THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED
JUL 24 2026
SC Court of Appeals

APPEAL FROM Sumter COUNTY
Court of Common Pleas

DOBY, Circuit Court Judge

Case No 2025 - CP 43 1073

Glenda Charles, Appellant/Respondent,

v.

Vested Property, Appellant/Respondent.

MOTION

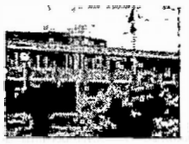
The defendant write another lease over my lease than I was put out without any Notice to vacate Nor an EVETION ON the property. My personal item was stolen and the refuse to pay for my stolen item

Date:

s/ Glenda Charles
Name: Glenda C Charles
Address: 419 Highland Ave Sumter, SC 29150
Phone: (803) 565-6433
Email: glendacc811@gmail.com
Appellant

Other Counsel of Record:
Name: Thomas Player
Address: POBOX 3610 Sumter SC 29150
Phone: (803) 775-2304
Respondent/Attorney for Respondent

Sumter County
Third Judicial Circuit
Public Index



Sumter County Home Page South Carolina Judicial Department Home Page SC.GOV Home Page

Search By...Court Type All Courts **Court Agency** All Agencies

Case # **Case Type** All Case Types **Case SubType** All Case Sub-Types

Last Name/Business charles **First** glenda **Middle** c **Suffix**

Party Type All

Action Type All Actions **CDR Code**

Indictment #

Date Type **Beginning** **Ending**

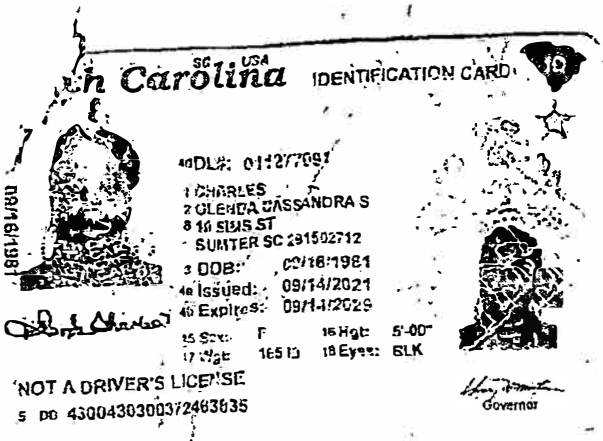
Tax Map# From **Through**

Only for Civil Cases... Index Search ◉ All ○ Lis Pendens ○ Judgments | **Cross Index Search** ◉ All ○ Judgment For ○ Judgment Against

Search | Reset Search Fields | **Name Search Option** ◉ Begins With ○ Contains

Name	Party Type	Case Number	Filed Date	Case Status	Disposition Date	Type	Subtype	Judgment #	Court Agency
Charles, Glenda C	Plaintiff	2025CP4301073	06/12/2025	Disposed	07/15/2026	Common Pleas	Breach of Cont 140		Common Pleas
Charles, Glenda C.	Plaintiff	2016CP4300572	03/31/2016	Dismissed	04/24/2017	Common Pleas	Motor Veh Accid 320		Common Pleas
Charles, Glenda Cassandra S	Defendant	2007CV431014949	09/26/2007	Disposed	10/18/2007	Civil	Rule to Vacate PS	2007CV431014949	Sumter Magistrate Court
Charles, Glenda Cassandra S	Defendant	2007CV431016292	12/06/2007	Settled	02/13/2008	Civil	Rule to Vacate PS	2007CV431016292	Sumter Magistrate Court
Charles, Glenda Cassandra S	Defendant	2008CV431011578	03/26/2008	Dismissed	05/02/2008	Civil	Rule to Vacate PS	2008CV431011578	Sumter Magistrate Court
Charles, Glenda Cassandra S	Defendant	2008CV431013043	06/11/2008	Disposed	07/18/2008	Civil	Rule to Vacate PS.	2008CV431013043	Sumter Magistrate Court
Charles, Glenda Cassandra S	Defendant	20182705008809	07/16/2018	Disposed	08/16/2018	Traffic			Sumter Municipal Court
Charles, Glenda Cassandra S	Defendant	48651DR	06/07/2006	Disposed	06/21/2006	Traffic			Sumter Magistrate Court
Charles, Glenda Cassandra S	Defendant	98200DM	06/07/2006	Disposed	06/21/2006	Traffic			Sumter Magistrate Court
Charles, Glenda Cassandra S	Defendant	J302465	06/07/2007	Disposed	05/04/2011	Criminal			Sumter Municipal Court
Charles, Glenda	Defendant	J302466	06/07/2007	Disposed	05/04/2011	Criminal			Sumter Municipal

Cassandra S									Court



NAME: Glenda Charles

ADDRESS: 1345 Boulevard Rd

RENT: 900.00 SEC DEP: 800.00

NOTICE

If, after paying a Security Deposit, you change your mind for any reason, you will forfeit your Security Deposit. Also, if the first month's rent is not paid as arranged with the landlord, you will lose the Security Deposit, we will NOT refund the Security Deposit.

The only Exception for a refund would be if the landlord were unable to provide the rental unit as promised or scheduled.

The first month's rent must be paid by 10 January 2023 or you will lose your deposit.

House will be re-keyed and ready by 2:00 PM.

Payment of the Security Deposit or portion of the rent does not give anyone any interest or right to move any personal property into unit until you have paid the first month's rent in full. If you move in before this is paid and scheduled date, you will be trespassing. A warrant can and will be signed against you.

My Signature below indicates that I/we understand and accept the forfeiture rule on Security Deposits.

Pet Policy: Any pets must be authorized by landlord and specifically expressed in the lease agreement. A one time FIVE HUNDRED DOLLAR Pet Deposit will be required for pets. WE DO NOT ALLOW: Pit Bulls, Dobermans, Chows, Rottweilers, German Shepherds, or any mixed breeds of these at all on the property even with a visitor. If you allow any of these dogs on your property for any reason this is your 30-day notice.

Pet : _____

Stove: Tenant _____

Landlord ✓

We Do Not Supply Refrigerators

Telephone _____

SS # _____

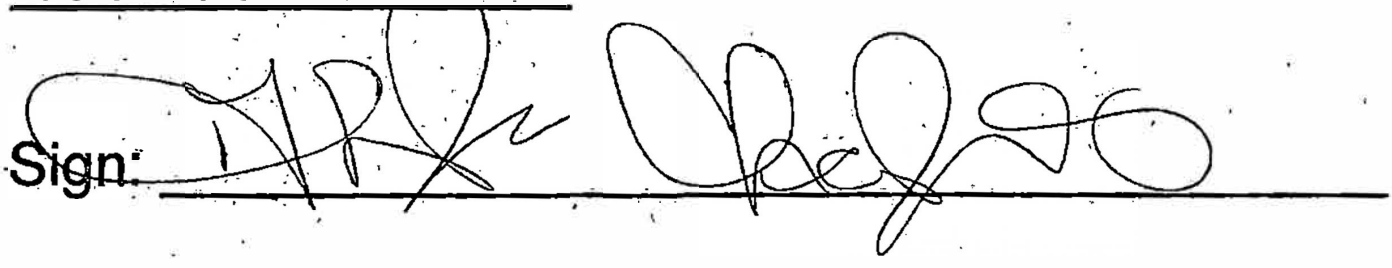
Bed/Bath _____

Lights Duke

Water City of Sumter

Email _____

If you purposely leave someone off the lease because they owe us money, rent for someone else, or fail to tell us about an old balance you owe. When we find out you will forfeit your Security Deposit and you will not be allowed to move into the unit. If you have already moved in this is your thirty-day notice; you will be evicted. You will also be added to our DO NOT RENT TO LIST.

Sign: 

ANIMAL RULES!!!!

WE DO NOT ALLOW ANY TYPE OF BULLDOGS, PITBULLS, DOBERMANS, CHOWS, ROTTWEILERS, GERMAN SHEPHERDS, ANY MIX OF THOSE BREEDS, OR VICIOUS ANIMALS!! THEY ARE NOT ALLOWED ON THIS PROPERITY FOR ANY REASON BY ANYONE!! THERE ALSO IS NO BABYSITTING FOR ANYONE !! THIS IS YOUR 30-DAY NOTICE!! IF WE FIND OUT FOR ANY REASON YOU OR ANYONE ELSE HAS/HAD ANY OF THESE ANIMALS ON THE PROPERTY WE WILL EVICTED YOU!! THIS IS YOUR 1st AND ONLY NOTICE, YOU WILL MOVE.

I HAVE READ AND UNDERSTAND THIS

X _____

Current Address: 19 Sims St

Address: _____

Applicant Name: Glenda Charles

Date of Birth: 9/16/81 Security Number: 247-49-6017

Phone: 803 3160162 Alt #: _____

Employer: _____

Car: Make _____ Model _____

Year _____ Color _____

Occupants (Adults and Children)

Name: Nyrnyne Sanders

Date of Birth: 9/3/06

Name:

_____

Date of Birth: _____

Name:

_____

Date of Birth: _____

Name:

_____

Date of Birth: _____

Name:

_____

Date of Birth: _____

Name:

_____

Date of Birth: _____

2025-1073

I would also like to submit into my file. That I'm asking to be Compensated as well for having my car repo, and cost for moving expense as well. My vehicle go repo due to me haven't to pay for a place to stay until I found Housing.

Thank you
Ms. Glenda Charles

Request for Tenancy Approval
Housing Choice Voucher Program

U.S Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit in order to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)
SUMTER HOUSING AUTHORITY
(DO NOT COPY)

2. Address of Unit (street address, unit #, city, state, zip code)
1313 Boulevard Dr
Sumter SC 29154

3. Proposed Lease Start Date (mm/dd/yyyy)
15/25

4. Number of Bedrooms
3

5. Year Constructed
1960's

6. Proposed Rent
900.00

7. Security Deposit Amt
800.00

8. Structure Type
- [X] Single Family Detached (one family under one roof)
- [ ] Semi-Detached (duplex, attached on one side)
- [ ] Rowhouse/Townhouse (attached on two sides)
- [ ] Low-rise apartment building (4 stories or fewer)
- [ ] High-rise apartment building (5+ stories)
- [ ] Manufactured Home (mobile home)

9. Subsidies
- [ ] Section 202
- [ ] Section 221
- [ ] Tax Credit
- [ ] HOME
- [ ] Section 236 (insured or uninsured)
- [ ] Section 515 Rural Development
- [ ] Other (Describe Other Subsidy or local subsidy)

10. If this unit is subsidized, indicate

11. Utilities and Appliances
The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner is required to provide the refrigerator and range/microwave.

	Specify fuel type					
Heating	[ ] Natural gas	[ ] Bottled gas	[X] Electric	[ ] Heat Pump	[ ] Oil	[ ]
Cooking	[ ] Natural gas	[ ] Bottled gas	[X] Electric			[ ]
Water Heating	[ ] Natural gas	[ ] Bottled gas	[X] Electric		[ ] Oil	[ ]
Other Electric						

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRCP. Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

Effective January 1, 2016, Alternative Dispute Resolution (ADR) is mandatory in all counties, pursuant to Supreme Court Order dated November 12, 2015.

SUPREME COURT RULES REQUIRE THE SUBMISSION OF ALL CIVIL CASES TO AN ALTERNATIVE DISPUTE RESOLUTION PROCESS, UNLESS OTHERWISE EXEMPT.

Pursuant to the ADR Rules, you are required to take the following action(s):

1. The parties shall select a neutral and file a "Proof of ADR" form on or by the 210th day of the filing of this action. If the parties have not selected a neutral within 210 days, the Clerk of Court shall then appoint a primary and secondary mediator from the current roster on a rotating basis from among those mediators agreeing to accept cases in the county in which the action has been filed.

2. The initial ADR conference must be held within 300 days after the filing of the action.

3. Pre-suit medical malpractice mediations required by S.C. Code §15-79-125 shall be held not later than 120 days after all defendants are served with the "Notice of Intent to File Suit" or as the court directs.

4. Cases are exempt from ADR under ADR Rule 3(b) upon the following grounds:

    a. Special proceeding, or actions seeking extraordinary relief such as mandamus, habeas corpus, or prohibition;

    b. Requests for temporary relief;

    c. Appeals;

    d. Post Conviction relief matters;

    e. Contempt of Court proceedings;

    f. Forfeiture proceedings brought by governmental entities;

    g. Mortgage foreclosures; and

    h. Cases that have been previously subjected to an ADR conference, unless otherwise required by Rule 3 or by statute.

5. Cases may also be exempt from ADR under ADR Rule 3(c) upon motion to and approval by the court.

6. In cases not subject to ADR, the Chief Judge for Administrative Purposes, upon the motion of the court or of any party, may order a case to mediation.

7. Application of a party to be exempt from payment of neutral fees due to indigency should be filed with the Clerk of Court prior to the scheduling of the ADR conference.

Please Note: **You must comply with the Supreme Court Rules regarding ADR. Failure to do so may affect your case or may result in sanctions.**

SUMTER HOUSING AUTHORITY
PO BOX 1030
15 CALDWELL STREET
SUMTER, SC 29150
(803) 775-4357 FAX: (803) 778-2315

February 19, 2025

Vestco Properties
480 E. Liberty St.
Sumter, SC 29153

Scheduled Inspection Date: 02/12/2025 - NO Written Notice
Unit Address: 1345 Boulevard Rd.

Dear Owner/Landlord/Property Manager:

The Department of Housing and Urban Development (HUD) regulations require The Housing Authority of the City of Sumter to inspect all Housing Choice Units prior to tenants moving into a unit and annually thereafter. This serves the purpose of ensuring the unit is "decent, safe and sanitary" according to federal Housing Quality Standards (HQS). No unit can be leased unless these standards are met.
The Housing Authority of the City of Sumter was unable to conduct an inspection for the above referenced unit because it was determined "not ready". The reason the unit was determined "not ready" for inspection is indicated below:

____ no utilities (electric, water, and/or gas)

____ no show/no response to appointment notification

____ due to conditions of the unit (deemed "not suitable", noticeable repairs needed and/or still making repairs)

__x__ owner/property manager cancelled the inspection

As a reminder all City, County, and State codes must be followed as well. The Sumter Housing Authority also encourages tenants to rent outside of low poverty, high crime areas.
Another inspection date can and will be scheduled upon notification to the office that the item(s) listed above have been completed or within a reasonable amount of time notated by the inspector and/or the allotted time allowed according to the Housing Authority policy. Also, it is advised that you do a thorough walkthrough of the unit to ensure it is ready for inspection, due to there will only be two (2) inspection attempts scheduled for the unit.

Please feel free to contact our office (803) 775-4357 ext. 316 or 303 with any questions you may have regarding this matter.

With Warmest Regards,

Melissa Myers/Reginald Martin
Section 8 Secretary/Inspector

CC: tenant, file

Glenda Charles
419 Highland Ave.
Sumter, SC 29150

Equal Housing Opportunity TDD# 1-800-545-1833

Request for Tenancy Approval
Housing Choice Voucher Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)
SUMTER HOUSING AUTHORITY
(DO NOT COPY)

2. Address of Unit (street address, unit #, city, state, zip)
[illegible]

3. Requested Lease Start Date: 1/15/25

4. Number of Bedrooms: 3

5. Year Constructed: 1960's

6. Proposed Rent: 900.00

7. Security Deposit Amt: 800.00

9. Structure Type
- [x] Single Family Detached (one family under one roof)
- [ ] Semi-Detached (duplex, attached on one side)
- [ ] Rowhouse/Townhouse (attached on two sides)
- [ ] Low-rise apartment building (4 stories or fewer)
- [ ] High-rise apartment building (5+ stories)
- [ ] Manufactured Home (mobile home)

10. If this unit is subsidized, indicate:
- [ ] Section 202
- [ ] Section 221
- [ ] Tax Credit
- [ ] HOME
- [ ] Section 236 (insured or uninsured)
- [ ] Section 515 Rural Development
- [ ] Other (Describe Other Subsidy, including any state or local subsidy)

11. Utilities and Appliances
The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for and provide the refrigerator and range/microwave.

Item	Specify fuel type					
Heating	[ ] Natural gas	[ ] Bottled gas	[x] Electric	[ ] Heat Pump	[ ] Oil	[ ]
Cooking	[ ] Natural gas	[ ] Bottled gas	[x] Electric			[ ]
Water Heating	[ ] Natural gas	[ ] Bottled gas	[x] Electric		[ ] Oil	[ ]
Other Electric						

Housing Authority of the City of Sumter
P.O. Box 1030
15 Caldwell Street
Sumter, SC
803-775-4357 / 8(

January 16,2025

Glenda Charles
419 Highland Ave
Sumter SC 29150

Public Housing Program

Dear Applicant:

If I'd have the form would I pass up on this.
I Didn't have Access to it
Glenda Charles

This letter serves to provide official, written notice of file closure and the removal of your application from the Public Housing waiting list due to the following reason(s):

*No response to offer letter for 19 Branch St

As a result of this determination your application has been removed from the waiting list. You may submit a new application at a time in the future when the list is open to new applicants.

Applicants may request an informal review of this decision. A written request must be submitted to the Executive Director within ten (10) days of this notice. Failure to respond within ten (10) days forfeits that opportunity. You can re-apply after 90 days if the waiting list is open. You can request an informal review in our drop box located on the section 8 side of our office. If you have any questions, please contact me at 803-774-7308

Sincerely,
Stacie Quattlebaum
Public Housing Manager

TDD# 1-800-545-1833 Extension 100

Housing Authority of the City of Sumter
PO Box 1030, 15 Caldwell S
Sumter, SC 29151
(803) 775-4357 (803) 778-23

DATE OF Miss inspection 2/3/2025

NOTICE OF HOME VISIT
(x) New/Initial Inspection () Re-Inspection () 2nd & FINAL

January 28, 2025

Glenda Charles
419 Highland Ave.
Sumter, SC 29150

Unit Address: 1345 Boulevard Rd.

A Housing Quality Inspection must be conducted on your rental unit to ensure that it is currently meeting Section 8 Housing Standards and is eligible for Housing Assistance Payments. We will inspect your unit on **Monday, February 3, 2025 @ 10:30 a.m.**

***New or Existing landlord(s) if this is an initial (new) inspection of your unit, you need to make sure all utilities (electric, water, gas) are on, unless the client/tenant is a current occupant. Also, it is advised that you do a thorough walkthrough of your unit to ensure it is ready for inspection, due to there will only be two (2) inspection attempts scheduled for the unit. It is very important that you call to confirm this appointment. ***

Please make arrangements to be available for the above scheduled appointment. If the date listed is not convenient, please contact our office at (803) 775-4357 ext. 303 or ext. 316, at least 24 Hours prior to the appointment to reschedule.
***NOTE: If you have rescheduled or missed a previous appointment, it is imperative that you keep your 2nd appointment. Failure to allow an inspection of your unit is cause for termination of your Section 8 Rental Assistance. ***

Sincerely,

Melissa Morris/Reginald Martin
Section 8 Secretary/Inspector

Cc: File, Landlord

Vesco Properties
480 E. Liberty St.
Sumter, SC 29153

I was a the property
Just moving for
Inspection I was
their Since
2/4/25 - I Called back to
and Mr. Melissa out
Mom by her being
Mom by her being

DITMAR VARIES

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
exp. 04/30/2026

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)	2. Address of Unit (street address, unit #, city, state, zip code)
SUMTER HOUSING AUTHORITY (DO NOT COPY)	1345 Boulevard Rd. Sumter, SC 29153

3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection
11/15/25	3	1960's	900.00	800.00	11/15/25

9. Structure Type

- ☑ Single Family Detached (one family under one roof)
- ☐ Semi-Detached (duplex, attached on one side)
- ☐ Rowhouse/Townhouse (attached on two sides)
- ☐ Low-rise apartment building (4 stories or fewer)
- ☐ High-rise apartment building (5+ stories)
- ☐ Manufactured Home (mobile home)

10. If this unit is subsidized, indicate type of subsidy:

- ☐ Section 202
- ☐ Section 221(d)(3)(BMIR)
- ☐ Tax Credit
- ☐ HOME
- ☐ Section 236 (insured or uninsured)
- ☐ Section 515 Rural Development
- ☐ Other (Describe Other Subsidy, including any state or local subsidy) _____

11. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	☐ Natural gas ☐ Bottled gas ☑ Electric ☐ Heat Pump ☐ Oil ☐ Other	T
Cooking	☐ Natural gas ☐ Bottled gas ☑ Electric ☐ Other	T
Water Heating	☐ Natural gas ☐ Bottled gas ☑ Electric ☐ Oil ☐ Other	T
Other Electric		T
Water	DUKE ENERY (✓) BLACK RIVER ( )	T
Sewer	CITY OF SUMTER (✓) OTHER	O
Trash Collection		T
Air Conditioning	CITY OF SUMTER ( ) Septic	T
Other (specify)	CITY OF SUMTER ( ) RECYCLE CENTER (✓)	
		Provided by
Refrigerator	WINDOW UNIT ( ) CENTRAL HEAT & AIR (✓)	T
Range/Microwave		O

12. Owner's Certifications

a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1. 306 Oswego Rd	11/2023	900.00
2. [illegible]	8/2024	900.00
3. 1320 Boulevard B	2/2024	850.00

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

☑ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

☐ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Vestco Properties		Lenda Charles	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
480 E. Liberty St. Sumter, SC 29153		419 Highland Ave	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)
803-773-8022	1/9/25	803 816 0760	1/16/25

Disclosure Housing Choice Voucher Program

The Housing Authority of the City of Sumter in effort to meet regulatory requirements must ensure that all landlords participating with the Housing Choice Voucher program do not have a conflict of interest. As per the Housing Assistance Payment Contract HUD Form 52641, it would be our obligation to require disclosure of the following information:

MM I certify that I am not a "covered individual"; meaning a person or entity who is a member of any of the following classes;

1. Any present or former member or officer of the PHA (exception participant commissioner)
2. An employee of the PHA, contract or sub-contractor or agent of the PHA who formulates policy or who influences decisions with respect to the program
3. Public official, member of a governing body, or State or local legislator, who exercises functions or responsibilities with respect to the program
4. Member of Congress

A covered individual may not have any direct or indirect interest in the HAP Contract or in the benefits of payments under the contract (including immediate family member of covered individuals) while such person is a covered individual or during one year thereafter.

Immediate family member means the spouse, parent (including step) child (including step) grandparent, grandchild sister or brother (including step) of any covered individual.

N/A *All members of the Limited Liability Company will be disclosed and the Authority will be provided a copy of the Certificate of Existence.*

MM I furthermore certify that the owner/principal or other interested party) is not the parent, child, grandparent, brother or sister of any member of the assisted family.

This shall serve as an owner certification, acknowledgement of the responsibility that no person or entity has or will have a prohibited interest at the time of execution of the contract or during the term of the contract.

If a prohibited interest occurs, the owner shall promptly and fully disclose such interest to the PHA and HUD. Therefore the signature below acknowledges that execution of the HAP contract without disclosure will result in a breach of contract and one hundred percent of funds received could be requested to be returned.

Marcia McLeod/Vested

Marcia McLeod (CM)

1/9/25

INSPECTOR'S UNIT DATE COLLECTION FORM

The following is to be collected during initial inspection of unit for use in determining the unit's comparative amenities score. Amenities must exist on the date of inspection.

UNIT ADDRESS 1345 Boulevard Rd. Date: @ 1/9/25

City Sumter State SC

		HOUSING SERVICES	
SQUARE FOOTAGE	0-599	Owner Services & Programs	
	600-1299	Security Patrol/Devices/Alarms	
	>1300 ✓		
		MAINTENANCE	
DIRECTIONS TO UNIT		<24 Hr.Service Call Response	
		*OR Yard Maintenance	
		UTILITIES COST (Included in Rent)	
		Owner Provides at least 25%	
		Owner Provides <25%	

UNIT AMENITIES	
Basement, Attic Storage, OR Storage Shed	
~~Bathrooms~~ at least 1 additional full-bath	✓
Brick Veneer OR Insulated Siding	
Carpet> ½ of Unit—~~High Quality~~	
Window A/C Units	
Central Air Conditioning	✓
Ceiling Fans	
Patio	
Fenced-In OR Large Yard	✓
Fireplace OR Gas Logs	
Garage OR Covered Parking	
Insulated Floor, Walls, AND Ceiling	
New Interior Paint, Paneling OR Paper	✓
Dishwasher	
Garbage Disposal	
Range w/Self-Cleaning Oven *Provided*	✓
Recreation Facilities/Pool/Playground	
Refrigerator *Provided*	
Storm Windows AND Storm Doors (ALL)	
Washer/WD Supplied	
Washer/WD Connections/On side Laundry	✓
Newly Remodeled	

COMMENT

Inspected by _____

Data Entered by _____

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

_____

_____

(ii) ___ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

_____

_____

(ii) ___ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) ___ Lessee has received copies of all information listed above.

(d) ___ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home.*

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Lessor	Date 1/9/25	Lessor	Date
Lessee	Date 1/16/25	Lessee	Date
Agent	Date	Agent	Date

VIOLENCE, DATING VIOLENCE OR STALKING

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
Exp. 6/30/2017

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant — Date: 1/16/25

Landlord — Date: 1/19/25

Form HUD-91067
(9/2008)

Voucher

Housing Choice Voucher Program

U.S. Department of Housing and Urban Development

OMB No. 2577-0169
(exp. 04/30/2026)

Office of Public and Indian Housing

OMB Burden Statement: The public reporting burden for this information collection is estimated to be up to 0.05 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This collection of information is required for participation in the housing choice voucher program. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information on this form by 24 CFR § 982.302. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number V-7789
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size 2
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.		2. Issue Date (mm/dd/yyyy) 12/18/2024
3. Date Voucher Expires (mm/dd/yyyy) must be at least sixty days after date Voucher is issued. (See Section 6 of this form.)		3. Expiration Date (mm/dd/yyyy) 3/18/2025
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)		4. Date Extension Expires (mm/dd/yyyy)
5.Name of Family Representative Glenda Cassandra Charles	6. Signature of Family Representative X [signature]	Date Signed (mm/dd/yyyy) X 12/18/24
7.Name of Public Housing Agency (PHA) Sumter Housing Authority		
8.Name and Title of PHA Official Lucy Woodard, Admissions	9. Signature of PHA Official Lucy Woodard	Date Signed (mm/dd/yyyy) 12/17/2024

1. Housing Choice Voucher Program

A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.

B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determine the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

A. When issuing this voucher the PHA expects that if the family finds an approval unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.

C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (of the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**

B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.

C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provision of the HUD tenancy addendum shall control.

D. After receiving the request for tenancy approval and a copy of the lease, the PHA will inspect the unit. The PHA may not give approval for the family to lease the unit or execute the HAP contract until the PHA has determined that all the following program requirements are met: the unit is eligible; the unit has been inspected by the PHA and passes the housing quality standards (HQS); the rent is reasonable; and the landlord and tenant have executed the lease including the HUD-prescribed tenancy addendum.

E. If the PHA approves the unit, the PHA will notify the family and the owner, and will furnish two copies of the HAP contract to the owner.
   1. The owner and the family must execute the lease.
   2. The owner must sign both copies of the HAP contract and must furnish to the PHA a copy of the executed lease and both copies of the executed HAP contract.
   3. The PHA will execute the HAP contract and return an executed copy to the owner.

F. If the PHA determined that the unit or lease cannot be approved for any reason, the PHA will notify the owner and the family that:
   1. The proposed unit or lease is disapproved for specified reasons, and
   2. If the conditions requiring disapproval are remedied to the satisfaction of the PHA on or before the date specified by the PHA, the unit or lease will be approved.

4. Obligations of the Family

A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.

B. The family must:
   1. Supply any information that the PHA or HUD determined to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly schedule reexamination or interim reexamination of family income and composition.

2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the PHA in writing of the birth, adopting, or court-awarded custody of a child.
9. Request PHA written approval to add any other family member as an occupant of the unit.
10. Promptly notify the PHA in writing if any family member no longer lives in the unit. Give the PHA a copy of any owner eviction notice.
11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

C. Any information the family supplies must be true and complete.
D. The family (including each family member) must not:
1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State, or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister, or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

5. Illegal Discrimination

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex (including sexual orientation and gender identity), disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

6. Expiration and Extension of Voucher

The voucher will expire on the date stated in item 3 on the top of page one of the voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.

If the family needs and requests an extension of the initial voucher term as a reasonable accommodation, in accordance with part 8 of this title, to make the program accessible to a family member who is a person with disabilities, the PHA must extend the voucher term up to the term reasonably required for that purpose.

VIOLENCE, DATING VIOLENCE OR STALKING

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
Exp. 6/30/2017

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant — Date: 1/16/25

Landlord — Date: 1/9/25

Form HUD-91067
(9/2008)

To whom this may Concern this statement is Created to Be a witness that I'm Personally Mrs. Alemda Charles with when Mrs. Charles was called By Vested Property to Congradulate Mrs. CK the Keys to Her Prope that she lease with them for the property At 1345 Boulevard Rd Suite 3E.

Thank you

#2025CP4301073

Payment Receipt

Glenda Charles
1345 Boulevard Rd
Sumter, SC 29153

Vestco Properties
480 E Liberty St
Sumter SC 29153
Phone: 803-773-8022

Account Information		Payment Information	
Account Number	9831	**Amount Paid**	**$800.00**
Unit	1345BOULEV	Date	1/8/2025
Previous Balance	$800.00	Received By	Tammie S
Balance	$0.00	Reference	CASH
		Comment	Security Deposit

AS OF 9/1/24 - ALL BALANCES MUST BE PAID IN FULL BEFORE THE NEXT PAYMENT IS DUE OR AN EVICTION WILL BE FILED. ONCE EVICTION IS FILED, YOU HAVE 10 DAYS TO CLEAR THE ACCOUNT IN FULL. IT IS YOUR RESPONSIBLITY TO CALL AND MAKE ACCEPTABLE PAYMENT ARRANGEMENTS.

2025CP4301

Transactions

Date Range: All

Glenda Charles	9831	Vestco Properties	1345BOULEV	1/10/2025	1/10/2025

Date	Reference	Description	Comment	Amount	Balance
01/08/25		Security Deposits		800.00	800.00
01/08/25	CASH	Payment Received	Security Deposit	-800.00	0.00
01/10/25		Other		0.00	0.00
01/16/25		Other		0.00	0.00
02/04/25		Section 8 Portion of Rent		900.00	900.00

Reciept to Show NO Reason for Eviction or Rule to Vacate

VIOLENCE, DATING VIOLENCE OR STALKING

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
Exp. 6/30/2017

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD	UNIT NO. & ADDRESS

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3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant — Date: 1/16/25

Landlord — Date: 1/9/25

'20'25CP430101
Motion DEFault
Reconsideration

I'm writing this letter to ask the judge to reconsider the ruling on the default. I would also like to state that there were 2 different judges on the court date on 3/14/2026. I have proof stating that the defendant lawyer stated information that wasn't stated by Judge McFaddin to Judge William. Judge William didn't have any of the court information in this court case to make a ruling on this case if he didn't have documents in front of him to rule this case. Due to this error I'm asking the Judge to reconsider this ruling . In November 10,2025 the defendant also stated to judge McFaddin that their company is an LLC and when the defendant Lawyer stated that they were not an LLC I have also enclose documents proving that this statement isn't true as well. I have also enclosed the disposition from the court ruling pertaining to this when they were allowed more time for this cause due to the fact that they lied under oath.I feel like the default should still stand due to this information.

Allen Charles

DSS SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

HENRY MCMASTER, GOVERNOR
TONY CATONE, STATE DIRECTOR

000035

March 09, 2026

GLENDA C CHARLES
419 HIGHLAND AVE
SUMTER, SC 29150-2704

RE: SCDSS vs. **ERIC FRANK GAYMON**
Case ID: **0550458**

Dear **GLENDA C CHARLES**

The Child Support Services Division (CSSD) intends to close the above case per the Code of Federal Regulations, Title 45 § **303.11(b)(1).** for the following reason: **NO CURRENT SUPPORT/ARREARS UNDER $500.00.**

All arrears in this arrears only case have been paid in full.

If you want CSSD to continue to provide services on this case, you must notify us within 60 days. Once closed, this case may be reopened for CSSD services if a new application is submitted.

If you have any questions, please feel free to contact CSSD Customer Service at **(800)768-5858.**

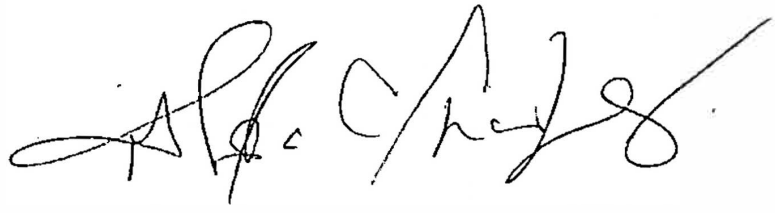
Child Support Services Division

DSDYLI

I Glenda C. Charles S writing the courts to ask for the amount in my court case for my lost stolen items in the amount of 70,000for compensatory damages I'm also asking the judge for punitive damages as well and any other fees that may be included into this case. I'm also asking the defendant to fill out an Asset form due to the fact that I have been homeless since this cruel act was done to me and my family. I would also like the courts to know that I have been out of work due to a back injury for 4 years so I have to apply for section 8 to get a place for me and my family while I was out of work. Since all of this have taking place I lost my section 8 due to this reason so that's why I asking the defendant to fill out the asset form when and if my case is done I'm asking the court to honor my Extreme hardship in this matter

2025 CP 4301073

I Glenda C Charles writing the courts to ask the court to honor the amount asking in my case due to the fact that I have already filled an default on this case .The amount that I'm asking in this case to recovery all of my stolen items from my the property,court fees,lost of transportation ,and court fees and findings as well as pain and suffering.Im ask the courts to order the amount of 70,000 paid in full.



2025CP4301052

I Glenda C Charles writing the courts to inform them of the court date that was set for 1/08/2026 for a Dispute Resolution I would like to reschedule this due to the fact that I wasn't inform by the courts of this court date. feel like this was a very important part to my case due to the fact that I had already fill a default into this case. I am also asking the court to order the amount of my insurance policy.

Spectrum

ACCOUNT NUMBER
8349 20 034 0432375

STATEMENT DATE
May 19, 2025

SERVICE ADDRESS
1345 BOULEVARD RD
SUMTER, SC 29153

Amount Due
$455.23

How It Adds Up

Previous Balance	$455.23	
Payments Received	$0.00	
Past Due - Due Now		**$455.23**
Current Activity		
Current Activity Charges due		**$0.00**
Total Due		**$455.23**

IMPORTANT ACCOUNT INFORMATION
Your current balance due appears on this bill statement and is due immediately. To avoid being charged for unreturned equipment and additional fees, any Spectrum equipment that you currently have needs to be returned. This includes Spectrum equipment that supports TV, Internet or Voice service. To return your equipment: Bring it to any The UPS Store location. They will package and ship the equipment back to Spectrum at no charge to you. Or, you can also visit **Spectrum.net/return** for alternative return options. Allow at least 10 days for the equipment to be removed from your account. We hope to have you back in the future.

IMPORTANT NEWS

Detach the included payment stub and enclose it with a check made payable to Spectrum. If you have questions about your account, call us at **(855) 757-7328.**

Spectrum

DO NOT SEND PAYMENTS TO THIS ADDRESS
4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652

8349 2000 NO RP 19 05202025 NNNNNYNN 01 000543 0002

GLENDA CHARLES
PO BOX 187
SUMTER SC 29151-0187

Amount Due **$455.23**

Due by

Account Number **8349 20 034 0432375**

Amount Enclosed $

Please send payment to:

SPECTRUM
PO BOX 6030
CAROL STREAM IL 60197-6030

83492003404323750045523 8

[illegible]/25

To [illegible]

[illegible] M[illegible] [illegible]

after [illegible] [illegible]

[illegible] [illegible], [illegible]

[illegible] [illegible] [illegible] tract

[illegible] Section B. [illegible]

[illegible] the Key to the property

at [illegible] [illegible] Rd. [illegible], SC

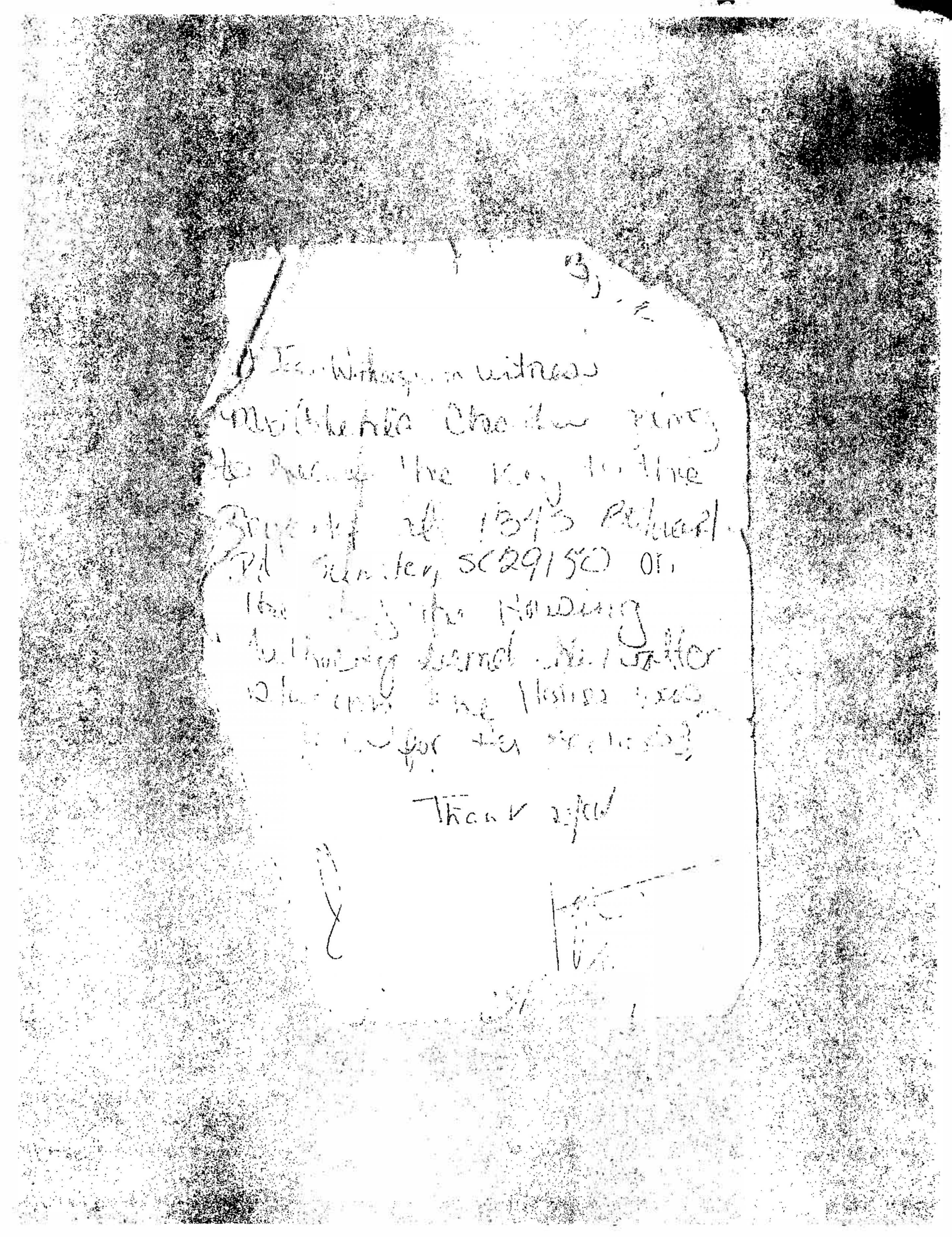
29[illegible]

[illegible] [illegible]

Thank you

If you need to call

5[illegible]3 846 [illegible]



C & W Auto Sales of Sumter LLC

2651 North Main Street Sumter SC 29153
(803) 840-1244 Fax (803) 469-2651

08/18/2025

To whom it may concern:

Glenda Cassandra Charles purchased a 2011 Chevrolet Equinox vin 2CNFLGE51B6433198 on December 13, 2024. We repossessed the vehicle on May 28, 2025 for non-payment.

If you have any questions about our request, please give us a call at (803) 840-1244.

Thanks,

Tiffany Rodgers
Office Manager

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

RECEIVED
JUL 24 2026
SC Court of Appeals

APPEAL FROM Sumter COUNTY
Court of Common Pleas

DOBY, Circuit Court Judge

Case No. 2025 - CP 43D 1073

Hendo Charles, Appellant/Respondent,

v.

Vestco Property, Appellant/Respondent

PROOF OF SERVICE

I certify that I have served the Emergency Motion on Thomas Player by depositing
(Document) (Name)
a copy of it in the United States Mail, postage prepaid, on 7/24/26, addressed to,
(Date)

PO BOX 3690 Sumter, South Carolina
Common Pleas 215 Harvin St
Sumter, SC 29150

Date: 7/24/26

s/ Hendo Charles
Address: 1211 Highland
Highland Ave
Sumter, SC 29150