

STATE OF SOUTH CAROLINA
COUNTY OF CHARLESTON

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POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, _____
_____ of the County of Charleston, State of
South Carolina, do hereby appoint _____, of
the County of Charleston, State of South Carolina, as my
Attorney for me and in my name to endorse, cash or deposit
checks made payable to my order; to deposit and withdraw
monies from my checking or savings accounts; to open and close
checking or savings accounts; to have entry to safety deposit
boxes leased to myself and deal with the contents thereof; to
ask, demand, sue for, collect, recover, and receive all sums
of money, debts, dues, accounts, legacies, bequests, interest,
dividends, annuities and demands whatsoever as are now or
shall hereafter become due and owing, payable or belonging to
me, and have, use and take all lawful ways and means in my
name or otherwise, and to compromise and agree for the same,
for me, and in my name to make, seal and deliver; to bargain,
contract, agree for, buy, sell, mortgage, hypothecate and in
any and every way and manner deal in and with goods and
merchandise, choses in action, and other property, in
possession or in actions, and to release mortgages on lands or
chattels, and to make, do and transact all and every kind of
business of whatsoever kind and nature. Also, to bargain,
contract, agree for, purchase, receive and take lands,
tenements, hereditaments, and accept the seizing and
possession of all lands and all deeds and other assurances,
and to lease, let, demise, bargain, sell, release, convey,
execute a proper deed of conveyance, as he/she/they shall

think fit and also for me and in my name and as my act and deed to sign, seal, delivery and execute and acknowledge such deeds, leases and assignment of leases, covenants, indentures, agreements, mortgages, hypothecations, bottomries, charter parties, bills of lading, bills, bonds, notes, certificates of deposit and other negotiable instruments, receipts, evidences of debts, and such other instruments in writing of whatsoever kind or nature as may be necessary or proper in the premises, giving and granting unto my said Attorney(s) and his/her/their substitute or substitutes, 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 and to all intents and purposes as I might or could do if personally present. I hereby ratify and confirm all that my said Attorney(s), or his/her/their substitute or substitutes, shall lawfully do or cause to be done by virtue of these premises.

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/HER OWN ESTATE.

Only one (1) signature shall be required to execute any and all necessary documents under this Power of Attorney.

IN WITNESS WHEREOF, I have hereunto set my Hand and Seal this _____ day of _____, _____, A.D.

_____ {L.S.}

SIGNED, SEALED, PUBLISHED AND DECLARED by the above named

_____ as and for _____ **POWER OF ATTORNEY**, in the presence of us, who, at _____ request and in _____ presence and in the presence of each other, all present together, have hereunto subscribed our names as witnesses hereto.

_____ OF _____

_____ OF _____

STATE OF SOUTH CAROLINA }
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COUNTY OF CHARLESTON }

PERSONALLY appeared before me the undersigned witness and made oath that (s)he saw the within named _____ sign, seal, and as _____ and deed, deliver the within Power of Attorney, and that (s)he with the other witness above witnessed the execution thereof.

_____ **SWORN** to before me this _____ day of _____, _____.

_____ {SEAL}
NOTARY PUBLIC FOR SOUTH CAROLINA
MY COMMISSION EXPIRES: _____