

**POWER OF ATTORNEY**

This Power of Attorney is made on JUNE 19

BOOK  
19 91

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Between: the Principal(s) SADIE EVERETT (Maiden name Blanding)  
150 South Harrison Street  
East Orange, N.J. 07018

whose address is

And: the Agent(s)

RUSSELL BLANDING  
5168 Laurel Circle  
Lake City, Georgia 30260

individually referred to as "I" or "my",

whose address is

referred to as "You".

**Grant of Authority.** I appoint You to act as my Agent (called an attorney in fact) to do each and every act which I could personally do for the following uses and purposes: only:

To take all actions, sign all papers in my name, receive all funds, transfer title pay all expenses and any other action for my benefit with regard to my interest in the real property in Pineville, South Carolina inherited by me from Lucille Blanding, my mother. This property is farm property, empty land only, approximately 12 acres.

FILED-RECORDED  
JUN 6 1 02 PM '92  
CYNTHIA B. FORTE  
REGISTER  
MESSE CONVEYANCES  
BERKELEY COUNTY, SO

**Powers.** I give You all the power and authority which I may legally give to You. You may revoke this Power of Attorney or appoint a new Agent in your place. I approve and confirm all that You or your substitute may lawfully do on my behalf.

**Signatures.** By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.

Witnessed by:

IRVING J. SOLOWAY

SADIE EVERETT (Maiden name Blanding) (Seal)

(Seal)

**Important:** The back of this form (part A) may be used to provide that the Power of Attorney is effective now and remains in effect even if I become disabled. It can also be provided (part B) that the Power of Attorney is effective ONLY if I become disabled.

DISABILITY

**Definition of Disability.** (N.J.S.46:2b-8b) A principal shall be under a disability if the principal is unable to manage his or her property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance.

Clauses [A] and [B] below shall not be a part of this Power of Attorney unless they are signed by the Principal(s).

**A. Takes Effect Regardless of Disability.** This Power of Attorney is effective now and remains in effect even if I become disabled (as defined above).

Dated:

Witness:

*Sadie Everett Blanding* (Seal)  
SADIE EVERETT BLANDING

(Seal)

**B. Takes Effect Only Upon Disability.** This Power of Attorney will only become effective when (and if) I become disabled (as defined above).

Dated:

Witness:

(Seal)

(Seal)

POWER OF ATTORNEY

SADIE EVERETT (BLANDING

TO

RUSSELL BLANDING

Dated: 5/19/91

Record and return to:

STATE OF NEW JERSEY, COUNTY OF ESSEX  
I CERTIFY that on JUNE 19, 1991  
SADIE EVERETT (MAIDEN NAME BLANDING)

SS.:

and acknowledged under oath, to my satisfaction, that this person (or if more than one, each person) personally came before me  
(a) is named in and personally signed this document; and  
(b) signed, sealed and delivered this document as his or her act and deed.

Prepared by:

*Irving J. Soloway*  
N.J.S.A. 46:15-13 (Print signer's name below signature)  
IRVING J. SOLOWAY ESQ.

*Patti-Ann Ballard*  
(Print name and title below signature)

PATTI-ANN BALLARD  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires OCT 24, 1994