

EXHIBITS

**A-E: MISMATCHED SIGNATURES
F: EXEMPLAR
G: QUITCLAIM
H: AFFIDAVIT**

RECEIVED

Sep 16 2025

S.C. SUPREME COURT

A

The Supreme Court of South Carolina

Rufus Rivers and Merle Rivers, Respondents,

v.

James Smith, Jr., Petitioner.

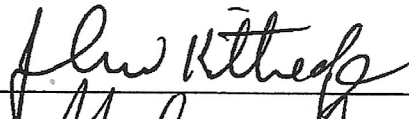
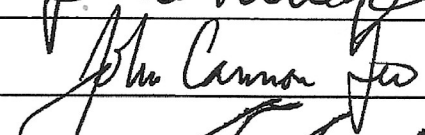

Appellate Case No. 2023-001318

ORDER

Respondents have submitted three motions, entitled as follows: (1) Motion to Stay Issuance of the Remittitur; (2) Supplemental Notice in Support of Motion to Stay Remittitur, Request for Forensic Access to Signature Exemplars, and Notice of Anticipated Rule 60 Relief; and (3) Emergency Notice of Filing Disputed POA Exhibits.

Overall, Respondents ask that this Court (1) confirm the remittitur remains recalled and stay the sending of the remittitur; (2) permit the filing of expert findings and related evidence; (3) authorize Respondents to obtain signature examples for use in forensic analysis to present to this Court; and (4) take judicial notice of Respondents' intent to seek relief under Rule 60, SCRPC.

We confirm the remittitur was recalled on April 23, 2025, and deny Respondents' requests for relief. As there is no further relief we may grant Respondents in this matter, we now send the remittitur to the circuit court.


_____ C.J.

_____ J.

_____ J.

A-1

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0102

ACKNOWLEDGMENT IN NEW YORK STATE

STATE OF NEW YORK

COUNTY OF Suffolk ss.:

On the 1 day of July in the year 2013 before me, the undersigned, personally appeared **JESSIE MAE SMITH**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/ their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Vicki Castro

(Signature and Office of individual taking acknowledgment)

VICKI CASTRO
Notary Public, State of New York
No. 01CA4761748
Qualified in Suffolk County
Commission Expires Nov. 30, 2014

ACKNOWLEDGEMENT OUTSIDE NEW YORK STATE

STATE OF _____ COUNTY OF _____ ss.:

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared **JESSIE MAE SMITH**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned in the _____

(Insert the city or other political subdivision and the state or country or other place the acknowledgement was taken).

(Signature and office of individual taking acknowledgment)

B

- (3) With respect to any totten trust accounts existing at the creation of the agency or at any time hereafter, to add, delete, or otherwise change the designation of the beneficiaries in effect for any such accounts.
- (4) With respect to any contract of life, accident, health, disability or liability insurance, to add, delete or otherwise change the designation of beneficiaries in effect and to borrow from, transfer ownership or surrender any such policies.
- (5) With respect to any retirement benefit or plan, to add, delete, or otherwise change the designation of beneficiaries in effect.
- (6) To create, amend, fund, add to or terminate revocable or irrevocable trusts.
- (7) To forgive debts.
- (8) To waive benefits and/or elect out of survivor annuity payment(s) under Section 417 of the Internal Revenue Code, or any successor statute, and the regulations promulgated thereunder.
- (9) To enter any safe deposit box or other place of safekeeping standing in my name alone or jointly with another and to remove the contents and to make additions, substitutions or replacements.

(c) GRANT OF SPECIFIC AUTHORITY FOR AN AGENT TO MAKE MAJOR GIFTS OR OTHER TRANSFERS TO HIMSELF OR HERSELF: (OPTIONAL)

If you wish to authorize your agent to make gifts or transfers to himself or herself, you must grant that authority in this section, indicating to which agent(s) the authorization is granted, and any limitations and guidelines.

(7/2) I grant specific authority for the following agent(s) to make the following gifts or other transfers to himself or herself: James Brantley Jr. & Son. This authority must be exercised pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest.

- (1) To make gifts, of any amount, to any person or entity, in the sole and absolute discretion of my agent(s), which my agent(s) deem to be in my best interest and for my benefit, considering my financial, estate and/or tax planning objectives, the minimization of income, estate, inheritance, generation-skipping, transfer or gift taxes as well as asset protection planning in the context of medical assistance.
- (2) With respect to any joint accounts existing at the creation of the agency or at any time hereafter, to change the title of the account by the addition of a new joint tenant or deletion of an existing joint tenant.
- (3) With respect to any totten trust accounts existing at the creation of the agency or at any time hereafter, to add, delete, or otherwise change the designation of the beneficiaries in effect for any such accounts.
- (4) With respect to any contract of life, accident, health, disability or liability insurance, to add, delete or otherwise change the designation of beneficiaries in effect and to borrow from, transfer ownership or surrender any such policies.

- (5) With respect to any retirement benefit or plan, to add, delete, or otherwise change the designation of beneficiaries in effect.
- (6) To create, amend, fund, add to or terminate revocable or irrevocable trusts.
- (7) To forgive debts.
- (8) To waive benefits and/or elect out of survivor annuity payment(s) under Section 417 of the Internal Revenue Code, or any successor statute, and the regulations promulgated thereunder.
- (9) To enter any safe deposit box or other place of safekeeping standing in my name alone or jointly with another and to remove the contents and to make additions, substitutions or replacements.

(d) **ACCEPTANCE BY THIRD PARTIES:** I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Statutory Gifts Rider.

(e) **SIGNATURE OF PRINCIPAL AND ACKNOWLEDGEMENT:**

In Witness Whereof I have hereunto signed my name on 7/1, 2013

PRINCIPAL signs here: → Jessie M. Joe Smith

HEALTH CARE PROXY

- (1) I, **JESSIE MAE SMITH**, hereby appoint **JAMES F. SMITH, JR.**, 66 Thomas St., Brentwood, New York 11717, (631) 231-9592 as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.
- (2) **Optional: Alternate Agent**-If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint: **QIANA T. SMITH**, as my health care agent(s) to make any and all health care decisions for me, except to the extent that I state otherwise.
- (3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (*Optional: If you want this proxy to expire, state the date or conditions here.*) This proxy shall expire (*specify date or conditions*): _____
- (4) **Optional:** I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (*If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.*) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (*attach additional pages as necessary*): I authorize my health care agent and alternate agent(s), if any, to make all decisions regarding the provision or withdrawal of artificial nutrition and hydration, as I have discussed my wishes with them. I authorize my health care agent and alternate agent(s), if any, to be my representative(s) for the purposes of the Health Insurance Portability and Accountability Act (HIPAA)

In order for your agent to make health care decisions for you about artificial nutrition and hydration (*nourishment and water provided by feeding tube and intravenous line*), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification (*please print*):

Your Name _____ **Jessie Mae Smith**

Your Signature _____ *Jessie Mae Smith* Date _____ **7-1-13**

Your Address _____ **66 Thomas St Brentwood, NY**

(6) **Optional: Organ and/or Tissue Donation**-I hereby make an anatomical gift, to be effective upon my death, of: (check any that apply)

- Any needed organs and/or tissues
- The following organs and/or tissues _____
- Limitations _____

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature _____ Date _____

(7) **Statement by Witnesses** (Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date (print) _____ **7/1/13** Date (print) _____ **7/1/13**

Name of Witness 1 _____ **Kristie DeLaCruz** Name of Witness 2 _____ **Barbara Gioff**

Signature Address _____ **Kristie DeLaCruz** Signature Address _____ **Barbara Gioff**

_____ **31 Village Dr W** _____ **1 Cobble Lane**

_____ **Dix Hill, NY** _____ **Medford NY**

E

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0113

LIVING WILL

To My Family, My Physician, My Lawyer, D-BK: 01587 PG:0113

and All Others Whom It May Concern:

Death is as much a reality as birth, growth, maturity, and old age - it is one certainty of life. If the time comes when I, *Jessie Mae Smith*, can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes and directions, while I am still of sound mind

If at such time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means, or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though such medication may shorten my life. I do not want cardiac resuscitation, mechanical respiration, tube feeding, or antibiotics. I would additionally prefer to be allowed to die at home, if possible.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Living Will is addressed will regard themselves as morally bound by these provisions. These instructions apply even if I am in an unconscious or conscious state.

NOTE: Must be signed in the presence of two capable witnesses

Signed *Jessie Mae Smith*
Jessie Mae Smith

Date: 7/1/15

Witness: *Kristen DeLoCay*
Signature

Address: 31 Millage Dr. W Dix Hills ny

Witness: *Barbara Ciope*
Signature

Address: 1 Cobble Lane Medford ny

Copies of this request have been given to:

HF

Form 2848 (Rev 3-2012)

JESSIE M SMITH

162-22-8259

Page 2

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

Jessie M Smith

Signature

10-3-12

Date

Title (if applicable)

JESSIE M SMITH

Print Name

PIN Number

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
I am one of the following:
a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
c Enrolled Agent - enrolled as an agent under the requirements of Circular 230.
d Officer - a bona fide officer of the taxpayer's organization.
e Full-Time Employee - a full-time employee of the taxpayer.
f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
h Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
i Registered Tax Return Preparer - registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
k Student Attorney or CPA - receives permission to practice before the IRS by virtue of his/her status as a law, business or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ON PAGE 1. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the 'Licensing jurisdiction' column. See the instructions for Part II for more information.

Table with 4 columns: Designation, Licensing jurisdiction, Bar, license, certification, registration, or enrollment number, Signature, Date. Rows for designations h and f.

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G

D-BK: 01587 PG:0114

FILED Oct 09, 2014 02:30:05 pm
BOOK 01587
PAGE 0114 THRU 0117
INSTRUMENT # 2014004020

FILED
ORANGEBURG
COUNTY
ELAINE G. ALEXANDER
REGISTER
OF DEEDS

Elaine G. Alexander
Signature

AFTER RECORDING MAIL TO:
Bostic Law Firm, PA
834 Wappoo Road
Charleston, SC 29407

QUITCLAIM DEED OF REAL PROPERTY

This Quitclaim Deed, made this 19 day of September, 2014, by and between Jessie M. Smith a/k/a Jesse M. Smith, a/k/a Jessie Mae Smith of Suffolk County, State of New York, hereinafter called Grantor, and James F. Smith, Jr., hereafter called Grantee.

WITNESSETH: That the Grantor, for and in consideration of the sum of One (\$1.00) Dollar and love and affection to her in hand paid by the Grantee, the receipt whereof is hereby acknowledged, has given, granted, bargained, sold, and quitclaimed, and by these presents does hereby give, grant, bargain, sell, convey and quitclaim unto the Grantee, its heirs and/or successors and assigns forever, the following described property, to wit:

ALL that certain piece parcel or tract situate lying and being in Zion Township County of Orangeburg State of South Carolina approximately five miles southwest of the City of Orangeburg South Carolina on South Carolina Highway S-38-33 approximately one half mile east of U.S. Highway 301 containing two (2) acres and bounded and measuring as follows: On the Southwest by South Carolina Highway S-38-33 three hundred and nineteen (319) feet; on the West and Northwest by lands of David Gassentanna two hundred seventy-three and one-tenth (273.1) feet, on Northeast by other lands of grantors three hundred and nineteen (319) feet; on the South and Southeast by other lands of grantors two hundred seventy-three and one tenth (273.1) feet.

The above-described tract of land being more fully shown and delineated on plat of property of James F. Smith and Jessie M. Smith by Earle A. Thompson Reg. Engr. And L. S. dated August 2 1972 and recorded in the office of the Clerk of Court in Orangeburg County in Plat Book 36 at page 154.

The above-entitled lot of land being subject to the following restrictions and conditions

1. The above lots shall be used for residential purposes only
2. No building shall be erected on any lot nearer than twenty feet from lot line on said lot.

ENTERED IN THE OFFICE OF ASSESSOR
MAP 0127 SHEET 00 BLOCK 05 PARCEL 009
THIS 19 DAY OF October 2014

~~FB~~ G

STATE OF SOUTH CAROLINA)
COUNTY OF ORANGEBURG)

AFFIDAVIT

Date of Transfer of Title
Sept. 19th 2014

PERSONALLY appeared before me the undersigned, who being duly sworn, deposes and says:

1. I have read the information on this Affidavit and I understand such information.
2. The property is being transferred BY Jessie M. Smith, a/k/a Jesse M. Smith, a/k/a Jessie Mae Smith TO James F. Smith, Jr.

3. Check one of the following: The DEED is
(A) _____ subject to the deed recording fee as a transfer for consideration paid or to be paid in Money or Money's worth.
(B) _____ subject to the deed recording fee as a transfer between a corporation, a partnership, or other entity and a stockholder, partner, or owner of the entity or is a transfer to a trust or as a distribution to a trust beneficiary.
(C) X EXEMPT from the deed recording fee because (exemption # 1)
(If Exempt, please skip items 4-6, and go to item 7 of this affidavit.)

4. Check one of the following if either item 3(A) or item 3(B) above has been checked.
(A) _____ The fee is computed on the consideration paid or to be paid in money or money's worth in the amount of \$ _____
(B) _____ The fee is computed on the fair market value of the realty, which is \$ _____
(C) _____ The fee is computed on the fair market value of the realty as established for property tax purposes which is \$ _____

5. Check YES _____ or NO _____ to the following: A lien or encumbrance existed on the land, tenement, or realty before the transfer and remained on the land, tenement, or realty after the transfer. If "YES," the amount of the outstanding balance of this lien or encumbrance is \$ _____

6. The DEED Recording Fee is computed as follows:
(A) _____ the amount listed in item 4 above
(B) _____ the amount listed in item 5 above (no amount place zero)
(C) _____ Subtract Line 6(b) from Line 6(a) and place the result.

7. As required by Code Section 12-24-70, I state that I am a responsible person who was connected with the transaction as: Grantor(s).

8. Check if Property other than Real Property is being transferred on this Deed.
(A) _____ Mobile Home
(B) _____ Other

9. _____ DEED OF DISTRIBUTION - ATTORNEY'S AFFIDAVIT: Estate of _____ deceased CASE NUMBER _____ Personally appeared before me the undersigned attorney who, being duly sworn, certified that he is licensed to practice law in the State of South Carolina; that he has prepared the Deed of Distribution for the Personal Rep. In the Estate of _____, deceased and that the grantee(s) therein are correct and conform to the estate file for the above named decedent.

10. I understand that a person required to furnish this affidavit who willfully furnishes a false or fraudulent affidavit is guilty of a misdemeanor and, upon conviction, must be fined not more than one thousand dollars or imprisoned not more than one year, or both.

Sworn to before me this 19 day of Sept, 2014

Jessie M. Smith By James F. Smith, Jr. her attorney in fact.
Jessie M. Smith, a/k/a Jesse M. Smith, a/k/a Jessie Mae Smith, By: James F. Smith, Jr., her Attorney-in-Fact

Sevim Donmez
Notary Public for New York
My Commission Expires:

SEVIM DONMEZ
Notary Public - State of New York
NO. 01D06125349
Qualified in Suffolk County
My Commission Expires 11-2-17

Sworn to and subscribed before me
this _____ day _____, 2025.



Notary Public, South Carolina
My Commission Expires: _____

Sworn to and subscribed
before me this
21st day of Aug, 2025