

NORTH CAROLINA

Polk COUNTY

The undersigned, being a fireman in the above County and State, and recognizing that the duties of a fireman are dangerous and may result in death, and realizing further that it may be difficult to prove that death was a result of injuries sustained in the line of duty in order to secure the benefits provided for the survivors;

Now, therefore, pursuant to G.S. 90-217 in the event I shall die under circumstances that could possibly be related to firefighting activities, it is directed that an autopsy be performed on my body and that the results be made available for any action in connection with the securing of benefits for my survivors under local, State or Federal Law.

This 6th day of October, 1982.

Charles A. Scoggins

NORTH CAROLINA

Polk COUNTY

I, Katherine M. Wall, a Notary Public, for said County and State, hereby certify that Charles A. Scoggins, personally appeared before me this day and acknowledged the due execution of the foregoing Authorization.

Witness my hand and notarial seal, this the 6 day of Oct, 1982.

Katherine M. Wall
Notary Public
My Commission Expires: 10/10/83

