shall not in any manner limit any of the powers herein conferred upon my Attorney and she may perform any act which she is authorized to perform under this Power of Attorney, notwithstanding any such conflict of interest. I do hereby ratify and confirm all things so done by my said Attorney, within the scope of the authority herein given, as fully and to the same extent as if 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 his own estate.

IN WITNESS WHEREOF, I have hereto set my hand and seal this the 6th day of September, 1978.

William J. Seale

William J. Seale

(L.S.)

IN THE PRESENCE OF:

STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE

**PROBATE** 

Boren P Gracel

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named William J. Seale 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

6th day of Sutility, 1978.

Notary Public for South Carolina My Commission expires: 2/23/86

