

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM CHARLESTON COUNTY  
Court of Common Pleas

**RECEIVED**

The Honorable Mikell R. Scarborough, Circuit Court Judge JUN 17 2016

**SC Court of Appeals**

Case No. 2014-CA-1001635

HAROLD SIMMONS JR.,

Appellant,

v.


ALLEN LIVINGSTON,

Respondent.

PROOF OF SERVICE

I certify that I have served the Notice of Appeal on Allen Livingston by depositing a copy of it in the United States Mail, postage prepaid, on May 30, 2016, addressed to his attorney of record, Bruce A Berlinsky, P.A. One Carriage Lane, Bldg F Charleston, South Carolina 29407 [by personally delivering a copy of it to his attorney of record, Bruce A Berlinsky P.A. at his office at one carriage lane, Bldg F Charleston, South Carolina 29407 on May 30, 2016].

May 30, 2016

  
Harold Simmons Jr.  
1182 King Street  
Charleston, South Carolina 29403  
(843) 480-8694  
Pro Se, Appellant  
(843) 480-8694

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

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Court of Common Pleas

The Honorable Mikell R. Scarborough, Circuit Court Judge

Case No. 2014-CP-1001635

HAROLD SIMMONS JR.,

Appellant,

v.

ALLEN LIVINGSTON,


Respondent.

NOTICE OF APPEAL

Harold Simmons Jr., appeals the order Lis Pendens of the Honorable Mikell R. Scarborough dated April 25, 2016. Appellant Attorney at the time received written notice of entry of this order Lis Pendens on April 27, 2016.

May 30, 2016

April 27, 2016

  
Harold Simmons Jr.  
1182 King Street  
Charleston, South Carolina 29403  
(843) 480-8694  
Pro Se, Appellant  
(843) 480-8694

Other Counsel of Record:

Bruce A. Berlinsky  
One Carriage Lane, Bldg F  
Charleston, South Carolina 29407  
Attorney for Respondent  
(843) 852-2282

Trail Date  
12-17-2014  
order Filed  
4-8-2015  
motion Filed  
4- - 2015  
motion Hearing  
4-25-2016  
motion Filed  
4-27-2016

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SC Court of Appeals



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JUN 17 2016

SC Court of Appeals

## The South Carolina Court of Appeals

JENNY ABBOTT KITCHINGS  
CLERK

V. CLAIRE ALLEN  
DEPUTY CLERK

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COLUMBIA, SOUTH CAROLINA 29211  
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COLUMBIA, SOUTH CAROLINA 29201  
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FAX: (803) 734-1839  
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June 07, 2016

Harold Simmons, Jr.  
1182 King St.  
Charleston SC 29403

Re: Allen Livingston v. Harold Simmons  
Appellate Case No. 2016-001201

Dear Mr. Simmons:

Upon reviewing your motion to proceed in forma pauperis, the following deficiency has been noted under the South Carolina Appellate Court Rules (SCACR), and must be corrected within ten (10) days of the date of this letter or your motion will not be considered:

- A proof of service has not been provided. You must serve and file a proof of service substantially in the format shown by Form 7 in Appendix C to part II of the SCACR.

Very truly yours,

*V. Claire Allen, Deputy*

CLERK

cc: Bruce Alan Berlinsky, Esquire

7016 0340 0000 7345 0189

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Certified Mail Fee	\$3.30
Extra Services & Fees (check box, add fee as appropriate)	\$0.00
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

0244  
 14  
 Postmark  
 Here

Postage	\$2.45
Total Postage and Fees	\$5.75

06/02/2016

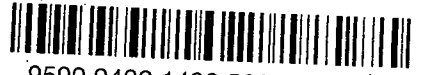
Sent To Master In Equity  
 Street and Apt. No., or PO Box No.  
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Master In Equity  
100 Broad Street  
Suite 266  
Charleston S.C. 29401



9590 9402 1492 5329 1403 47

2. Article Number (Transfer from service label)  
7345 0340 0000 7345 0189

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  Agent  Addressee

B. Received by (Printed Name) A.D. Norris

C. Date of Delivery 6-6-16

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation                     |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery                |   |

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CHARLESTON SC 29407

Certified Mail Fee	\$3.30
Extra Services & Fees (check box, add fee as appropriate)	\$2.70
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$2.45
Total Postage and Fees	\$8.45

0244  
14  
Postmark  
Here  
06/02/2016

Sent To Bruce A Berlinsky  
Street and Apt. No., or PO Box No.  
One Carriage Lane, Bldg F  
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Bruce A Berlinsky  
One Carriage Lane, Bldg F  
Chas S.C. 29407



9590 9402 1492 5329 1408 73

2. Article Number (Transfer from service label)  
7016 0340 0000 7345 0202

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
Jessica Dyzel  Agent  Addressee

B. Received by (Printed Name)  C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express                      |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail™ Restricted Delivery       |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt