

MARGARET L BAILEY
DORCHESTER COUNTY
REGISTER OF DEEDS

201 Johnston Street ~ Saint George, SC 29477 (843) 563-0181

***** THIS PAGE IS PART OF THE INSTRUMENT - DO NOT REMOVE *****

***** ELECTRONICALLY RECORDED DOCUMENT *****

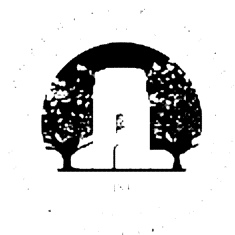
Instrument #:	2020018747	
Receipt Number:	92379	Return To:
Recorded As:	EREC-POWER OF ATTORNEY	
Recorded On:	July 28, 2020	
Recorded At:	02:47:51 PM	Received From: SIMPLIFILE
Recorded By:	NW	Parties:
Book/Page:	RB 12651: 273 - 276	Direct- BONVILLAIN, NICHOLAS F
Total Pages:	4	Indirect- HAND, JOSEPH F JR

***** EXAMINED AND CHARGED AS FOLLOWS *****

Recording Fee: \$25.00
Tax Charge: \$0.00

Margaret Bailey

Margaret Bailey - Register of Deeds



STATE OF SOUTH CAROLINA)
)
 COUNTY OF Dorchester)

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I/we, **Nicholas F. Bonvillain and Jane Bonvillain**, constitute and appoint **Joseph F. Hand, Jr.** to act in, manage, and conduct all of my estate and all of my affairs, and for that purpose for me/us and in my/our name, place and stead, and for my/our use and benefit and as my/our act and deed, to do and execute, or to concur with persons jointly interested with me/us therein in the doing or executing, of all or any of the following acts, and things: To endorse, sign, seal, execute, and deliver any and all settlement statements, deeds, promissory notes, mortgages, affidavits and other written instruments of whatever kind and nature, as may be necessary or convenient in relation to the sale of the real property located at/described as: **158 Back Tee Circle, Summerville, SC 29485, Dorchester County, TMS 160-14-10-011.**

GIVING AND GRANTING unto our attorney-in-fact herein named above full power and authority in and about the premises, for me/us and in my/our name, place and stead, to do and execute the same as fully and amply to all intents and purposes as I/we might or could do if I/we was/were personally present, or, if the matter requires more special authority, that is hereby given, and I/we hereby ratify and confirm all and whatsoever my/our above-named attorney-in-fact shall lawfully do in and about the premises by virtue thereof.

This Limited 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/their own estate. It is the intent of the undersigned that the authority conferred upon the above named shall be exercisable notwithstanding my physical disability or mental incompetence in accordance with the South Carolina Probate Code which provides that Powers of Attorney shall not be terminated by the disability or mental incompetence of the principal whenever the document creating the Power of Attorney so provides and establishes certain safeguards.

This Limited Power of Attorney shall expire on 12/31/2020 or the recording date of the deed and/or mortgage associated with this transaction, whichever occurs first.

2020061635

Cooperative Title, LLC
852 Orleans Rd. #205
Charleston, SC 29407

HAND LAW FIRM, LLC
 102 W 8th North St, Ste F
 Summerville, SC 29483
 843-225-2274

WITNESS my/our Hand and Seal, this 28th day of JUNE, in the year of our Lord 2020.

**SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF:**

Miguel Portilla
Witness #1
Print Name: MIGUEL PORTILLA

Nicholas F. Bonvillain
Nicholas F. Bonvillain

B. V. Patel
Witness #2/ALSO signs as Notary below
Print Name: BHAVINKUMAR PATEL

STATE OF FLORIDA)
COUNTY OF Brevard)

I, the undersigned, a Notary Public of the County and State first above written, do hereby certify that **Nicholas F. Bonvillain**, personally appeared before me this day and acknowledged the due execution of the foregoing instrument this 28 day of Jun, in the year of our Lord 2020.

B. V. Patel (SEAL)
Notary Public
Print Name: BHAVINKUMAR PATEL
My Commission Expires: 6/5/2021



BHAVIN KUMAR PATEL
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG111512
Expires 6/5/2021

WITNESS my/our Hand and Seal, this 29th day of June, in the year of our Lord 2020.

**SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF:**

[Signature]
Witness #1
Print Name: ARIADNE KIRKPATRICK

[Signature]
Jane Bonvillain

[Signature]
Witness #2/ALSO signs as Notary below
Print Name: SPENCER BENEVISTO

STATE OF FLORIDA)
)
COUNTY OF Broward)

I, the undersigned, a Notary Public of the County and State first above written, do hereby certify that **Jane Bonvillain**, personally appeared before me this day and acknowledged the due execution of the foregoing instrument this 29 day of June, in the year of our Lord 2020.

[Signature]
Notary Public
Print Name: SPENCER BENEVISTO
My Commission Expires: 1/8/2023

(SEAL)

