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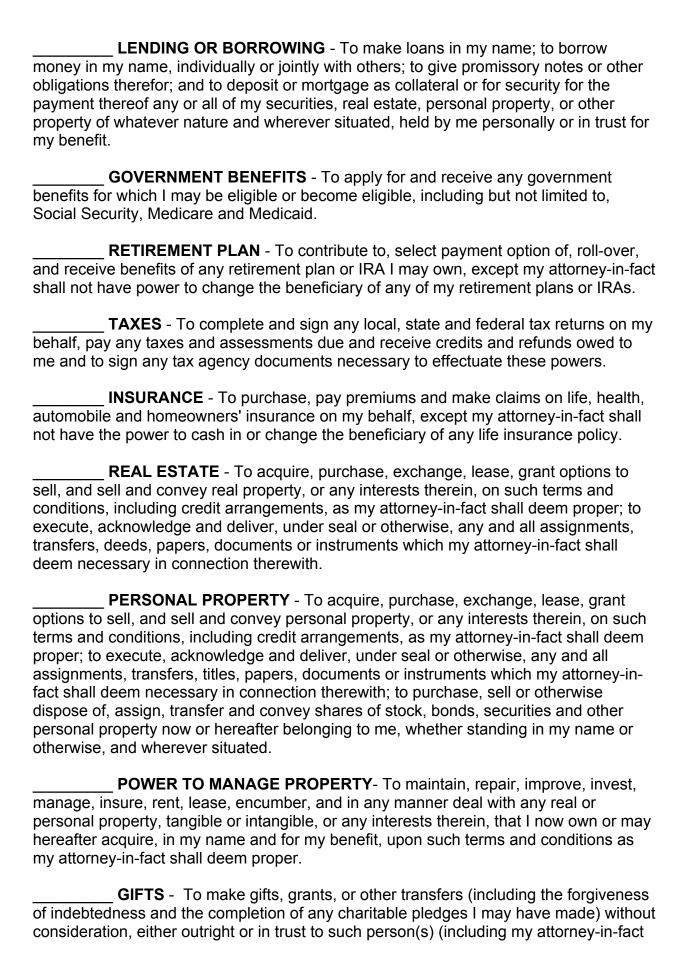
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## SOUTH CAROLINA DURABLE FINANCIAL POWER OF ATTORNEY

l,	, the principal, of	, State of
	, nereby designate	, OT
my "attorney-in-fa	, State of lct"), to act as initialed below	, of, my attorney-in-fact (hereinafter w, in my name, in my stead and for my
the past.	voking any and ali linancial	powers of attorney I may have executed in
	EFFECTIV	/E DATE
(Choose the appli	icable paragraph by placing	your initials in the preceding space)
the execution of the		powers set forth herein immediately upon rs shall not be affected by any subsequent e future.
or		
	in writing, by my attending	powers set forth herein only when it has physician, that I am unable to properly
	POWERS OF ATT	ORNEY-IN-FACT
	ct shall exercise powers in r rney-in-fact shall have the fo	my best interests and for my welfare, as a ollowing powers:
(Choose the appli	icable power(s) by placing y	our initials in the preceding space)
withdraw funds by personal and busi	y check or otherwise to pay iness expenses for my bene attorney-in-fact is authorize	sit funds in any financial institution, and to for goods, services, and any other efit. If necessary to effect my attorney-in- ed to execute any document required to be
deposit box rented including drilling, it to surrender or rel safe-deposit box r	d by me or to which I may hif necessary, and to remove linquish said safe-deposit b	access at any time or times to any safe- nave access, wheresoever located, e all or any part of the contents thereof, and lox; and any institution in which any such cur any liability to me or my estate as a ercise this power.



hereunder) or organizations as my attorney-in-fact shall select, including, without limitation, the following actions: (a) transfer by gift in advancement of a bequest or devise to beneficiaries under my will or in the absence of a will to my spouse and descendants in whatever degree; and (b) release of any life interest, or waiver, renunciation, disclaimer, or declination of any gift to me by will, deed, or trust				
LEGAL ADVICE AND PROCEEDINGS - To obtain and pay for legal advice, to initiate or defend legal and administrative proceedings on my behalf, including actions against third parties who refuse, without cause, to honor this instrument.				
<b>SPECIAL INSTRUCTIONS:</b> On the following lines are any special instructions limiting or extending the powers I give to my attorney-in-fact (Write "None" if no additional instructions are given):				
AUTHORITY OF ATTORNEY-IN-FACT: Any party dealing with my attorney-in-fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my attorney-in-fact as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my attorney-in-fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my attorney-in-fact shall lawfully do under this instrument. My attorney-in-fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.				
<b>LIABILITY OF ATTORNEY-IN-FACT</b> : My attorney-in-fact shall not incur any liability to me under this power except for a breach of fiduciary duty.				
<b>REIMBURSEMENT OF ATTORNEY-IN-FACT</b> : My attorney-in-fact is entitled to reimbursement for reasonable expenses incurred in exercising powers hereunder, and to reasonable compensation for services provided as attorney-in-fact.				
<b>AMENDMENT AND REVOCATION</b> : I can amend or revoke this power of attorney through a writing delivered to my attorney-in-fact. Any amendment or revocation is ineffective as to a third party until such third party has notice of such revocation or amendment.				
<b>STATE LAW</b> : This Power of Attorney is governed by the laws of the State of South Carolina.				
<b>PHOTOCOPIES</b> : Photocopies of this document can be relied upon as though they were originals.				
IN WITNESS WHEREOF, I have on this day of, 20, executed this Financial Power of Attorney.				

Principal's Signature	
principal signed and executed this instruction principal signed it willingly, that each of witness at the request of the principal as	clare in the presence of the principal that the rument in the presence of each of us, that the f us hereby signs this Power of Attorney as and in the principal's presence, and that, to the eighteen years of age or over, of sound mind, ence.
Witness's Signature	
Address	
Witness's Signature	
Address	
STATE OF	
County, ss.	
, as Principal	, 20, before me appeared of this Power of Attorney who proved to me
<b>5 5</b> 1	tification to be the above-named person, in my nt and acknowledged that (s)he executed the
	Notary Public
	My commission expires:

## SPECIMEN SIGNATURE AND ACCEPTANCE OF APPOINTMENT

l,, ti	he attorney-in-fact named above, hereby accept ct in accordance with the foregoing instrument.
appointment as attorney-in-fa	ct in accordance with the foregoing instrument.
At	torney-in-Fact's Signature
STATE OF	<del></del>
Count	y, ss.
On this day of	, 20 , before me appeared
, as	, 20, before me appeared Attorney-in-Fact of this Power of Attorney who proved to
<b>5 5</b>	ed photo identification to be the above-named person, in regoing acceptance of appointment and acknowledged
• •	as his/her free act and deed.
· ,	
	Notary Public
	My commission expires: