

(14) 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 (her) own estate.

I do hereby ratify and confirm all things whatsoever my said attorney or such substitute or substitutes, shall lawfully do or cause to be done by virtue of these presents, including anything which shall be done between the revocation of these presents by my death, or in any other manner, and notice of such revocation reach my said attorney; and I hereby declare that as against me and all persons claiming under me, everything which my said attorney shall do, or cause to be done, after such revocation as aforesaid, shall be valid and effective in favor of any person claiming the benefit thereof who, before the doing thereof shall not have had notice of such revocation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 19<sup>th</sup> day of January, 1982.

Constance Jackson Johnson (SEAL)  
CONSTANCE JACKSON JOHNSON

Signed, Sealed, Published and Declared by Constance Jackson Johnson as and for her General Power of Attorney in the presence of us, who at her request and in her presence and in the presence of each other, have hereunto set our hands as attesting witnesses.

Linda S. Henderson Greenville, S.C.  
Catherine T. Clark Greenville, S.C.  
Charles M. Grier Greenville, S.C.

STATE OF SOUTH CAROLINA )  
  :  
COUNTY OF GREENVILLE )   P R O B A T E

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

SWORN to before me this 19 day of January, 1982.

Charles M. Grier (L.S.) Catherine T. Clark

My Commission Expires: 6-15-87

1982

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