

ORIGINAL

STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

Appeal from Berkeley County

Honorable Kristi L. Harrington, Circuit Court Judge

THE STATE,

RESPONDENT,

V.

ALFRED SINGLETON, JR.,

APPELLANT.

APPELLATE CASE NO. 2017-000805

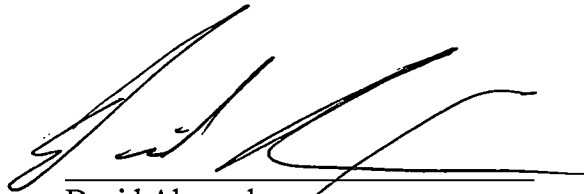
**MOTION TO DISMISS APPEAL
DUE TO APPELLANT'S DEATH**

Counsel for appellant moves this Court to dismiss the appeal of Alfred Singleton, Jr., who is deceased. Counsel for appellant states the following in support of this motion:

1. Counsel for appellant was informed by the South Carolina Department of Corrections that appellant Alfred Singleton died. Appellant died on September 7, 2017.
2. Today, September 25, 2017, the Department of Corrections forwarded me appellant's death certificate, attached as Exhibit A.

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OCT 25 2017
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WHEREFORE, because appellant Alfred Singleton, Jr. is deceased, the undersigned asks this Court to dismiss this appeal.

A handwritten signature in black ink, appearing to read 'David Alexander', written over a horizontal line.

David Alexander
Appellate Defender

ATTORNEY FOR APPELLANT

This 25th day of October, 2017.

EXHIBIT A

NAME OF DECEDENT
For use by physician or institution

Items 1-23c To Be Completed/Verified By: FUNERAL DIRECTOR

Items 24-49 To Be Completed By: MEDICAL CERTIFIER

1. DECEDENT'S LEGAL NAME (include AKA's, if any) (First, Middle, Last) Alfred Singleton Jr				2. SEX Male		3. SOCIAL SECURITY NUMBER None	
4a. AGE-Last Birthday (Years) 57		4b. UNDER 1 YEAR Months: Days:		4c. UNDER 1 DAY Hours: Minutes:		5. DATE OF BIRTH (MM/DD/YYYY) 12/10/1959	
6. BIRTHPLACE (City and State or Foreign Country) UNKNOWN				7a. RESIDENCE-STATE South Carolina			
7b. COUNTY Richland				7c. CITY OR TOWN Columbia			
7d. STREET AND NUMBER 4460 Broad River Road				7e. APT. NO.		7f. ZIP CODE 29210	
7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)			
11. FATHER'S NAME (First, Middle, Last) Alfred Singleton Sr				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Unknown			
13a. INFORMANT'S NAME Gregory Washington		13b. RELATIONSHIP TO DECEDENT Warden		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4460 Broad River Road Columbia, South Carolina 29210			
14. PLACE OF DEATH (Check only one: see instructions)							
IF DEATH OCCURRED IN HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
15. FACILITY NAME (If not institution, give street and number) Palmetto Health Richland				16. CITY OR TOWN, STATE AND ZIP CODE Columbia, South Carolina 29203		17. COUNTY OF DEATH Richland	
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)				19. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place) Upstate Crematory			
20. LOCATION-CITY, TOWN AND STATE Roebuck, South Carolina				21. NAME AND ADDRESS OF FUNERAL FACILITY Dunbar Funeral Home			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT James E. Reppart (Electronically Verified)		23. LICENSE NUMBER (Of Licensee) 2302		690 Southport Road Roebuck SC 29376			
23a. EMBALMER (Signature)		23b. EMBALMER LICENSE NUMBER		23c. LICENSE NUMBER (Of Facility) 453			
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				24. DATE PRONOUNCED DEAD (MM/DD/YYYY) 09/07/2017		25. TIME PRONOUNCED DEAD 19:30	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)				27. LICENSE NUMBER		28. DATE SIGNED (mm/dd/yyyy)	
29. ACTUAL OR PRESUMED DATE OF DEATH (Spell Month) September 7, 2017				30. ACTUAL OR PRESUMED TIME OF DEATH 07:30 PM		31. WAS CORONER OR MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. PART 1. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Carcinomatosis Due to (or as a consequence of): b. Carcinoma of the Liver and Lung Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of): PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.							
33. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				34. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
36. DATE OF INJURY (Spell Month)		37. TIME OF INJURY		38. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		39. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40. LOCATION OF INJURY: State: City or Town: County:							
41. STREET & NUMBER: 42. DESCRIBE HOW INJURY OCCURRED:				43. APARTMENT NUMBER: ZIP CODE:			
44. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
45. CERTIFIER (Check only one) <input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing and Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated <input checked="" type="checkbox"/> Coroner/Medical Examiner-On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated Signature of certifier: Deborah K Phillips (Electronically Certified)							
46. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 32) Deborah K Phillips, 6300 Shakespeare Road Columbia South Carolina 29223				47. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Unknown			
48. TITLE OF CERTIFIER Deputy Coroner		49. LICENSE NUMBER		50. DATE CERTIFIED (MM/DD/YYYY) 09/13/2017		51. FOR REGISTRAR ONLY- DATE FILED (MM/DD/YYYY) 09/13/2017	
52. DECEDENT'S EDUCATION-Check the box that best describes the highest				53. DECEDENT OF HISPANIC ORIGIN?-Check the box that best describes whether the decedent is		54. DECEDENT'S RACE-(Check one or more races to indicate what the decedent considered himself or herself to be)	

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CERTIFICATE OF SERVICE

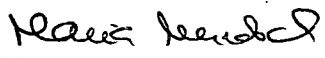
The undersigned attorney hereby certifies that a true copy of the Motion to Dismiss Appeal Due to Appellant's Death in the above referenced case has been served upon J. Benjamin Aplin, Esquire, at the Rembert Dennis Building, 1000 Assembly Street, Room 519, Columbia, SC 29201 this 25th day of October, 2017.



David Alexander
Appellate Defender

ATTORNEY FOR APPELLANT

SUBSCRIBED AND SWORN TO before me
this 25th day of October, 2017.

 (L.S.)

Notary Public for South Carolina

My Commission Expires: July 3, 2023.