

VEL 1226 PILE 428

paid or delivered pursuant to the terms of any such instrument;

(h) This Power of Attorney is fully intended to survive any mental incompetence that I may experience;

(i) The provisions of this Power of Attorney shall take effect upon the written statement of two (2) duly qualified practicing physicians that I am unable physically or mentally to handle my affairs;

(j) This Power of Attorney shall continue in full force and effect until revoked;

(k) This Power of Attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing his own estate.

GIVING AND GRANTING UNTO MY SAID ATTORNEY-IN-FACT full power and authority to do and perform all and every act and deed whatsoever in and about my estate, property and affairs as fully and effectually to all intents and purposes as I might or could do if personally present, including power to sign my name on any document or instrument requiring same; hereby ratifying and confirming whatsoever my said attorney-in-fact shall do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of November, A.D. 1984.

WITNESSES:

[Signature]
[Signature]
[Signature]

[Signature] (SEAL)
WILLIAM HENRY LOCKE

STATE OF SOUTH CAROLINA,)
)
COUNTY OF GREENVILLE)

PROBATE

PERSONALLY appeared before me [Signature], who being first duly sworn, deposes and states that (s)he saw the within named William Henry Locke sign, seal and as his act and deed, deliver

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