(p) This power of attorney shall not be affected by physical disability and/or mental incompetence of the principal which renders the principal incapable of managing her own estates.

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 hav | e hereunto set my hand and seal the 3,1 |
|--------------------------------------|---|
| day of January 1983. | |
| Nous S Crain | Lillian T. Campbell |
| Hazel J. Halland | Lillian T. Campbell |
| Hayel J. Halland Gullan M. Wilson | |

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

PERSONALLY appeared before me the undersigned witness who under oath states that (s) he was present and saw the within LILLIAN T. CAMPBELL, sign the within Power of Attorney and that (s) he with the other witnesses subscribed above, witnessed the execution thereof.

SWORN to before me this the Saf day of January, 1983.

ALLIAN 11 LULIAN (L.S.) South CAROLINA.

NOTARY PUBLIC FOR SOUTH CAROLINA.

My Commission expires: 10/23/54.

74325 RV-21

49-51-7-11-11

a.