STATE OF SOUTH CAROLINAF! (ED)

10. S. POWER OF ATTORNEY GR:

COUNTY OF GREENVILLS

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Know All Men by These Presents:

That I. Minnie B. Kirby of the County of Greenville, State of South Carolina, do by these presents hereby make, constitute and appoint my son, Robert Olin Kirby of the County of Greenville, State of South Carolina, true and lawful attorney in fact, for me and in my name and stead to do the following and giving the following powers.

- 1. To endorse notes, checks, drafts or bills of exchange which may require my endorsement for deposit or for cash or for collection in any bank. To draw checks on any bank account that I may have, including the Bank of Greer, Greer, S. C., and to withdraw any amount that I may have on checking account or savings and loan association or to add to same.
- 2. To mortgage, sell or add to or improve any real estate that I may have in my name, to execute valid deeds or bills of sale for same on such terms and conditions that he may see fit or execute and deliver a valid mortgage on same on such terms and conditions as he may see fit. With full authority to make any improvements thereon as he may see fit.
- 3. To collect any amounts due me from any person or company and to pay any amount that I may owe. To collect, cash or borrow on any insurance policy or contract that I may own.
- 4. To bring legal proceedings in any Court on any cause of action that I may have or to defend any action as defendant that I may be a party.
- To collect any interest or dividends that I may be entitled to receive.
- 6. To rent or lease any real or personal property that I may own on such terms and conditions that he may see fit.
- To enter me in in hospital and discharge me from same and 7. authority to authorize any medical treatment that I may need.

Granting and giving said attorney in fact authority and power to do all things necessary or incident to the preformance and execution of the powers herein expressly granted, with power to do and preform all acts authorized hereby, as fully to all intents and purposes as the grantor might do if present.

This power of attorney shall not be affected by physical disability or mental incompetance of the principal, which renders the principal incapable of managing her own estate.

In Testimony Whereof I have hereunto subscribed my name and affix my seal this 3 day of February, 1983.

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