12. Granting and giving unto the said Attorney in Fact, full authority and power to do and perform any and all other acts necessary or incidential to the performance and execution of the powers herein expressly granted with power to do and perform all acts authorized hereby, as fully to all intents and purposes as the Grantor might or could do if present with full power of substitution.

The provisions of this Power of Attorney shall take effect upon the written statement of two duly qualified practicing physicians that I am unable physically or mentally to handle my affairs.

The provisions of this Power of Attorney shall continue in full force and effect until revoked.

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.

IN TESTIMONY WHEREOF, I have hereunto set my Hand and Seal this 3/ day WITNESSES:

STATE OF SOUTH CAROLINA

ANDERSON OF COUNTY

PERSONALLY appeared before me the undersigned who being first duly sworn, deposes and states that (s)he saw the within named James F. Chapman, sign, seal and as his act and deed deliver the within written Power of Attorney for the uses and purposes set forth therein, and that (s)he with ____ the other witnessed the execution thereof. SWORN TO BEFORE ME THIS 3 DAY OF Khigust, 1983.

(L.S.) NOTARY PUBLIC FOR SOUTH CAROLINA MY COMMISSION EXPIRES: 12/12/89

4 4-4 SEP