

2.

funds from said accounts, to open or maintain accounts in my name or in his name as my trustee or attorney-in-fact; to make such payments and expenditures as may be necessary in connection with any of the foregoing matters or with the administration of my affairs, also, to pay all household expenses, including my household employees, doctors, nurses, hospitalization and medical expenses, hereby giving and granting to my said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in connection with the handling of my affairs as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney may do pursuant to this power.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 14<sup>th</sup> day of January, 1970.

*Leitha H. Scott*

Leitha H. Scott

In the presence of:

Margaret L. Robinson  
Mrs. Louie Willis

STATE OF SOUTH CAROLINA  
COUNTY OF GREENVILLE

PERSONALLY appeared the undersigned witness and made oath that she saw the within named Leitha H. Scott sign and seal and as her act and deed deliver the within Power of Attorney and that deponent with the other witness subscribed above witnessed the execution thereof.

SWORN to before me this 14<sup>th</sup> day of January, 1970

Mrs. Louie Willis

Stuart A. Anderson (LS)  
Notary Public for South Carolina  
My Commission expires July 24, 1979

Recorded January 14, 1970 At 4:24 P.M. # 15772