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Laws of South Carolina, and it is my intention that this Power of Attorney shall not be affected by any physical disability or mental incompetence I may suffer which renders me incapable of managing my own estate.

IN TESTIMONY WHEREOF I, William E. Fleury have hereunto set my hand and seal this the 31st day of August, 1984.

*William E. Fleury* (SEAL)  
William E. Fleury

SIGNED, SEALED, PUBLISHED, and DECLARED by the above-named principal, William E. Fleury as and for his Power of Attorney in the sight and presence of us, who, at his request, and in his sight and presence, and in the sight and presence of each other, have hereunto signed our names as witnesses this 31st day of August, 1984.

WITNESSES: (Three (3) Required)

*Edward S. Clayton III* address *3718 Oakhurst Dr. Knoxville Tn. 37919*  
*J. B. M. Cord* address *7108 Delbourn Dr*  
*Norma K. Holmes* address *Greenville Tenn 37919*  
*205 Wellington Dr. Knoxville, Tn. 37919*

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