

my self, my executors, administrators, heirs and assigns, in consideration of my Attorney-in-Fact's willingness to act pursuant to this Power of Attorney, to save and hold my Attorney-in-Fact harmless from any loss suffered or any liability incurred by my Attorney-in-Fact in so acting after such revocation or termination without notice.

(f) I direct that this Power of Attorney shall continue in effect until revoked by me in writing or terminated by law.

(g) The terms and conditions hereof shall inure to the benefit of and become binding upon the undersigned parties, their heirs, assigns, executors and administrators.

(h) All words used herein in the singular shall include the plural, and the masculine gender shall include the feminine.

(i) No cancellation hereof, by operation of law or otherwise, shall be effective as to any person relying upon this Power of Attorney unless such person shall have received actual notice in writing of its cancellation.

SURVIVAL OF PHYSICAL DISABILITY OR MENTAL INCOMPETENCE

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, with the purposes, intent and legal consequences set forth for a "Durable Power of Attorney" in South Carolina Code of Laws of 1976, as Amended, Section 32-13-10.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9 day of 12-Dec., 1983.

Earle R. Taylor
EARLE R. TAYLOR

SIGNED, SEALED, PUBLISHED AND DECLARED by the party signed above as and for a Durable Power of Attorney, in the presence of us, who at his request and in his presence and in the presence of each other have hereunto set our hands as attesting witnesses.

J. M. ...
Constance G. M. ...
Janice H. Soule

STATE OF SOUTH CAROLINA
REVENUE DEPARTMENT
DOCUMENTARY
STAMP
TAX
JAN 13 1984
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