

MARGARET L BAILEY  
DORCHESTER COUNTY  
REGISTER OF DEEDS

201 Johnston Street ~ Saint George, SC 29477 (843) 563-0181

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\*\*\* THIS PAGE IS PART OF THE INSTRUMENT - DO NOT REMOVE \*\*\*

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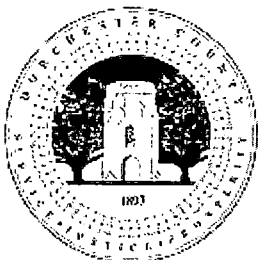
Instrument #:	2026001215	
Receipt Number:	220997	Return To: QUATTLEBAUM
Recorded As:	POWER OF ATTORNEY	
Recorded On:	January 16, 2026	
Recorded At:	01:28:56 PM	Received From: QUATTLEBAUM
Recorded By:	NW	Parties:
Book/Page:	RB 16355: 182 - 188	Direct- METTS, BETTY JO
Total Pages:	7	Indirect- METTS, MICHAEL R

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\*\*\* EXAMINED AND CHARGED AS FOLLOWS \*\*\*

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Recording Fee: \$25.00  
Tax Charge: \$0.00



Margaret Bailey

Margaret Bailey - Register of Deeds

STATE OF SOUTH CAROLINA )  
 )  
 COUNTY OF DORCHESTER )

**DURABLE POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS** that I, **BETTY JO METTS**, County of DORCHESTER, State of South Carolina, do hereby constitute and appoint **MICHAEL R. METTS**, as my true and lawful Attorney to set in, manage, and conduct all my estate and all my affairs for me and in my name, place and stead, for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself therein in the doing and executing, with the full power to have and to exercise the following powers in a fiduciary capacity, without authorization of any court and in addition to any other rights, powers, or authority granted by statute or general rule of law.

In the event that **MICHAEL R. METTS** is unable or refuses to act as my Attorney in Fact, I hereby name, constitute and appoint **MICHELLE METTS SWEATMAN**, as alternate Attorney in Fact.

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.

**POWERS IN GENERAL**

1. To sell or exchange, mortgage, convey, lease, contract with respect to, or option any property of mine, whether real, personal or mixed, which I may now own or hereafter acquire, specifically including, but not limited to real estate, stocks, bonds or other securities, upon such terms and conditions (including credit) as my Attorney shall deem best in the Attorney's absolute discretion;
2. To sign checks withdrawing or transferring funds or money from any financial institutions, including banks or savings and loan associations, in which money may be deposited in my name alone or in joint name with someone else, and to accept, sign, seal, negotiate, acknowledge, collect and endorse any checks, drafts or other instruments for the payment of money, including Social Security and other United States Government checks and any state government checks;
3. To borrow money and execute notes or other instruments securing the repayment and to pledge as security therefore any stocks, bonds securities, or property which I may own and/or to mortgage any real or personal property which I may own, in order to secure said loan;
4. To receive, take, hold, possess, invest, manage and/or collect any monies or other property which may become due me and to give receipts therefore;

THE QUATTLEBAUM LAW FIRM, LLC  
 222 N. PARLER AVENUE  
 ST. GEORGE, SC 29477

5. To maintain, protect, preserve, remove, store, transport, repair, build on, rebuild, alter, modify or improve any property of mine or any part thereof;
6. To be my lawful proxy and to vote any stock or security I may own or hereafter acquire, and to exercise all rights, privileges and options to said stocks and securities, including participation in plan(s) of reorganization, consolidation and/or merger;
7. To invest and reinvest from time to time any funds, money or property which I may own, in the Attorney's absolute discretion in any property of any type;
8. To prepare, file and sign on my behalf such tax and other returns as may be required by any State of the Union and the United States of America, and claims for refund thereto;
9. To have access to such safety deposit box(es) as may be leased by me or by me with another, and to inventory the same, and to withdraw anything from said safety deposit box(es);
10. To initiate or engage in legal proceedings of any nature, including but not limited to legal, equitable or administrative proceedings, on my behalf as either plaintiff, defendant, petitioner, respondent or in any other capacity;
11. To acquire and continue insurance on any of my property or for my benefit and to exercise all options and elections permitted by said contracts of insurance on my behalf;
12. To purchase United States Government bonds redeemable at par in the payment of United States estate taxes imposed at my death upon my estate;
13. My Attorney is authorized to make gifts, grants or other transfers without consideration either outright or in trust (including the forgiveness of indebtedness) to such person or persons as my Attorney shall select subject to the following terms and conditions:
  - a. The recipients of any such gifts shall be limited to my lineal descendants and their spouses.
  - b. If a gift is made to a descendant of mine or the spouse of a descendant of mine by my Attorney, then my Attorney shall make a gift of substantially equal value to all other descendants of mine or their spouses in the same generation.
  - c. My Attorney shall not make any gifts that are not excluded from gift tax by my federal gift tax annual exclusion (unless my spouse has agreed to consent to gift-splitting" under Section 2513 of the Internal Revenue Code in which case such gifts shall not exceed the amount that may be excluded from the federal gift tax by the federal gift tax annual exclusions available to my spouse and me); this annual right shall be non-cumulative and shall lapse at the end of each calendar year.
  - d. In addition to the gifts authorized above, my Attorney is authorized to make any payments of tuition for any descendant of mine that qualify for the exclusion under Section 2503(e) of the Internal Revenue Code,

e. My Attorney is authorized to consent to the splitting of gifts under Section 2513 of the Internal Revenue Code and any successor sections thereto and/or similar provisions of any state or local gift tax laws.

f. My Attorney is authorized to prepare, execute and file any gift tax return required by any such gift and pay any gift tax that may arise by reason of such gift.

14. To establish trust funds, revocable or irrevocable, funded or unfunded, for the benefit of me, my spouse and my lineal descendants;

15. To transfer at any time to the trustee of any revocable trust agreement created by me before or after the execution of this Durable Power of Attorney, as to which I am, during my lifetime, a primary income and principal beneficiary, any or all of my cash, property or interests in property;

16. To do all acts necessary to maintain my spouse and to fulfill my general obligation to support my spouse in my spouse's general standard of living to the extent of my financial ability;

17. To renounce and disclaim any property or interest in property or powers to which for any reason and by any means I may become entitled and to exercise any right to claim an elective share of any estate;

18. And, generally, to do and perform all and every act, deed, matter, and thing to manage and control my property and affairs and to execute any and all instruments necessary or expedient for that purpose as I might do, if personally present.

19. I, **BETTY JO METTS** do hereby name, constitute and appoint **MICHAEL R. METTS (OR MICHELLE METTS SWEATMAN AS ALTERNATE)** as agent to make health care decisions on my behalf with 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 expenses 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.

**MICHAEL R. METTS (OR MICHELLE METTS SWEATMAN AS ALTERNATE)** as my health care agent, shall have the right to use his/her discretion as to who shall or who shall not visit with me during any period of hospitalization or during any recuperation period.

I hereby revoke any prior Health Care Power of Attorney and any provisions 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.

The appointment of a guardian does not terminate all or any portion of the health care power of attorney. This health care power of attorney specifically survives the

appointment of a guardian and the guardian is bound by the terms of this power of attorney, including the appointment of a health care agent and alternate health care agent.

#### GENERAL PROVISIONS

1. AND I, the said **BETTY JO METTS** do hereby ratify and confirm all acts of my Attorney, and do declare that all acts and deeds performed under this instrument shall have the same full force and effect as if performed and signed by me in person, and this instrument shall be effective until revoked in writing and filed in the public records of the county first set out above or shall cease by operation of law and shall be binding upon myself, my heirs, devisees, legatees, beneficiaries, legal representatives, and assigns.

2. This instrument is to be construed and interpreted as a general Power of Attorney without limitation or reservation. The enumeration of specific items, rights, acts, or powers herein is not intended to, nor does it limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to my said Attorney.

3. 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.

4. My Attorney may resign at any time by giving a written resignation to me and filing a copy of said resignation in the public records of the county first set out above.

5. My Attorney is authorized and empowered to appoint a substitute Attorney to act and serve as my Attorney in the event that: (a) my Attorney shall die or become mentally incapacitated or resigns prior to my death, and (b) at any of such times there is no successor Attorney named in this instrument who is willing and able to serve as my Attorney,, Such appointment shall be made in a written instrument that shall: (a) specify the event or events upon which such substitution shall become effective, (b) be signed by my Attorney, and (c) be attached to this instrument.

6. Attorney may be removed by me or this Power of Attorney may be amended or revoked by me by my filing a written instrument in the public records of the county first set out above.

7. My Attorney and my Attorney's heirs and assigns are hereby released by me and my heirs and assigns from any liability whatsoever on account of any failure of my Attorney to act pursuant to this Power of Attorney.

8. Notwithstanding any other provision to the contrary, my Attorney's legal obligations shall not be satisfied out of any of the property subject to this Power of Attorney, nor may

it be exercised in favor of my Attorney's estate, my Attorney's creditors, or the creditors of my Attorney's estate.

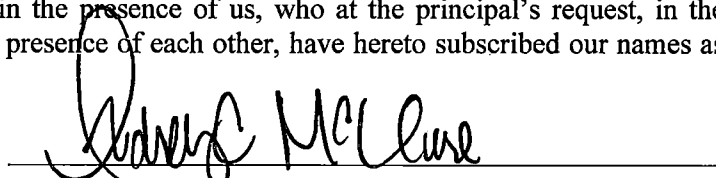
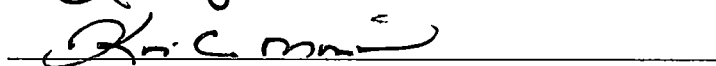
9. My Attorney shall not be required to file an accounting or inventory with any Probate Court, but shall maintain accurate records and/or books of account in order to account to me or my heirs or my personal representatives. I direct that no surety bond or security shall be required of my Attorney, even after my mental disability.

10. Notwithstanding any other provision herein to the contrary, my Attorney shall not have any power with respect (a) to any life insurance policy that I may own on the life of my Attorney, or (b) any trust created by my Attorney as to which I am a trustee.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 15<sup>th</sup> day of JANUARY, 2026.

  
BETTY JO METTS, Principal

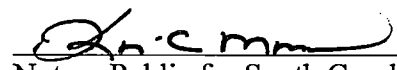
SIGNED, SEALED, PUBLISHED AND DECLARED by the principal, **BETTY JO METTS** as and for her Power of Attorney in the presence of us, who at the principal's request, in the presence of the principal and in the presence of each other, have hereto subscribed our names as witnesses hereto.

STATE OF SOUTH CAROLINA           )  
  )  
COUNTY OF DORCHESTER           )

The foregoing instrument was acknowledged before me this 15<sup>th</sup> day of JANUARY, 2026, by **BETTY JO METTS**, who is personally known to me, or was proved to me on the basis of satisfactory evidence to be the person who executed the foregoing instrument.

SWORN to before me this  
15<sup>th</sup> day of JANUARY, 2026.

  
Notary Public for South Carolina  
My Commission Expires: 12/20/2023

