

(e) If the authority contained herein shall be revoked or terminated by operation of law without notice, I hereby agree for my self, my executors, administrators, heirs and assigns, in consideration of my Attorney-in-Fact's willingness to act pursuant to this Power of Attorney, to save and hold my Attorney-in-Fact harmless from any loss suffered or any liability incurred by my Attorney-in-Fact in so acting after such revocation or termination without notice.

(f) I direct that this Power of Attorney shall continue in effect until revoked by me in writing or terminated by law.

(g) The terms and conditions hereof shall inure to the benefit of and become binding upon the undersigned parties, their heirs, assigns, executors and administrators.

(h) All words used herein in the singular shall include the plural, and the masculine gender shall include the feminine.

(i) No cancellation hereof, by operation of law or otherwise, shall be effective as to any person relying upon this Power of Attorney unless such person shall have received actual notice in writing of its cancellation.

#### SURVIVAL OF PHYSICAL DISABILITY OR MENTAL INCOMPETENCE

This Power of Attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing his own estate. It is the intent of the undersigned that the authority conferred upon the above named Attorney-in-Fact shall be exercisable notwithstanding my physical disability or mental incompetence in accordance with an Act to provide that Powers of Attorney shall not be terminated by the disability or mental incompetence of the principal whenever the document creating the Power of Attorney so provides and establishes certain safeguards, enacted by the General Assembly of the State of South Carolina on January 31, 1978.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 22 day of March, 1983.

*Leola F. Smith*  
LEOLA F. SMITH

SIGNED, SEALED, PUBLISHED AND DECLARED by the party signed above as and for a Durable Power of Attorney, in the presence of us, who at her request and in her presence and in the presence of each other have hereunto set our hands as attesting witnesses.

*J. M. ...*

*Henry C. ...*

*Mar ... Bell*