

PRESENTED & RECORDED:

07-28-2020 04:34:32 PM

BK: RB 18452

PG: 450 - 455

DAVID HAMILTON

CLERK OF COURT

YORK COUNTY, SC

BY: CASSI REDDEN CLERK



2020033774

POWER ATTY
RECORDING FEES

\$25.00

STATE OF SOUTH CAROLINA

)

DURABLE GENERAL

)

POWER OF ATTORNEY

COUNTY OF YORK

)

I, Kara L. Hill (the "Principal"), a resident of the State of South Carolina and County of York, appoint the following person to serve as my Agent ("Agent") and to exercise the powers and discretions set forth below.

Agent Name: John E. Hill

Agent Address: 3546 Midwood Road, Rock Hill, South Carolina 29732

If my Agent shall be unable or unwilling or unavailable to serve or to continue to serve, then I appoint the following person to serve as substitute or successor Agent ("Alternate Agent") to exercise the powers and discretions set forth below.

Successor Agent Name: Lucinda M. Hill

Successor Agent Address: 3546 Midwood Road, Rock Hill, South Carolina 29732

STATEMENT OF INTENT

By this instrument I intend to create a General Durable Power of Attorney under the law of the State of South Carolina. In addition to the powers and discretions set forth below, I specifically incorporate by reference and grant to my Agent the powers conferred by SC Code of Laws, Sections 62-8-204 through 62-8-217 ("the South Carolina Uniform Power of Attorney Act"), inclusive.

REVOCATION OF PRIOR POWERS OF ATTORNEY

I hereby revoke all powers of attorney, general and/or limited, heretofore created by me as principal and terminate all agency relationships created thereunder, including those of all successor Agents named therein, if any, except that powers granted by me on forms provided by financial institutions granting the right to write checks or deposit funds to and withdraw funds from accounts to which I am a signatory or granting access to a safe deposit box and any health care power of attorney that I may have executed shall not be revoked, but shall continue in full force and effect.

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General Durable Power of Attorney for Kara L. Hill

RB BK 18452 PG 450

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the SC Code of Laws, Sections 62-8-204 through 62-8-217, as indicated by my initials next to each granted power.

- (1) Real Property Transactions;..... KLH
- (2) Tangible Personal Property Transactions;..... KLH
- (3) Stocks and Bonds Transactions; KLH
- (4) Commodities and Options Transactions; KLH
- (5) Banks and Other Financial Institutions;..... KLH
- (6) Operation of Entity or Business; KLH
- (7) Insurance and Annuities; KLH
- (8) Estates, Trusts, and Other Beneficial Interests; KLH
- (9) Claims and Litigation;..... KLH
- (10) Personal and Family Maintenance; KLH
- (11) Benefits from Governmental Programs or Civil or Military Service;..... KLH
- (12) Retirement Plans;..... KLH
- (13) Tax Matters; KLH

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My Agent **MAY NOT** do any of the following specific acts for me **UNLESS** I have initialed the specific authority listed below:

(CAUTION: Granting any of the following will give your agent authority to take actions that could significantly reduce your property or change how your property is distributed at your death. Initial **ONLY** the specific authority you want to give your Agent.)

- (1) Create, Amend, Revoke or terminate a Trust pursuant to SC Code §62-7-602A; KLH
- (2) Make a Gift, subject to the limitations provided in SC Code §62-8-217;..... KLH

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- (3) Create or Change Rights of Survivorship; KLH
- (4) Create or Change a Beneficiary Designation; KLH
- (5) Authorize Another Person to Exercise the Authority Granted
Under this Power of Attorney; KLH
- (6) Waive my Right to be a Beneficiary of a Joint and Survivor
Annuity, Including a Survivor Benefit under a Retirement Plan; KLH
- (7) Exercise Fiduciary Powers that I Have Authority to Delegate; KLH
- (8) Disclaim or Refuse an Interest in Property, Including a
Power of Appointment; KLH
- (9) Access a Safe Deposit Box or Vault that I may lease; KLH
- (10) Exercise a Power of Appointment in favor of someone other than myself; KLH
- (11) Reject, Renounce, Disclaim, Release, or consent to a reduction in
or modification of a share in or payment from an estate, trust or other
beneficial interest; KLH
- (12) Deal with commodity futures contracts and call or put options on
stocks or stock indexes; KLH
- (13) Access the Content of Electronic Communications; KLH

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

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GENERAL PROVISIONS

And I, the said Principal do hereby ratify and confirm all acts of my Agent, and do declare that all acts and deeds performed under this instrument shall have the same full force and effect as if performed and signed by me in person, and this instrument shall be effective until revoked in writing and filed in the public records of the county first set out above or shall cease by operation of law and shall be binding upon myself, my heirs, devisees, legatees, beneficiaries, legal representatives, and assigns.

Durability provision. This power of attorney shall not be affected by physical disability or mental incompetence of the principal which renders principal incapable of managing principal's own estate.

Agent Acceptance of Appointment. My Agent accepts appointment under this instrument by exercising authority and performing any duty(ies) as an agent or by other conduct indicating acceptance. An agent that has accepted appointment shall act (i) in accordance with my reasonable expectations to the extent known by Agent and in my best interests; (ii) in good faith; and (iii) within the scope of authority granted in this instrument.

Removal of Agent and Revocation of Power of Attorney. My Agent may be removed by me or this Power of Attorney may be amended or revoked by me by my filing a written instrument in the public records of the county first set out above.

Resignation of Agent. My Agent may resign at any time by giving a written resignation to me and filing a copy of said resignation in the public records of the county first set out above.

Third Party Reliance. No Person who may act in reliance upon the representation of my Agent for the scope of authority granted to the Agent shall incur any liability to me or to my estate as a result of permitting the Agent to exercise this authority, nor is any person who deals with my Agent responsible to determine or ensure the proper application of funds or property.

Waiver for acts of omission. My Agent and my Agent's estate and personal representative, acting in good faith, is hereby released and forever discharged from any and all civil liability and from all claims or demands of all kinds whatsoever by me or my estate or my personal representative arising out of the acts or omissions of my Agent, except for willful misconduct or gross negligence.

Reimbursement of Agent. My Agent shall be entitled to reimbursement for costs and expenses actually incurred and paid by Agent on my behalf pursuant to any provision of this power of attorney, an Agent shall be entitled to reasonable compensation for services rendered hereunder.

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Severability. If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

Governing law. This instrument shall be governed by the laws of the State of South Carolina in all respects, including its validity, construction, interpretation and termination. To the greatest extent possible, when interpreting this instrument, I direct that terminology used in this Durable Power of Attorney shall be interpreted in the manner most consistent with the South Carolina Uniform Power of Attorney Act (the "Act"). However, to the extent the terms of this Instrument shall be deemed broader than the terms of the Act, as it may from time to time be amended, then the broader provisions set forth herein shall control.

Photocopies. My Agent is authorized to make photocopies of this instrument as frequently and in such quantity as my Agent shall deem appropriate. Each photocopy shall have the same force and effect as any original.

DECLARATIONS OF PRINCIPAL

I understand that this Power of Attorney is an important legal document. Before executing this Power of Attorney, my attorney explained to me the following:

1. The Power of Attorney provides my Agent with broad powers to dispose of, sell, convey and encumber my assets.
2. This Power of Attorney will exist for an indefinite period of time unless I revoke it or I have limited the duration by a specific provision within the document.
3. This Power of Attorney is effective upon execution and will continue to exist notwithstanding my subsequent disability or incapacity.
4. I have the power to revoke or terminate this Power of Attorney at any time.

IN WITNESS WHEREOF, I have executed this General Durable Power of Attorney this 13 day of July, 2020.

Kara L Hill
By: Kara L. Hill, Principal

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STATE OF SOUTH CAROLINA

COUNTY OF

York

ATTESTATION

The foregoing General Durable Power of Attorney was, on the date written above, signed, sealed, published and declared by the Principal as the Principal's appointment and empowerment of an attorney, in the presence of us who as the Principal's request and in the Principal's presence and in the presence of each other, have hereunto subscribed our names as witnesses hereto.

Taylor McKeel

Witness

Amber Cassell

Witness

STATE OF SOUTH CAROLINA

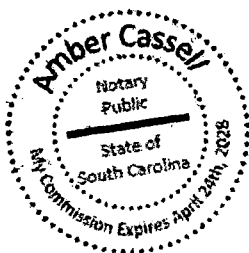
COUNTY OF

York

ACKNOWLEDGMENT

I Amber Cassell, Notary Public for the State of South Carolina, do hereby certify that the above-named Principal personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 13th day of JULY, 2020.



Amber Cassell
Notary Public for South Carolina

Printed Name of Notary

My Commission Expires: _____

My Commission Expires April 24, 2028

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