appoint any other or others in the place of such attorney or attorneys, as she may from time to time think fit.

13. This Power of Attorney shall not be affected by physical disability or mental incompetence of me which may render me incapable of managing my own affairs or estate. It is my intent by this instrument to confer upon my Attorney all of the powers granted hereinabove notwithstanding any physical disability or mental incompetence which may befall me.

I do hereby ratify and confirm all things whatsoever my said Attorney, or her substitute or substitutes, shall lawfully do or cause to be done by virtue of these presents, including anything which may be done between the revocation of these presents by my death, or in any other manner, and notice of such revocation reaching my Attorneys; and I hereby declare that as against me and all persons claiming under me, everything which my Attorney shall do, or cause to be done, after such revocation as aforesaid, shall be valid and effective in favor of any person claiming the benefit thereof, who, before the doning thereof shall not have had notice of such revocation.

IN WITNESS WHEREOF I have hereunto set my hand and seal this day of January, 1981.

IN THE PRESENCE OF:

Poxie W. Sackson Larkan

(Clina B Dornes)

Karlell Withen &

who, being duly sworn, says that (s)he saw the within named Roxie W. Jackson, sign, seal and as her act and deed deliver the within General Power of Attorney and that (s)he with Chara & Merry and Carlet W Market Witnessed the execution thereof.

Jeen & Unallet

SWORN to before me this 2 day of January, 1981.

Stary Public for South Carolina
On Cornission Expires: 1-5-80

at 2:45 P.M. pare

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