

administration of my affairs, also, to pay all household expenses, including my household employees, doctors, nurses, hospitalization and medical expense, hereby giving and granting to my said attorney full power and authority to do and perform all and every act and thing whatsoever necessary to be done in connection with the handling of my affairs as fully to all intents 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 may do pursuant to this power.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 8th day of July, 1970.

WITNESSES:

Charlotte K. Luthi  
CHARLOTTE K. LUTHI

Peggy McKinney  
[Signature]

STATE OF SOUTH CAROLINA )  
COUNTY OF WHEATVILLE )

Personally appeared before me Peggy McKinney and made oath that she was the within name of Charlotte K. Luthi sign and seal and as her act and deed deliver the within Power of Attorney and that she signed with Dale K. Clark witness the execution thereof.

Peggy McKinney

Subscribed and sworn to before me this 8th day of July, 1970.

\_\_\_\_\_  
Notary Public for South Carolina

My commission expires \_\_\_\_\_, 1970.

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