

to be done by virtue of these presents.

wa 1089-1-7

This Power of Attorney is to take effect and to begin at any time when I become mentally infirm. Proof of such infirmity shall be the notarized statement of a qualified licensed physician that I can no longer act with the requisite capacity in my own behalf. On the presentation of this Power of Attorney, and such notarized statement of said licensed physician, the Power of Attorney shall take effect.

IN WITNESS WHEREOF, I have set my hand and seal this 13<sup>th</sup> day of September, 1978.

[Signature]  
Witness  
[Signature]  
Witness

[Signature]  
J. Claude Porter

STATE OF SOUTH CAROLINA )  
COUNTY OF GREENVILLE )

PROBATE

Personally appeared the undersigned witness and made oath that (s)he saw the within named J. Claude Porter sign, seal, and as his act and deed deliver the within Power of Attorney and that (s)he, with other witness subscribed above witnessed the execution thereof.

SWORN TO before me this 13 day of September, 1978.

[Signature] (LS)  
Notary Public for South Carolina

My Commission expires Nov. 16, 1981.

[Signature]

Recorded Sept. 19, 1978 at 4:38 P/M

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