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ployees, 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 1st day of December, 1977.

Witness:

Grace H. Ridgeway SEAL

Jean Conford RN.

STATE OF SOUTH CAROLINA OF -GREENVILLE COUNTY

Personally appeared the undersigned witness and made oath that he saw the within named Grace H. Ridgeway sign, seal and as her act and deed deliver the within Power of Attorney and that he with the other witness subscribed above, witnessed the execution thereof.

SWORN to before me this 18t day of December, 1977.

Notary Public for South Carolina (LS)

19136