

hereby declare that this Power of Attorney shall not be affected by my physical disability or mental incompetence which would render me incapable of managing my own estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th day of February, 1984.

In the Presence of:

three

Grace B. Ledford
GRACE B. LEDFORD

Stephen J. Henry

Barbara A. Bolt

Patricia M. Aukley

STATE OF SOUTH CAROLINA)
)
)
COUNTY OF GREENVILLE) PROBATE

PERSONALLY appeared before me the undersigned witness and made oath that (s)he saw the within-named Grace B. Ledford sign, seal and as her act and deed deliver the within Power of Attorney and that (s)he with the other witnesses subscribed above witnessed the execution thereof.

Stephen J. Henry

SWORN to before me this
9th day of *February*, 19*84*.

Barbara A. Bolt (LS)
Notary Public for South Carolina
My Commission Expires: *8-12-92*

RECORDED APR 17 1984 at 2:56 P.M.

32398

0 6 4 2

32398