

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 or my substitute shall lawfully do or cause to be done by virtue hereof. I hereby revoke all powers of attorney heretofore previously granted to me. The power of attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable fo managing of her own estate.

This instrument may not be changed orally.

In Witness Whereof, I have hereunto set my hand and seal the Twenty seventh day of February in the year one thousand nine hundred and eighty-four. James O. Smith

Sealed and delivered in the presence of the three below subscribing witnesses in the presence of each other:

Debra J. Hines
Joel D. Ambrose
Carol S. Ambrose

STATE OF SOUTH CAROLINA }
COUNTY OF GREENVILLE } ss.:

PROBATE

BE IT KNOWN, That on the Twenty seventh day of February one thousand nine hundred and eighty-four before me LARRY SEAY a Notary Public in and for the State of South Carolina duly commissioned and sworn, personally came and appeared JAMES D. SMITH

to me personally known, and known to me to be the same person described in and who executed the Power of Attorney, and

JUDY P. SMITH

acknowledged the within Power of Attorney to be as her act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal of office, the day and year last above written.

SWORN TO before me this 27th day of FEBRUARY, 1984.

Larry E. Seay
Notary Public for South Carolina
My Commission Expires: July 17, 1986

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