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- (9) To have access to such safety deposit box as may be released in my name.
- (10) To manage and control my property and to execute any and all instruments necessary or expedient for that purpose as I might do, if personally present.

And I, the said ESSIE BARBER FARR, do hereby ratify and confirm all acts of my attorney, and do declare that all acts and deeds performed under this instrument shall have the same full force and effect as if performed and signed by me in person. This instrument shall be effective until revoked in writing or until it shall cease by operation of law.

This Power of Attorney shall not be affected by the physical disability or mental incompetency of the principal which renders the principal incapable of managing her own estate.

IN WITNESS WHEREOF, I, ESSIE BARBER FARR, have hereunto set my hand and seal at Travelers Rest, South Carolina, this day of July, 1984.

Essie Barbare Farr

Signed, sealed, published and declared by the said ESSIE BARBER FARR, as and for her Power of Attorney, in the presence of us and each of us, who, in her presence, in the presence of each other, and at her request, have hereunto set our hands and seals as witnesses hereunto at the end of

the Power of Attorney.

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