heirs, legal and personal representatives, and assigns, whether the same shall have been done before or after my death, or other revocation of this instrument, unless and until reliable notice thereof shall have been received by any person with whom my said Attorney may be dealing under this instrument.

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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 30 day of November, 1984.

Ruth T. Swapen

SIGNED, SEALED, PUBLISHED, AND DECLARED by the above named Principal, Ruth T. Swope, as and for her Power of Attorney in the sight and presence of us, who, at her request and in her presence and sight and in the sight and presence of each other, have hereunto signed our names as attesting witnesses.

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE

PERSONALLY APPEARED before me the undersigned witness who, on oath, says that (s)he saw the within named Ruth T. Swope sign, seal and as her act and deed deliver the foregoing Power of Attorney and (s)he with the other witness above witnessed the execution thereof.

SWORN to before me this 30 day of / Bremba, 1984.

My Commission Expires: /0 -/

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