policy as security for the loan; to exercise any option contained in a policy with regard to any dividend or share of surplus apportioned to the policy, to reduce the amount of a policy or convert or exchange the policy, or to surrender a policy at any time for its cash value; to sell policies at their fair market value to the insured or to anyone having an insurable interest in the policies; to exercise any other right, option or benefit contained in a policy or permitted by the insurance company issuing that policy; and to obtain a copy of all such policies from the issuing insurance company.

- (u) To apply for, elect, receive, deposit and utilize on my behalf all benefits payable by any governmental body or agency, state, federal, county, city or other.
- (v) To act in my stead for Social Security purposes; to apply for, receive and disburse Social Security funds; to deal with the Social Security Administration for me; to execute documents and applications forms; to obtain medical, personal and financial records; to apply for, receive, deposit and utilize on my behalf all benefits payable by the Social Security Administration; to apply for a Social Security card and any other document of identification offered by the Social Security Administration.
- (w) To make advance arrangements for funeral services, including but not limited to purchase of a burial plot and marker and such other and related arrangements for services, flowers, ministerial services, transportation and other necessary, related, convenient or appropriate goods and services as my Attorney-in-Fact shall deem advisable or appropriate under the circumstances. My Attorney-in-Fact shall have the rights of final disposition of my bodily remains, to include cremation or burial arrangements, as well as any associated events, such as scattering ashes or interment.
- (x) To employ and compensate medical personnel including physicians, surgeons, dentists, medical specialists, nurses and paramedical assistants deemed by my Attorney-in-Fact needful for the proper care, custody and control of my person and to do so without liability for any neglect, omission, misconduct or the fault of any such physicians or other medical personnel, provided such physician or other medical personnel were selected and retained with reasonable care, and to dismiss any such persons at any time with or without cause. When considering or making health care decisions for me, all individually identifiable health information and medical records shall be released without restriction to my health care agent and/or my alternate health care agent named above including, but not limited to, (i) diagnostic, treatment, or other health care, and related insurance and financial records and information associated with any past, present or future physical or mental health condition including, but not limited to diagnosis or treatment of HIV/AIDS, sexually transmitted diseases, mental illness and/or drug or alcohol abuse, and (ii) any written opinion relating to my health that such health care agent and/or alternate health care agent may have requested. Without limiting the generality of the foregoing, this release authority applies to all health information and medical records governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160-164; is effective whether or not I am mentally competent; has no expiration date; and shall terminate upon my death.

I grant to my agent full authority to make decisions for me regarding my health care. In exercising this authority, my agent shall follow my desires as stated in this document or otherwise expressed by me or known to my agent. In making any decision, my agent shall attempt to

discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my agent cannot determine the choice I would want made, then my agent shall make a choice for me based upon what my agent believes to be in my best interests. My agent's authority to interpret my desires is intended to be as broad as possible, except for any limitations I may state below.

Accordingly, unless specifically limited by the provisions specified below, my agent is authorized as follows:

- (a) To consent, refuse or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including (but not limited to) artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation.
- (b) To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of (but not intentionally cause) my death.
- (c) To authorize my admission to or discharge (even against medical advice) from any hospital, nursing care facility or similar facility or service.
- (d) To take any other action necessary to making, documenting, and assuring implementation of decisions concerning my health care, including (but not limited to) granting any waiver or release from liability required by any hospital, physician, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my Agent, or to seek actual or punitive damages for the failure to comply.
- (e) To have access to my medical records and information to the same extent that I would have access, including the right to disclose the contents to others.
- (f) To contract on my behalf for placement in a health care or nursing care facility or for health care related services, without my agent incurring personal financial liability for the contract.
- (g) To hire and fire medical, social service and other support personnel responsible for my care.
- (h) My agent is not entitled to compensation for services performed under this power of attorney, but is entitled to reimbursement for all reasonable expenses incurred as a result of carrying out this power of attorney or the authority granted by this section.
- (i) A health care provider or nursing care provider having knowledge of my power of attorney has a duty to follow directives of the agent that are consistent with my power of attorney to the same extent as if they were given by me. If it is uncertain whether a directive is consistent with this power of attorney, the health care provider, nursing care provider, agent or other person may petition the Probate Court for an order determining the authority to give the directive.

ORGAN DONATION (INITIAL ONLY ONE):

My Agent may ( ) may not (CB) consent to the donation of all or any of my tissue or organs for purposes of transplantation.

**EFFECT ON DECLARATION OF A DESIRE FOR A NATURAL DEATH (LIVING WILL):**

I understand that if I have a valid Declaration of a Desire for a Natural Death, the instructions contained in the Declaration will be given effect in any situation to which they are applicable. My agent will have authority to make decisions concerning my health care only in situations to which the Declaration does not apply.

**STATEMENT OF DESIRES CONCERNING LIFE-SUSTAINING TREATMENT:**

With respect to any Life-Sustaining Treatment, I direct the following: (Initial only one of the following 3 paragraphs)

\_\_\_\_ GRANT OF DISCRETION TO AGENT. I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my Agent believes the burdens of the treatment outweigh the benefits. I want my Agent to consider the relief of suffering, my personal beliefs, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

LB DIRECTIVE TO WITHHOLD OR WITHDRAW TREATMENT. I do not want my life to be prolonged and I do not want life-sustaining treatment: (a) if I have a condition that is incurable or irreversible and, without the administration of life-sustaining procedures, expected to result in death within a reasonably short period of time; or (b) if I am in a state of permanent unconsciousness.

\_\_\_\_ DIRECTIVE FOR MAXIMUM TREATMENT. I want my life to be prolonged to the greatest extent possible, within the standards of accepted medical practice, without regard to my condition, the chances I have for recovery, or the cost of the procedures.

**STATEMENT OF DESIRE REGARDING TUBE FEEDING**

With respect to Nutrition and Hydration provided by means of a nasogastric tube or tube into the stomach, intestines, or veins, I wish to make clear that: (Initial only one)

\_\_\_\_ GRANT OF DISCRETION TO AGENT. I do not want my life to be prolonged by tube feeding if my agent believes the burdens of tube feeding outweigh the expected benefits. I want my agent to consider the relief of suffering, my personal beliefs, the expense involved, and the quality as well as the possible extension of my life in making this decision.

LB DIRECTIVE TO WITHHOLD TUBE FEEDING. I do not want my life prolonged by tube feeding.

\_\_\_\_ DIRECTIVE FOR PROVISION OF TUBE FEEDING. I want tube feeding to be provided within the standards of accepted medical practice, without regard to my condition, the chances I have for recovery, or the cost of the procedure, and without regard to whether other forms of life-sustaining treatment are to be withheld or withdrawn.

**ADMINISTRATIVE PROVISIONS**

I revoke any prior Durable and Health Care Power of Attorney and any provision relating to health care of any other prior power of attorney. This power of attorney is intended to be valid in any jurisdiction in which it is presented.

My said Attorney-in-Fact is hereby authorized to make photocopies of this Power of Attorney as frequently and in such quantity as she shall deem appropriate, and all photocopies shall have the same force and effect as the original hereof.

This Durable Power of Attorney is made as permitted by Section 62-5-501 and 62-5-504 et. seq. of the Code of Laws of South Carolina, 1976, as amended, and this Power of Attorney shall not be affected by any physical disability or mental incompetence which I may suffer, either temporarily or permanent, and which may render me incapable of managing my own affairs or my estate.

In the event of my mental disability, my said Attorney-in-Fact shall not be required to file an inventory of deposits, chooses in action, and personal property with the Probate Court, and shall not be required to provide a surety bond or other security bond or other security for the performance of her duty under the terms hereunder.

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 the 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 of property.

All acts done by my said Attorney-in-Fact pursuant to this Durable Power of Attorney shall bond me, my heirs, devisees, legatees and personal representative or representatives notwithstanding any later physical or mental disability or mental incompetence, any prior Power of Attorney made by me is hereby revoked.

My agent has full authority to act in my behalf as to all those powers set forth in Section 62-8-204 through 62-8-217 of the South Carolina Code of Laws.

And I, the said GARY BUDREAU, hereby ratify all that my said Attorney-in-Fact may lawfully do, or cause to be done, by virtue hereof, and shall remain in full force and effect during the term of my life, unless revoked by me in writing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16<sup>th</sup> day of September, 2025.

Gary Budreau (LS)  
GARY BUDREAU

SIGNED, SEALED, PUBLISHED AND DECLARED by the said GARY BUDREAU as and for his Power of Attorney, in the presence of us and each of us, who in his presence, in the presence of each other and at his request, have hereunto set our hands and seals as witnesses hereto at the end of the Power of Attorney.

Jada A. Dunn

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF YORK )

I, Jada A. Dunn, Notary, do hereby certify that GARY BUDREAU personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

Witness my hand and official seal this 16<sup>th</sup> day of September, 2025.  
Jada A. Dunn (LS)  
Notary Public for South Carolina  
My Commission Expires: 4/30/2031