attorney, and I hereby declare that this Power of Attorney shall not be affected by my physical disability or mental incompetence which would render me incapable of managing my own estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10 day of November, 1984.

In the Presence of:

JOHN B. WINTER

STATE OF SOUTH CAROLINA)
) PROBATE
COUNTY OF GREENVILLE)

PERSONALLY appeared before me the undersigned witness and made oath that (s)he saw the within-named John B. Winter sign, seal and as his act and deed deliver the within Power of Attorney and that (s)he with the other witnesses subscribed above witnessed the execution thereof.

SWORN to before me this 16 day of Nov, 1984.

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires MY COMMISSION EXPIRES MAY 24, 1993

RECORDED NOV 14 1984 at 2:48 P.M. 14696