WHEREAS, on ____________________________________________, the undersigned, ___________________________________________, of the County of Kershaw and State of South Carolina, was granted certain authority to act as Attorney in Fact by__________________________

And said Power of Attorney instrument was recorded in BOOK ______ at PAGE ______ on ___________________________, in the office of the Register of Deeds for Kershaw County; and,

WHEREAS, I am now desirous of resigning that appointment thereby terminating all the powers, duties and authorities thereby vested in me as Attorney in Fact for ________________________.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that said authority vested in the undersigned pursuant to that Power of Attorney hereinabove referred to is hereby rejected and terminated as it applies to the undersigned.

IN WITNESS WHEREOF, I have hereunto set my Hand and Seal this _______________ day of ________________________, 20____.

IN THE PRESENCE OF:

__________________________________________  __________________________
WITNESS SIGNATURE                        SIGNATURE

Witness printed name                        Printed name

__________________________________________
WITNESS SIGNATURE

Witness printed name
STATE OF SOUTH CAROLINA )
COUNTY OF KERSHAW )

ACKNOWLEDGMENT

I, ________________________________________________, Notary Public for the State of South Carolina, do hereby certify that ______________________________ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Subscribed to and sworn to before me this ______ day of __________________, 20____.

Notary Public for South Carolina
My Commission Expires:__________________

Notary Signature (L.S.):_________________________________________

Notary (printed name) :_________________________________________