

Laws of South Carolina, and it is my intention that this Power of Attorney shall not be affected by any physical disability or mental incompetence I may suffer which renders me incapable of managing my own estate.

IN TESTIMONY WHEREOF I, <sup>Esther</sup> Ester Fleury Imhoff have hereunto set my hand and seal this the 6 day of Sept. 1984.

*Esther Fleury Imhoff* (SEAL)  
Ester Fleury Imhoff  
Esther

SIGNED, SEALED, PUBLISHED, and DECLARED by the above-named principal, <sup>Esther</sup> Ester Fleury Imhoff as and for her Power of Attorney in the sight and presence of us, who, at her request, and in her sight and presence, and in the sight and presence of each other, have hereunto signed our names as witnesses this 6<sup>th</sup> day of Sept. 1984.

WITNESSES: (Three (3) Required)

*Dorinda Jo Hinkley* address 1639 Brydlem Cds OK  
*A. C. Ruce* address 3504 Herbert Cds OK  
*Patricia J. Mawick* address 1711 Morse Rd Col OK

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