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14. This power of attorney shall not be affected by my physical disability or mental incompetence which would render me incapable of managing my own estate.

I do hereby ratify and confirm all things whatsoever my said attorney or such substitute or substitutes, shall lawfully do or cause to be done by virtue of these presents, including anything which shall be done between the revocation of these presents by my death, or in any other manner, and notice of such revocation reach my said attorney; and I hereby declare that as against me and all persons claiming under me, everything which my said attorney shall do, or cause to be done, after such revocation as aforesaid, shall be valid and effective in favor of any person claiming the benefit thereof who, before the doing thereof shall not have had notice of such revocation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 26 day of \_\_\_\_\_\_\_, 1980.

DOROTHY B. LIGON (SEAL)

Signed, sealed, published and declared by DOROTHY B. LIGON as and for her General Power of Attorney, in the presence of us, who at her request and in her presence, and in the presence of each other, have hereunto set our hands as attesting witnesses.

Relucea a. Rhades Sumille, 3 Margaret a Ossoria Laylors, S. C.