necessary to be done in and about the premises 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.

This power of attorney shall not be affected by any physical disability or mental incompetence which may render me incapable of managing my own estate at some time in the future.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16 day of July, 1982.

Thula F. Waddell (SEAL)
Thula F. Waddell

SIGNED, SEALED, PUBLISHED and declared by Thula F. Waddell, the above named grantor, as and for her Power of Attorney, in the presence of the undersigned, who, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as attesting witnesses.

Jan G. Campbell
Claude P. Hudson
[illegible]

STATE OF SOUTH CAROLINA :::
:::
COUNTY OF GREENVILLE :::

PERSONALLY appeared before me Claude P. Hudson and made oath that he saw the within named Thula F. Waddell sign, seal and as her act and deed deliver the within written Power of Attorney for the uses and purposes mentioned, and that he with Jan G. Campbell _____ and Chas. H. Ellis witnessed the execution thereof.

Claude P. Hudson

SWORN to and subscribed before me this 16th day of July, 1982.

[illegible] (SEAL)
Notary Public for South Carolina
My Commission Expires: 7/19/89

RECORDED JUL 19 1982 at 9:24 A.M.

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