

South Carolina Power of Attorney

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained under the statutes of Governing Law.

This power of attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney, or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

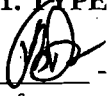
This form provides for designation of one agent. If you wish to name more than one agent, you may name a coagent in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

1. TYPE OF POWER OF ATTORNEY (the Principal must initial below)

 - This document shall not be affected by my subsequent incapacity and is considered a "durable" power of attorney under Governing Law. This language shall satisfy any State-required language that allows a power of attorney document to remain in place even if I can no longer manage my property or business affairs.

2. DESIGNATION OF AGENT

Name of Principal: Tom Kenneth Armour
Principal's Address: 745 Dilworth Ln Apt 307 Rock Hill, SC 29732

I, the Principal, name the following person as my agent:

Name of Agent: Kelsey Lane Nethken
Agent's Address: 1776 S Field Ct Lakewood, CO 80232
Agent's Phone: (980) 666-0181

3. DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I choose NOT to have a successor agent.



2024031695

POWER ATTY
RECORDING FEES \$25.00

PRESENTED & RECORDED:
10-03-2024 10:36:06 AM

BK: RB 21544
PG: 381 - 386
ANGIE M BRYANT
CLERK OF COURT
YORK COUNTY, SC
BY: REGINA PRUITT CLERK

If my agent or any successor agent is unable or unwilling to act for me, I choose NOT to have a second successor agent.

4. 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 Uniform Power of Attorney Act.

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)



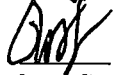

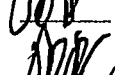
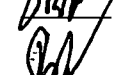
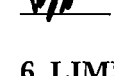
- MO - Real Property
- MO - Tangible Personal Property
- MO - Stocks and Bonds
- MO - Commodities and Options
- MO - Banks and Other Financial Institutions
- MO - Operation of Entity or Business
- MO - Insurance and Annuities
- MO - Estate, Trusts, and Other Beneficial Interests
- MO - Claims and Litigation
- MO - Personal and Family Maintenance
- MO - Benefits from Governmental Programs or Civil or Military Service
- MO - Retirement Plans
- MO - Taxes

5. 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 the 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.)

- MO - Create, amend, revoke, or terminate an inter vivos trust.
- MO - Make a gift, subject to the limitations of Governing Law and any special instructions in this power of attorney.

-  - Create or change rights of survivorship.
-  - Create or change a beneficiary designation.
-  - Authorize another person to exercise the authority granted under this power of attorney.
-  - Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.
-  - Exercise fiduciary powers that the principal has authority to delegate.
-  - Access the content of electronic communications.
-  - Disclaim or refuse an interest in property, including a power of appointment.

6. 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.

7. SPECIAL INSTRUCTIONS

I, the principal, do not give any other powers to the agent other than those described herein.

8. NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Nominee for Conservator or Guardian of my Estate

Name: Kelsey Lane Nethken
Address: 1776 S Field Ct Lakewood, CO 80232
Phone: (980) 666-0181

Guardian of my Person

Name: Kelsey Lane Nethken
Address: 1776 S Field Ct Lakewood, CO 80232
Phone: (980) 666-0181

9. RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

10. GOVERNING LAW

This document shall be governed under the laws mentioned and located in the State of South Carolina ("Governing Law").

11. SIGNATURE AND ACKNOWLEDGMENT

Principal's Signature: Tom Kenneth Armour Date: 9/22/24

Print Name: **Tom Kenneth Armour**

Address: **745 Dilworth Ln Apt 307 Rock Hill, SC 29732**

Phone: **(803) 417-6010**

WITNESS ATTESTATION

We, the witnesses, attesting to be of legal age and sound mind, acknowledge to have witnessed the principal sign this power of attorney document on the date mentioned hereunder. I affirm that the principal appeared to understand the nature of the document and was free from any duress or undue influence at the time of signing.

As witnesses, we acknowledge not to be related by blood, marriage, or adoption. We are not entitled to any portion of the principal's estate under a will or codicil currently existing or by operation of law as it now exists. In addition, neither of us is appointed as the Agent in this power of attorney.

1st Witness Signature: Sheila Garcia Date: 8/28/24
Print Name: Sheila Garcia
Address: 858 Cherry Rd Rock Hill, SC 29730
Phone: (803) 554-8474

2nd Witness Signature: Guadalupe Garcia Date: 8/28/24
Print Name: Guadalupe Garcia
Address: 858 Cherry Rd. Rock Hill, SC 29730
Phone: 803-616-6527

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of SC)

County of York)

On August 28th, 2024, before me, Richard T. Wise, a Notary Public in and for the State of South Carolina, personally appeared Tom Kenneth Armour (PRINCIPAL & AGENT(S) NAMES) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of South Carolina that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: R. T. Wise

My commission expires: October 5, 2033

