

SOUTH CAROLINA POWER OF ATTORNEY

I, _____ (Full Legal Name), of _____ (Address), hereby appoint _____ (Agent's Full Legal Name), of _____ (Agent's Full Address), as my attorney-in-fact to act on my behalf in all matters related to [Specify the scope and purpose of the power of attorney, such as "financial matters," "medical decisions," or "real estate transactions"].

This Power of Attorney is effective as of [Effective Date] and shall remain in effect until [Expiration Date, if any, or "revoked by me in writing"].

I grant my attorney-in-fact full authority to perform all acts necessary to

(Specify the actions or decisions your agent can make, e.g., "buy or sell property," "access bank accounts," "make medical decisions," etc.).

I authorize my attorney-in-fact to take any legal actions on my behalf, including signing documents, entering into contracts, and making decisions as outlined above.

This Power of Attorney shall be binding on all third parties who may rely on it. Any person or institution who acts in good faith reliance on the authority granted by this Power of Attorney shall not be held liable to me or my estate for any actions taken.

I revoke any and all prior powers of attorney that I have previously granted.

Signed this _____ day of _____, _____.

Signature of Principal: _____

Printed Name of Principal: _____