

2040

The restrictions and limitations upon the authority to act of my substitute Attorney shall not apply if my substitute Attorney has executed and delivered an affidavit setting forth that the restrictions and limitations described herein do not then apply. Upon the execution and delivery of such an affidavit by my substitute Attorney, such substitute Attorney shall be authorized to act as Attorney and no person dealing in reliance upon such affidavit shall incur liability to me or to my estate.

I do hereby ratify and confirm all things whatsoever my said Attorney or my Attorney's substitute or substitutes, shall lawfully do or cause to be done by virtue of these presents, including anything which shall be done between the revocations of these presents by my death, or in any other manner, and notice of such revocation reach my Attorney; and I hereby declare that as against me and all persons claiming under me, everything my Attorney shall do, or cause to be done, after such revocation as aforesaid, shall be valid and effective in favor of any person claiming the benefit thereof, who, before the doing thereof shall not have had notice of such revocation.

This Power of Attorney shall not be affected by my physical disability or mental incompetence which renders me incapable of managing my own estate. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical or mental incompetence.

Attorney and Attorney's heirs, successors and assigns are hereby released and forever discharged from any and all liability upon any claim or demand of any nature whatsoever by me, my heirs or assigns, the beneficiaries under my Will or any person whomsoever on account of any failure to act as attorney pursuant to this Power of Attorney.

Notwithstanding any provision to the contrary, Attorney shall not satisfy the legal obligations of Attorney out of any property subject to this Power of Attorney, nor may Attorney exercise this Power in favor of Attorney, Attorney's estate, Attorney's creditors or the creditors of the Attorney's estate.

IN WITNESS WHEREOF, as Principal, I hereunto affix my hand and seal to this Power of Attorney this 10 day of October, 1983, in multiple counterpart originals.

Anne M. Shone (SEAL)
Anne M. Shone

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)

ATTESTATION

The foregoing Power of Attorney was this 10th day of
(CONTINUED ON NEXT PAGE)

3. A. M. S.

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