AFFIDAVIT OF SUBSCRIBING WITNESS

| Patrici | t C. Fant, Jr. | | |
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| | | 医毒素 化氯基酚 电电影 医白斑病 化抗 | onth Carolina, personally appeared |
| Dell R | . Owens | | and made out |
| that | named Marion G. William | s/& Dorris B.Wi | 111ams sign, seal and |
| their Patricl | act and deed, deliver the within write C. Fant, Jr. | iten morigage for the uses an | d purposes therein mentioned, an |
| SWORN to and subscribed before m | 27th | May | 71 |
| Jahren Vie | ry Public of South Carollina) | Du R. Owe | us) |
| (SEAL) | nmission Expires April 17, 1979 | | |
| my commission expires on annual | RENUNCIATION O | F DOWER | |
| STATE OF SOUTH CAROLINA | 1 | | 8 |
| county of Greenvil | nt, Jr. Notary Public of | South Carolina, do hereby cert | ify unto all whom it may concem |
| I. Patrick C. Far that Mrs. Dorris B. Wil did this day appear before me, and without any compulsion, dread or States of America, acting through the | nt, Jr, , Notary Public of Liams , the wife of the vide of upon being privately and separately exfear of any person or persons whomse he Parmers Home Administration, United all her right and claim of dower, of, in or | within named MAR LOD tamined by me, did declare the bever, renounce, release and States Department of Agricul | A. WILLIAMS. IX. It she does freely, voluntarily an forever relinquish unto the Unite ture, its successors and assigns |
| that Mrs. Dorris B. Wildid this day appear before me, and without any compulsion, dread or States of America, acting through the | nt, Jr. Notary Public of 11 in M8 , the wife of the wide upon being privately and separately experience of any person or persons whomse he Farmers Home Administration, United all her right and claim of dower, of, in or this 27th day of | within named Mar Lon samined by me, did declare the over, renounce, release and States Department of Agriculto all and singular the premise May | 4. WILLIAMS IT and the does freely, voluntarily and forever reliquish unto the Uniterity its successors and assigns as within mentioned and released 71 |
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