

STATE OF SOUTH CAROLINA)
)
COUNTY OF KERSHAW)

RESIGNATION OF AGENT UNDER
POWER OF ATTORNEY
BOOK _____ PAGE _____

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

Witness printed name

WITNESS SIGNATURE

Witness printed name

SIGNATURE

Printed name

