

WITNESS My hand and seal, as of the 6th day of November, 1984

Signed, Sealed and Delivered in the Presence of:

UNITED HEALTHCARE OF SOUTH CAROLINA, INC (SEAL)

BY: James E. Gilliland, Pres. (SEAL)

Cheryl F. Goodwin

(SEAL)

Attest: Robert J. [Signature] (SEAL)

(SEAL)

STATE OF SOUTH CAROLINA }
COUNTY OF GREENVILLE

PROBATE N/A
(Individual)

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

SWORN TO before me, this _____

day of _____, 19____

(SEAL)
Notary Public for South Carolina
My commission expires:

(Witness)

STATE OF TENNESSEE }
COUNTY OF DAVIDSON

PROBATE
(Corporation)

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named Corporation, by its duly authorized officer (s), sign, seal and as the mortgagor's act and deed deliver the within written instrument and that (s)he, with the other witness subscribed above, witnessed the execution thereof.

SWORN TO before me, this 31st

day of October, 1984

June J. Woodland (SEAL)
Notary Public for Tennessee
My commission expires: 4/17/88

Cheryl F. Goodwin
(Witness)

STATE OF SOUTH CAROLINA }
COUNTY OF GREENVILLE

RENUNCIATION OF DOWER N/A

I, the undersigned Notary Public, do hereby certify unto all whom it may concern, that the undersigned wife (wives) of the above named mortgagor(s) respectively, did this day appear before me, and each, upon being privately and separately examined by me, did declare that she does freely, voluntarily, and without any compulsion, dread or fear of any person whomsoever, renounce, release and forever relinquish unto the within named mortgagee(s), (his) (its) (their) heirs, successors and assigns, all her interest and estate, and all her right and claim of dower of, in and to all and singular the premises within mentioned and released.

GIVEN under my hand and seal, this _____

day of _____, 19____

(Seal)
Notary Public for South Carolina
My commission expires:

(Wife)

(Wife)

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