

for the completion thereof, for me and in my name as I might or could do if personally present and ratifying the same.

This Power of Attorney shall not be affected by physical disability or mental incompetance which renders me incapable of managing my own estate, it being one of the purposes herein to empower my said Attorney-in-Fact to make provision for my needs under such conditions.

WITNESS my hand and seal, this the 13 day of May, 1981.

Bernice Catherine Shor (SEAL)
Bernice Catherine Shor

SIGNED, SEALED, PUBLISHED and declared by Bernice Catherine Shor, the above named grantor, as and for her Power of Attorney in the presence of the undersigned, who, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as witnesses .

William H. Dobbins
Beth S. Hughes
Charles W. Ellis

STATE OF SOUTH CAROLINA :::
COUNTY OF GREENVILLE :::

PERSONALLY appeared before me Beth B. Hughes and made oath that s/he saw the within named Bernice Catherine Shor sign, seal and as her act and deed deliver the within written Power of Attorney for the uses and purposes mentioned, and that s/he with William H. Dobbins and Charles W. Ellis witnessed the execution thereof.

Beth S. Hughes

SWORN to and subscribed before me this the 13th day of May, 1981.

William H. Dobbins (SEAL)
Notary Public for South Carolina
My Commission expires: 8-27-86

HAWKINS, ELLIS
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GREER, SOUTH CAROLINA

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