| ï | _   |     |    |     |    |               |
|---|-----|-----|----|-----|----|---------------|
|   |     |     |    |     |    |               |
|   | ~   | 700 | ** | 3 . | L  | $\overline{}$ |
|   | 1 - | ĸ   | H. | Λ/Ι | 5_ | •             |

| The above described land is   |  |  |
|---|--|--|
|   | on theday of   |  |
| red recorded in the office of Register of Mesne Conveyance for Greenville County, in  | Book, F  | Page   |
| 10GETHER with all and singular the Rights, Members, Hereditaments and A <sub>1</sub>  | purtenances to the said Premises belonging, or in anywise  | e incident or appertaining   |
| TO HAVE AND TO HOLD, all and singular, the said premises unto the said  | ·  |  |
| KK and Assigns forever.   |  |  |
| And I do hereby bind myself, my Heirs, Executors and Administrators to warra  |  |  |
| ILS SUCCESSONS  | ne, my Heirs, Executors, Administrators and Assigns, and   |  |
| And I, the said mortgagor, agree to insure the house and buildings on said land,  |  | io/100   |
| ompany or companies which shall be acceptable to the mortgagee, and keep the same in take loss under the policy or policies of insurance payable to the mortgagee, and that take to be insured as above provided and be reimbursed for the premium and expensions surance premium or any taxes or other public assessment or any part thereof the more PROVIDED ALWAYS, NEVERTHELESS, and it is the true intent and mend truly pay, or cause to be paid unto the said mortgagee the said debt or sum of mone eaning of the said note, then this deed of bargain and sale shall cease determine an | of such insurance under this mortgage. Upon failure of transpared may at his option declare the full amount of this uning of the parties to these presents, that if I the said may | id mortgagee may cause to<br>the mortgagor to pay as<br>mortgage due and payab<br>ortgagor do and shall we |
| AND IT IS AGREED, by and between the said parties, that I, the mortgagor, an And if at any time any part of said debt, or interest thereon, be past due and unpa  | to be deterry hun and void, otherwise to remain in full for  | rce and virtue.  |
| gee, or   | Assigns, and agree that any Judge of the Circuit Court of  | said State may at chambe   |
| WITNESS my hand and seal, this 3  |  | in the year of our Lor   |
| e thousand nine hundred and forty-two   |  |  |
| Signed, Sealed and Delivered in the Presence of   |  |  |
| C. E. Cason   | Emmie M. Hicks   | (L. S  |
| W. Harold Arnold  |  |  |
| ATE OF SOUTH CAROLINA,  |  | DDOD 475D  |
| County of Greenville.   |  | PROBATE  |
| PERSONALLY APPEARED BEFORE ME C. E. Cas   | on.  |  |
| d made oath that he saw the within named Emmie M. Hicks   | Ya C   |  |
|   |  |  |
| n seel and as her   |  |  |
| act and deed deliver the within   | written deed; and thathe with  |  |
| W. Harold Arnold  | witnessed the execution thereof.   |  |
| Sworn to before me, this 3rd  |  |  |
| of August A. D. 19 42   | G . B . G  |  |
| W. Hanold Annald  | C. E. Cason  |  |
| Notary Public, S. C. (SEAL)   |  |  |
| ATE OF SOUTH CAROLINA,  |  |  |
| County of Greenville.   | RENUNCIA   | ATION OF DOWER   |
| I   | a Notary   | Public for South Carolina  |
| nereby certify unto all whom it may concern, that Mrs.  |  | Tuble for South Caronia  |
|   | the  | wife of the within name  |
| upon being privately and separately examined by me, did declare that she does freely  | did ti   | his day appear before me   |
| msoever, renounce, release, and forever relinquish unto the within named  |  |  |
| in mentioned and released.  Heirs and Assigns, all her interest and estate, a   | nd also all her right and claim or Dower of, in or to all a  |  |
| Given under my hand and seal this   | 3, m or to all a   | smaller the Fremises   |
| ofA. D. 19  |  |  |
|   |  |  |
| Notary Public, S. C.  |  |  |
| Recorded August 8th 19 42, at 9:  | o'clock, A.  | M. BY:N.S.   |
| For value received I do hereby assign, transfer and set over to   |  |  |
|   |  | rec without  |
| day of, 19  |  | res without recourse, this   |
| less:   |  |  |
|   |  |  |