193 JAN 26 MH 10 00 This instrument was recorded at request of: 56783 Cennifer Rowlett 618 Rusty Rd.

Conway, SC, 29526

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The recording official is directed to return this instrument or a copy to the above person.

Space Reserved For Recording Information

DURABLE SPECIAL POWER OF ATTORNEY

R-17 ClawForms 10-83, 1-90 6-90 **Expiration Date:**

Effective Place of Execution (County and State):

Horry, South Carolina
ATTORNEY-IN-FACT (Name, Address and Zip Code)

Sept. 20, 1990 | September 30, 1992 PRINCIPAL (Name, Address and Zip Code)

Jennifer Rowlett 618 Rusty Rd. Conway, SC 29526

Don Rowlett 917 Woodland Dr. San Ramon, ct. 94583

Principal constitutes and appoints Attorney-in-Fact to act as its true and lawful attorney for and in its name, place, and stead to perform the following acts and things:

To act on my behalf concerning any and all dealings with Greensprings Investment Properties.

1. Principal gives and grants to Attorney-in-Fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as it might or could do if personally present. Principal ratifies and confirms all that Attorney-in-Fact shall lawfully do or cause to be done by virtue of this special power

(Continued on Reverse Side)

DURABLE SPECIAL POWER OF ATTORNEY

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2. This Special Power of Attorney shall not be affected by disability of the Principal.

3. To make any medical, surgical, dental or other body care decisions regarding the health and well being of the Principal. This Special Power of Attorney gives the Attorney-in-Fact the power to instruct any doctor, physician, paramedic, medical personnel, health care facilities, or other person dealing with the health of the Principal to perform or give the Principal medical care or treatment or refrain from doing so as requested by the Attorney-in-Fact.

4. This Special Power of Attorney may be revoked by the Principal giving actual written notice to anyone dealing with the attorney-in-fact or by recording a Revocation of Power of Attorney with the County Recorder of Horry Is not revoked within 6 months from its effective date by recording a Revocation, it shall be considered to be renewed and effective for additional 6 months periods until either revoked by recording a Revocation of Power of Attorney or expired pursuant to the expiration date. The failure of the Principal to record this Revocation shall be construed as a renewal of the Power of Attorney.

WARNING TO PERSONS EXECUTING THIS SPECIAL POWER OF ATTORNEY

This is an important legal document. It creates a durable power of attorney. Before executing this document, you should know these important facts:

1. This document may provide the person you designate as your attorney-in-fact with broad powers to dispose, sell, convey, and encumber your real and personal property.

2. These powers will exist for an indefinite period of time unless you limit their duration in this document. These powers will continue to exist notwithstanding your subsequent disability or incapacity.

3. You have the right to revoke or terminate this durable power of attorney at any time by (a) recording a revocation in the public office designated for that purpose on this Special Power of Attorney and (b) directly notifying your attorney-in-fact and anyone who may be dealing with your attorney-in-fact with respect to your property or other matters.

1 2 Jacob Accord	Signature of Principal esses Signature of Notary Public
	Acknowledgement of Principal On this date.
COUNTY OF HOTTY	known to me or satisfactorily proven to be the person whose known to me or satisfactorily proven and acknowledged that Notary Expiration Date.
Date of this Acknowledgement	he executed the same. If this person's name is subscribed in he executed the same. If this person's name is subscribed in he executed the same, if this person's name and and a representative capacity, it is for the principal named and
September 20, 1990	in the capacity indicated.
STATE OF So. Carolina 5	Acknowledgement of the
COUNTY OF Abrey	known to me or satisfactorily proven to be the person whose
Date of this Acknowledgement	known to me or satisfactorily proven to a cknowledged that name is subscribed to this instrument and acknowledged that he executed the same. If this person's name is subscribed in he executed the same. If this person's name is subscribed in a representative capacity, it is for the principal named and heart the same of the same o
3.01 20,1990	in the capacity indicated.
STATE OF OREGON: COUNT	Y OF KLAMATH: ss.
	Wilson County Title Co the the
FEE \$15.00	by <u>satisfies</u>