SOUTH CAROLINA REVOCATION OF POWER OF ATTORNEY In Accordance to LAW/STATUTE

l,	(your na	ame), of	(your town)),
South Carolina, hereby revoke any and all Powers of Attorney and all authority to act				
as my Agent given to	۱		(Agent's name).	
From this date forwa	rd, my former Age	ent has no authori t	y to handle my personal	or
financial affairs. Unde	er SC §62-8-110,	my former Agent n	nust comply with this	
revocation. This docu	ument serves as i	notice of the revoca	tion to the Agent and to a	all
parties that receive it. A photocopy has the same effect as the original.				
The foregoing Revoc	ation was signed	by	in ou	ır
presence, and we, at her request and in her presence, and in the presence of each				
other, each of us being over the age of 18 years, have hereunto subscribed our				
names as Witnesses	on this the	day of	, 20	

Witness

Witness

Street Address

Street Address

City, State, and ZIP

City, State, and ZIP

STATE OF SOUTH CAROLINA

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared ______ (principal), who, having been duly sworn, states that she is executing this Revocation in the presence of the two Witnesses as shown above and for the purposes therein expressed.

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED BEFORE ME by

_____ and by the said witnesses _____ and ____ and _____ and _____ , on this _____ day of ______ , 20____ .

Notary Public, State of _____