

authority herein given, as fully and to the same extent as if by me personally done and performed.

This Power of Attorney shall not be affected by physical disability or mental incompetence of Kathryn B. Johnson which renders Kathryn B. Johnson incapable of managing ~~his~~/her own estate.

IN WITNESS WHEREOF, I have hereunto set my Hand and Seal this 25th day of March, 1983.

Kathryn B. Johnson (LS)

Signed, sealed, published and declared by Kathryn B. Johnson as his/her Power of Attorney in the presence of us who, at the request of Kathryn B. Johnson, in ~~his~~/her presence and in the presence of each other, have subscribed our names as witnesses to the foregoing Power of Attorney consisting of four and one-fourth pages of typewritten matter.

[Signature] ADDRESS Greenville, SC
[Signature] ADDRESS Greenville, SC
[Signature] ADDRESS Greenville, S.C.

STATE OF SOUTH CAROLINA)
) PROBATE
COUNTY OF GREENVILLE)

PERSONALLY appeared the undersigned witness and made oath that (s)he saw the within named Kathryn B. Johnson sign, seal and as his/her act and deed deliver the within Power of Attorney, and that (s)he together with the other witnesses subscribed above witnessed the execution thereof.

SWORN to before me this 25th [Signature]
day of March, 1983.

[Signature] (LS)
Notary Public for South Carolina

My Commission Expires: Jan. 24, 1990.

RECORDED AUG 15 1984

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