))

)

STATE OF SOUTH CAROLINA

COUNTY OF GEORGETOWN

LIMITED POWER OF ATTORNEY

Know All Men By These Presents, that I, SUSAN RENEE MILLIGAN, of 1855 Joseph Circle, Florence, SC 29501, have constituted, made and appointed and by these presents do constitute, make and appoint my husband, JAMES B. MILLIGAN, my true and lawful Agent for me and in my name and stead, to execute and deliver on my behalf all deeds, closing statements, affidavits, certifications, tax forms, tax statements, title insurance forms, endorsement of checks and any and all other instruments and documents necessary to effectuate the sale of property identified as 117 Pinehurst Lane, Unit 5-J, Pawleys Island, SC 29585 (Unit 5-J, True Blue Golf & Racquet, TMS# 04-0100-001-05-10). Said closing is scheduled to take place on or about July 7, 2025.

I do hereby authorize my aforesaid Agent to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by my said Agent shall be binding on me and my heirs, legal and personal representatives and assigns.

Giving and Granting unto my said Agent by these presents full power, strength and authority in and about the premises, for me and in my name to do and execute the same as fully and amply, to all intents and purposes, as I could do if I were personally present or if the matter requires more special authority, that is herein given, and I hereby ratify and confirm all and whatsoever my said Agent shall lawfully do in and about the premises by virtue hereof.

This Power of Attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing his/her own estate. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence; and I hereby direct that my Agent shall not be required to post any surety or other bond in the event of my subsequent incapacity or incompetency.

Witnesses:

Printed Name: (

/itness#1 Sign. SUSAN RENEE M Printed Name: (Witness #2 Sign Here/Notary hadest

GEORGETOWN COUNTY, SC Marlene McConnell Register of Deeds By: KALIEGH MORRIS Clerk 2025006703 POWER / ATT RECORDING FEES \$25.00 STATE TAX \$0.00 COUNTY TAX \$0.00 07-14-2025 02:27 PM BK:RB 4857 PG:127-128

This Power of Attorney shall remain in full force and effect until July 31, 2025.

Whenever the word "Agent" or "Principal" or any modifying or substituted pronoun thereof is used in the Power of Attorney, such words and respective pronouns shall be held and taken to include both the singular and the plural, the masculine, feminine and neuter gender thereof.

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

In Witness Whereof, L have hereunto set my hand and seal this ∂O day of June, 2025. (L.S.) SUSAN RENEE MILLIGA

SIGNED, SEALED AND DELIVERED in the presence of the undersigned witnesses, who, at the request SUSAN RENEE MILLIGAN, in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses hereto:

of 11000 Decan Highway. Pauleys (Address) Island Sc 2958 (Witness #LSign Here) 41412 Desbit of 11000 Ocean Highway, P.Z., Sc 29585 (Address) 1, P.Z., Sc 29585 Printed Name: (Witness #2 Sign Here/Notary) Printed Name:

STATE OF SOUTH CAROLINA

COUNTY OF GEORGETOWN

ACKNOWLEDGMENT

The foregoing instrument was acknowledged before me this _____ day of June, 2025, by SUSAN RENEE MILLIGAN.

Notary Signature Notary Public for South Carolina Printed Name: <u>WA4es F. U(7.11</u> My Commission Expires: <u>2833</u>

AFFIX NOTARY SEAL