

(p) This power of attorney shall not be affected by the subsequent mental incompetency or physical disability or the principal which renders the principal incapable of managing her own estate.

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*This power of attorney shall not be affected by the subsequent disability or incompetence of the principal.*

*Without in any wise limiting the foregoing, generally to do, execute and perform any other act, deed, matter or thing whatsoever, that ought to be done, executed and performed, or that, in the opinion of my said attorney ought to be done, executed or performed in and about the premises, of every nature and kind whatsoever, as fully effectual as I could do if personally present.*

*And I do hereby ratify and confirm all whatsoever that my said attorney or his substitute or substitutes, shall do, or cause to be done, in or about the premises, by virtue of this power of attorney.*

*This instrument may not be changed orally.*

**In Witness Whereof**, I have hereunto set my hand and seal the 2nd day of November 19 83.

WITNESS:

Louise Grubbe  
J. C. McArthur  
Karen A. Lamb

Inez M. Hannon (Seal)  
Inez M. Hannon

STATE OF SOUTH CAROLINA )  
COUNTY OF GREENVILLE )

PROBATE

PERSONALLY appeared before me the undersigned who under oath states that (s)he was present and saw the within Inez M. Hannon sign the within Power of Attorney, and that (s)he along with the witnesses subscribed above, witnessed the execution thereof.

SWORN TO BEFORE ME THIS THE 2nd DAY OF NOVEMBER, 1983.

J. C. McArthur

Karen A. Lamb  
NOTARY PUBLIC FOR S.C.

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