

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 attributed 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 due my survivors under local, State or Federal Law.

This 6th day of October, 1982.

Robert Carroll Scoggins, Jr.

NORTH CAROLINA

Polk COUNTY

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

Witness my hand and notarial seal, this the 6th October, 1982.

Katherine M. Wall
Notary Public
My Commission Expires: _____
COUNTY, N.C.

