

9531

Laws of South Carolina, and it is my intention that this Power of Attorney shall not be affected by any physical disability or mental incompetence I may suffer which renders me incapable of managing my own estate.

IN TESTIMONY WHEREOF I, Charles M. Fleury have hereunto set my hand and seal this the 14th day of SEPTEMBER 1984.

Charles M. Fleury (SEAL)
Charles M. Fleury

SIGNED, SEALED, PUBLISHED, and DECLARED by the above-named principal, Charles M. Fleury as and for his Power of Attorney in the sight and presence of us, who, at his request, and in his sight and presence, and in the sight and presence of each other, have hereunto signed our names as witnesses this 14th day of SEPTEMBER 1984

WITNESSES: (Three (3) Required)

<i>John Cheell</i>	address	P.O. B. 68. Kingsville MD 21087
<i>Katherine M. Duff</i>	address	1907 Caspian Rd Kingsville MD 21087
<i>Evlyn R. Pullen</i>	address	1009 Clarendon Dr. Joppa 21085

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1229-828-1723