



CLEMENT RIVERS, LLP  
ATTORNEYS AT LAW

Russell G. Hines  
Partner

Direct Dial: (843) 720-5488  
Direct Fax: (843) 579-1327  
E-mail: RHines@yrcrlaw.com

October 12, 2021

VIA EMAIL ONLY

Sanya L. Kaiser  
Post Office Box 167  
Gilbert, SC 29054  
skaiser@sccourts.org

**RECEIVED**

**Oct 12 2021**

**SC Court of Appeals**

Re: Jeffery White, individually and as Personal Representative of the Estate of Lizzie White v. St. Matthews Healthcare, LLC, d/b/a Calhoun Convalescent Center  
Appellate Case No.: 2021-000700  
Case No.: 2019-CP-09-00220  
Claim No.: HBLM# 1823313  
YCR File: 14347-20190573

Dear Ms. Kaiser:

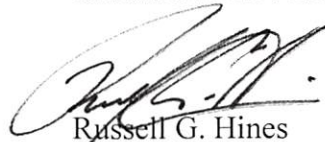
This law firm represents St. Matthews Healthcare, LLC, d/b/a Calhoun Convalescent Center, in the above-referenced matter, which is now on appeal. I would like to request the expedited transcript of the motion hearing that was held in the matter on February 10, 2021, before Judge Murphy. To assist with this request, I am attaching the transcript request form in Word format.

Please let me know if you require a deposit prior to mailing us the transcript and we will send it immediately; otherwise, we will remit payment upon receipt of your invoice. If you have any questions, please contact me at the telephone number listed above.

With best wishes and kindest regards, I am

Sincerely,

CLEMENT RIVERS, LLP



Russell G. Hines

RGH/amj  
Enclosure  
cc via email only:

Jessica Lerer Fickling, Esquire, Strom Law Firm, LLC, jfickling@stromlaw.com  
Matthew B. Robins, Esquire, Strom Law Firm, LLC, mrobins@stromlaw.com  
Jenny Abbott Kitchings, Clerk of Court, SC Court of Appeals, ctappfilings@sccourts.org  
South Carolina Court Administration, transcripts@sccourts.org

RECEIVED

Oct 12 2021

Transcript Request Form

SC Court of Appeals

Pursuant to Rule 207 and 607 of the South Carolina Appellate Court Rules, the transcribed paper copy is the official record of court proceedings. You may request a transcript by completing this form and emailing it to the Court Reporter and to South Carolina Court Administration at transcripts@sccourts.org. Click here for instructions on how to find the court reporter's email and mailing addresses. Once the court reporter receives your request, it will be processed pursuant to Rule 207 and 607 of the SCACR. Rule 607(h) governs the fees for transcripts, which are not provided for free or at reduced rates to any party. Please send by mail a money order or certified bank check to the court reporter in order to obtain the transcript. Some court reporters may accept personal checks. Please check with the court reporter to see if this option is available. Once your request is received, you will receive a copy of this form with the bottom portion completed. Please promptly submit your payment in order for the transcript to be provided. If you need to cancel the transcript request for any reason, you are responsible for paying for the pages of the transcript that have already been completed at the time of the cancellation.

Requestor's Information
Full Name: Russell G. Hines
Phone Number: (843) 720-5488
Email Address: rhines@yctrlaw.com
Mailing Address: 25 Calhoun Street, Suite 400
City: Charleston
State: SC
Zip Code: 29401
Transcript Information
Docket Number: 2019-CP-09-00220
Case Caption: White v. St. Matthews Healthcare, LLC
Date(s) of Proceeding: February 10, 2021
Circuit: [X]
Family: [ ]
County: Calhoun
Presiding Judge: Maite Murphy
Expedited: Yes [X], No [ ]
Court Reporter(s): Sanya L. Kaiser
Opposing Counsel: Jessica L. Fickling, Strom Law Firm, LLC; Matthew B. Robins, Strom Law Firm, LLC

Requestor's Signature: Russell G. Hines
(Typed name will serve as signature)

Date: October 12, 2021

Note: If you are ordering a transcript pursuant to Rule 207(a)(1), SCACR, you must contemporaneously furnish all parties, the Office of Court Administration, and the clerk of the appellate court with copies of all correspondence with the court reporter.

For Court Reporter Use Only
Full Name: \_\_\_\_\_
Date Received: \_\_\_\_\_
Email Address: \_\_\_\_\_
Notice of Estimate to Requestor Party
Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_
Mailing Address for Payment: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_
Zip Code: \_\_\_\_\_