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SPECIAL POWER OF ATTORNEY

(To be prepared *only* under the supervision of your Legal Assistance Officer or Civilian Attorney.)

KNOW ALL MEN BY THESE PRESENTS, that I (state full name, title, grade, SSAN, as applicable) EVELYN G. SCALES

a legal resident of Route 2

~~XXXX~~ (City) of Greer, State of South Carolina

and presently stationed or residing at Route 6, Box 254E, Valdosta, Georgia 31601

desiring to execute a SPECIAL POWER OF ATTORNEY have made, constituted and appointed, and by these presents do make, constitute and appoint A. D. CALICUTT

whose address is Route 2

~~XXXX~~ (City) of Greer, State of South Carolina

my Attorney-in-Fact to act as follows, GIVING AND GRANTING unto my said attorney full power to: (insert appropriate clause(s)).

Sell and convey in fee the following described property, together with all improvements thereon, for such amounts as he in his judgment deems advisable, but for not less than $11,500.00: "All that lot or parcel of land in O'Neal Township, near the City of Greer, County of Greenville, State of South Carolina, being known as Lot No. Six (6) on plat of property prepared for Ernest Cantrell by H. S. Brockman, Surveyor, dated September 16, 1952, recorded in Plat Book CC, Page 169, R.M.C. Office for Greenville County. Being the same property conveyed to William C. Dunlap recorded in Deed Book 600, Page 340, R.M.C. Office for Greenville County."

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FURTHER, I do authorize my aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives, and assigns.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all indorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact".

I FURTHER DECLARE that this power shall remain in effect even though I am reported or listed, officially or otherwise, as "missing in action" it being my intention that the designation of such status shall not bar my said attorney from fully and completely exercising and continuing to exercise any and all powers and rights herein granted until this Special Power of Attorney is revoked by my death or as otherwise provided herein.

FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID from and after 1 September, 19 74.

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing," "missing-in-action" or "prisoner-of-war," then this power of attorney shall automatically continue to remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such "missing," "missing-in-action" or "prisoner-of-war" status.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 19th day of April, 19 74.

Evelyn G. Scales (SEAL)
EVELYN G. SCALES

WITNESSES:

[illegible] 30-30-4055 — 16 [illegible] Fla. 33611

George T. Wells — Madison, Fla 32340

Richard Scales 418-04149 — Florence Al 35845

ADDRESS (include ZIP Code) AND SSAN

IF ACKNOWLEDGED BEFORE A NOTARY PUBLIC:

State of GEORGIA
County (City) LOWNDES (Valdosta) } SS

I, JOSEPH G. LYNCH, a Notary Public in and for the County (City) and State aforesaid, do hereby certify that on the 19th day of April, 19 74, before me personally appeared - - - - - - - - - - - - - - - - EVELYN G. SCALES - - - - - - - - - - - - - - - - - - who is known by me to be the identical person who is described in, whose name is subscribed to, and who signed and executed the foregoing instrument, and having first made known to him the contents thereof, he personally acknowledged to me that he signed and sealed the same on the date it bears as his true, free and voluntary act and deed for the uses, purposes and considerations therein set forth.

In Witness Whereof, I have hereunto set my hand and official seal this day and year above.

Notary Public, Georgia State at Large
My Commission Expires Jan. 31, 1976

Notary Public

My Commission Expires:

AF FORM SEP 69 831 PREVIOUS EDITION WILL BE USED.

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