

THE STATE OF SOUTH CAROLINA
In the Court of Appeals

APPEAL FROM CHARLESTON COUNTY
Court of Common Pleas

Mikell Scarborough
Master-in-Equity

Case No. 2018-000761

RECEIVED

FEB 20 2019

SC Court of Appeals

Vanessa Williams, Vanessa Williams, as
Conservator and Guardian of Sandra P. Perkins,
and Vanessa Williams, as Personal Representative
of the Estate of Sandra P. Perkins Respondents,

v.

Bradford Q. Jeffcoat, Jr. and
Blue Heron Builders, Inc. Defendants,
of whom
Bradford Q. Jeffcoat, Jr. is Appellant.

APPENDIX TO THE RECORD ON APPEAL

Jason Scott Luck
jluck@garrettlawsc.com
Garrett Law Offices, LLC
1075 E. Montague Ave.
North Charleston, SC 29405
843.554.5515 (phone)
843.747.3198 (telefax)

Attorneys for Appellant

Andrew M. Sullivan
Clawson and Staubes, LLC
1612 Marion Street, Suite 200
Columbia, SC 29201

Drew Wenzel
Caldwell Wenzel & Asthana, PC
218 N. Alston St.
Foley, AL 36535

Attorneys for Respondents

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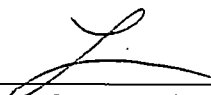
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I certify that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material. I further certify that the Appendix to the Record on Appeal was added by written consent of parties pursuant to Rule 212(b), SCACR.

Dated: 2/19/19



Jason Scott Luck
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Garrett Law Offices, LLC
1075 E. Montague Ave.
North Charleston, SC 29405
843.554.5515 (phone)
843.747.3198 (telefax)
Attorney for Appellant

IN THE MATTER OF
SANDRA P. PERKINS,
An alleged incapacitated person

* **IN THE PROBATE COURT OF**
* **THE COUNTY OF BALDWIN**
* **STATE OF ALABAMA**

*
* **CASE NO.:** 32367
*

EMERGENCY PETITION FOR GUARDIANSHIP/CONSERVATORSHIP

COMES NOW your Petitioner, VANESSA L. WILLIAMS, who pursuant to the ALABAMA UNIFORM GUARDIANSHIP AND PROTECTIVE PROCEEDINGS ACT and ALABAMA UNIFORM ADULT GUARDIANSHIP AND PROTECTIVE PROCEEDINGS JURISDICTION ACT, respectfully represents as follows:

1. The aforesaid SANDRA P. PERKINS is 73 years old and her date of birth is March 27, 1942.
2. That SANDRA P. PERKINS has been residing in Baldwin County, Alabama for the last seven (7) days from the date hereof.
3. That prior to residing in Baldwin County, Alabama, SANDRA P. PERKINS resided in Charleston, South Carolina.
4. That the current health and mental state of SANDRA P. PERKINS is such that she is unable to take care of herself, physically and financially, and her health, safety and welfare are in jeopardy.
5. That SANDRA P. PERKINS is a widow and the Petitioner is her only child.
6. That the Petitioner is a resident of Baldwin County and currently resides with her husband and her mother, SANDRA P. PERKINS at 32183 Waterworks Lane, Lillian, Alabama 36549.

7. That for her mother's health, safety and welfare, the Petitioner recently moved her mother, SANDRA P. PERKINS, into the Petitioner's home in Lillian, Alabama.

8. That the Petitioner is over the age of nineteen (19) years and is in no way disqualified under the law from serving as Guardian and Conservator.

9. Pursuant to Alabama Code Section 26-2B-201(a)(1), this Petition is an Emergency Petition. The current health and mental state of SANDRA P. PERKINS is such that she is unable to take care of herself, physically and financially, and her health, safety and welfare are in jeopardy.

10. Additionally and pursuant to Alabama Code Sections 26-2B-201(a)(3) and 26-2B-201(b), SANDRA P. PERKINS has significant connection with County of Baldwin, State of Alabama. SANDRA P. PERKINS's only child resides in Lillian, Alabama and a substantial amount of her assets are held in a brokerage firm in Foley, Alabama.

11. Furthermore, on November 19, 2009, SANDRA P. PERKINS executed a durable springing power of attorney wherein your Petitioner is listed as her first choice for an attorney-in-fact.

12. That pursuant to Alabama Code Section 26-2B-203, a petition for an appointment of a guardian or order is not pending in a court in the State of South Carolina.

13. That pursuant to Alabama Code Section 26-2B-210, your Petitioner avers that she has not participated, as a party or witness or in any other capacity, in any other proceeding concerning the guardianship or conservatorship of SANDRA P. PERKINS; your Petitioner avers that she has no knowledge of any proceeding that could affect the current proceeding, including, but not limited to, proceedings for the establishment, modification, termination, or enforcement of a protective order; your Petitioner avers that she knows of no person not a party to the proceeding who has physical custody of SANDRA P. PERKINS; and your Petitioner knows of no person not

a party to the proceeding who holds an appointment or alternate appointment as legal agent of SANDRA P. PERKINS.

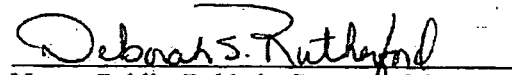
WHEREFORE, the premises considered, your Petitioner prays that Your Honor will take jurisdiction of this cause and set a hearing to appoint VANESSA L. WILLIAMS as guardian and conservator over SANDRA P. PERKINS, and pursuant to § 26-2A-102(b) *Alabama Code* 1975, appoint a guardian ad litem to represent the said SANDRA P. PERKINS; and appoint a physician or other qualified person to examine SANDRA P. PERKINS and submit a written report of findings to this Honorable Court. Your Petitioner further prays that personal service of this Petition be made on the said SANDRA P. PERKINS, and your petitioner prays for such other relief to which she may be entitled.

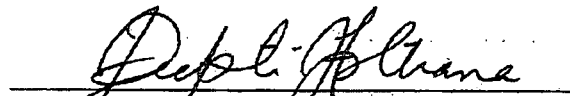

VANESSA L. WILLIAMS
PETITIONER

STATE OF ALABAMA
COUNTY OF BALDWIN

I, the undersigned, a Notary Public, in and for State at large, hereby certify that VANESSA L. WILLIAMS, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and seal this 25th day of June, 2015.


Notary Public, Baldwin County, Alabama
My Commission Expires: 8-19-2017


Deepthi Asthana (AST001)
Attorney for Petitioner
Caldwell Wenzel, & Asthana P.C.

P.O. Box 2158
Foley, Alabama 36536
(251) 948-2168

STATE OF ALABAMA
2015 JUL 01 A 10:32
BALDWIN COUNTY


THE STATE OF ALABAMA
COUNTY OF BALDWIN

PROBATE COURT
Case No. 32367

TEMPORARY LETTERS OF GUARDIANSHIP

Temporary Letters of Guardianship over the estate of SANDRA P. PERKINS, an alleged incapacitated person, are hereby granted to VANESSA L. WILLIAMS, who has duly qualified as required by law, and is authorized to discharge all the functions attached to said guardianship, pursuant to §26-2A-107, for a period of fifteen (15) days from this date, with the exception that said guardian does not have authority to expend any funds of said ward.

Dated this 7th day of July, 2015.



JUDGE OF PROBATE

IN THE MATTER OF	*	IN THE PROBATE COURT OF
SANDRA P. PERKINS,	*	THE COUNTY OF BALDWIN
An alleged incapacitated person	*	STATE OF ALABAMA
	*	
	*	CASE NO. 32367
	*	

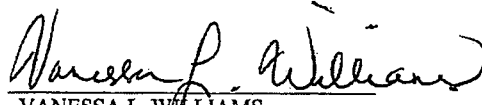
PETITION FOR GENERAL GUARDIANSHIP/CONSERVATORSHIP

COMES NOW your Petitioner, VANESSA L. WILLIAMS, by and through her undersigned counsel, and pursuant to Alabama Code §26-2A-107, files her Petition for General Guardianship/Conservatorship over SANDRA P. PERKINS, an alleged incapacitated person, as follows:

1. On July 7, 2015, your Petitioner was granted Temporary Letters of Guardianship over SANDRA P. PERKINS, an alleged incapacitated person.
2. Your Petitioner is now seeking general Guardianship/Conservatorship over SANDRA P. PERKINS, to protect and manage the person, assets and financial affairs of SANDRA P. PERKINS.
3. Furthermore, pursuant to Alabama Code Sections 26-2B-201(a)(3) and 26-2B-201(b), SANDRA P. PERKINS continues to have significant connection with County of Baldwin, State of Alabama. SANDRA P. PERKINS' only child resides in Lillian, Alabama and a substantial amount of her assets are held in a brokerage firm in Foley, Alabama.

WHEREFORE, your Petitioner, VANESSA L. WILLIAMS, requests this Honorable Court set a date for a hearing on the incapacity of SANDRA P. PERKINS, where it will:

- a. Request and accept a written report from Dr. George M. Knefely, Jr., on SANDRA P. PERKINS' mental incapacity;
- b. Appoint VANESSA L. WILLIAMS as general Guardian and Conservator of SANDRA P. PERKINS;
- c. Grant VANESSA L. WILLIAMS the powers of a general Guardian as set forth in Alabama Code (1975), §26-2A-108 which include those set forth in Alabama Code (1975), §26-2A-78(b), (c), and (d); and
- d. Grant such other, further and different relief as may be appropriate, the premises considered.

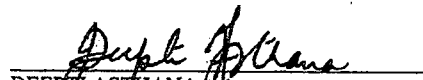

VANESSA L. WILLIAMS
PETITIONER

STATE OF ALABAMA
COUNTY OF BALDWIN

I, the undersigned, a Notary Public, in and for State at large, hereby certify that VANESSA L. WILLIAMS, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, she executed the same voluntarily on the day the same bears date.

Given under my hand and seal this 9th day of July, 2015.


NOTARY PUBLIC
My Commission Expires: 8-19-17


DEEPTI ASTHANA
Attorney for Petitioner
Caldwell Wenzel & Asthana P.C.
P. O. Box 2158
Foley, Alabama 36536
(251) 948-2168

CERTIFICATE OF SERVICE

I the undersigned counsel do hereby certify that I have this day served by United States Mail, first class postage prepaid and properly addressed, the foregoing upon:

Patsy L. Johnson, Esq.
22881 State Highway 59 S
Robertsdale, AL 36567


DEEPTI ASTHANA

THE FOLLOWING SHALL BE SERVED VIA SPECIAL PROCESS SERVER:

Ms. Sandra P. Perkins
32183 Waterworks Lane
Lillian, AL 36549

STATE OF ALABAMA
2015 JUL 17 P 4 10
BALDWIN COUNTY

IN THE MATTER OF * IN THE PROBATE COURT OF
 SANDRA P. PERKINS, * THE COUNTY OF BALDWIN
 An alleged incapacitated person * STATE OF ALABAMA
 *
 * CASE NO. 32367
 *

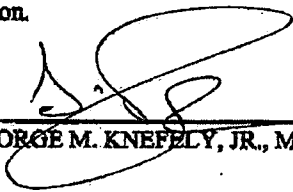
AFFIDAVIT

George M. Knefely, Jr., M.D., first being duly sworn, deposes and says as follows: My name is George M. Knefely, Jr., M.D. I am a Medical Doctor, licensed in the State of Florida.

I have treated Sandra P. Perkins, who is a white female, 73 years of age, whose date of birth is March 27, 1942.

In my opinion, Ms. Perkins suffers from the following physical and/or mental problems:
Major Cognitive Disorder, moderately severe. I have only
seen her once and have not had a chance to review
past records nor any studies other than my exams

In my opinion, Ms. Perkins is no longer able to handle her own affairs. It is my opinion that it would be in Ms. Perkins' best interest for the Court to appoint a Guardian and Conservator to handle her affairs. This affidavit is being provided to assist the Court in making its ruling concerning whether Ms. Perkins is an incapacitated person.



 GEORGE M. KNEFELY, JR., M.D.

SWORN TO AND SUBSCRIBED
 BEFORE ME THIS 10th DAY OF
 JULY, 2015.



 NOTARY PUBLIC
 My Commission Expires:



IN THE MATTER OF

SANDRA P. PERKINS,

An alleged incapacitated person

*

IN THE PROBATE COURT OF

*

THE COUNTY OF BALDWIN

*

STATE OF ALABAMA

*

CASE NO. 32367

*

MOTION TO APPROVE TRANSFER OF REAL PROPERTY

COMES NOW, VANESSA L. WILLIAMS, Court appointed Guardian and Conservator of Sandra P. Perkins, by and through her undersigned counsel, and requests this Court to approve the transfer of certain real property, and in support thereof, would show as follows:

1. That Sandra P. Perkins owned real property located at 1955 Old Fort Avenue in Charleston, South Carolina in Charleston County, South Carolina (the "Real Property"), and is more particularly described as follows:

All that certain piece, parcel or lot of land, with improvements thereon, situate, lying and being in St. Andrews Parish Charleston County, State aforesaid, and known and designated as Lot #25B on a plat entitled "PLAT TO SUBDIVIDE 1.38 ACRES, LOTS 13 & 25, MAGNOLIA RANCH S/D LOCATED IN ST. ANDREWS PARISH, CHARLESTON COUNTY, SOUTH CAROLINA", as shown on plat thereof dated June 2, 1998 and revised June 1, 1998 drawn by James G. Pennington, R.L.S., and recorded in the ROD Office for Charleston County in Plat Book EC, at Page 618. Reference to said plat is hereby craved to a more complete description.

TMS No.: 355-09-00-108

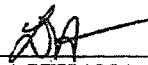
2. That Ms. Perkins owned said Real Property with Bradford Jeffcoat as joint tenants with right of survivorship.
3. In November 2015, the law firm of Clawson & Staubes LLC in South Carolina was assisting Ms. Perkins with drafting a complaint requesting that said Real Property be partitioned via sale and the proceeds from sale be divided between Ms. Perkins and Mr. Jeffcoat.

4. On or about November 16, 2015, Conservator, Vanessa Williams communicated to the law firm of Caldwell Wenzel & Asthana, PC that Ms. Perkins had suffered a severe decline in her health, was not eating or drinking, and that death was imminent.
5. Given that the Real Property was still in the names of Ms. Perkins and Mr. Jeffcoat and held as joint tenants with right of survivorship, the death of Ms. Perkins would result in Mr. Jeffcoat being the sole owner of said Real Property.
6. In order to preserve the Estate asset, lawyers from Caldwell Wenzel & Asthana, PC consulted with the lawyers at Clawson & Staubes LLC and a decision was made to immediately transfer said Real Property from Ms. Perkins to her daughter and only child, Vanessa Williams. Doing so, would convert the joint tenancy into tenancy in common and preserve said Estate asset. Additionally, a prior review of Ms. Perkins' estate planning documents revealed that she left all of her assets to her only child, Vanessa Williams.
7. In so doing, reference was made to Code of Alabama, Sections 26-2A-152 (c) (1) and 26-2A-152 (c) (6). Specifically, Section 26-2A-152 (c) (1) allows a conservator, acting as a fiduciary in efforts to accomplish the purpose of the appointment to collect, hold, and retain assets of the estate including land in another state...until determining that disposition of the assets should be made, and the assets may be retained even though they include an asset in which the conservator is personally interested.
8. Furthermore, given the circumstances and that time was of the essence, prior court approval for said transfer was not possible.
9. Consequently, a deed was prepared by Clawson & Staubes LLC and, upon the advice of legal counsel, Vanessa Williams signed said deed as conservator conveying said Real Property from Ms. Perkins to herself. See attached, Exhibit "A".

10. But for this step, Ms. Perkins' interest in said Real Property would be lost forever, as Ms. Perkins departed this life November 27, 2015.

WHEREFORE, request is made that this Honorable Court approve the aforementioned conveyance of real property and enter an Order consistent therewith.

Respectfully submitted this 11th day of January, 2016,



DEEPTI ASTHANA
Attorney for Vanessa L. Williams
Caldwell Wenzel & Asthana P.C.
P. O. Box 2158
Foley, Alabama 36536
(251) 948-2168

CERTIFICATE OF SERVICE

I the undersigned counsel do hereby certify that I have this day served by United States Mail, first class postage prepaid and properly addressed, the foregoing upon:

Patsy L. Johnson, Esq.
22881 State Highway 59 S
Robertsdale, AL 36567



DEEPTI ASTHANA

STATE OF SOUTH CAROLINA)
)
COUNTY OF CHARLESTON)

TITLE NOT EXAMINED BY CLAWSON & STAUBES, LLC
TITLE TO REAL ESTATE

KNOW ALL MEN BY THESE PRESENTS, that I, **Sandra P. Perkins**, for and in consideration of the sum of **Ten and 00/100 Dollars (\$10.00)** and love and affection to me in hand paid at and before the sealing of these presents by **Vanessa L. Williams**, in the State aforesaid, the receipt of which is hereby acknowledged, have granted, bargained, sold and released, and by these presents do, subject to all covenants, restrictions and easements of record ("Exceptions"), grant, bargain, sell and release unto the said **Vanessa L. Williams**, her heirs and assigns, all of my one half undivided interest in and to the following described property, to-wit:

All that certain piece, parcel or lot of land, with improvements thereon, situate, lying and being in St. Andrews Parish Charleston County, State aforesaid, and known and designated as Lot #25B on a plat entitled "PLAT TO SUBDIVIDE 1.38 ACRES, LOTS 13 & 25, MAGNOLIA RANCH S/D LOCATED IN ST. ANDREWS PARISH, CHARLESTON COUNTY, SOUTH CAROLINA", as shown on plat thereof dated June 2, 1998 and revised June 1, 1998 drawn by James G. Pennington, R.L.S., and recorded in the ROD Office for Charleston County in Plat Book EC at Page 618. Reference to said plat is hereby craved to a more complete description.

BEING the same property conveyed to Bradford Q. Jeffcoat, Jr. and Sandra P. Perkins by deed of Bradford Q. Jeffcoat, Jr. dated July 1, 2000 and recorded February 6, 2001 in Book D364, at Page 107 in the RMC Office for Greenville County, South Carolina.

TMS# 355-09-00-108

Grantee's Address: 32183 Waterworks Ln
Lillian, AL 36549

TOGETHER with all and singular, the rights, members, hereditaments and appurtenances to the said premises belonging, or in anywise incident or appertaining.

TO HAVE AND TO HOLD, subject to the Exceptions, all and singular, the said premises before mentioned unto the said **Vanessa L. Williams**, her heirs and assigns forever a one half undivided interest.

AND, subject to the Exceptions, I do hereby bind myself and my heirs, personal representatives and administrators to warrant and forever defend, all and singular, the said premises unto the said **Vanessa L. Williams**, her heirs and assigns, against me and my heirs and all persons whomsoever lawfully claiming, or to claim the same or any part thereof.

WITNESS my hand and seal this 16th day of November, 2015.

SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF:

SA
(First Witness signs here)

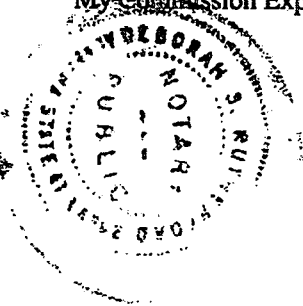
Amare P. Coward
(Second Witness or Notary signs here)

Vanessa L. Williams (L.S.)
Sandra P. Perkins, by Vanessa L. Williams,
Guardian and Conservator of Sandra P. Perkins

STATE OF Alabama)
COUNTY OF Baldwin)

THE foregoing instrument was acknowledged before me by Sandra P. Perkins, by Vanessa L. Williams, Guardian and Conservator of Sandra P. Perkins this 16th day of November, 2015.

Deborah S. Rutherford (L.S.)
Notary Public for Alabama
My Commission Expires: 8-19-17



IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA

IN THE MATTER OF
SANDRA P. PERKINS,
an incapacitated person.

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)
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)

CASE NO. 32367

RESPONSE TO THE
MOTION TO APPROVE TRANSFER OF REAL PROPERTY

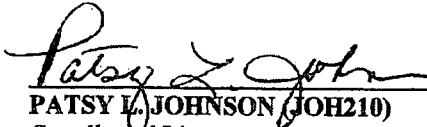
COMES NOW, PATSY L. JOHNSON, as Guardian ad Litem, and hereby responds to the Motion to Approve Transfer of Real Property as follows:

After review of 26-2A-152(c) Code of Alabama, 1975, as amended, I find that the Conservator as the fiduciary for the estate of the Ward may "collect, hold and retain" real property that may be in another state for the benefit of the Ward even if the Conservator may have a personal interest in such real property as stated by the Petitioner in said Motion.

I have no objection to the Motion to Approve Transfer of Real Property filed by Vanessa L. Williams, Conservator for Sandra P. Perkins.

For the information of the Court in determining a reasonable guardian ad litem fee, the undersigned certifies that approximately one (1) hour of time was devoted to reviewing documents and information in this matter.

Done this 19th day of January 2016.



PATSY L. JOHNSON (JOH210)
Guardian ad Litem
22881 State Highway 59 South
Robertsdale, Alabama 36567
Ofc: (251) 970-5047
Fax: (866) 908-8693
E-mail: pjohnson@gulftel.com

CERTIFICATE OF SERVICE

I hereby certify that I have on this 19th day of January 2016 served a copy of the foregoing instrument on all parties to this proceeding by mailing the same by United States mail, first class postage prepaid, and properly addressed to the persons named below.

Deepti Asthana
Caldwell Wenzel & Asthana P.C.
P.O. Box 2158
Foley, Alabama 36536


PATSY L. JOHNSON

STATE OF SOUTH CAROLINA)
) HEALTH CARE POWER OF ATTORNEY
COUNTY OF CHARLESTON)

INFORMATION ABOUT THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU NAME AS YOUR AGENT THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU CANNOT MAKE THE DECISION FOR YOURSELF. THIS POWER INCLUDES THE POWER TO MAKE DECISIONS ABOUT LIFE-SUSTAINING TREATMENT. UNLESS YOU STATE OTHERWISE, YOUR AGENT WILL HAVE THE SAME AUTHORITY TO MAKE DECISIONS ABOUT YOUR HEALTH CARE AS YOU WOULD HAVE.
2. THIS POWER IS SUBJECT TO ANY LIMITATIONS OR STATEMENTS OF YOUR DESIRES THAT YOU INCLUDE IN THIS DOCUMENT. YOU MAY STATE IN THIS DOCUMENT ANY TREATMENT YOU DO NOT DESIRE OR TREATMENT YOU WANT TO BE SURE YOU RECEIVE. YOUR AGENT WILL BE OBLIGATED TO FOLLOW YOUR INSTRUCTIONS WHEN MAKING DECISIONS ON YOUR BEHALF. YOU MAY ATTACH ADDITIONAL PAGES IF YOU NEED MORE SPACE TO COMPLETE THE STATEMENT.
3. AFTER YOU HAVE SIGNED THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE HEALTH CARE DECISIONS FOR YOURSELF IF YOU ARE MENTALLY COMPETENT TO DO SO. AFTER YOU HAVE SIGNED THIS DOCUMENT, NO TREATMENT MAY BE GIVEN TO YOU OR STOPPED OVER YOUR OBJECTION IF YOU ARE MENTALLY COMPETENT TO MAKE THAT DECISION.
4. YOU HAVE THE RIGHT TO REVOKE THIS DOCUMENT, AND TERMINATE YOUR AGENT'S AUTHORITY, BY INFORMING EITHER YOUR AGENT OR YOUR HEALTH CARE PROVIDER ORALLY OR IN WRITING.
5. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A SOCIAL WORKER, LAWYER, OR OTHER PERSON TO EXPLAIN IT TO YOU.
6. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS TWO PERSONS SIGN AS WITNESSES. EACH OF THESE PERSONS MUST EITHER WITNESS YOUR SIGNING OF THE POWER OF ATTORNEY OR WITNESS YOUR ACKNOWLEDGMENT THAT THE SIGNATURE ON THE POWER OF ATTORNEY IS YOURS.

THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES:

A. YOUR SPOUSE; YOUR CHILDREN, GRANDCHILDREN, AND OTHER LINEAL DESCENDANTS; YOUR PARENTS, GRANDPARENTS, AND OTHER LINEAL ANCESTORS; YOUR SIBLINGS AND THEIR LINEAL DESCENDANTS; OR A SPOUSE OF ANY OF THESE PERSONS.

B. A PERSON WHO IS DIRECTLY FINANCIALLY RESPONSIBLE FOR YOUR MEDICAL CARE.

C. A PERSON WHO IS NAMED IN YOUR WILL, OR, IF YOU HAVE NO WILL, WHO WOULD INHERIT YOUR PROPERTY BY INTESTATE SUCCESSION.

D. A BENEFICIARY OF A LIFE INSURANCE POLICY ON YOUR LIFE.

E. THE PERSONS NAMED IN THE HEALTH CARE POWER OF ATTORNEY AS YOUR AGENT OR SUCCESSOR AGENT.

F. YOUR PHYSICIAN OR AN EMPLOYEE OF YOUR PHYSICIAN.

G. ANY PERSON WHO WOULD HAVE A CLAIM AGAINST ANY PORTION OF YOUR ESTATE (PERSONS TO WHOM YOU OWE MONEY).

IF YOU ARE A PATIENT IN A HEALTH FACILITY, NO MORE THAN ONE WITNESS MAY BE AN EMPLOYEE OF THAT FACILITY.

7. YOUR AGENT MUST BE A PERSON WHO IS 18 YEARS OLD OR OLDER AND OF SOUND MIND. IT MAY NOT BE YOUR DOCTOR OR ANY OTHER HEALTH CARE PROVIDER THAT IS NOW PROVIDING YOU WITH TREATMENT; OR AN EMPLOYEE OF YOUR DOCTOR OR PROVIDER; OR A SPOUSE OF THE DOCTOR, PROVIDER, OR EMPLOYEE; UNLESS THE PERSON IS A RELATIVE OF YOURS.

8. YOU SHOULD INFORM THE PERSON THAT YOU WANT HIM OR HER TO BE YOUR HEALTH CARE AGENT. YOU SHOULD DISCUSS THIS DOCUMENT WITH YOUR AGENT AND YOUR PHYSICIAN AND GIVE EACH A SIGNED COPY. IF YOU ARE IN A HEALTH CARE FACILITY OR A NURSING CARE FACILITY, A COPY OF THIS DOCUMENT SHOULD BE INCLUDED IN YOUR MEDICAL RECORD.

HEALTH CARE POWER OF ATTORNEY

(S.C. STATUTORY FORM)

1. DESIGNATION OF HEALTH CARE AGENT

I, Sandra P. Perkins, hereby appoint:

(Principal)

Vanessa Leigh Perkins

(Agent)

18128 Highway 49, Lot# 7; Saucier, Mississippi 39574

(Address)

Home Telephone: _____ Work Telephone: _____
as my agent to make health care decisions for me as
authorized in this document.

2. EFFECTIVE DATE AND DURABILITY

By this document I intend to create a durable power of attorney effective upon, and only during, any period of mental incompetence.

3. AGENT'S POWERS

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 Section E, 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, nursing care provider, 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. The powers granted above do not include the following powers or are subject to the following rules or limitations:

None

4. ORGAN DONATION (INITIAL ONLY ONE)

My agent may af; may not ___ consent to the donation of all or any of my tissue or organs for purposes of transplantation.

5. 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.

6. STATEMENT OF DESIRES AND SPECIAL PROVISIONS

With respect to any Life-Sustaining Treatment, I direct the following:

(INITIAL ONLY ONE OF THE FOLLOWING 4 PARAGRAPHS)

(1) ___ 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 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 decisions concerning life-sustaining treatment.

OR

(2) ~~AP~~ 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 relatively short period of time; or

b. if I am in a state of permanent unconsciousness.

OR

(3) ___ 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.

OR

(4) ___ DIRECTIVE IN MY OWN WORDS:

7. STATEMENT OF DESIRES 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)

AP I do not want to receive these forms of artificial nutrition and hydration, and they may be withheld or withdrawn under the conditions given above.

OR

 I do want to receive these forms of artificial nutrition and hydration.

IF YOU DO NOT INITIAL EITHER OF THE ABOVE STATEMENTS, YOUR AGENT WILL NOT HAVE AUTHORITY TO DIRECT THAT NUTRITION AND HYDRATION NECESSARY FOR COMFORT CARE OR ALLEVIATION OF PAIN BE WITHDRAWN.

8. SUCCESSORS

If an agent named by me dies, becomes legally disabled, resigns, refuses to act, becomes unavailable, or if an agent who is my spouse is divorced or separated from me, I name the following as successors to my agent, each may act alone and successively, in the order named.

A. First Alternate Agent: Bradford Jeffcoat

Address: 1955 Old Fort Avenue; Charleston, SC 29414

Telephone: 843-766-0484

B. Second Alternate Agent: _____

Address: _____

Telephone: _____

9. ADMINISTRATIVE PROVISIONS

A. I revoke any prior Health Care Power of Attorney and any provisions relating to health care of any other prior power of attorney.

B. This power of attorney is intended to be valid in any jurisdiction in which it is presented.

10. UNAVAILABILITY OF AGENT

If at any relevant time the Agent or Successor Agents named herein are unable or unwilling to make decisions concerning my health care, and those decisions are to be made by a guardian, by the Probate Court, or by a surrogate pursuant to the Adult Health Care Consent Act, it is my intention that the guardian, Probate Court, or surrogate make those decisions in accordance with my directions as stated in this document.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT.

I sign my name to this Health Care Power of Attorney on this 19 day of NOVEMBER, 2009. My current home address is: 1955 Old Fort Ave; Charleston, SC 29414.

Signature: Sandra P. Perkins


Name: Sandra P. Perkins

WITNESS STATEMENT

I declare, on the basis of information and belief, that the person who signed or acknowledged this document (the principal) is personally known to me, that the principal signed or acknowledged this Health Care Power of Attorney in my presence, and the principal appears to be of sound mind and under no duress, fraud, or undue influence. I am not related to the principal by blood, marriage, or adoption, either as a spouse, a lineal ancestor, descendant of the parents of the principal, or spouse of any of them. I am not directly financially responsible for the principal's medical care. I am not entitled to any portion of the principal's estate upon the principal's decease, whether under any will or as an heir by intestate succession, nor am I the beneficiary of an insurance policy on the principal's life, nor do I have a claim against the principal's estate as of this time. I am not the principal's attending physician, nor an employee of the

attending physician. No more than one witness is an employee of a health facility in which the principal is a patient. I am not appointed as Health Care Agent or Successor Health Care Agent by this document.

Witness No. 1

Signature:  Date: 11/19/09

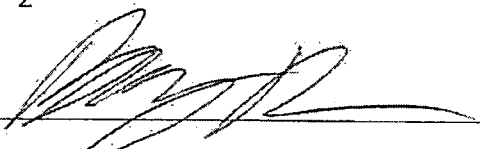
Print Name: Ralph E. Hunt Telephone: 843-216-5643

Residence Address:

2197 Hartford's Bluff Circle

Mount Pleasant, SC 29466

Witness No. 2

Signature:  Date: 11/19/09

Print Name: Barry C. Holden Telephone: 843-886-5844

Residence Address:

1432 Page Tree Lane

Mount Pleasant, SC 29464



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STATE OF SOUTH CAROLINA)
) POWER OF ATTORNEY
COUNTY OF CHARLESTON)

DURABLE SPRINGING POWER OF ATTORNEY
OF SANDRA P. PERKINS

ARTICLE I
CREATION

I, Sandra P. Perkins, ("Principal") residing at 1955 Old Fort Avenue; Charleston, South Carolina 29414 hereby appoint Vanessa Leigh Perkins of 18128 Highway 49; Lot #49; Saucier, Mississippi 39574, as my Attorney-in-Fact ("Agent"). In the event Vanessa Leigh Perkins is unable or unwilling to serve or continue to serve then I appoint Brad Jeffcoat to serve as my Agent.

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

This Power of Attorney shall not be affected by physical disability or mental incompetence of the Principal which renders the Principal incapable of managing the Principal's own estate thereafter, except as may be provided for directly herein or as otherwise by an applicable state statute. This is a Durable Power of Attorney. Unless revoked by me providing written notice to my Agent, this Power of Attorney shall continue effective until my death.

ARTICLE II
EFFECTIVE DATE

NOTWITHSTANDING ANY PROVISION HEREIN TO THE CONTRARY,

MY AGENT MAY, NOT ACT UNLESS AND UNTIL THE EVENTS DESCRIBED IN SUBSECTIONS 1 OR 2 OF THIS ARTICLE HAVE OCCURRED.

1.Incapacity of Principal.

This power of attorney shall become effective upon my disability or incapacity. Notwithstanding any provision herein to the contrary, this instrument shall not be effective unless (a) I am deemed to be incapacitated as further defined herein or (b) I have executed a written document certifying that from the date of such execution thereof my Agent is fully authorized to act under this instrument, as further specified below.

My incapacity shall be deemed to exist when (a) I have been so declared by a court of competent jurisdiction or a conservator and/or guardian has been appointed for me and such appointment is based on incapacity or (b) on presentation to my Agent of a statement executed by two licensed physicians, (one of whom shall be my regular attending physician), which states that in their professional opinion I am incapable of caring for myself and that I am physically or mentally incapable of managing my financial affairs.

The effective date of such incapacity shall be the date of the order or decree adjudicating the incapacity, the date of the order or decree appointing the guardian or conservator, or the date of the written statement of the two physicians described above, whichever first occurs. A certified copy of the order or decree declaring incapacity or appointing a guardian or conservator or the written statement of the physicians described above shall be attached to the original of this instrument, and photocopies thereof shall be attached to photocopies of this instrument, and if this instrument is filed or recorded among public records, then such order, decree or certificate shall also be similarly filed or recorded if permitted by applicable law.

I will be deemed under this instrument to have

regained capacity if there is a finding to that effect by a court of competent jurisdiction or when my conservatorship or guardianship has been judicially terminated or on presentation to my Agent of a written statement executed by two licensed physicians which states in the opinion of such physicians that I am capable of caring for myself and that I am physically and mentally capable of managing my financial affairs. A certified copy of the order or decree declaring my capacity or judicially terminating the guardianship or conservatorship or the certificate of the physicians described above shall be attached to the original of this instrument, and photocopies thereof shall be attached to photocopies of this instrument, and if this instrument is filed or recorded among public records, then such order, decree or certificate shall also be similarly filed or recorded if permitted by applicable law.

If this power of attorney becomes effective because of my disability or incapacity and subsequently I am no longer disabled or incapacitated, as evidenced in the manner provided above, this power of attorney shall not be revoked but shall become effective again on my subsequent disability or incapacity as provided above or on my subsequent certification that such power shall be or has become effective.

I hereby waive voluntarily any physician-patient privilege or psychiatrist-patient privilege that may exist in my favor and I authorize physicians and psychiatrists to examine me and disclose my physical or mental condition to others, including but not limited to my herein appointed Agent, and to determine my incapacity or capacity, for purposes of this instrument.

2. Declaration by Principal

If I have executed the CERTIFICATION OF AUTHORIZATION BY PRINCIPAL attached as "Exhibit A" to this power of attorney, or a similar such written statement substantially in conformity with the above, then

effective on the date of execution of such, and notwithstanding any provision herein to the contrary, this power of attorney shall be immediately and fully effective.

ARTICLE III
AGENT POWERS

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
 - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
 - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
 - c. Have access to any safe deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.

3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.
4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures or other investments.
7. Maintain and/or operate any business that I may own.
8. Exercise any power or perform any act, (including the power to amend or revoke if such has been granted to or retained by me generally), any Trust, Partnership, Limited Liability Company, Corporation or other entity over which I may have such ability.
9. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
10. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.
11. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:
 - a. Prepare, sign and file income and other tax returns with federal, state, and local and other governmental bodies.

- b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
- c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

12. Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving. However, my Agent may not make gifts of my property to the Agent except as herein further specified specifically or as an incidental result of any otherwise authorized act.

13. Transfer, sell or convey any assets of mine on any terms, the primary purpose of which shall be to coordinate the preservation of my assets, (in accordance with my desires to provide a plan of inheritance through my Last Will and Testament and/or any Trust which I may have), with qualification for any public or private benefits to which I may be entitled or be entitled to by as a result of such transfer. Such power shall specifically not be limited by the fact such may be deemed to create a gift or transfer assets to any other person, (including my agent), provided the primary purpose and motivation in such a transaction is as specified in this paragraph.

14. Transfer, sell or convey any assets of mine on any terms, the primary purpose of which shall be to minimize tax liability of my estate, (in accordance with my desires to provide a plan of inheritance through my Last Will and Testament and/or any Trust which I may have). Such power shall specifically not be limited by the fact such may be deemed to create a gift or transfer assets to any other person, (including my agent), provided the primary purpose and motivation in such a transaction is as specified in this paragraph.

15. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.

16. Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing (a) my income to be taxable to my Agent, (b) my assets to be subject to a general power of appointment by my Agent, and (c) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

ARTICLE IV
THIRD PARTY RELIANCE & AGENT LIABILITY

For the purpose of inducing all persons, organizations, corporations and entities, including but not limited to any bank, broker, custodian, insurer, lender, transfer agent, taxing authority, governmental agency, or other party, all of whom will be referred to in this Article as a "Person," to act in accordance with the instructions of my Agent as authorized in this instrument with respect to my property matters, I hereby represent, warrant and agree that:

1. Third Party Liability for Revocation and Amendments.

If this instrument is revoked or amended for any reason, I, my estate, and my personal representative will hold any person, organization, corporation or entity, hereinafter referred to in the aggregate as "Person," harmless from any loss suffered, or

liability incurred by such Person in acting in accordance with the instructions of my Agent acting under this instrument prior to the receipt by such Person of actual written notice of any such revocation or amendment.

2. No Liability to Third Parties for Reliance on Agent.

No Person who relies in good faith on the authority of my Agent under this instrument shall incur any liability to me, my estate or my personal representative. In addition, no Person who acts in reliance on any representations my Agent may make as to;

- a. the fact that my Agent's powers are then in effect,
- b. the scope of my Agent's authority granted under this instrument,
- c. my competency at the time this instrument is executed,
- d. the fact that this instrument has not been revoked or amended, or
- e. the fact that my Agent continues to serve as my Agent;

shall incur any liability to me, my estate or my personal representative for permitting my Agent to exercise any such authority, nor shall any Person who deals with my Agent be responsible to determine or insure the proper application of funds or property by my Agent.

Any Person dealing with any named Agent (including any named Alternate Agent hereunder) may rely on as conclusively correct an affidavit or certificate of such Agent attesting to any of the above.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

3. Authorization to Release Information to Agent.

All Persons from whom my Agent may request information regarding me, my personal or financial affairs or any information which I am entitled to receive are hereby authorized to provide such information to my Agent without limitation and are released from any legal liability whatsoever to me, my estate or my personal representative for complying with my Agent's requests.

4. Limitation of Agent Liability to Principal.

My Agent shall not be liable to the Principal for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

ARTICLE V
MISCELLANEOUS AND ADMINISTRATIVE

1. Reimbursement and Compensation of Agent.

My Agent shall be entitled to reimbursement for all reasonable costs and expenses, including reasonable attorney's fees, actually incurred and paid by my Agent on my behalf at any time under any provision of this instrument. My Agent shall not be entitled to compensation for services rendered hereunder.

2. Severability.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining

provisions of this instrument.

3. Governing Law and Foreign Jurisdiction Applicability.

This instrument shall be governed by the laws of the State of South Carolina in all respects, including its validity, construction, interpretation and termination. To the extent permitted by law, this power of attorney shall be applicable to all property of mine, real, personal, intangible or mixed, wherever and in whatever state of the United States or foreign country the situs of such property is at any time located and whether such property is now owned by me or hereafter acquired by me or for me by my Agent.

4. Definitions.

Whenever the word:

- a. "Agent" or any modifying or equivalent word or substituted pronoun therefor is used in this instrument, such word or words shall be held and taken to include both the singular and the plural, the masculine, feminine and neuter gender thereof.
- b. "Guardian" or "Conservator" or any modifying or equivalent word or substituted pronoun is used in this instrument, such word or words shall be held and taken to mean respectively the fiduciary, appointed by a court of competent jurisdiction or by other lawful means, responsible for the person and/or the property of an individual.

5. Revocation, Amendment and Resignation.

This instrument may be amended or revoked by me at any time by the execution by me of a written instrument of revocation or amendment, delivered to my Agent and to all Alternate Agents. If this instrument has been filed or recorded in the public records, then the instrument of revocation or amendment shall be filed or recorded in the same public records. My Agent and

any Alternate Agent may resign by the execution of a written resignation delivered to me or, if I am mentally incapacitated, by delivery to any person with whom I am residing or who has the care and custody of me or, in the case of an Agent's resignation, by delivery to the Alternate Agent. If my spouse has been appointed my Agent or an Alternate Agent hereunder and subsequent to the execution of this instrument my spouse and I are legally separated or divorced, or in the event that such an action is pending, such legal separation, divorce, or pending action shall automatically and without notice remove my spouse as Agent or Alternate Agent.

6. Counterpart Originals.

If this instrument has been executed in multiple counterpart originals, each such counterpart original shall have equal force and effect.

7. Photocopies.

My Agent is authorized to make photocopies of this instrument as frequently and in such quantity as my Agent shall deem appropriate. Each photocopy shall have the same force and effect as any original.

8. Binding Effect.

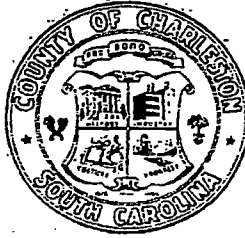
This instrument and actions taken by my Agent properly authorized hereunder shall be binding on me, my estate and my personal representative.

IN WITNESS WHEREOF, I have executed this Power of Attorney this 19 day of NOVEMBER, 2009, and I have directed that photographic copies of this power be made which shall have the same force and effect as an original.

Witnessed

Signature: Sandra P. Perkins 11/19/09
Sandra P. Perkins - Principal

RECORDER'S PAGE



NOTE: This page **MUST** remain with the original document

Filed By:

BARRY CRAIG HOLDEN
 #7 - 916 PALM BLVD
 ISLE OF PALMS SC 29451

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Charlie Lybrand, Register Charleston County, SC		

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PERKINS SANDRA P

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RECIPIENT:

PERKINS VANESSA L

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