

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

---

APPEAL FROM CHARLESTON COUNTY  
Court of Common Pleas

J.C. Nicholson, Jr., Circuit Court Judge

---

Michael Dayse, ..... Appellant,

v.

Deborah Winston, ..... Respondent.

---

RECORD ON APPEAL

---

Michael Dayse  
Post Office Box 21968  
Charleston, S.C. 29413  
(843) 819-8687  
Pro se

Joseph S. Mendelsohn, B/N 3935  
P.O. Box 250  
Charleston, S.C. 29402  
(843) 723-7231/577-7210  
Attorney for Respondent

**INDEX**

Order Setting Aside Default ..... 2

Complaint ..... 3

Answer ..... 7

Transcript ..... 10

Exhibits

    “A” ..... 13

    “B” ..... 15

    “C” ..... 25

    “D” ..... 28

Certificate of Appellant ..... 30

STATE OF SOUTH CAROLINA  
COUNTY OF CHARLESTON

IN THE COURT OF COMMON PLEAS  
FOR THE NINTH JUDICIAL CIRCUIT  
CASE NO: 2011-CP-10-6239

FILED  
2012 FEB 15 PM 4:57  
JULIA WINSTON  
CLERK OF COURT  
BY \_\_\_\_\_

MICHAEL DAYSE,  
  
Petitioner,

v.

ORDER SETTING ASIDE DEFAULT

DEBORAH WINSTON,  
  
Respondent.

---

This matter comes before me on Respondent /Defendant's Motion to Set Aside a Default Judgment under Rule 55 and 60 (b)(1), South Carolina Rules of Civil Procedure, as amended.

I heard the motion on February 9, 2011. Appearing for the Movant was Charles S. Goldberg, Esquire, and Michael Dayse representing himself, pro-se.

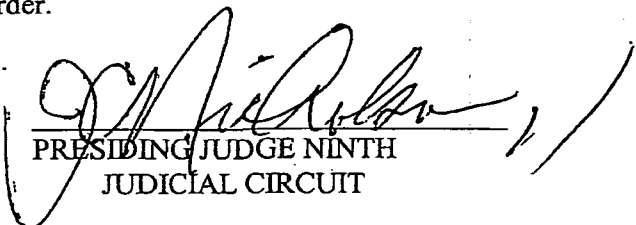
Based on arguments of counsel and upon consideration of the documents filed, I find that the Respondent/Defendant has a defense to the action and that there was excusable neglect in her failure to file responsive pleadings. I also find that the Petitioner is in no way prejudiced by the granting of this motion..

IT IS THEREFORE ORDERED that the Default Judgment be set aside and dismissed, and it is further

ORDERED that the Respondent/Defendant file her responsive pleadings within thirty (30) days from date of this Order.

AND IT IS SO ORDERED.

February 13, 2012  
Charleston, South Carolina

  
\_\_\_\_\_  
PRESIDING JUDGE NINTH  
JUDICIAL CIRCUIT

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF CHARLESTON )

IN THE COURT OF COMMON PLEAS  
FOR THE NINTH JUDICIAL CIRCUIT

MICHAEL DAYSE )  
 )  
Petitioner, )  
 )  
vs. )  
 )  
DEBORAH WINSTON )  
 )  
Respondent. )  
\_\_\_\_\_ )

C/A No. 2011-CP-10-6239

SUMMONS

BY \_\_\_\_\_

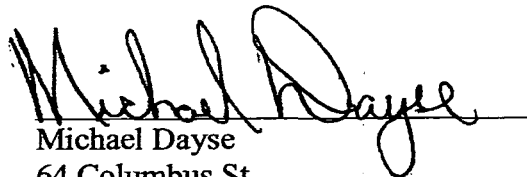
JULIE J. ARMSTRONG  
CLERK OF COURT

2011 AUG 31 AM 9:37

FILED

TO: The defendant above-named:

**YOU ARE HEREBY SUMMONED** and required to answer the Complaint herein, a copy of which is herewith served upon you, and to serve a copy of your answer to this Complaint upon the subscriber, at the address shown below, within thirty (30) days after service hereof, exclusive of the day of such service, and if you fail to answer the Complaint, judgment by default will be rendered against you for the relief demanded in the Complaint.

  
Michael Dayse  
64 Columbus St.  
Charleston, S.C. 29403

Dated: August 30, 2011.

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF CHARLESTON )

IN THE COURT OF COMMON PLEAS  
FOR THE NINTH JUDICIAL CIRCUIT

MICHAEL DAYSE, )  
 )  
Plaintiff, )  
 )  
vs. )  
 )  
DEBORAH WINSTON, )  
 )  
Defendant. )  
\_\_\_\_\_ )

C/A No.

DECLARATORY JUDGMENT  
& INJUNCTIVE RELIEF

2011 AUG 31 AM 9:38  
JULIE J. ARMSTRONG  
CLERK OF COURT

FILED

NOW COMES the plaintiff, MICHAEL DAYSE, and alleges as follows:

1. Jurisdiction of this Court is invoked pursuant to the laws of the state of South Carolina.
2. Plaintiff resides at 64 Columbus St., city of Charleston, county of Charleston, S.C.
3. At all times mentioned herein plaintiff resided at 192 Rutledge Ave., city of Charleston, county of Charleston, S.C.
4. Defendant, Deborah Winston, is and at all times mentioned herein was, residing at 2390 Baker Hospital Blvd., Apt. H 202, city of North Charleston, county of Charleston, S.C.
5. On or about September 3, 2010 plaintiff was appointed attorney-in-fact for Ethel Frasier, his aunt (a copy of which is attached hereto as Exhibit "A").
6. On or about August 17, 2011, defendant recorded documents with the RMC office of Charleston County, S.C. claiming to be attorney-in-fact for the same Ethel Frasier (a copy of which is attached hereto as Exhibit "B").
7. Plaintiff's appointment has never been revoked.
8. On or about August 5, 2011 defendant wrongfully and unlawfully withdrew all the monies out of Ethel Frasier's bank account.

9. Plaintiff has demanded that defendant refrain from committing any and all acts as attorney-in-fact for Ethel Frasier, but defendant has refused and has threatened to continue such acts, and will do so, unless this court immediately enjoins the defendant from doing so.

10. An actual controversy has arisen and now exists between plaintiff and defendant concerning their respective rights and duties as attorney-in-fact for Ethel Frasier.

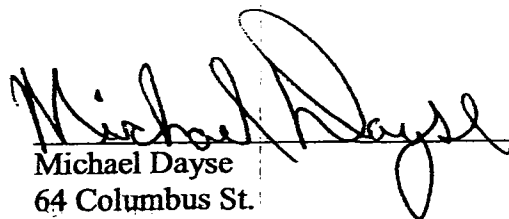
11. Plaintiff desires a judicial determination of plaintiff's rights and duties and a declaration as to who is legally the attorney-in-fact for Ethel Frasier.

12. A judicial declaration is necessary and appropriate at this time under the circumstances in order to prevent further misappropriation of assets owned by Ethel Frasier.

WHEREFORE, plaintiff requests judgment for:

1. A declaration that plaintiff is attorney-in-fact for Ethel Frasier;
2. A declaration that defendant's general Power of Attorney document is void and of no force or effect;
3. Enjoin defendant from acting as attorney-in-fact for Ethel Frasier;
4. Such other and further relief as the court deems just and proper.

Dated: August 30, 2011.

  
Michael Dayse  
64 Columbus St.  
Charleston, S.C. 29403

STATE OF SOUTH CAROLINA )  
COUNTY OF CHARLESTON )

CERTIFICATE OF SERVICE

I, MICHAEL DAYSE, plaintiff, acting pro se, hereby certify that I have this date served the attached SUMMONS and COMPLAINT on the defendant by depositing a copy of same in the U.S. mail, postage pre-paid, return receipt requested, and addressed as follows:

Deborah Winston  
2390 Baker Hospital Blvd., Apt. H 202  
North Charleston, S.C. 29405

Dated: August 30, 2011.

*Michael Dayse*  
Michael Dayse  
64 Columbus St.  
Charleston, S.C. 29403

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Deborah Winston</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Deborah Winston</i></p> <p>C. Date of Delivery <i>9-6-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>DEBORAH WINSTON 2390 BAKERS HOSPITAL BLVD. APT-H-202 NORTH CHARLESTON, SC 29405</i></p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service)</p>	<p><i>7011 0470 0003 4319 8419</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



1. That this Honorable Court issue its Order dismissing Plaintiff's Complaint, with attorney's fees and costs;
2. For such other and further relief as to this Honorable Court may seem just and proper.



---

JOSEPH S. MENDELSON  
ATTORNEY DEFENDANT  
104 BROAD STREET  
P. O. BOX 250  
CHARLESTON, S. C. 29402  
(843) 577-7210


March 5<sup>th</sup>, 2012.

Charleston, South Carolina

CERTIFICATE OF SERVICE

This is to certify that I hereby certify that a copy of Defendant's Answer was served upon the Plaintiff, Michael Dayse, by depositing a copy of same in the U.S. Mail in a properly addressed envelope with adequate postage thereon this the 5<sup>th</sup> day of March, 2012, as follows:

Michael Dayse  
P. O. Box 21968  
Charleston, South Carolina 29413-1968

  
\_\_\_\_\_  
Joseph S. Mendelsohn  
Attorney for Defendant

1 represent Deborah Winston, who is in the courtroom. She  
2 was served with this summons and something called a  
3 declaratory judgment and injunctive relief. Basically,  
4 Mr. Dayse has asked that his power of attorney be  
5 enforced. It's interesting, of course, Judge, in order to  
6 set aside a default, you've got to have a defense to the  
7 action, and, of course, excusable neglect. Insofar as the  
8 defense goes, he alleges in paragraph 7 of this document  
9 called declaratory judgment that the plaintiff's  
10 appointment has never been revoked. Well, that's simply  
11 not true. It was revoked and it was recorded prior to the  
12 institution of whatever action it is that he is bringing  
13 today.

14 Secondly, excusable neglect. The pleadings were  
15 served on her. She thought that the pleadings were a  
16 duplication of an existing pending action in the  
17 commitment division of the probate court. So she sort of  
18 disregarded it because she has been sued three separate  
19 times by this gentleman within the last few months, and as  
20 a layperson, she didn't realize what had happened. It  
21 was -- she was supposed to answer on October the 11th.  
22 On October 3rd, she was hospitalized from October 3rd  
23 through the 25th of October. Strangely enough, during the  
24 summer she had broken her hip, and while in rehab, the  
25 therapist dropped her and she broke a bone in her leg. So

1 her focus was basically on her own health and totally  
2 disregarded this.

3 I came into play when I received from Mr. Dayse an  
4 order of default and, of course, we immediately filed our  
5 motion to set it aside. We think we've got a perfectly  
6 good defense to whatever this is because there has been a  
7 recorded revocation. Mr. Dayse knew that.

8 THE COURT: Okay.

9 MR. GOLDBERG: It was recorded in the courthouse.

10 THE COURT: Anything else? Don't mean to cut you  
11 short.

12 MR. GOLDBERG: That's it.

13 THE COURT: Mr. Dayse, I'll be glad to hear you.

14 MR. DAYSE: Good morning, Your Honor. Stating that I  
15 filed this motion back in August 2011 on the 31st and I  
16 didn't get no answer. Ms. Winston perfectly know the  
17 different courts that she -- applying to. And as far as  
18 Mr. Goldberg is saying, his meritorious defense is  
19 revoked --

20 Is that your meritorious defense?

21 MR. GOLDBERG: That's correct.

22 MR. DAYSE: I'll move on. I did file for judgment to  
23 find out who is the attorney-in-fact. The clerk -- this  
24 is my declaratory judgment. The clerk signed it.  
25 Judgment of default, and I'd like to enter this to you.

1 THE COURT: It's in the file.

2 MR. DAYSE: Okay.

3 THE COURT: Are you familiar with Rule 55, South  
4 Carolina Rules of Civil Procedure?

5 MR. DAYSE: No, sir.

6 THE COURT: Well, that's the rule that we'll be  
7 talking about today.

8 MR. DAYSE: Oh, okay.

9 THE COURT: Okay?

10 MR. DAYSE: Okay.

11 THE COURT: You never looked at it?

12 MR. DAYSE: Sir?

13 THE COURT: Have you ever looked at it?

14 MR. DAYSE: No, sir. No.

15 THE COURT: You're entitled to represent yourself --

16 MR. DAYSE: Well --

17 THE COURT: Listen to me for just a second, please,  
18 sir, and don't interrupt me, okay?

19 MR. DAYSE: Okay.

20 THE COURT: And I'll listen to you. We're not going  
21 to interrupt each other. Do you understand?

22 MR. DAYSE: Yes, sir.

23 THE COURT: Rule 55 is the rule concerning setting  
24 aside a default. You're welcome to represent yourself pro  
25 se. You're entitled to do that. However, the courts

Exhibit A

# RECORDER'S PAGE



**NOTE:** This page **MUST** remain with the original document

**Filed By:**

COUNTER CUSTOMER  
MICHAEL DAYSE  
192 RUTLEDGE AVE.  
CHARLESTON, SC 29403

RECORDED		
Date:	October 14, 2010	
Time:	3:09:51 PM	
Book	Page	DocType
0149	262	PIAtty
Charlie Lybrand, Register Charleston County, SC		

**MAKER:**

FRAISER ETHEL

# of Pages:   
# of Sats:   
# of References:

**RECIPIENT:**

DAYSE MICHAEL

Note:

Recording Fee	\$ 15.00
Extra Reference Cost	\$ -
Extra Pages	\$ -
Postage	\$ 0.50
Chattel	\$ -
<b>TOTAL</b>	<b>\$ 15.50</b>

Original Book:

Original Page:

DRAWER   
CLERK



0149  
Book



262  
Page



10/14/2010  
Recorded Date



2  
# Pgs



Original Book



Original Page



D  
Doc Type



15:09:51  
Recorded Time

**CERTIFIED  
TRUE COPY  
CHARLIE LYBRAND  
REGISTER MESNE CONVEYANCE  
CHARLESTON COUNTY, SC**

DATE: October 14, 2010  
BY: Charlie Lybrand

B.P.



BP0149262

RMC BK 0149 Pg 262 : pg 1 \*

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF CHARLESTON )

GENERAL POWER OF ATTORNEY

I, Ethel Fraiser, the undersigned of 135th St., 213W, Bronx, Bronx county, New York, make, constitute, and appoint Mr. Michael Dayse, of 192 Rutledge Ave., Charleston, Charleston county, South Carolina, my true and lawful attorney-in-fact, in my name, place and stead, giving attorney-in-fact full power to do and perform all and every act that I may legally do through an attorney-in-fact, and every power necessary to carry out the purposes for which this power is granted, with full power of substitution, revocation, ratifying and affirming that which attorney-in-fact or a substitute shall lawfully do or cause to be done by an attorney-in-fact or a substitute lawfully designated.

Dated: 9/3/2010

Bernita G. Dayse

Deborah Winston

Witness

Ethel Fraiser  
Ethel Fraiser

BEFORE ME, the undersigned authority, on this 3 day of September, 2010, Personally appeared before me Ethel Fraiser and signed the Foregoing, and acknowledged to me that she executed the same freely and voluntarily for the uses and purposes therein expressed. WITNESS my hand and official seal the date aforesaid.

Anthony Soyn  
Notary Public for South Carolina  
My Commission Expires: 15 Dec 2013

Exhibit "B"

MUSC Health  
INSTITUTE OF PSYCHIATRY



\*DCORDERS\*

Institute of Psychiatry  
Physician Discharge Orders



P104286083 DOB:12.11.1923 B F  
FRASIER

ETHEL

Adm:03/22/11 M2655455

\*\*\*\*\*

Form Origination Date: 9/09  
Version: 6

Version Date: 7/10

Page 1 of 4

Patient Name Frasier, Ethel  
MRN

PATIENT IDENTIFICATION LABEL

ALL ELEMENTS OF THIS FORM MUST BE COMPLETED

1. Principal Discharge Diagnosis:

Alzheimer's Dementia with behavioral disturb

Axis I Alzheimer's Dementia with behavioral disturbances

Axis II Deferred

Axis III Hypertension, breast cancer s/p mastectomy

Axis IV Severe - housing, economic

Axis V 51

2. Reason for Hospitalization:

Increased agitation, confusion, disoriented ✓

a. Admission Date

3/22/11

ADMISSION EVALUATION AND LABORATORIES

Mental Status on Admission: Orientation Person

Appearance / Behavior well groomed/cooperative

Speech / Motor paucity/normal

Mood / Affect euthymic/stable

Thought Content and Process suicidal thoughts/illogical, perseveration

Concentration / Memory unable to attend to task/impaired ✓

Insight / Judgment significantly impaired ✓

Laboratory Results and Pertinent Physical Findings

UDS (-), UA (-), BAL (-), BMP within normal limits

HOSPITAL COURSE (include rationale for medication changes if applicable)

Ms. Frasier was admitted to the Senior Care Unit on 3/20 but did not arrive until 3/22 due to bed availability. She was placed on 15 minute checks, fall precautions, suicide precautions and unit restriction. During her initial evaluation by the senior care team, she was noted to be delirious. After 48 hours her delirium resolved and she returned to her baseline of being oriented only to herself. She was started on zyprexa which was titrated to 2.5mg at 1200, 1600, and 2000. She was also started on tegretol 100mg daily, 100mg at 1400, and 200mg at bedtime. For her hypertension, she was placed on hydrochlorothiazide 25mg, and her lisinopril was titrated to 40mg. Ms. Frasier was also restarted on her brimonidine and latanorost for her glaucoma. Occasionally during the hospitalization Ms. Frasier would become agitated with staff and attempted to elope. Her sleep/wake cycle was also erratic, but this improved over the course of the hospitalization. At the time of discharge, Ms. Frasier was calm, pleasant, and cooperative with staff. She attended and participated in groups on the unit. She was eating all of her meals and was compliant with her medications. She was also sleeping throughout the night. On the day of discharge, she had a CMP and tegretol level drawn. Ms. Frasier was felt to no longer be an imminent threat to herself or others and will be discharged into the care of her nephew. ✓

Hospital course continued on Addendum

b. Discharge Date

4/8/11

c. Discharge Unit

BICU

(843)

792-0116

d. Condition at discharge:  See above

Cognitive status: Poor

Functional status: Fair

Involuntarily committed to:

3. Discharge Attending:

Edgar Weiss, M.D.

4. Discharge Resident/PA-C/NP

Jordan

5. Discharge Service:

BICU

Physician Signature

*E. Weiss*

Pager ID

14235

Date

4/8/11

Time

5:30

AM/PM

iop\_all\_orders\_dischgeneral

OTE 901157 7/10



MUSC Health  
INSTITUTE OF PSYCHIATRY

\*DCORDERS\*  
Institute of Psychiatry  
Physician Discharge Orders

Form Origination Date: 9/09  
Version: 6

Page 2 of 4

Version Date: 7/10



P104286083 DOB:12/11/1923 B F

FRASIER

ETHEL

Adm:03/22/11 M2655455

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

Patient Name Fraser, Ethel

MRN

PATIENT IDENTIFICATION LABEL

6. Did the patient have any of the following diagnoses during this admission?

If yes to any, additional questions will pop up and MUST be completed.

- No  Yes Acute myocardial infarction
- No  Yes Asthma (Pediatric)
- No  Yes Cerebral vascular accident (CVA)
- No  Yes Congesive Heart Failure (CHF)
- No  Yes Diabetes mellitus
- No  Yes Pneumonia

NURSE INSTRUCTIONS – if any of above checked yes, include appropriate discharge instructions to the patient

7. Has the patient used tobacco in the past 365 days?

- No
- Yes → counsel patient / caregiver  I have counseled patient / caregiver on harmful effects of smoking & offered smoking cessation advice

→ NURSE INSTRUCTIONS – Emphasize tobacco cessation in your discharge instructions and give patient / caregiver education material

8. Patient Disposition:

a) Discharge or Transfer to:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Assisted living              | <input type="checkbox"/> Hospital / acute care facility          | <input type="checkbox"/> Rehabilitation facility          |
| <input checked="" type="checkbox"/> Home or self-care | <input type="checkbox"/> Long term acute care facility - LTAC    | <input type="checkbox"/> TCU                              |
| <input type="checkbox"/> Home with hospice            | <input type="checkbox"/> Nursing home / skilled nursing facility | <input type="checkbox"/> VA / Federal hospital / military |
| <input type="checkbox"/> Hospice facility             | <input type="checkbox"/> Psychiatric facility / unit             | <input type="checkbox"/> Left against medical advice      |
| <input type="checkbox"/> Involuntarily committed      |  |   |

Address

192 Rutledge Avenue, Charleston, SC 29403

Phone

843-819-8687

If discharge to home (check applicable):

- b) Home health services:  Nursing  OT  PT  Speech  MSW  Other \_\_\_\_\_
- Provider: \_\_\_\_\_ Contact #: \_\_\_\_\_
- Reason (specify services needed at home and why): \_\_\_\_\_

Initial home health orders are signed by discharge attending.

Follow-up home health orders are signed by:  MUSC discharging attending above

Other (specify): \_\_\_\_\_

- c) Infusion therapy, only if applicable (specify meds and durations in med rec form):  \_\_\_\_\_
- Provider: \_\_\_\_\_ Contact #: \_\_\_\_\_

d) Durable medical equipment – List medical equipment:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Bedside commode | <input type="checkbox"/> Crutches           | <input type="checkbox"/> Food pump   |
| <input type="checkbox"/> Walker          | <input type="checkbox"/> Walker with wheels | <input type="checkbox"/> Wheelchair  |
| <input type="checkbox"/> CPAP            | <input type="checkbox"/> Oxygen             | <input type="checkbox"/> Other _____ |

Provider: \_\_\_\_\_ Contact #: \_\_\_\_\_

- e) Resume previous home health services for condition / diagnosis unrelated to current hospitalization

Physician Signature

*[Signature]*

Pager ID

14235

Date

4/8/11

Time

8:31

AM/PM

iop\_all\_orders\_dischgeneral

OTE 901157 7/10



**MUSC Health**  
INSTITUTE OF PSYCHIATRY



\*DCORDERS\*

**Institute of Psychiatry  
Physician Discharge Orders**

Page 3 of 4

Form Origination Date: 9/09  
Version: 6

Version Date: 7/10



P104286083 DOB:12/11/1923 B F  
FRASIER  
ETHEL

Adm:03/22/11 M2655455

Patient Name Frasier, Ethel  
MRN \_\_\_\_\_

PATIENT IDENTIFICATION LABEL

**10. Level of activity after discharge: Restrictions**  
(specify restrictions):

Ms. Frasier needs 24 hour supervision. She cannot drive.

**11. Diet after discharge: Cardiac fit** (specify other diet): \_\_\_\_\_

**12. Appointments after discharge:**

a) Review patient physicians and potential need for follow up:

- Primary Care Clinician: Family medicine
- MUSC Referring Physician: \_\_\_\_\_
- Referring Physicians external to MUSC: \_\_\_\_\_
- Admitting Physician: Edgar Weiss, M.D.
- Attending Physician: Edgar Weiss, M.D.

b) Review consultants seen during hospitalization and potential need for follow up: (list consultants seen during hospitalization)

Consulting Service	Attending	Follow-up needed?
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> No <input type="checkbox"/> Yes

c) Has patient had any foreign objects (packing, foley, central line, tubes, etc.) that need removal at a later time or monitored as an outpatient?  N/A

d) Follow up appointments to be arranged by Social Worker

**13. Call for the following:** (specify the condition & who to call; use plain words)

Go to the local Emergency Room for an emergency.

For questions and issues related to discharge instructions or medications, contact us at the Hospital Nursing Unit phone number.

Increased confusion, increased agitation, hallucinations, suicidal ideations, homicidal ideations

**14. IV Access** (verify that access line is to be removed or if maintain, verify that this is the case)

Remove all prior to discharge  Maintain (specify): \_\_\_\_\_

**15. Allergies:**  NKA  Other (specify) \_\_\_\_\_

**16. Medications:**  See IOP Discharge Medication Orders

Physician Signature \_\_\_\_\_

Pager ID 14235

Date 4/8/11

Time 8:30

AM/PM

iop\_all\_orders\_dischgeneral

OTE 901157 7/10



**MUSC Health**  
INSTITUTE OF PSYCHIATRY



\*DCORDERS\*  
**Institute of Psychiatry**  
**Physician Discharge Orders**

Page 4 of 4

Form Origination Date: 9/09  
Version: 6

Version Date: 7/10



P104286083 DOB:12/11/1923 B F  
FRASIER  
ETHÉL  
Adm:03/22/11 M2655455

Patient Name Frasier, Ethel  
MRN \_\_\_\_\_

PATIENT IDENTIFICATION LABEL

**17. Transition Enhancement**

- a) Dictation job number \_\_\_\_\_ (dictation telephone 2-7007, Work type 4 - discharge summary, 8 - STAT for transfer summary)
- b) Fax a copy of  discharge orders and medication reconciliation form to provider listed on patient instruction page, for whom an Authorization to Disclose Protected Health Information has been signed
- c) Labs / Studies still pending at the time of discharge:  
Tegretol level, comprehensive metabolic panel

d) Special issues that need to be discussed at follow-up visits:

**FOLLOW-UP PROVIDER TREATMENT CONSIDERATIONS**

<input checked="" type="checkbox"/> Possible medication adjustment(s) <u>Zyprexa, lisinopril</u>	<input type="checkbox"/> Laboratory studies _____
<input type="checkbox"/> Side effects for special consideration _____	<input type="checkbox"/> Medical conditions of special note _____
<input type="checkbox"/> Next depot injection due on _____	<input type="checkbox"/> Medication, alcohol, or drug use of particular concern _____

**FURTHER RECOMMENDATIONS FOR PATIENT AND/OR GUARDIAN (any reasons for concern, safety issues)**  
Patient must keep appointments with mental health and with primary care to continue treatment of her Alzheimer's Dementia and her hypertension.

e) Code status at discharge:  Full code  Allow natural death  Other (specify): \_\_\_\_\_

f) Patient phone number in case follow-up needed: 843-819-8687

g) Return to work / school status  N/A or Choose one or free text \_\_\_\_\_

[link to complete excuse form]

Physician Signature Allison Jordan Pager ID 15750 Date 4/8/11 Time 800  AM  PM  
 Attending Signature [Signature] Pager ID 14235 Date 4/8/11 Time 830  AM  PM  
 iop\_all\_orders\_dischgeneral OTE 901157 7/10

**Discharge Summary Format**

1. Patient full name and spelling, MUH PATCOM #, MUH MRN #
2. Date of admission & date of discharge
3. Attending physicians full name and spelling, service
4. Person dictating (spelling)
5. Chief complaint on admission
6. Admitting diagnosis
7. Procedures during hospitalization
8. Consultations during hospitalization
9. Brief HPI and pertinent ROS
10. PMH
11. PSH
12. Admission medications
13. Allergies (did allergies change during hospitalization?)
14. Social history / Family history (pertinent)
15. Admission PE and diagnostic tests (pertinent)
16. Hospital course (problem based; formatted in separate paragraphs)
17. Discharge diagnosis (list primary and all secondary diagnoses)
18. Cancer staging if applicable (T\_ N\_ M\_ = Stage \_)
19. Discharge medications
20. Disposition, condition on discharge, activity, diet
21. Appointments
22. Labs / studies pending at time of discharge
23. Code status at discharge
24. MOST IMPORTANT - MUSC Referring physician, External Referring physicians, Primary care clinicians (spell name & location)



**Institute of Psychiatry Discharge Instructions**

\*PTINSTRUC\*

Page 1 of 1

Form Origination Date: 9/09  
Version: 6

Version Date: 7/10

Patient Name Frasier, Ethel  
MRN \_\_\_\_\_

**PATIENT IDENTIFICATION LABEL**

**MUSC Patient PASS: A Transition Record  
Patient Preparation to Address Situations (after discharge) Successfully**

I was hospitalized at MUSC Hospital from 3/22/11 through 4/8/11 for the following problems:  
Increased agitation, confusion, disoriented

My level of activity after discharge is:  
Restrictions Ms. Frasier needs 24 hour supervision. She cannot drive.

My diet after discharge is:  
Cardiac fit

If I have the following problems.....

Go to the local Emergency Room for an emergency.

For questions and issues related to discharge instructions or medications, contact us at the Hospital Nursing Unit phone number.

Increased confusion, increased agitation, hallucinations, suicidal ideations, homicidal  
The tests and issues I need to talk with my doctor(s) about at my first office visit:

Tegretol level, comprehensive metabolic panel

**Further recommendations for patient and / or guardian:**

Patient must keep appointments with mental health and with primary care to continue treatment of her Alzheimer's Dementia and her hypertension

See separate sheet for scheduled appointments.

**Important contact information:**

	Name	Phone Number
My Primary Doctor	Family medicine	792-3451
My Hospital Doctor	Edgar Weiss, M.D.	792-5367
My MHC Case Manager		
My Social Worker	<i>Steven Hunt MSW</i>	792-0116
Hospital Nursing Unit	BICU	792-0116

	Name	Type of Service	Contact Person	Phone/Fax Number
My Pharmacy				

**Important discharge instructions:**

I have received information and listing of available agencies and have been offered a choice regarding agencies available in my area.  N/A

I have reviewed my discharge and medication instructions, understand the information, and have received copies.

Patient / Caregiver \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Original to record

Copy to Patient

OTE 901157 7/10



\*IOPPHYSORDER\*

MUSC  
MEDICAL UNIVERSITY  
OF SOUTH CAROLINA



P:104286083 DOB:12 11 1973 R F  
FRASIER  
ETHEL  
Adm:03/22/11 M:2655455

Institute of Psychiatry (IOP)  
Discharge Medication Orders

Page 1 of 1

Patient Name Frasier, Ethel

Form Origination Date: 7/07  
Version: 1

Version Date: 7/07

MRN

STAMP PLATE / PATIENT IDENTIFICATION LABEL

MEDICATION	DIRECTIONS FOR USE	SPECIAL INSTRUCTIONS	SOURCE
Lisinopril 40mg	take one by mouth daily		<input checked="" type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
Tegretol (carbamazepine) 100mg	take one at 0800 and 1400 (2PM)		<input checked="" type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
Tegretol (carbamazepine) 200mg	take one by mouth at bedtime		<input checked="" type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
Zyprexa (olanzapine) 2.5mg	take one by mouth at noon, 1600 (4PM), and 2000 (8PM)		<input checked="" type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
Aricept orally disintegrating tablets (donepezil) 5mg	take one by mouth daily		<input checked="" type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
Brimonidine tartrate 0.15% ophthalmic	one drop each eye twice daily		<input checked="" type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
Latanoprost 0.005% ophthalmic	one drop each eye at bedtime		<input checked="" type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
Hydrochlorothiazide 25mg	take one by mouth daily		<input checked="" type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
Norvasc (amlodipine) 5mg	take one by mouth daily		<input checked="" type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
			<input type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter
			<input type="checkbox"/> Prescription given <input type="checkbox"/> Samples given <input type="checkbox"/> Use home supply <input type="checkbox"/> Buy over the counter

Stop the following medications: Procardia XL 60mg

Additional comments: Do not take procardia until you have gone to your primary care appointment. Take Norvasc instead.

IMPORTANT NOTICES TO PATIENT:

- I have reviewed your hospital medications and reconciled them with the outpatient medications documented in the IOP Assessment (OTE 700239/700243) pages 2&3.
- This is a list of ALL the medications you should be taking. Please bring this list to your doctor's appointments and pharmacy.
- Do NOT take any medications that are not on this list. Please consult your outpatient provider before making any changes to your medication regimen. Thank you.

Signature & Title Allison Jordan Printed Name Allison Jordan Pager ID 15750 Date 4/8/11 Time 0800 (AM/PM)

iopdcmorder

Photocopy to patient / Original to medical record

OTE 700277 7/07

102



\*PTINSTRUC\*  
**Institute of Psychiatry Discharge Instructions –  
 Patient Appointments**

Page 1 of 1

Form Origination Date: 9/09  
 Version: 6

Version Date: 7/10



P:104286083 DOB:12/11 1923 B F

**FRASIER**

**ETHEL**

Adm:03/22/11 M:2655455

\* PRINTED FROM THE MUSC HEALTH INFORMATION SYSTEMS DEPARTMENT \* 03/22/11 11:00

Patient Name FRASIER, ETHEL  
 MRN 2655455  
**PATIENT IDENTIFICATION LABEL**

**FOLLOW-UP PLAN and APPOINTMENTS** It is important that all follow-up appointments be kept, and if you cannot keep an appointment at the time scheduled, please call the provider to reschedule. A checkmark indicates that this Discharge Order has been faxed to the provider listed below for whom an Authorization to Disclose Protected Health Information has been signed (as indicated by a checkmark in the "A" column).

A	Faxed	Name / Agency	Address	Phone Number	Fax Number	Appointment Date and Time
	X	DR MARY HART CRAIG GEROPSYCHIATRY	MCCLENNEN-BANKS BLDG ROOM 205	843-792-5567	843-792-7331	APRIL 15 1:00PM
	X	DR PLAYER	FAMILY MEDICINE 315 CALHOUN STREET	843-792-3451	843-792-3459	APRIL 26 1:45PM

Clinician Signature *[Handwritten Signature]* Date 04/08/2011 Time 0900 AM/PM

iop\_all\_orders\_dcappointments

OTE 901160 7/10

April 15, 2011

To whom it may concern:

Ethel Frasier, date of birth 12/11/1923, is my patient in the MUSC Geriatric Psychiatry Clinic. She has Alzheimer's Dementia with Behavioral Disturbance. Thank you for your consideration.

Sincerely,



Mary Hart Craig, M.D.



# South Carolina Department of Motor Vehicles

## Disabled Placard and License Plate Application

RG-007A  
(Rev. 1/11)

### Section 1 - Check type of transaction

Original   
  Renewal   
  Replacement - Prior Plate/Placard No. \_\_\_\_\_   
  Add Disabled Parking Authorized (\$1.00)

**DISABLED LICENSE PLATE**   
  Passenger Vehicle (\$20.00)   
  Motorcycle (\$10.00)

Purple Heart Wheelchair (Must also meet requirements for Purple Heart; No fee - Permanent Plate)  
 Disabled Veteran Wheelchair (HV) (Must also meet requirements for Disabled Veteran; No fee - Permanent Plate)

**DISABLED PLACARD - \$1.00** Limit 1 per applicant. Applicant must have a SCDL, BP or ID photo on file with SCDMV.

Temporary (impairment must be at least 4 months not to exceed 1 year)   
  Permanent (valid for 4 years)

Placard Registration Certificate must remain in the vehicle when the placard is being used.

DECAL (For display on Purple Heart motorcycle and Disabled Veteran motorcycle plates only)

Mail completed application along with a check or money order payable to the **South Carolina Department of Motor Vehicles (NO CASH ACCEPTED)** to SC Department of Motor Vehicles, PO Box 1498, Blythewood, SC 29016-0019

Warning: A person who duplicates, forges, or sells a disabled placard or a person who falsifies information on an application form for a disabled placard or plate is guilty of a misdemeanor and, upon conviction, must be imprisoned for 30 days and fined not less than \$500 and not more than \$1,000.

### Section 2 - Disabled Person's Information - Required for Placard or Plate (\*\* indicates optional information)

Last Name: FRASIER    First Name: Ethel    Middle Name: \_\_\_\_\_

Street Address: 64 Columbus St.

Mailing Address (if different): \_\_\_\_\_

All correspondence will be mailed to the address of the applicant.

City: CHARLESTON    State: S.C.    Zip Code: 29403

(Area Code) Telephone Number: (843) 819-8687    Disabled Person's SC Driver License, BP, or ID Number: \_\_\_\_\_

Date of Birth: 12/11/1923    Social Security No.: 061-24-3578    Email Address: YAHWICH10@Yahoo.com

I certify that this information is true and correct.

Ethel Frasier    Michael Daye    POA Ethel Frasier    Michael Daye    4/15/2011

Signature of Disabled Person    Printed Name of Disabled Person    Date

### Section 3 - Vehicle Information - Required for Plate Only

Vehicle Identification Number: \_\_\_\_\_    Make: \_\_\_\_\_    Year: \_\_\_\_\_    Gross Vehicle Weight \_\_\_\_\_

Owners Information    Current Vehicle Plate Number \_\_\_\_\_

Last Name \_\_\_\_\_    First Name \_\_\_\_\_    Middle Name \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip Code: \_\_\_\_\_    Email: \*\* \_\_\_\_\_

(Area Code) Telephone Number: \*\* \_\_\_\_\_    SC Driver's License, BP or ID \_\_\_\_\_

YES, I wish to donate \$5.00, more or less, to Donate Life SC. Amount of donation \$ \_\_\_\_\_ .00

**INSURANCE CERTIFICATION**  
 Under penalties of perjury, I declare this vehicle is insured with \_\_\_\_\_ and I will maintain liability insurance throughout the registration period. (Insurance Company)

Signature of Vehicle Owner \_\_\_\_\_    Printed Name of Vehicle Owner \_\_\_\_\_    Date \_\_\_\_\_

### Section 4 - Physician's Statement

This portion of the application must be completed by a licensed physician and must indicate the disability and length of disability. Effective January 1, 2010 applicants must be certified disabled by a licensed physician and must attach a legible prescription order with an original signature from the same physician.

This is to certify that Ethel Frasier    12/11/1923    has the following condition(s):

an inability to ordinarily walk one hundred feet nonstop without aggravating an existing medical condition, including the increase of pain;  
 an inability to ordinarily walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device;  
 a restriction by lung disease to the extent that the person's forced expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;  
 requires use of portable oxygen;  
 a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards established by the American Heart Association. If the person's status improves to a higher level, for example as a result of bypass surgery or transplantation, he no longer meets this criteria;  
 a substantial limitation in the ability to walk due to an arthritic, neurological, or orthopedic condition, for example, coordination problems and muscle spasticity due to conditions that include Parkinson's disease, cerebral palsy, or multiple sclerosis; or Alzheimer's Dementia  
 blindness.

This disability is:     Permanent     Temporary - length of time \_\_\_\_\_    Physician Office Phone Number: 843-292-5565

(impairment must be at least for 4 months not to exceed 1 year)

I certify that I am a licensed Physician.    SC 27459    Mary Hart Craig MD    [Signature]    \_\_\_\_\_

Professional License No.    Print Name of Physician    Signature of Physician    Date

**DMV USE ONLY**

Check No. \_\_\_\_\_    Amount \_\_\_\_\_

Plate No. \_\_\_\_\_    Placard No. \_\_\_\_\_    Specialist Initials \_\_\_\_\_

Orders/Requests/Referrals

Name: FRASIER, ETHEL

Date Printed: 04/15/11  
ID: 2655455 SEX:F AGE:87

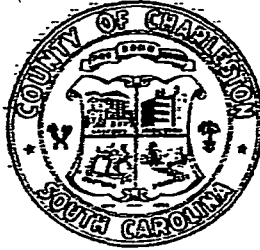
04/15/11 : 02:42pm  
PHYSICIAN ORDER SHEET Geriatric Psychiatry  
3p8  
MEDICAL UNIVERSITY OF SOUTH CAROLINA

ETHEL FRASIER  
87 year female  
Patient needs handicapped placard for car.

*Mary H Craig MD 4/15/11*

# SIGNED BY MARY H CRAIG, MD (ATTENDING) (3P8) 04/15/2011 02:43PM

# RECORDER'S PAGE



NOTE: This page MUST remain with the original document

Handwritten initials

**Filed By:**

CHARLES S. GOLDBERG  
ATTORNEY AT LAW  
61 BROAD STREET  
CHARLESTON SC 29401

RECORDED		
Date:	August 17, 2011	
Time:	1:51:59 PM	
Book	Page	DocType
0202	883	PIAtty
Charlie Lybrand, Register Charleston County, SC		

RMC BK 0202 Pg 883 : pg 3 \*

**MAKER:**

FRASIER ETHEL

# of Pages:	3
# of Sats:	
# of References:	

**RECIPIENT:**

WINSTON DEBORAH

Note:

Recording Fee	\$ 15.00
Extra Reference Cost	\$ -
Extra Pages	\$ -
Postage	\$ -
Chattel	\$ -
<b>TOTAL</b>	<b>\$ 15.00</b>

**Original Book:**

**Original Page:**

<b>DRAWER</b>	Drawer 2
<b>CLERK</b>	SLW



0202  
Book



883  
Page



08/17/2011  
Recorded Date



3  
# Pgs



Original Book



Original Page



D  
Doc Type



13:51:59  
Recorded Time



BP0202883

This is a General Power Of Attorney which gives the person(s) whom you designate (your 'attorney-in-fact') broad powers to handle your finances and property without advance notice to you or approved by you. This power of attorney will not exist after you become disabled, incapacitated, or decease.

This document does not authorize anyone to make medical or other health care decision for you. You may revoke this document at any time by destroying it, by directing another person to destroy it in your presence or by signing a written and dated statement expressing your intent to revoke this document. If this document is revoked, you must notify your attorney-in-fact and any other person(s) whom you have given a copy of this document.

I, Ethel Frasier, of 2390 Baker Hospital Blvd. Apt H-202, City of North Charleston, state of South Carolina, as principal, do hereby appoint: Deborah Winston, of 2390 Baker Hospital Blvd Apt H-202

City of North Charleston, State South Carolina, my attorney-in-fact to act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters to the extent that I am permitted by law to act through an agent:

- (a) Real state transactions;
- (b) Goods and services transactions;
- (c) Banking transactions
- (d) Business operating transactions
- (e) Insurance transactions
- (f) Estate transactions
- (g) Claims and litigations
- (h) Personal relationships and affairs
- (i) Records, reports and statements;
- (j) Retirement benefit transactions
- (k) Making gifts to my relatives
- (l) Tax matters
- (m) All other matters
- (n) Full and unqualified authority to my attorney-in-fact to delegate any and or all of the foregoing powers to any person or persons whom my attorney-in-fact shall select;
- (o) Unlimited power and authority to act in all of the above situations (a) though (n)

If the attorney-in-fact named above is unable or unwilling to serve, I appoint Eva Dayse Lyons, of 5365 Bradley Ridge Cove of Memphis, Tennessee, to be my attorney-in-fact for all purposes hereunder.

Dated: May 4 2011

Signature and Declaration of Principal: Ethel Frasier

I, Ethel Frasier, the principal, sign my name to this power of attorney this 4<sup>th</sup> day of May year 2011 and, being first duly sworn, do declare to the undersigned authority that I sign and execute it as my free

and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Cheryl Grasier

Signature of Principal

Witness Attestation

Patricia Polite, the first witness, and I, Crystal Polite, the second witness, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principle signs and executed this instrument as his/her power of attorney and that he/she signs it willingly, or willingly directs another to sign for him/her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that the best of my knowledge the principle is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Patricia Polite

Signature of First Witness

Crystal Polite

Signature of Second Witness

The within instrument was acknowledged before me by its maker.

Sworn to and Subscribed Before Me, the undersigned Notary Public  
this 4th day of May, 2011

Josephine S. Robinson  
Notary Public, State of South Carolina

MY COMMISSION EXPIRES  
JANUARY 28, 2014

State of South Carolina,  
County of Charleston.

Exhibit D

# RECORDER'S PAGE



NOTE: This page MUST remain with the original document

*Handwritten initials*

Filed By:

CHARLES S. GOLDBERG  
ATTORNEY AT LAW  
61 BROAD STREET  
CHARLESTON SC 29401

RECORDED		
Date:	August 29, 2011	
Time:	2:07:16 PM	
Book	Page	DocType
0204	466	Revoke Pl/Atty
Charlie Lybrand, Register Charleston County, SC		

RMC BK 0204 Pg 466 : pg 2 \*

MAKER:

FRASIER ETHEL

# of Pages:	2
# of Sats:	
# of References:	

RECIPIENT:

DAYSE MICHAEL

Note:

Recording Fee	\$ 10.00
Extra Reference Cost	\$ -
Extra Pages	\$ -
Postage	\$ -
Chattel	\$ -
<b>TOTAL</b>	<b>\$ 10.00</b>

Original Book:

0149

Original Page:

262

DRAWER	Drawer 2
CLERK	SLW

0204 Book	466 Page	08/29/2011 Recorded Date	2 # Pgs
0149 Original Book	262 Original Page	D Doc Type	14:07:16 Recorded Time



BP0204466

RMC BK 0204 Pg 466 : pg 1 \*

STATE OF SOUTH CAROLINA  
COUNTY OF CHARLESTON

**REVOCATION OF  
POWER OF ATTORNEY**

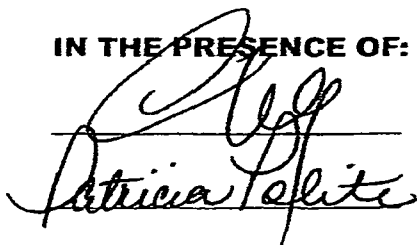
WHEREAS, I, ETHEL FRASIER granted a Power of Attorney to MICHAEL DAYSE dated September 3, 2010. Ethel Frasier now seeks to revoke said Power of Attorney which was recorded in the RMC Office for Charleston County in Book 0149, Page 262.

NOW, THEREFORE, I, ETHEL FRASIER, do hereby revoke the Power of Attorney set forth in the above recital and do so being of sound and understanding mind and purpose.

WITNESS MY HAND AND SEAL THIS the 24th day of August, 2011  
at Charleston, South Carolina

  
\_\_\_\_\_  
ETHEL FRASIER

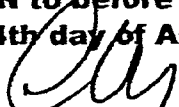
IN THE PRESENCE OF:

  
\_\_\_\_\_  
Patricia Polite

STATE OF SOUTH CAROLINA  
COUNTY OF CHARLESTON

The within instrument was acknowledged before me by its maker.

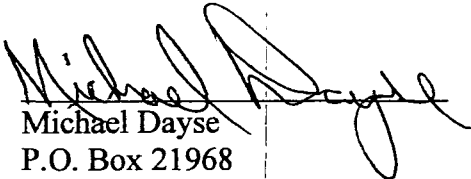
SWORN to before me  
this 24th day of August, 2011

  
\_\_\_\_\_  
(SEAL)  
NOTARY PUBLIC FOR SOUTH CAROLINA  
My Commission expires: 1-17-18

**Certificate of Counsel**

I hereby certify that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

August 14, 2012.

  
Michael Dayse  
P.O. Box 21968  
Charleston, S.C. 29413  
(843) 819-8687  
Pro se

RECEIVED

AUG 15 2012

SC Court of Appeals

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM CHARLESTON COUNTY  
Court of Common Pleas

J.C. Nicholson, Jr., Circuit Court Judge

Case No. 2011-CP-10-06239

RECEIVED

AUG 15 2012

SC Court of Appeals

Michael Dayse, ..... Appellant,

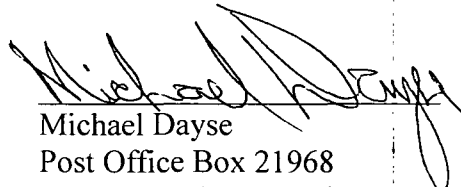
v.

Deborah Winston, ..... Respondent.

PROOF OF SERVICE

I, certify that I have this date served the Initial Brief of Appellant, the Designation of Matter to be Included in the Record on Appeal, Transcript of Record, Final Brief of Appellant, and the Record on Appeal on the respondent, Deborah Winston, by depositing a copy of same in the U.S. Mail, postage prepaid, return receipt requested addressed to her attorney, Joseph S. Mendelsohn, P.O. Box 250, Charleston, S.C. 29402.

August 14, 2012.

  
Michael Dayse  
Post Office Box 21968  
Charleston, S.C. 29413  
(843) 819-8687  
Pro se