

# SOUTH CAROLINA REAL ESTATE POWER OF ATTORNEY

## In Accordance to the SC Uniform Power of Attorney Act

Date: \_\_\_\_\_ Principal (borrower): \_\_\_\_\_

Principal's Residence Address: \_\_\_\_\_

(Including County) \_\_\_\_\_

Attorney-in-Fact: (Agent) \_\_\_\_\_

Attorney-in-Fact's Mailing Address: \_\_\_\_\_

(Including County) \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Property Address: \_\_\_\_\_

### DELEGATION OF POWER.

**Option 1: Purchase of Property.** The purchase of the lands and premises having an address of or identified as \_\_\_\_\_

together with the financing of the purchase of such property and the mortgaging of the property as part of the financing, doing any and all actions that I might do if personally present including, but not limited to the execution, modification and delivery of contracts, tax returns, tax reports, affidavits, bills of sale, notes, mortgages, closing statements, notices, certificates and all other documents required by the lender providing the funds for the closing; the disbursement and delivery of the closing funds and the withdrawal of funds for the closing from my/our account identified to the agent, which my Agent shall deem necessary, appropriate or expedient for the purpose of closing the acquisition of the real estate described in this Power of Attorney.

**Option 2: Sale of Property.** The sale of the lands and premises having an address of or identified as \_\_\_\_\_

doing any and all actions that I might do if personally present including, but not limited to the execution, modification and delivery of contracts, deeds, tax returns, tax reports, affidavits, bill of sale, closing statements,

notices, certificates and all other documents; the acceptance of the closing funds and the deposit of those funds in my account identified to the agent, which my Agent shall deem necessary, appropriate or expedient for the purpose of closing the sale of the real estate described in this Power of Attorney.

**Option 3: Management of Property.** The management of the lands and premises having an address or identified as \_\_\_\_\_ together with the collection or negotiation of rent, signing of lease agreements, evicting tenants, hiring for repairs, or any other required activities regarding normal day-to-day management of the property, which my Agent shall deem necessary, appropriate or expedient for the purpose of managing the property described in this Power of Attorney.

**Option 4: Refinancing of Property.** The refinancing of my debts, including but not limited to the debts presently secured by a mortgage on the lands and premises having an address of or identified as \_\_\_\_\_, together with the mortgaging of the property as part of the financing, doing any and all actions that I/we might do if personally present including, but not limited to the modification, execution and delivery of notes, mortgages, closing statements, notices, certificates and all other documents required by the lender providing the funds for the closing; the disbursement and delivery of the closing funds and the withdrawal of funds for the closing from my/our account identified to the agent, which my Agent shall deem necessary, appropriate or expedient for the purpose of closing the refinancing of the debts and the mortgaging of the real estate described in this Power of Attorney.

**DURABLE POWER OF ATTORNEY.** This power of attorney [ **SHALL**  \_\_\_\_ / **SHALL NOT**  \_\_\_\_ ] be terminated by the subsequent disability or incapacity of the Principal. (Initial next to chosen option).

If “**SHALL NOT**,” was chosen, this Power of Attorney shall go into effect on the recording of signatures (hereof) and shall terminate on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**Principal Signature** \_\_\_\_\_

Principal Printed Name \_\_\_\_\_

<b>WITNESSES.</b>	
<u>Witness 1</u>	<u>Witness 2</u>
Printed Name:	Printed Name:
_____	_____
Signature:	Signature:
_____	_____

**THE STATE OF: SOUTH CAROLINA**

**COUNTY OF:**

The foregoing Power of Attorney was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the “Principal”).

**THE STATE OF:**

\_\_\_\_\_  
NOTARY PUBLIC

**THE COUNTY OF:**

\_\_\_\_\_  
STATE