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Mar 18 2026

SC Court of Appeals

THE STATE SOUTH CAROLINA

IN THE COURT OF APPEAL

APPELLATE COURT CASE NUMBER 2024-001929

George Jenkins, Barry Heyward, Ulyssess Heyward, Florine Heyward Pinkney, and
Eric Ramsey claimants of whom George Jenkins is the Appellant

Gorge S Jenikins, pro se

Appellant

v

Florence Heyward Davis

Respondent

REPLY TO RESPONDENT'S MOTION TO DENY APPELLANT MOTION TO SERVE AND
FILE OUT OF TIME AND MOTION TO DISMISS APPEAL FOR FAILURE TO PROSECUTE

INTRODUCTION

Appellant respectfully replies to Respondent's Motion to Dismiss for failure to prosecute and to the Opposition to Appellant's Motion to Serve and File the Record on Appeal Out of Time. For the reasons below and the attached exhibits, Appellant requests that the Court deny Respondent's motion and allow the appeal to proceed in the interest of justice.

EXPLANATION OF MEDICAL EMERGENCY AND ABSENCE

At the time the Court's correspondence regarding the overdue Record on Appeal was issued, Appellant was out of state in Atlanta, Georgia attending to a family medical emergency of my sister Florine Heyward Pinkney listed as a claimant in this case. For the past two months I have been traveling back and forth to Atlanta to take care of her dementia and the appointment that I was there for the psychiatrists to examine her and to give a official medical diagnosis

See Exhibit 1 – medical records shows that the initial psyche evaluation in person on February 18, 2026 at 2:00 PM

See affidavit 2 this affidavit shows that I was at Southside Medical Center at 1046 Ridge Ave. SW., Atlanta, GA 30315 on February 9. This document has the dates and my signature and shows that I paid \$250 to pay for my sister's because she will could not locate her medical cards

affidavit 3 , this affidavit shows the report given to me by South Fulton Police Department case number see why to 740 I had to call the police department because I

could not get an answer for my sister and not knowing if she was in the apartment and we had the appointment to go to the hospital. The police had to get permission to enter the apartment to do a wellness check. When the police questioned the neighbors on the last time she was seen, they were told that she had fell on the steps and no one had seen her sense the police made some inquiries and found the number to her son who then told them that he had picked her up and informed the policeman that he would bring her to Southside Medical Center for the mental evaluation

affidavit 4: this affidavit shows that on February 4, 2026. I was Georgia I was attempting to get help from protective Service. On behalf of Florine Heywood Pinckney(my sister). The agent that I spoke to was Mrs. Penny Brown case manager of Adult Protective Services in which they assigned a case number 14714192 open a case shape then went to the home to interview and see the living condition where she was. There is a report that she submitted. However, because I do not yet have a court order, the laws and Georgia does not allow me to access those report which then explained to you why I had to wait until 18 February four, the psychological evaluation

GOOD FAITH EFFORT TO PROSECUTE THE APPEAL

Appellant has diligently pursued this appeal and promptly notified the Court upon take reading the Record on Appeal was overdue. As soon as I got back to Charleston and retrieve the letter from the appellate court informing me of the deadline. I immediately sent in the motion to allow to file out of time

The respondent's claim to ownership of property at 5554 Rose Bank Rd. Wadmalaw South Carolina and the adjacent property is deceptive

Respondent has not shown legal prejudice that would justify dismissal. Allowing the record to be filed out of time serves justice by permitting review on the merits. The probate court has already ruled that the three will that was written by the respondent was invalid and voided the wills and ordered that fluorine Alethea Heywood be declared intestate, and all of the property be returned to the name of Florine Alethea Heywood the property that has been returned to the estate was only the property that was transferred after death, the probate court said that because of the two other lots they were transferred doing the time that she was still alive, has to be resolved by the fraud case. Therefore, it is in limbo. The respondent does not own the property. It is in litigation. That is why we are here today the respondent has been found guilty of fraud and fired from MSUC. Medical Center and found to have written two fraudulent wills, one written 14 days before Florine Alethea Heywood. our mother died this is a undisputable fact and evidence by the ruling of the probate court

See affidavit number five, pages

The visitors reports record from the Medicare Palmetto hospice services report on November 29, 2018 . On page 3 on the assessment show that fluorine Alethea Heywood was diagnosed with dementia as early as November 29, 2018.

See affidavit number six

The visitors record from the Medicare Palmetto hospice services report on November 29, 2018. On page 12 Under section narrative shows that fluorine Alethea Heywood was mainly nonverbal with slurred sounding

REQUEST FOR EQUITABLE RELIEF

For good cause, excusable neglect, and equitable considerations arising from documented medical emergencies and family crisis, Appellant respectfully requests that the Court: (1) deny the Motion to Dismiss; (2) grant Appellant's Motion to Serve and File the Record on Appeal Out of Time; and (3) permit the appeal to proceed on the merits.

PRAYER FOR RELIEF

WHEREFORE, Appellant respectfully requests the relief set forth above and such further relief as the Court deems just and proper.

Respectfully

George S. Jenkins

George S Jenkins pro-se

1348 South Sherwood Dr.

Charleston SC. 29407

843 8130640

E mail: gjen11748@aol.com

Patient Future Appointments

Appointments 3

Patient Appointments From: 02/18/2026

Patient Name	Date Time	Location Name	Location Address	Reason	Status	Type
Pinckney, Florine Female, 09/30/1954 Age: 71 Y MRN: 2001875	02/18/2026 02:00 pm	Main Center Mental Health	1046 Ridge Ave SW, Atlanta, GA, 303151640 Phone : (404) 688-1350, Fax : (404) 564-0434	Initial Psych Eval via In-Person	Scheduled	Adult Mental Health - New Patient
Pinckney, Florine Female, 09/30/1954 Age: 71 Y MRN: 2001875	05/11/2026 03:00 pm	Main Center Specialty	1046 Ridge Ave SW, Atlanta, GA, 303151640 Phone : (404) 564-6912, Fax : (404) 564-6987	3 month follow up	Scheduled	Specialty Est Pt

Dr. Patino



Patient Payment
 Southside Medical Center
 1046 Ridge Ave SW, Atlanta, GA, 30315, USA

Payment of \$250.00

APP # 4

Pinckney, Florine
 MRN: 2001875

Feb 09 2026


Receipt # : SMCMCSP2026043

Transaction ID : 096b4293-715c-4df8-8e25-cf0a340ff44c

Location: Main Center Specialty

Address: 1046 Ridge Ave SW, Atlanta, GA, 303151640, USA

Payment Method	Swiped Payment
Credit Card Number	****9795
Card/Bank Holder Name	CARDHOLDER/VISA
Status	Paid
Payment Date	02/09/2026
Served By	Cemiyah Williams
Amount	\$250.00
Total	\$250.00

Signature : 



SOUTH FULTON POLICE DEPARTMENT
 KEITH MEADOWS | CHIEF OF POLICE
 470-809-7300

OFFICER Off. D. Richardson 582
 CASE # 202 So. CV 27140



INCIDENT ACCIDENT

Handwritten: Airt 35

YOUR RIGHTS AS A VICTIM
 ACCORDING TO CHAPTER 17 OF THE OFFICIAL CODE OF GEORGIA, AS A VICTIM, DURING THE PROCESS OF YOUR CASE, PLEASE NOTE:

When the accused offender is arrested for an offense for which a restraining order is issued, you have the right to be notified when the restraining order is issued and/or changed.

You have the right to give a statement in the criminal justice process and to obtain additional information about the process.

You may have the right to request a copy of the criminal justice process and to obtain additional information about the process.

You may have the right to request a copy of the criminal justice process and to obtain additional information about the process.

Please contact (404) 763-2228 for information on victim services programs, Alcohol and Substance Abuse, and other services.

To contact the prosecutor about your case, please email: SoCltcr@CityofSouthFultonGa.gov

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<https://www.cityofsouthfultonga.gov/2259/Police-Services>
 to schedule an appointment for fingerprints, work permits, background checks, etc.

More Court Information on other side
<https://www.cityofsouthfultonga.gov/2259/Police-Services> 470-809-7300

PLEASE ALLOW UP TO 3-5 BUSINESS DAYS FOR YOUR REPORT.
 To request copies of reports and open records, visit <https://www.cityofsouthfultonga.gov/>. Then follow the Open Records Link.

FEES: ACCIDENTS/INCIDENTS (\$5.00) ACCEPT CREDIT CARDS, CHECKS AND MONEY ORDERS.



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Old Mail

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Aol/New M... ☆

Brown, Penny

From: penny.brown3@dhs.ga.gov

To: gjen11748@aol.com

Wed, Feb 4 at 10:40 AM ☆

Good morning Mr. Jenkins,

As promised, I have included a link for Legal Aid and another link for guardianship or conservatorship. I hope you find this information helpful.

Legal Aid: <https://atlantalegalaid.org/home/>Guardianship or conservatorship: <https://www.tultonprobatega.org/207/Guardianship-Conservatorship-of-an-Adult>

Kind regards,

Penny Brown

Adult Protective Services Case Manager 2

Division of Aging/Adult Protective Services

Georgia Department of Human Services

47 Trinity Ave. S.W.

Atlanta, Georgia 30334

470.767.2753 (M) | 404.656.2443 (F)

penny.brown3@dhs.ga.govdhs.ga.gov | [Twitter](#) | [Facebook](#) | [Instagram](#)

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Visit Note Report

Client: HEYWARD, FLORINE
Client DOB: 7/14/1929
Insured ID: 3KX3JT8NK75

MR No: A7300095301002

Legacy MR No:

Primary Payor:

MEDICARE.PALMETTO.HSP

Visit Date: 11/29/2018

Visit Number: 1

Visit Type:

RN00H - RN HOSPICE START OF CARE

Assessment

CONTINENCE
TRANSFERS
DRESSING
BATHING
FEEDING

INDICATE ESTIMATED TIME OF ILLNESS (DEMENTIA DIAGNOSIS TO HOSPICE REFERRAL):

GREATER THAN 5 YEARS

THE PATIENT SHOULD MEET MANY OF THE FOLLOWING NON-DISEASE SPECIFIC CRITERIA (MARK ALL THAT APPLY):

DECREASING ORAL INTAKE (LESS PREDICTIVE)
ABSENCE OF ARTIFICIAL FEEDING METHODS SUFFICIENT TO SUSTAIN LIFE
RECENT DECLINE IN FUNCTIONAL STATUS
CHANGE IN LEVEL OF CONSCIOUSNESS

RECORD TREND IN NUMBER OF MEALS / SNACKS DAILY, AS WELL AS PERCENTAGE OF PORTION OR OUNCES CONSUMED:

WAS EATING 100%, 3 WEEKS AGO. NOW EATING 25-50% X 3 MEALS NOW

LEVEL OF CARE

INDICATE LEVEL OF CARE

ROUTINE

HAVE YOU HAD ANY NEEDS SINCE YOU WERE LAST SEEN BY ONE OF OUR TEAM MEMBER?

NO

HEALTH HISTORY

(F2000A) CPR PREFERENCE: WAS THE PATIENT/RESPONSIBLE PARTY ASKED ABOUT PREFERENCE REGARDING THE USE OF CARDIOPULMONARY RESUSCITATION (CPR) - SELECT THE MOST ACCURATE RESPONSE

1. YES, AND DISCUSSION OCCURRED

(F2000B) DATE THE PATIENT/RESPONSIBLE PARTY WAS FIRST ASKED ABOUT PREFERENCE REGARDING THE USE OF CPR:

11/29/2018

(F2100A) WAS THE PATIENT/RESPONSIBLE PARTY ASKED ABOUT PREFERENCES REGARDING LIFE-SUSTAINING TREATMENTS OTHER THAN CPR? - SELECT THE MOST ACCURATE RESPONSE

1. YES, AND DISCUSSION OCCURRED

(F2100B) DATE THE PATIENT/RESPONSIBLE PARTY WAS FIRST ASKED ABOUT PREFERENCES REGARDING LIFE-SUSTAINING TREATMENTS OTHER THAN CPR:

11/29/2018

(F2200A) WAS THE PATIENT/RESPONSIBLE PARTY ASKED ABOUT PREFERENCE REGARDING HOSPITALIZATION? - SELECT THE MOST ACCURATE RESPONSE

1. YES, AND DISCUSSION OCCURRED

(F2200B) DATE THE PATIENT/RESPONSIBLE PARTY WAS FIRST ASKED ABOUT PREFERENCE REGARDING HOSPITALIZATION:

11/29/2018

DISCUSSION OF PATIENT'S PREFERENCES REGARDING LIFE-SUSTAINING TREATMENTS AND HOSPITALIZATION: (MARK ALL THAT APPLY):

DNR PREFERENCE CONFIRMED WITH PATIENT
DNR PREFERENCE CONFIRMED WITH CAREGIVER/RESPONSIBLE PARTY
TREATMENT PREFERENCES CONFIRMED WITH PATIENT
TREATMENT PREFERENCES CONFIRMED WITH CAREGIVER/RESPONSIBLE PARTY
REAFFIRMED PREFERENCE DOCUMENTED ON PRE-ADMISSION DNR
REAFFIRMED PREFERENCE DOCUMENTED ON PRE-ADMISSION POLST/MOLST
NO LIFE SUSTAINING PREFERENCES DESIRED BY PATIENT
HOSPITALIZATION PREFERENCES CONFIRMED WITH PATIENT
HOSPITALIZATION PREFERENCES CONFIRMED WITH CAREGIVER/RESPONSIBLE PARTY

(HOS) DOES THE PATIENT HAVE DOCUMENTED ADVANCE DIRECTIVES?

NO

(HOS) DOCUMENTED DISCUSSION ABOUT NOT HAVING ADVANCE DIRECTIVES?

Visit Note Report

6

Client: HEYWARD, FLORINE
Client DOB: 7/14/1929
Insured ID: 3KX3JT8NK75

MR No: A7300095301002
Legacy MR No:
Primary Payor: MEDICARE.PALMETTO.HSP

Visit Date: 11/29/2018 Visit Number: 1 Visit Type: RN00H - RN HOSPICE START OF CARE

Assessment

PERSON(S) AUTHORIZED TO ADMINISTER MEDICATIONS

CAREGIVER

MEDICATION EXPIRATION DATES CHECKED AND VERIFIED?

YES

IS PATIENT/CAREGIVER CAPABLE OF SELF-ADMINISTERING EMERGENCY MEDICATIONS?

YES

EMERGENCY MEDICATIONS: EDUCATION PROVIDED TO PATIENT/FAMILY/CAREGIVER?

YES

ARE ALL THE INDIVIDUALIZED SPECIFIED EMERGENCY MEDICATIONS FOR THIS PATIENT PRESENT IN THE HOME?

YES

DEATH

DID DEATH OCCUR DURING THIS VISIT?

NO

COTI

PLEASE COMPLETE THE HOSPICE VERBAL CERTIFICATION COORDINATION NOTES FOR THE ATTENDING AND/OR MEDICAL DIRECTOR TO DOCUMENT RECEIPT OF THE CERTIFICATION OF TERMINAL ILLNESS.

YES

FINANCIAL

(A1400) PAYOR INFORMATION (CHECK ALL THAT APPLY)

A. MEDICARE (TRADITIONAL FEE-FOR-SERVICE)

Narrative

FLORINE HEYWARD IS AN 89 YO FEMALE ADMITTED WITH PRIMARY HOSPICE DX OF ALZHEIMER'S DISEASE. HX; CHF, CKD, DM2, DEMENTIA, AND HTN. OVER THE PAST 12 MO, SHE HAS LOST 46#, BECOME PROGRESSIVELY WEAKER, MORE CONFUSED AND DEPENDENT ON ADLS. SHE WAS WALKING 2 WEEKS AGO, BUT IS NOW BEDBOUND, HAS DYSPHAGIA AND REQUIRES TOTAL CARE OF ALL ADLS. SHE WAS ON HOSPICE IN THE PAST, BUT DISCHARGED DUE TO IMPROVEMENTS IN CONDITION AND NO LONGER MEETING HOSPICE GUIDELINES. SHE WAS ADMITTED TO VIBRA 8/29- 9/25 AND DISCHARGED HOME WITH HH. SHE WAS NO LONGER ABLE TO PARTICIPATE IN PT AND REFERRED TO HOSPICE. FAST 7C, PPS 40%, HT 5'3", WT 144#, BMI 25, MAC 31. SHE SLEEPS 18-20 HOURS DAILY AND DRIFTS TO SLEEP EASILY UNLESS STIMULATED. SHE IS MAINLY NONVERBAL WITH SLURRED SOUNDS. APPETITE IS POOR ~25% X 3 MEALS. HER APPETITE WAS 100% X 3 MEALS, 4 WEEKS AGO. SHE CHOKES EASILY, POCKETS FOOD AND TAKES AN EXTENDED AMOUNT OF TIME TO COMPLETE PUREED MEALS. HER SKIN IS FRAGILE AND DRY. SHE APPEARS WEAK AND TERMINALLY ILL.

Interventions Provided

1. INSTRUCT PATIENT/CAREGIVER(S) HOW TO MONITOR PAIN USING APPROPRIATE PAIN SCALE.

DETAILS/COMMENTS: INSTRUCTED PATIENT / CAREGIVER HOW TO MONITOR PAIN USING PAIN SCALE

2. INSTRUCT CARE TO REDUCE EDEMA, RELAXATION TECHNIQUES, ELEVATION OF HEAD OF BED.

DETAILS/COMMENTS: INSTRUCTED PATIENT / CAREGIVER CARE TO REDUCE EDEMA, RELAXATION TECHNIQUES, ELEVATION OF HOB

3. INSTRUCT CAREGIVER(S) ON REALITY ORIENTATION, NEED TO REPORT CHANGES IN LOC.

DETAILS/COMMENTS: INSTRUCTED CAREGIVER ON REALITY ORIENTATION, NEED TO REPORT CHANGES IN LOC

4. OBSERVATION / ASSESSMENT OF NUTRITION STATUS.

DETAILS/COMMENTS: OBSERVATION / ASSESSMENT PERFORMED FOR NUTRITION STATUS

5. INSTRUCT PATIENT/CAREGIVER(S) REGARDING NORMAL APPETITE REDUCTION IN TERMINAL PATIENT.

DETAILS/COMMENTS: INSTRUCTED CAREGIVER REGARDING NORMAL APPETITE REDUCTION IN TERMINAL PATIENT

6. OBSERVATION / ASSESSMENT OF GENITOURINARY PATTERN.

DETAILS/COMMENTS: OBSERVATION / ASSESSMENT PERFORMED FOR GENITOURINARY PATTERN