The covenants, agreements and conditions herein contained shall bind, and the benefits and advantages shall inure to, the respective heirs, executors, administrators, successors and assigns of the parties hereto. Whenever used, the singular number shall include the plural, the plural the singular, and the use of any gender shall be applicable to all genders.

WITNESS my hand and seal this 23rd day o	f October 19.70
Signed, sealed, and delivered	Larl & Ubde (SEA)
in the presence of:	EARL E. WADE
(La . Day tra &.	SEAI (SEAI
7	ROVENA S. WADE (SEAL
hance K. Zeelke	(SEAL
<u> </u>	
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STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE .	Probate
PERSONALLY appeared before me Frances	R. Leitke
made oath that She saw the within named Earl E.	Wade and Rovena S. Wade
sign, scal and as their act and deed Paul J. Foster, Jr.	deliver the within written deed, and that She, with witnessed the execution thereof.
SWORN to before me this the 23rd	
day of October , A.D., 19 70	Jances R. Leitki
Care Stocker & 7(SEAL)	
Notary Public for South Carolina My commission expires: 4/7/79	•
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STATE OF SOUTH CAROLINA	Renunciation of Dower
COUNTY OF GREENVILLE	
- I, Paul J. Foster, Jr. unto all whom it may concern that Mrs. Rovena S. k	a Notary Public for South Carolina, do hereby certify
the wife of the within named Earl E. Wad	
did this day appear before me, and, upon being privatel	v and separately examined by me, did declare that she
does freely, voluntarily and without any compulsion, dr nounce, release and forever relinquish unto the within	named CAROLINA FEDERAL SAVINGS AND LOAN
ASSOCIATION OF GREENVILLE, its successors, and and claim of Dower of, in or to all and singular the Pre	assigns, all her interest and estate, and also all her right mises within mentioned and released.
GIVEN under my hand and seal,	
this 23rd day of October	Konena & Stade
A. D., 19 70	
(SEAL)	
Nother Public for South Carolina ly commission expires: 4/7/79	
y commission expires.	
Recorded Oct. 29, 1970 at 3:30 P. M.	, #10327.

Recorded this _____day of ______19___, at _____M., No._____