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August 13, 2018

The Honorable Jenny Abbott Kitchings
Clerk, South Carolina
Court of Appeals
1220 Senate St.
Columbia, South Carolina 29201

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AUG 13 2018
SC Court of Appeals

RE: Miriam Samuel, Appellant v. Lynne Johnson, Respondents

Dear Ms. Kitchings,

Your Honorable Jenny Kitchings, I am respectfully asking that you look at the time of Mrs. Samuel's car accident at Rite Aid. This occurred on February 5, 2011. This case did not go to trial until October 3, 2017. Therefore, Clawson and Staubes or others involved with her case had to ask for extension after extension.

This is not Mrs. Samuel's intent to have her appeal case drag on.

Miriam Samuel is asking you, Honorable Ms. Kitchings to show empathy not sympathy towards me.

Please, grant this 30-day extension starting from the date on this letter.

Mrs. Samuel is having a string of unforeseen and uncontrolled things in her life.

First in January 2018 she had the responsibilities of taking care of her near dead father, who was 82 years old at that time. She had to bring her father into her home and nurse him back to life. All the while taking her father to visit with his 79-year-old wife, whose daughters was taking care of her, until her death, in April 2018.

On May 11, 2018 Mrs. Samuel's estranged brother, stole her father from her loving care and home. This led Mrs. Samuel to file for guardianship and conservatorship of her now 83-year-old father.

She is his only daughter and has his best interest at heart.

This had led Mrs. Samuel to be involved in two courts cases at the same time. The date for her father's final hearing is on October 25, 2018, in Lexington County.

This is an extraordinary circumstance for Miriam Samuel, being very ill and in the hospital for treatment recently.

Anyone who has worked on an appeal case knows why it is expensive and a lot of

work is involved. Mrs. Samuel, being Pro Se has shown that she is able to file, preserve and hope to see her appeal case to conclusion.

To Make her situation **even more extraordinary and unbelievable** is that on Friday August 10, 2018, she was rear-ended while driving to her probate attorney's office, for her father. This was a bad accident on her physical body and her car may be totaled. The traffic court date is on September 13, 2018 at 1pm.

Please see enclosed documents.

Sincerely Yours,
Miriam Samuel, Pro Se

Enclosed for filing is a notice of appeal in the above case. Also enclosed are the following:

- (1) Proof of service of the notice of appeal on the respondent[s].
- (2) A filing fee of \$25.00*
- (4) This appeal is being filed with the Supreme Court because . . . (see Rule 203(d) for when an appeal can be filed with the Supreme Court).]

Sincerely,
s/ Miriam H. Samuel
Miriam H. Samuel, Appellant
4014 Margrave Rd.
Columbia, SC 29203

cc: Mr. D. Lang Jr. and Ms. J. Spritz
1612 Marion St.
Columbia, South Carolina 29001
(800) 774-8242 Attorneys for Respondent

* Under Rule 203(d)(1)(B)(iii) and (d)(2)(B)(iii), SCACR, a filing fee is not required if the appeal is from a criminal case including juvenile delinquency matters, or if the appeal is taken by the State of South Carolina, its departments or agencies. Further, no filing fees are required in post-conviction relief cases. Rule 240(d), SCACR.

THE STATE OF SOUTH CAROLINA
In the Supreme Court

APPEAL FROM RICHLAND COUNTY
The Honorable James E. Lockemy,
Chief Appeal Court Judge

Case No. 2017-CP-40-002289
Case No. 2016-CP-40-02393

Miriam H. Samuel, Pro Se
/s/Miriam H. Samuel,

Appellant

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AUG 13 2018

SC Court of Appeals

v.

Clawson and Staubes
Jescelyn Spitz; E. Dale Lang Jr, as
Personal Representative of
Lynne N. Johnson

Respondent

PROOF OF SERVICE

I certify that I have served the Record on Appeal, Designation of Matter and Initial Brief to be Included in the Record on Appeal be heard. on Lynne N. Johnson by depositing a copy of it in the United States Mail, postage prepaid, on August 13, 2018. Delivered to address of her attorney of record, Jescelyn Spitz; E. Dale Lang Jr., Clawson and Staubes 1612 Marion Street Columbia, SC 29201. [by personally delivering a copy of it to her attorneys Office of record]

August 13, 2018

s/ Miriam H. Samuel, Miriam H. Samuel
4014 Margrave Road
Columbia, South Carolina 29203
(803) 256-7283
Pro Se Appellant

STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON
IN THE MATTER OF
EDDIE HOLLOWAY

IN THE PROBATE COURT

ORDER FOR HEARING

CASE NUMBER: 2018GC3200060 & 2018GC3200061

IT IS HEREBY ORDERED that a hearing on this matter be set for:
APPOINTMENT OF GUARDIAN & CONSERVATOR.

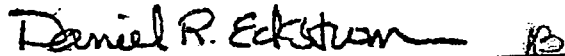
DATE: OCTOBER 25, 2018

TIME: 11:00 AM

PLACE: PROBATE COURT, JUDICIAL CENTER, 205 E. MAIN ST., SUITE 134, LEXINGTON, SC 29072

Pursuant to SCPC 62-1-401, Petitioner is ordered to give notice of this hearing to all interested persons.

Executed this 8th day of August, 2018.



DANIEL R. ECKSTROM, Probate Court Judge

NOTE: If any interested party wishes to represent him/herself, he/she will be required to adhere to the *South Carolina Rules of Civil Procedure* and *South Carolina Rules of Evidence*.

Mail FR-10 to: SC Department of Motor Vehicles
Office of Financial Responsibility (803) 896-5000
PO Box 1498, Sylvanwood, SC 29616-0050

SOUTH CAROLINA DEPARTMENT OF MOTOR VEHICLES FR-10 (REV 04/2016)
NOTICE OF REQUIREMENT

Submit Electronically: Agents or Company
Representatives can submit your insurance
information at WWW.SC-AIUR.COM

Date	Time	County	1- Interstate	4- Secondary	Collision Location (St. # / Name)	3- Main line	6- Connection	Miles	Dir.	in	Near City or Town of:
08-10-2018	1055	40	2-US Primary	5- County	555 / HARDEN ST	2-Alternate	7-Business		N		COLUMBIA
			3-C Primary	6- PP		5-Spur			S		

To Vehicle Owner/Operator: Failure to return this form to the Department of Motor Vehicles within 15 days from the date of the collision could result in the suspension of your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

U-614043	Driver/Pedestrian's Full Name	U-614044	Driver/Pedestrian's Full Name
	SAMUEL MIRIAM HOLLOWAY		SANDERS KEITH LANARD
Unit #	Sex	Race	Street
01	F	B	4014 MARGRAVE RD
01	M	B	7521 DRUM ST
01	03-14-1963	COLUMBIA	SC 292033949
01	02-21-1998	CHARLESTON	SC 294204267
State	Driver's License #	Insurance Company:	
SC	8182495	D STATE FARM	
SC	103977234	D PROGRESSIVE	
Year	Body	Vehicle Make	VIN #
2007	4S	CHEV	2G1LWU58R679258952
2008	4S	CHRY	2C3LA53G88H328715
State	Year	License Plate #	Owner's D.L. #
SC	2020	74458W	8182495
SC	2019	3LM319	103977234
Home Telephone	Owner's Full Name	Home Telephone	Owner's Full Name
(803) 6225390	SAMUEL MIRIAM HOLLOWAY	(843) 5303320	SANDERS KEITH LANARD
Bus. Telephone	Street	Bus. Telephone	Street
()	4014 MARGRAVE RD	()	7521 DRUM ST
Contributed To Collision	City, State, & Zip	Contributed To Collision	City, State, & Zip
Yes No	COLUMBIA SC 292033949	Yes No	CHARLESTON SC 294204267

Driver/Pedestrian's Full Name	State	Year	License Plate #	Owner's D.L. #
Unit #	Sex	Race	Street	Home Telephone
				()
01				Owner's Full Name
				()
01				Bus. Telephone
				()
State	Driver's License #	Insurance Company:	Contributed To Collision	City, State, & Zip
			Yes No	
Year	Body	Vehicle Make	VIN #	Accident Insurance Information for Unit #
				02
All Units Insurance Information				Company Name
(to be completed by Investigating Officer)				PROGRESSIVE
				Area Code/Phone Number
				(800) 8765581
				Agency Name
				Policy Number
				75180223
Accident Insurance Information for Unit #				Company Name
01				STATE FARM
				Area Code/Phone Number
				(803) 7720137
				Agency Name
				Policy Number
				2355480F1240K

Automobile Liability Insurance Information

Notice of Requirement Accepted	Signature	Y N Refused to Affix Signature?
		Y N Vehicle Subject to Registration in SC?
To Be Completed Below: or Entered at WWW.SC-AIUR.COM by Insurance Company representative. This form should not be mailed to DMV if insurance information has been submitted electronically.		
Reference to Unit #: _____, I hereby affirm that to the best of my knowledge the vehicle described above was insured by the below stated insurance company on the date of the collision.		The information as contained herein is based solely upon my knowledge and belief as a representative of the above insurance company and no warranty of liability is implied into the above mentioned insurance as I have listed herein.
Insurance Company	Policy #:	Signature
		Title
Beginning Date:	Ending Date:	Policy Holder:
		NAIC# (Assigned by S.C. Dept. of Ins.)
		Bus. Telephone
		()

Notice: If liability insurance was not in effect for your vehicle involved in the collision, the Department of Motor Vehicles could suspend your driver license and registration privileges pursuant to South Carolina Code of Laws 56-9-351 and 56-10-530.

If any of the below are applicable, Disregard the above portion.		Form FR-10 Not Issued: Section 56-10-520	
<input type="checkbox"/>	Check here if a Form SR-25, Fleet policy of 25 or more vehicles is on file with the Department of Motor Vehicles covering the vehicle	No FR-10 issued to Operator/ Owner of Unit #:	
<input type="checkbox"/>	Check here if a certificate of self-insurance has been issued by the Department of Motor Vehicles covering the vehicle and indicate the certificate number: SI-_____	Summons issued to:	
<input type="checkbox"/>	Check here if liability insurance was not in effect to comply with South Carolina statutory requirements	For operating or allowing the operation of an uninsured vehicle	Summons Number:
	Signature	Signature	
	Date		
Investigating Officer's Name	Rank	SCIA #	Code
BOWEN - C. N.	HPO	1996-1248	4001
	Date	Reviewer's Name	Rank
			Internal Agency Code
			180022256

Court Date:
9-13-2018 at 1:00 PM
Columbia SC

Physician's Discharge Summary

Name: SAMUEL, MIRIAM H

DOB: 03/14/63

MRN: B000225438

Visit Date: 08/10/18 14:23:00

FIN/Acct. Number: B1822201806

Current Date: 08/10/18 21:03:03

Address: 4014 MARGRAVE RD COLUMBIA SC 29203-3949

Phone: (803)256-7283

Primary Care Provider:

Name: Fuller MD, Sean D, PH10 Community Provider **Phone:** (803) 749-1111

Palmetto Health would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician immediately for continued and complete medical diagnosis, care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or and part of my medical record (including, if applicable, information pertaining to AIDS and/or HIV testing, mental health records, and drug and/or alcohol treatment) to the referred physician listed above.

Follow-Up Instructions

SAMUEL, MIRIAM H has been given the following patient education materials:

Ortho Trauma

Rib Contusion

A rib contusion is a bruise to one or more rib bones. It may cause pain, tenderness, swelling and a purplish discoloration. There may be a sharp pain while breathing.

You will be assessed for other injuries. You will likely be given pain medicine. Rib contusions heal on their own, without further treatment. However, pain may take weeks to months to go away.

Note that a small crack (fracture) in the rib may cause the same symptoms as a rib contusion. The small crack may not be seen on a chest X-ray. However, the conditions are managed in the same way.

Home care

- Rest. Avoid heavy lifting, strenuous exertion, or any activity that causes pain.
- Ice the area to reduce pain and swelling. Put ice cubes in a plastic bag or use a cold pack. (Wrap the cold source in a thin towel. Do not place it directly on your skin.) Ice the injured area for 20 minutes every 1 to 2 hours the first day. Continue with ice packs 3 to 4 times a day for the next 2 days, then as needed for the relief of pain and swelling.
- Take any prescribed pain medicine as directed by your healthcare provider. If none was prescribed, take acetaminophen, ibuprofen, or naproxen to control pain.
- If you have a significant injury, you may be given a device called an incentive spirometer to keep your lungs healthy. Use as directed.

Follow-up care

Follow up with your healthcare provider during the next week or as directed.

When to seek medical advice

Call your healthcare provider for any of the following:

- Shortness of breath or trouble breathing
- Increasing chest pain with breathing
- Coughing
- Dizziness, weakness, or fainting

- New or worsening pain
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider

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Trauma

Neck Sprain or Strain

A sudden force that causes turning or bending of the neck can cause sprain or strain. An example would be the force from a car accident. This can stretch or tear muscles called a strain. It can also stretch or tear ligaments called a sprain. Either of these can cause neck pain. Sometimes neck pain occurs after a simple awkward movement. In either case, muscle spasm is commonly present and contributes to the pain.

Unless you had a forceful physical injury (for example, a car accident or fall), X-rays are usually not ordered for the initial evaluation of neck pain. If pain continues and does not respond to medical treatment, X-rays and other tests may be performed at a later time.

Home care

- You may feel more soreness and spasm the first few days after the injury. Rest until symptoms begin to improve.
- When lying down, use a comfortable pillow or a rolled towel that supports the head and keeps the spine in a neutral position. The position of the head should not be tilted forward or backward.
- Apply an ice pack over the injured area for 15 to 20 minutes every 3 to 6 hours. You should do this for the first 24 to 48 hours. You can make an ice pack by filling a plastic bag that seals at the top with ice cubes and then wrapping it with a thin towel. After 48 hours, apply heat (warm shower or warm bath) for 15 to 20 minutes several times a day, or alternate ice and heat.
- You may use over-the-counter pain medicine to control pain, unless another pain medicine was prescribed. If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your healthcare provider before using these medicines.
- If a soft cervical collar was prescribed, it should be worn only for periods of increased pain. It should not be worn for more than 3 hours a day, or for a period longer than 1 to 2 weeks.

Follow-up care

Follow up with your healthcare provider as directed. Physical therapy may be needed.

Sometimes fractures don't show up on the first X-ray. Bruises and sprains can sometimes hurt as much as a fracture. These injuries can take time to heal completely. If your symptoms

don't improve or they get worse, talk with your healthcare provider. You may need a repeat X-ray or other tests. If X-rays were taken, you will be told of any new findings that may affect your care.

Call 911

Call 911 if you have:

- Neck swelling, difficulty or painful swallowing
- Difficulty breathing
- Chest pain

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Pain becomes worse or spreads into your arms
- Weakness or numbness in one or both arms

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Prescriptions

SAMUEL, MIRIAM H has been given the following prescriptions:
[cyclobenzaprine (Flexeril 5 mg oral tablet)]