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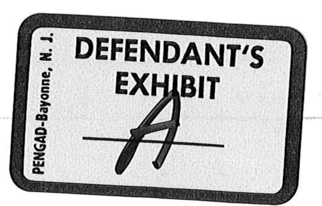
Mar 31 2026
S.C. SUPREME COURT

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS 13TH JUDICIAL CIRCUIT
COUNTY OF GREENVILLE	))	CIVIL ACTION NO. 2026-CP-23-000___
In the Matter of Duane Evans, an allegedly incapacitated individual	))	
Torn Vestal Evans, Plaintiff,	))))	APPEAL FROM THE PROBATE COURT Case number 2025-GC-23-00023
v.	))	**Affidavit of Joseph A. Evans, Jr. M.D.**
Elizabeth Evans Defendant.		

Joseph A. Evans, Jr. M.D., being first duly sworn on oath, deposes and states as follows:

1. My name is Joseph A. Evans, Jr. I am a medical doctor. I am also the brother of Duane Evans, the allegedly incapacitated individual at issue.
2. I submit this affidavit to the Probate Court, in relation to the above referenced proceeding.
3. Yesterday evening, February 27, 2026, I was with my brother, Duane Evans. I spoke to him, and I believe he responded to me.
4. I told him he was in the hospital because he had a stroke, like his brother a few years ago.
5. I told him I know he was uncomfortable, he had a tube down his throat, and that he was in the hospital on the breathing machine. I said, If you want to keep fighting and try to get better, get off the ventilator, and leave the hospital, if he wanted to receive medical care with the possibility of helping him get better, to squeeze my hand. At that point, Duane gave a very definite squeeze on my hand, three to five times in a row.
6. After that, I also asked Duane, if he wanted to be left alone, go to sleep, and let nature take its course, and if he wanted that, to squeeze my hand. Duane did <u>**not**</u> squeeze my hand in response to that question.



7. I am firmly convinced that **my brother wants to live,** that he wants to receive medical treatment, and that he expressed that desire by firmly squeezing my hand in response to my inquiry.

I declare under penalty of perjury that the foregoing is true and correct, this February 28, 2026.

Joseph A. Evans, Jr.

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)

IN THE PROBATE COURT

Case number 2025-GC-23-00023

In the Matter of Duane Evans, an allegedly incapacitated individual

Tom Vestal Evans,
Plaintiff,

v.

Elizabeth Evans
Defendant.

Second Affidavit of Tom Vestal Evans

Personally appeared before me, the undersigned Notary Public, Tom Evans, who, being duly sworn, states as follows:

1. On March 4, 2026, I observed what was, by far, the most responsive condition I have seen from my father, Duane Evans, since he was intubated. During this visit, my father was able to open his eyes, visually track individuals in the room, and look directly at people speaking to him.

2. While present with him, I conducted a simple communication check. I asked my father to squeeze my hand if he wanted to live and continue fighting. In response, my father squeezed my hand multiple times. I then asked my father to squeeze my hand if he wanted to die, and he removed his hand from mine, and did not squeeze my hand, indicating a negative response.

3. These actions appeared purposeful and responsive to my verbal questions. Based on these observations, it is my sincere belief that my father is demonstrating awareness and the ability to respond to commands, and that additional time is necessary to allow for further neurological evaluation and potential recovery.

4. I make this affidavit in support of the request that additional time and treatment be granted, so that my father's condition and responsiveness can be properly evaluated.

FURTHER AFFIANT SAITH NAUGHT.

____
Tom Vestal Evans

Subscribed and sworn to before me
this 5 day of March, 2026.

[signature]

Notary Public

My Commission Expires: 5-29-30

MARTHA CHAPARRO
NOTARY PUBLIC
MY COMMISSION EXPIRES
MAY 29, 2030
SOUTH CAROLINA

STATE OF SOUTH CAROLINA	)	IN THE COURT OF COMMON PLEAS
	)	IN THE PROBATE COURT
COUNTY OF GREENVILLE	)	Case number 2025-GC-23-00023
In the Matter of Duane Evans, an allegedly incapacitated individual	)))	
Tom Vestal Evans, Plaintiff,	)))	**Affidavit of Madison Evans**
v.	))	
Elizabeth Evans Defendant.	)))	

Personally appeared before me, the undersigned Notary Public, Madison Evans, who, being duly sworn, states as follows:

On the evening of March 6, 2026, I entered the hospital room of Duane Evans, where my cousin Tom Evans was present.

When I first approached the bed, Duane's eyes were closed. Tom Evans and I began speaking to him and discussing events happening in the world and within the family to engage him.

Tom Evans said, "Pop, Madison is here!". After this statement I observed Duane slowly open his eyes. At that time, Duane reached out and held onto my hand, and I felt a very firm grip. In fact, this is the firmest grip I have felt from Duane since the past two times I have visited him during his injury.

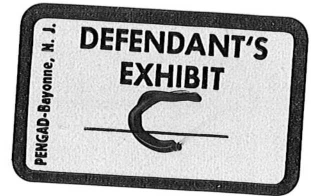
While holding his hand, I asked him words to the effect of whether he wanted to keep fighting to live, and told him if he did, he should squeeze my hand. In response to this request, Duane squeezed my hand firmly multiple times.

I then asked him to squeeze my hand if he wanted to rest and stop fighting. Immediately after I asked this question, Duane paused and released my hand.

I make this affidavit in support of the request that additional time and treatment be granted, so that my Uncles's condition and responsiveness can be properly evaluated.

FURTHER AFFIANT SAITH NAUGHT.

[signature]
Madison Evans



Sworn to and subscribed before me
this 13 day of March, 2026.

Notary Public
My Commission Expires: 5-29-30

SOUTH CAROLINA
MARTHA CHAPARRO
MY COMMISSION EXPIRES
MAY 29, 2030
NOTARY PUBLIC

STATE OF SOUTH CAROLINA COUNTY OF GREENVILLE	)))	IN THE COURT OF COMMON PLEAS IN THE PROBATE COURT Case number 2025-GC-23-00023
In the Matter of Duane Evans, an allegedly incapacitated individual Tom Vestal Evans, Plaintiff, v. Elizabeth Evans Defendant.	))))))))))))	**Affidavit of Vince Hamilton**

Personally appearing before me, the undersigned Notary Public, comes Vince Hamilton, who being first duly sworn, states as follows:

1. My name is Vince Hamilton. I am over the age of eighteen and competent to testify to the matters stated herein.

2. I have been friends with the Evans family for approximately twenty years and have had regular interactions with Duane Evans during that time.

3. On or about February 27, 2026, I visited Duane Evans in his hospital room. My visit lasted approximately fifteen to twenty minutes. During this time, I was alone with Duane in the room, and a nurse was present outside the door.

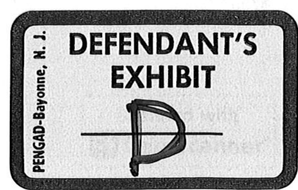
4. During my visit, Duane's eyes were initially closed. I held his hand and spoke directly to him. I asked him to squeeze my hand if he could hear me. After making this verbal request, Duane responded by squeezing my hand firmly.

5. Duane maintained a sustained grip on my hand for a period. At certain points during our interaction, including when things were said to him, I observed noticeably stronger squeezing of my hand.

6. Throughout the visit, I also observed repeated movement of Duane's feet, including kicking-type movements that continued while I remained present in the room.

7. As I began to pull away to leave the room, Duane gripped my hand very strongly and then grasped my index finger, maintaining contact for several moments.

8. Based on my personal observations, there was nothing weak about Duane's grip strength during this interaction.



9. On or about March 15, 2026, I again visited Duane Evans in his hospital room at approximately 6:30 p.m. I remained with him for approximately one hour. During this visit, his eyes were open and he appeared to be visually tracking and following activity within the room.
10. During this interaction, Duane was not only squeezing my hand as he had during my prior visit but was also making purposeful hand gestures toward various objects and areas of his body. At one point, he repeatedly pointed toward the tube in his throat, which I interpreted as an attempt to communicate discomfort or frustration with the presence of the tube.
11. Duane also repeatedly pointed toward his legs. After his legs were rubbed or scratched in response, he stopped making these gestures, which suggested to me that he was attempting to communicate a physical sensation and that he recognized when relief was provided.
12. Additionally, Duane pointed toward the television in the room. After the television channel was changed, he stopped pointing, which further indicated to me that he was aware of his surroundings and capable of expressing preferences through gestures.
13. Based on my observations during this visit, I was impressed by the noticeable improvement in Duane's responsiveness compared to my earlier visit. In my opinion, his actions demonstrated awareness, intentional movement, and attempts at communication.

14. I am providing this affidavit voluntarily so that my firsthand observations may be considered in decisions regarding Duane Evans' medical care, treatment, prognosis, and continued life-sustaining measures.

I make this affidavit in support of the request that additional time and treatment be granted, so that my Mr. Evans's condition can be properly evaluated.

FURTHER AFFIANT SAITH NAUGHT.

____
Vince Hamilton

Sworn to and subscribed before me
this 16 day of March, 2026.

____
Notary Public
My Commission Expires: 5-29-30

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Jonathan J. Halford, MD FAES FACNS FAAN
955 Tupelo Bay Drive
Mount Pleasant, SC 29464

18 March 2026

To Whom It May Concern,

I had the opportunity to evaluate the medical records of Mr. Duane Evans (DOB 7/21/54).

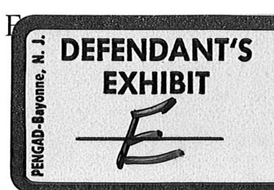
As background information, I am a board-certified adult neurologist. I received my undergraduate degree from Duke University in 1990, graduating cum laude. I received my medical degree from the Medical University of South Carolina in 1996. My post-graduate training included a combined neurology-psychiatry residency at Duke University Medical Center from 1997 to 2002 and a neurophysiology fellowship at the Duke University Medical Center from 2002 to 2003. I have been Professor of Neurology, attending neurologist, and an epilepsy subspecialist at the Medical University of South Carolina in Charleston, SC from 2003 to 2024. I have been a Staff Neurologist at the Charleston VA Medical Center since 2004. My opinions are based upon my training, education, and experience as a board-certified neurologist and board-certified epilepsy subspecialist. Additionally, all my opinions are within a reasonable degree of medical certainty. To my knowledge, my opinions have never been disqualified in any court, either civil or federal, nor have I ever been disqualified as an expert witness.

In arriving at my opinions, I have relied upon the following medical records and reports, including the following:

1. Medical records from Prisma Health
2. CT scan of the brain 2/3/26, 2/4/26, 2/5/26, 2/10/26, 2/14/26, and 3/9/26

Mr. Evans is 71-year-old man who has a past medical history of hypertension, hyperlipidemia, and smoking who suffered an intracranial hemorrhage on 2/3/26. He presented to the ED with left-sided weakness and dysarthria after being found down at home. On initial neurological exam, he would awake to voice, was consistently following commands, could speak with dysarthria, and was very weak in his upper and lower extremities. Head CT on 2/3/26 showed a large right basal ganglia/thalamic intraparenchymal hematoma of estimated volume 18 cc with intraventricular extension and obstructive hydrocephalus. Mr. Evans was given IV mannitol to lower intracranial pressure and admitted to the Neuro ICU. An external ventricular drain (EVD) was placed on 2/3/26. Mr. Evans was intubated for airway protection on 2/7/26. Attempts to wean him from ventilatory support have failed. He received long-term EEG monitoring during this hospital admission which did not demonstrate any interictal epileptiform discharges or seizures.

Based on the documented neurological exams between 2/3/26 and 2/9/26, Mr. Evans was somnolent but was consistently following commands with encouragement and prompting. F



2/10/26 through 2/11/26, he was following commands only intermittently, and from 2/12/26 until the end of the medical records that I was provided (3/10/26), neurological exams document that he will open his eyes to stimulation and his eyes will follow the examiner around the room, but he does not follow commands. It is unclear why he was following commands consistently up until 2/9/26 and then stopped. Multiple CT scans of the brain were unchanged.

On 3/17/26, I visited Mr. Evans and examined him twice, at 11:30 AM and 1:00 PM. The Prisma Health neurointensivist, Dr. Hamnth Pasapuleti, was present during both exams. Dr. Pasapuleti told me that he and Neuro ICU staff had noted Mr. Evans following simple commands intermittently over the previous several days but only after stimulation and prompting. Mr. Evans' family has reported that he intermittently follows commands for them and showed me a video of him holding up two fingers on command.

On my exam, he was very somnolent, particularly during the first exam and less so during the second exam. He did not arouse to voice and only aroused to stimulation such as sternal rub. He would follow me around the room with his eyes. He would not follow verbal commands, except that he stuck out his tongue once when I asked him. Once I gave him both a verbal and visual command to show me two fingers, and I demonstrated showing two fingers to him, he showed me two fingers with his right hand. He would withdraw and localize to painful stimulation of his right upper and lower extremities, but not on his left side. I witnessed him having right upper extremity purposeful movements, such as reaching up and pointing at his endotracheal tube (as if to communicate that he wanted it out). Cranial nerve testing showed that his pupils were 3mm and reactive bilaterally. Extraocular movements appeared to be intact. He appeared to have left side facial weakness. On motor exam, he could move his right upper and lower extremities and tone on the right side was normal. He did not move his left upper or lower extremities, and there was increased muscle tone on the left side. Reflexes were 1/4 on the right side and 2/4 on the left side at the biceps, triceps, and patella.

Based on Mr. Evans' medical history and my exam, he is in a minimally conscious state. Many patients who are in a minimally conscious state improve to full consciousness over the first few months after their brain injury. I base this on a study by Yan et al in Frontiers in Public Health in 2024 (reference given below). Although I believe that it is more likely than not that Mr. Evans will become more conscious over the next month or two, the large size and location of the intracerebral hemorrhage, intraventricular extension of the hemorrhage, and hydrocephalus indicate that he will have significant neurological dysfunction chronically, including severe weakness on his left side, dysarthria, and cognitive problems.

Given Mr. Evans' objectively demonstrated ability to intermittently follow commands, the documented reports of increasing responsiveness in recent days, and the well-recognized potential for delayed neurological recovery following severe intracranial hemorrhage, determining that further life-sustaining treatment would be medically futile would be premature at this time. Continued supportive management including consideration of tracheostomy for safer long-term airway management, structured ventilator-weaning protocols, and formal neurological rehabilitation evaluation, remains medically appropriate and consistent with accepted standards of neurocritical care. If these interventions are unavailable or not pursued at the current facility, transfer to a tertiary or specialized center capable of providing comprehensive neuro-rehabilitative and ventilator-weaning care is medically reasonable and should be strongly considered in order to preserve Mr. Evans' opportunity for neurological recovery and ensure that treatment decisions are guided by evolving clinical findings and the

patient's best medical interests.

Based on the available medical information and my direct examination, it is my opinion within a reasonable degree of medical certainty that continued life-sustaining treatment and rehabilitative evaluation are medically justified and, in the patient's best medical interest at this stage of recovery.

Sincerely,

Jonathan J. Halford, MD

Reference:

Yan D, Simei L, Hongzhao B, Hongyan D, Yuchao D. Prognosis of patients with prolonged disorders of consciousness after brain injury: a longitudinal cohort study. Frontiers in Public Health. 2024 Jul 24;12:1421779.

Marshall Allyn White, MD
Board Certified Neurologist
Certified Brain Injury Specialist

Open Letter

Only for dissemination to the family of Duane Evans and their legal counsel, court appointees, judges, and hospital employees directly involved in Mr. Evans' care.

Date: 19 March 2026
Re: Duane Evans

Dear Sir or Madam,

I declare under penalty of perjury that the foregoing is true and correct.

As many of you know, I have served as an advisor to Tom Evans and Duane's siblings. I have also provided expert witness testimony in court regarding this matter as requested by Tom's legal counsel.

It has been asserted through four separate witnesses that Duane has given credible indication that he wishes to continue fighting for his life. A recent video of Duane carrying out an appendicular two step command with his right hand is powerful evidence of his awareness and underlying cognitive function, irrefutable beyond reflex or even rudimentary communication. This demonstration validates claims of the aforementioned witnesses. Let me also state that there is additional corroborative video evidence that can be provided.

Since Duane was essentially "written off" and placed on palliative care approximately 10 days into his illness, he has not received care that would enable him to make the best recovery. The most glaring example of this is the failure to protect his trachea and pharynx by performing a timely tracheotomy. Highlighting this point is the fact that the hospital's attorney admits this does not meet the standard of care and that the medical record indicates a discussion regarding this topic on the 9th day of hospitalization. "The trach" was apparently refused by the default family medical decision-making designee. This was followed by an untimely attempt to harvest his organs. These actions created a disagreement regarding this abrupt management decision with the majority of Duane's blood relatives recognizing that he needed more time. Their attempts to mediate this critical difference of opinion with Elizabeth and Duane's daughters was met with stonewalling, exclusion from visitation and the hospital's threats of physical arrest with charges of trespassing.

I am aware of the very recent independent medical evaluation provided by Jonathan Halford, MD who has served as an associate professor of neurology at the Medical University of SC, and is a highly distinguished and well-known peer. Dr. Halford has an absolutely unbiased opinion in this matter. I am in agreement with his findings, which essentially validate what I have been saying publicly since my testimony several weeks ago before the probate court. It must be stated in absolute terms that maintaining Duane

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with an endotracheal tube will eventually kill him and those participants allowing this to continue bare substantial risk for allowing this egregious circumstance to continue.

It is beyond the time where all involved should put aside ego and personal opinion in this matter and move forward with expediency to provide Duane the care he has indicated he wishes. Although, admittedly impaired, his affirmative indication to continue living takes precedence over all other concerns. There is every indication that Duane's language abilities should be preserved, however, with an endotracheal tube he is unable to verbally express himself. We therefore must rely on his hand gestures, as seen in the video, which are clear evidence of his ability to understand and communicate.

On a personal note, I would like to appeal to the compassion and humanity of all involved, understanding the outcome may not be what everyone desires. Duane Evans should **not** be denied the opportunity to try, and those involved in his care should clearly understand that they have an ethical and moral obligation to do everything in their power to assist in this process.

Sincerely,

Marshall A. White, MD
Board Certified Neurologist
Certified Brain Injury Specialist

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Jonathan J. Halford, MD FAES FACNS FAAN
955 Tupelo Bay Drive
Mount Pleasant, SC 29464

30 March 2026

To Whom It May Concern,

As background information, I am a board-certified adult neurologist. I received my undergraduate degree from Duke University in 1990, graduating cum laude. I received my medical degree from the Medical University of South Carolina in 1996. My post-graduate training included a combined neurology-psychiatry residency at Duke University Medical Center from 1997 to 2002 and a neurophysiology fellowship at the Duke University Medical Center from 2002 to 2003. I have been Professor of Neurology, attending neurologist, and an epilepsy subspecialist at the Medical University of South Carolina in Charleston, SC from 2003 to 2024. I have been a Staff Neurologist at the Charleston VA Medical Center since 2004. My opinions are based upon my training, education, and experience as a board-certified neurologist and board-certified epilepsy subspecialist. Additionally, all my opinions are within a reasonable degree of medical certainty. To my knowledge, my opinions have never been disqualified in any court, either civil or federal, nor have I ever been disqualified as an expert witness.

I had the opportunity to the inpatient note on Mr. Duane Evans (DOB 7/21/54) from Dr. William Eugene Spears IV MD dated 3/23/26 and view five videos made of Mr. Duane by family over the last several weeks. Dr. Spears states in his neurological exam on 3/23/26 that Mr. Evans opens his eyes, stays alert during the exam, follows commands, and nods yes/no appropriately. In the videos I have seen from Mr. Evan's family, he follows simple commands. I have read affidavits from Mr. Evan's family that state that he opens his eyes and intermittently follows simple commands from family. I visited Mr. Evans and performed a neurological exam on 3/17/26 and, although he was somnolent, he opened his eyes, followed me with his eyes, followed a command to hold up two fingers, and intermittently pointed to his ET tube.

Given Mr. Evans' objectively demonstrated ability to intermittently follow commands, the documented reports of increasing responsiveness in recent days, and the well-recognized potential for delayed neurological recovery following severe intracranial hemorrhage, determining that further life-sustaining treatment would be medically futile would be premature at this time. Continued supportive management including consideration of tracheostomy for safer long-term airway management, structured ventilator-weaning protocols, and formal neurological rehabilitation evaluation, remains medically appropriate and consistent with accepted standards of neurocritical care. If these interventions are unavailable or not pursued at the current facility, transfer to a tertiary or specialized center capable of providing comprehensive neuro-rehabilitative and ventilator-weaning care is medically reasonable and should be strongly considered in order to preserve Mr. Evans' opportunity for neurological recovery and ensure that treatment decisions are guided by evolving clinical findings and the

PENGAD-Bayonne, N.J.
DEFENDANT'S
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patient's best medical interests.

Based on the available medical information and my direct examination, it is my opinion within a reasonable degree of medical certainty that continued life-sustaining treatment and rehabilitative evaluation are medically justified and, in the patient's best medical interest at this stage of recovery.

I, Dr. Jonathan Halford, declare under penalty of perjury that the above is true and correct.

Sincerely,

Jonathan J. Halford, MD

Marshall Allyn White, MD
Board Certified Neurologist
Certified Brain Injury Specialist

Date: 3/30/2026

Dear Sir/Madam:

I declare under penalty of perjury that the foregoing is true and correct:

As I stated in my open letter dated March 19, 2026, Duane Evans was observed on video to be following appendicular two-step commands consistent with cognitive function and the ability to understand. This was captured on video which I believe has been provided to this court.

Furthermore, affidavits from four separate individuals on four separate occasions indicated that Duane Evans communicated through hand squeezing that he wished to continue to survive. I have limited experience examining Mr. Evans, as the hospital and the current de facto decision-maker have forbidden visitation. I was able to review Dr. Spears's hospital note from Defendant's Exhibit D dated March 23, 2026. In that note, Dr. Spears indicates that Mr. Evans is able to follow axial commands nodding affirmatively although not always appropriately. Dr. Spears fails to define what appropriate is, but the statement indicates that at times, the patient is nodding appropriately. Furthermore, based upon my review of the medical records in my possession, it has been almost universally the case that neurologic assessment by the treating team does not qualify Mr. Evans's neurological status based upon the fact he has been frequently administered sedative medications.

It is factual and a matter of medical dogma, that his ultimate prognosis could not be known by the tenth day of hospitalization. It was the determination of his treatment team and de facto decision-maker at this early juncture that Mr. Evans had "no path forward." Nevertheless, the palliative care team was consulted with an eye towards an untimely organ harvesting in a patient who was neither brain dead nor with an unhealthy heart for age (no cardiac condition was present). In other words, a non-candidate for organ-procurement. The de facto decision maker at the time fully endorsed this inappropriate decision and further caused harm to Mr. Evans by failing to approve conversion from endotracheal tube to tracheostomy as was discussed with the staff on hospital day nine. I have read an email authored by the hospital's attorney acknowledging that the standard of care with respect to his endotracheal tube is not being met. The medical team, de facto medical decision maker, and the hospital attorney are fully aware of this and have done absolutely nothing to remedy this egregious circumstance. I fear at this juncture that in all medical probability this failure has led to irreparable harm, and has not allowed Mr. Evans to have an optimal path to recovery.

I have read the independent medical evaluation performed by Dr. Jonathan Halford on March 17, 2026, who served as a full professor of neurology at the Medical University of South Carolina. I agree with his conclusions and findings.

Sincerely,

Marshall A. White, MD
Board Certified Neurologist
Certified Brain Injury Specialist

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