STATE OF SOUTH CAROLINA

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POWER OF ATTORNEY

COUNTY OF GREENVILLE

KNOW ALL MEN BY THESE PRESENTS, that I <u>Esther R. Smith</u> of the State and County aforesaid, do hereby constitute, make and appoint the Bank of Greer as my true and lawful Attorney-in-Fact, for me and in my name to perform the following acts and deeds:

To receive for me and on my behalf any and all property due to me, with full power and authority to exercise any and every necessary authority to control and manage same including the authority to collect any monies on accounts due to me and to receive for me and in my name any checks made payable to me, or for my benefit, and to endorse my name thereon for the purpose of cashing same or depositing same to my accounts or account in any banks or bank wherein I or they may transact my business; to invest and reinvest principal and earnings of monies, bonds, or any other personal assets, and my said Attorney-in-Fact is to have full power and authority under this instrument by its required signatures to issue checks against and withdraw against any deposits or savings accounts at such times and in such amounts as deemed best for my welfare and benefit.

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 own estate.

WITNESS my hand and seal, this the _______ day of _______ March ______, 19 82 .

The foregoing instrument was on the 12 day of March , 1982 , signed sealed and declared by the said Esther R. Smith , as and for her/kxx Power of Attorney in the presence of the witnesses whose names are hereto subscribed, at the request of the said Esther R. Smith , in her/kxx presence, and in the presence of each other.

IN WITHEST WHITEOF, we have become our hands and scals this date.

Jenus S. Dieleum OF 913 Calut Bre. Unter S.C. 29325

Address

Witness

Witness

Witness

OF 315 Sims St. Jeanna, S.C. 29325

Witness

Witness

P/O/A
Specimen Signature

This form is furnished as a service by the Bank of Greer and has limited application to financial matters but has provision for continuance beyond mental incapacity. Please consult your attorney before signing this form.

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