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.

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.

IN WITNESS WHEREOF, I, LOUISE C. WINKLE, as principal, and MARION W. STENGL, as Attorney, have hereunto set our hands and seals this <u>3</u> day of <u>fuly</u>, 1984.

> LOUISE C. WINKLE (SEAL)

I accept this appointment, and in so doing, acknowledge my fiduciary relationship to LOUISE C. WINKLE, Principal, and that I am thus accountable and responsible to LOUISE C. WINKLE, Principal, as a fiduciary.

(SEAL)

We, the undersigned, do hereby certify that LOUISE C. WINKLE, Principal, and MARION W. STENGL, as Attorney-in-Fact, have signed, sealed and acknowledged the within Power of Attorney and Acceptance of Appointment, in the presence of us, three competent witnesses, who in their presence, in the presence of each other, at this request, have herein subscribed our names as attesting witnesses the day and year first above written.

PROBATE GREENVILLE

PERSONALLY appeared before me the undersigned witnesses and made oath that they each saw the within named LOUISE C. WINKLE, as Principal, and

COUNTY OF