STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE

Jul 11 12 42 PH '69 OLLIE-FARNSWORTH

R. H. C.

KNOW ALL MEN BY THESE PRESENTS, that

I. Charles W. Whitmire,

n consideration of FOUR THOUSAND SEVEN HUNDRED & SEVENTY-TWO & 42/100(\$4,772.42) bollars, cash and assumption of mortgage referred to below: the receipt of which is hereby acknowledged, have granted, bargained, sold, and released, and by these presents do grant, bargain, sell and release Claude H. Bagwell, Sr., his heirs and assigns, forever:

ALL that lot of land in the County of Greenville, State of South Carolina, known and designated as Lot No. 17 and a small portion of Lot No. 46 on plat of SUPER HIGHWAY HOMESITES recorded in plat book P., page 53 of the R.M.C. Office for Greenville County, S. C., and having according to said plat and a recent survey made by Dalton & Neves, Engineers, the following metes and bounds, courses and distances, to-wit:

BEGINNING at an iron pin on the east side of Donnon Road, the joint front corner of Lots 17 and 18; thence with the joint line of said lots N. 89-23 E. 150 feet to an iron pin, thence with a new line through Lot No. 46, N. 21-20 W. 85.2 feet to an iron pin; thence N. 88-00W. 116 feet to an iron pin on the east side of Donnon Road; thence with the east side of said road, S. 2-00 W. 85 feet to the beginning corner.

As part of the consideration for this conveyance, Grantee expressly assumes and agrees to pay the balance due on that mortgage given by the Grantor to Aiken Loan and Security Company covering the above described property, recorded in the R. M. C. Office for Greenville County in Mortgage Volume 907 at Page 129, on which there is a present balance due of \$9,777.58.

This conveyance is made subject to any restrictions or easements that may appear of record, on the recorded plat (s) or on the premises.



See Act No.380 Section 1

together with all and singular the rights, members, hereditaments and appurtenances to said premises belonging or in any wise incident or appertaining; to have and to hold all and singular the premises before mentioned unto the grantee(s), and the grantee's(s') heirs or successors and administrators to warrant and forever. And, the grantor(s) do(es) hereby bind the grantor(s) and the grantor's(s') heirs or successors, executors and administrators to warrant and forever defend all and singular said premises unto the grantee(s) and the grantee's(s') heirs or successors and against every person whomsoever lawfully claiming or to claim the same or any part thereof.

| WITNESS the grantor s(s) nand(s) and seal(s) this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Charles W W httmis (SEAL)                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SIGNED, sealed and delivered in the presence of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (SEAL)                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lucia charlelle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (SEAL)                                                                                                                                                                                                                                                                                                                                                                                                                |
| fred H. M. In In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (SEAL)                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| STATE OF SUUTH CAROLINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PROBATE  Indersigned witness and made oath that (s) he saw the within named grantor(s) and deed and that (s) he, with the other witness subscribed above witnessed the                                                                                                                                                                                                                                                |
| execution thereof.  SWORN to before me this 9th day of July                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 19 69.                                                                                                                                                                                                                                                                                                                                                                                                                |
| Feld M - Dowld (SEAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A view Mandlen                                                                                                                                                                                                                                                                                                                                                                                                        |
| Notary Fublic for South Carolina.  My commission expires: January 1, 1971.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| STATE OF SOUTH CAROLINA } RENUNCL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ATION OF DOWER                                                                                                                                                                                                                                                                                                                                                                                                        |
| COUNTY OF Greenville J the undersigned Note                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ary Public, do hereby certify unto all whom it may concern, that the undersigned                                                                                                                                                                                                                                                                                                                                      |
| wife (wives) of the above named grantor(s) respectively, did this da<br>me, did declare that she does freely, voluntarily, and without any comp<br>me, did declare that she does freely, voluntarily, and without any companies of the control of the contro | ary Public, do hereby certify unto all whom it hay content and separately examined by appear before me, and each, upon being privately and separately examined by pulsion, dread or fear of any person whomsoever, renounce, release and forever repulsion, dread or fear of any person whomsoever, renounce, release and forever rend assigns, all her interest and estate, and all her right and claim of dower of, |
| in and to all and singular the premises within mentioned and released.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7 . 1-10-06 1/2                                                                                                                                                                                                                                                                                                                                                                                                       |

| in and to all and singular the premises within mentioned and released. | A Local to               |
|------------------------------------------------------------------------|--------------------------|
| GIVEN under my hand and seal this                                      | Jesulyn A. Whitmuse      |
| 9th day of July - 0 19 69. (SEAL)                                      | <del>ff fine</del>       |
| fred M. M. (SEAL)                                                      |                          |
| Migre Public for South Feeding res: January 1, 1971.                   | 20.40 B 24.25 886        |
| RECORDED this 11 day of July 19 69                                     | at 12:112 Ta M., No. 999 |

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