

(p) To enter and to remove and/or deposit anything from my safety deposit box located at American Federal Savings and Loan Association; and,

(q) To do any and all things that I might do if I were present and that this power of attorney holds no limitations to the appointed Power of Attorney;

(r) That this Power of Attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing her own estate.

*This power of attorney shall not be affected by the subsequent disability or incompetence of the principal.*

*Without in any wise limiting the foregoing, generally to do, execute and perform any other act, deed, matter or thing whatsoever, that ought to be done, executed and performed, or that, in the opinion of my said attorney ought to be done, executed or performed in and about the premises, of every nature and kind whatsoever, as fully effectual as I could do if personally present.*

*And I do hereby ratify and confirm all whatsoever that my said attorney or his substitute or substitutes, shall do, or cause to be done, in or about the premises, by virtue of this power of attorney.*

*This instrument may not be changed orally.*

In Witness Whereof, I have hereunto set my hand and seal the 21st day of October 19 83.

WITNESS:  
Eugene W. Belfrage  
Lulann M. Wilson

Ivy G. Roe  
IVY G. ROE

Judy M. Baines  
STATE OF SOUTH CAROLINA )  
COUNTY OF GREENVILLE )

PROBATE

PERSONALLY APPEARED Before me, the undersigned, who states under oath that (s)he was present and saw the within named Ivy G. Roe sign the within Power of Attorney and that (s)he along with the other witnesses above, witnessed the execution thereof. SHORN TO before me this the 21st day of October, 1983.

Lulann M. Wilson  
NOTARY PUBLIC FOR SOUTH CAROLINA  
MY COMMISSION EXPIRES: 10/23/89

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