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whatsoever needful and necessary to be done in and about the premises for the completion thereof, for me and in my name as I might or could do if personally present and ratifying the same.

This Power of Attorney shall not be affected by physical disability or mental incompetence which renders me incapable of managing my own estate, it being one of the purposes herein to empower my said Attorney-in-Fact to make provision for my needs under such condition.

Witness my hand and seal, this the 29TH day of OCTOBER, 1982.

Ernestine H. Donnan
Ernestine H. Donnan

SIGNED, SEALED, PUBLISHED and declared by Ernestine H. Donnan, the above named grantor, as, and for her Power of Attorney in the presence of the undersigned, who, at her request and in her presence and in the presence of each other, have hereunto subscribed our names as attesting witnesses.

Claude P. Hudson

Nola Chandler

Beth B. Hughes

STATE OF SOUTH CAROLINA
DOCUMENTARY
STAMP
TAX \$ 00.50

STATE OF SOUTH CAROLINA :::
COUNTY OF GREENVILLE :::

PERSONALLY appeared before me BETH B. HUGHES and made oath that she saw the within named Ernestine H. Donnan sign, seal and as her act and deed deliver the within written Power of Attorney for the uses and purposes mentioned, and that she with CLAUDE P. HUDSON and NOLA CHANDLER witnessed the execution thereof.

SWORN to and subscribed before me this the 29TH day of OCTOBER, 1982.

Beth B. Hughes

Claude P. Hudson (SEAL)
Notary Public for South Carolina
My Commission expires: 9-19-89

RECORDED APR 17 1984 at 1:55 PM.

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