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- (23) In view of the fact that situations may arise under this Power of Attorney in which my Attorney in fact will occupy from a legal standpoint positions in which a conflict of interest is either real or apparent, I hereby declare that the existence of any conflict of interest of whatever nature and however arising shall not in any manner limit any of the powers herein conferred upon my Attorney and he may perform any act which he is authorized to perform under this Power of Attorney, notwithstanding any such conflict of interest. I do hereby ratify and confirm all things so done by my said Attorney, within the scope of the authority herein given, as fully and to the same extent as if by me personally done and performed.
- (24) 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. It is my intention that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ___ day of ________, 1981. (LS)

SIGNED, SFALED, PUBLISHED and DECLARED by CARRIE BAY CAMP, as and for the granting of her Power of Attorney in the presence of us, who, in the presence of said principal, CARRIE BAY CAMP, and at her request, and in the presence of each other, have hereunto set our names as attesting witnesses.

STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE

PERSONALLY appeared before me, the undersigned witness, and made oath that (s)he saw the within named CARRIE BAY CAMP, sign, seal and as her act and deed deliver the within written Power of Attorney, and that (s)he with the other witness subscribed above witnessed the execution thereof.

SWORN TO before me this 1700 day of 21/acc, 1981.

Notary Public for South Carolina

My Commission Expires:

MAR 18 1981 at 1:13 P.M.