

And I do hereby bind my Heirs, Executors and Administrators to warrant and forever defend all and singular the said Premises unto the said Ethel Fowler Waters

and her Heirs and Assigns, against myself and my Heirs and against every person whomsoever lawfully claiming or to claim the same or any part thereof.

WITNESS my hand and seal, this 14th day of October in the year of our Lord one thousand, nine hundred and seventy.

~~Notary Public for South Carolina~~
~~Notary Public for South Carolina~~

~~Notary Public for South Carolina~~

Signed, sealed and delivered in the presence of

Elizabeth W. Moun
Claude P. Hudson

Louie F. Fowler (L.S.)
as Executor of the Estate of
Thomas R. Fowler, deceased. (L.S.)

_____ (L.S.)

State of South Carolina,
County of Greenville

PERSONALLY appeared before me Elizabeth W. Moun and made oath

that she saw the within named Louie F. Fowler, as Executor of the Estate of Thomas R. Fowler, deceased, sign, seal and as his act and deed deliver the within written deed, and that she with

Claude P. Hudson witnessed the execution thereof.

SWORN TO before me this 14th day

of October A. D. 19 70

Claude P. Hudson (L.S.)
Notary Public for South Carolina.

Elizabeth W. Moun

Com. Expires: 9-15-79

State of South Carolina,
County of

No Renunciation of Dower

I, _____, do hereby certify unto all whom it may concern that Mrs. _____ the wife of the within named _____ did this day appear before me, and upon being privately and separately examined by me, did declare that she does freely, voluntarily and without any compulsion, dread or fear of any person or persons whomsoever, renounce, release and forever relinquish unto the within named _____

Heirs and Assigns, all her interest and estate, and also all her right and claim of Dower of, in or to all and singular the Premises within mentioned and released.

Given under my hand and seal, this _____ day of _____ A. D. 19 _____ (L.S.)

Notary Public for South Carolina.

Recorded this 28th day of October 19 70, at 9:51 A. M., No. #10058