

substitution and revocation, hereby ratifying and confirming all that my said attorney in fact shall lawfully do or cause to be done by virtue hereof.

THIS POWER OF ATTORNEY shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing his or her own estate, and all acts done by my said attorney in fact pursuant to this Power of Attorney during any period of disability or mental incompetence shall have the same effect and inure to the benefit of and shall be binding upon me, my heirs, devisees, legatees, and personal representatives as if I were mentally competent and not disabled.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6<sup>th</sup> day of November, 1983.

*[Handwritten signature]*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED, SEALED, PUBLISHED AND DECLARED by the said Grantor as and for his Durable Power of Attorney, in the presence of us three, who at his request, in his presence, and in the presence of each other, hereto subscribe our names as witnesses whereof, all on the date last above written.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *James H. Morgan*  
\_\_\_\_\_ *Vivian J. Oxford*  
\_\_\_\_\_ *Margaret D. Morgan*

STATE OF SOUTH CAROLINA )  
                                  :  
COUNTY OF GREENVILLE )

PROBATE

PERSONALLY appeared before me the undersigned witness and

