

do any of the foregoing acts or to carry out any of the foregoing powers.

My attorney shall have full power of substitution and revocation, and such substitution or revocation may relate to, or be limited to, any one or more or all of the foregoing acts or powers, or limited as to time or in any respect as my attorney shall deem proper.

In view of the fact that situations may arise under this Power of Attorney in which my attorney in fact will occupy from a legal standpoint positions in which a conflict of interest is either real or apparent, I 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 give, as fully and to the same extent as if me personally done and performed.

This Power of Attorney shall be affected by physical disability or mental incompetence of the principal, which renders the principal incapable of managing her own estate.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 13th day of October, 1982.

IN THE PRESENCE OF:

Hubard C. Cash
Marjorie Taylor

NOTARY PUBLIC
STAMP 50050
ELLA GERTRUDE CRAIN, a/k/a GERTIE P. CRAIN

STATE OF SOUTH CAROLINA)
COUNTY OF GREENVILLE)

PROBATE

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within Ella Gertrude Craid, a/k/a Gertie P. Crain, sign, seal and as her act and deed deliver the within Power of Attorney and that (s)he with the other witness subscribed above witnessed the execution thereof.

SWORN to before me this 13th day of October, 1982

James C. Carter
Notary Public for South Carolina

Hubard C. Cash
RECORDED OCT 14 1982 9:11
at 9:30 A.M.

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