

Prepared by Bouton & Bouton, Attorneys.

This Power of Attorney shall not be affected by any physical disability or mental incompetence of the principal which renders the principal incapable of managing his or her own estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of July, 1984.

[Signature] (SEAL)
GRANTOR

SIGNED, SEALED, PUBLISHED AND DECLARED by the Grantor as and for his or her Power of Attorney, in the presence of us, who, at the Grantor's request and in the Grantor's presence, and in the presence of each other, have hereunto subscribed our names as witnesses this 20 day of July, 1984.

[Signature]
[Signature]
[Signature]
WITNESSES

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)
PROBATE

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named grantor, sign, seal and as the grantor's act and deed, deliver the within Power of Attorney and that (s)he, with the other witness subscribed above witnessed the execution thereof.

SWORN to before me this 20th day of July, 1984. [Signature]
[Signature] (SEAL)
Notary Public For South Carolina
My Commission Expires: Feb 7, 1985
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