100

10

6) It is understood that 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.

Each and every act done and performed by my Attorney in Fact herein named is hereby ratified and confirmed to the same extent as if the same were performed by me personally.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this  $24^{15}$  day of May, 1984.

Raymond F. Hoyle (SEAL)

SIGNED, SEALED, PUBLISHED AND DECLARED by said Raymond F. Hoyle, in the presence of us, who in his presence, in the presence of each other, and at his request, have hereunto subscribed our names as witnesses on the day and year last written.

Cal R. Shackorn

STATE OF SOUTH CAROLINA

PROBATE

COUNTY OF GREENVILLE

Personally appeared before me the undersigned witness and made oath that (s)he saw the within named Raymond F. Hoyle