

hereby declare that the existence of any conflict of interest of whatever nature and however arising shall not in any manner limit any of the powers herein conferred upon my Attorney and he may perform any act which he 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 by me personally done and performed.

(24) 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. It is my intention that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

3rd day of July, 1980.

Dorothy Snipes Welborn (LS)  
DOROTHY SNIPES WELBORN

SIGNED, SEALED, PUBLISHED and DECLARED by DOROTHY SNIPES WELBORN, as and for the granting of her Power of Attorney in the presence of us, who, in the presence of said principal, and at her request, and in the presence of each other, have hereunto set our names as attesting witnesses.

Elizabeth M. Alewine  
Wear W. Watson  
Shep B. Fink

STATE OF SOUTH CAROLINA )  
COUNTY OF GREENVILLE ) PROBATE

PERSONALLY appeared before me the undersigned witness and made oath that (s)he saw the within named DOROTHY SNIPES WELBORN, sign, seal and as her act and deed deliver the within written Power of Attorney, and that (s)he with the other witness subscribed above witnessed the execution thereof.

SWORN TO before me this )  
3rd day of July, )  
1980. )

Elizabeth M. Alewine

Shep B. Fink (LS)  
Notary Public for S. C.  
My Commission Exp. 5/31/89

RECORDED: JUL 3 1980 at 4:36 P.M.

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