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October 13, 2015

BY HAND DELIVERY

Anthony Catone, Esquire
South Carolina Department of Social Services
1535 Confederate Avenue Extension
Columbia, South Carolina 29201

RE: Estates of Merah Gracie Jones, Elias Xavier Jones, Nahtahn Hehseyd Jones, Gabriel
Asher Jones, and Abigail Elizabeth Jones—Deceased Minors
Dates of Death: August 28, 2014
Types of Claims: Wrongful Death and Survival Actions

Dear Mr. Catone:

My firm represents Amber Jones, the mother of the five deceased minor children referenced above and the Personal Representative of their respective estates. After investigating this matter for more than a year we are aware of abundant evidence supporting our firm conviction that DSS repeatedly failed in its statutory duties to protect these children from their unstable and abusive custodial father for a considerable period prior to their horrific deaths by physical assault and strangulation. Pursuant to S.C. Code Ann. § 15-78-120 and the case of Baker v. Sanders, 301 S.C. 170, 391 S.E.2d 229 (1990), the cognizable damages attributable to DSS are capped at \$300,000 for wrongful death and \$300,000 for conscious pain and suffering for each child, for a total of \$3,000,000, for which total sum we are hereby making demand.

I will not attempt here to provide exhaustive details of DSS's failings, many of which have been publicized and all of which are within DSS's files, but I will provide some of probative facts that make it undeniable that the actions of the father, Timothy Jones, Jr., were not only foreseeable but were sufficiently elucidated by voluminous incidents, firsthand observations, and reliable reports to be positively alarming and foretold that the likelihood of harm to the children was almost inevitable. Representative but far from exhaustive evidence of DSS's culpability is found in the following:

Numerous reports of bruises on and abusive treatment toward the children were made to DSS by school personnel, neighbors, law enforcement, the children's mother, and others over a period of three years;

DSS's own assessment was that Mr. Jones evinced a substantial risk of physical abuse;

DDS caseworkers reported evident of bruises and marks inflicted upon the children repeatedly;

DSS knew and assessed that Mr. Jones's violent propensities;

DSS knew that he forced the children to perform unreasonable, exhausting physical exercises as a form of corporal punishment;

Caseworkers on occasion had to call upon law enforcement to gain access to the children and the home when Mr. Jones was uncooperative and confrontational;

There were reports of beatings with a belt along with a report that Mr. Jones wanted the children out of the public schools to avoid being reported for beatings and bruises;

DSS failed to obtain or comprehend Mr. Jones's past criminal background and charges;

DSS had reports that Mr. Jones did not believe in the educational system and that the children were often filthy;

DSS had a report that Mr. Jones threatened to shoot a neighbor's dog, was unbalanced ("a nutcase"), and had enquired as to how to obtain a black market gun;

On at least two occasions DSS closed its unresolved cases even though serious risk factors were not known to have abated;

By its own assessment DSS viewed Mr. Jones as dangerously impulsive, belligerent, and unable to control his behavior, with the then current abuse or neglect being rated as severe and suggestive of impending danger;

DSS could not determine, and did not take adequate measures to determine, if Mr. Jones had a severe or chronic mental illness or a drug or alcohol habit (which he did);

DSS knew that the children were helpless to protect themselves and failed to take meaningful steps to protect them even though it assessed that Mr. Jones lacked understanding of or was in denial with regard to the problems being reported and was refusing to accept any responsibility;

DSS knew that Mr. Jones was under severe stress for the two to three years preceding the murders and assessed that the minimal efforts it was making were not working well;

DSS recorded that Mr. Jones frequently engaged in incidents of domestic violence and yet inexplicably closed its 2012 case when Mr. Jones "fled" with the children; DSS compounded the risk by failing to make sure Mississippi DSS understood the dangerous situation presented and undertook a rescue (apparently one or two voice mail messages were the only feeble efforts at coordination);

DSS had a report from Amber Jones that Mr. Jones had threatened to shoot the neighbors, had driven his car within inches of an 18-wheeler "playing chicken," had spat in her face, had head butted her, had thrown a brush at her striking her in the left eye, and had threatened to "snap her neck";

DSS had a report that Mr. Jones choked his son Nahtahn leaving a bruise on his neck, this being after the caseworker had made clear to Mr. Jones that there was to be no more physical discipline, and the caseworker was aware that Nahtahn was afraid to have pictures taken or to reveal to DSS what his father was doing to him and his siblings; notwithstanding all of these dangerous and heartrending episodes, DDS closed its file as "Unfounded."

Aside from these fact-specific failures, the huge contribution of the pervasive disfunction of the agency as a proximate cause of harm to and death of protected children was detailed in a scathing report by the Legislative Audit Counsel after an exhaustive legislative investigation.

We deem it preferable to all concerned for these claims be resolved without a painful and protracted public spectacle. We are therefore forbearing to file suits at this time in the expectation that DSS will step forward to accept responsibility for these tragic deaths after it has had a reasonable opportunity to review the innumerable failures that led to the tragic deaths of the five innocent and beautiful children who were within DSS's orbit of protection. In the meantime, I am providing herewith copies of the certificates of death and the probate court appointments so you will have the basic status documentation for your file. I would ask that you contact me within 30 days to let me know DSS's intentions regarding resolution of these claims.

Very truly yours,



Hyman Rubin, Jr.

Enclosures

DEATH CERTIFICATION

STATE FILE NUMBER : 139-14-030816 AMENDED

DECEDENT'S NAME: *MERAH GRACIE JONES*

AKA's: NA

ARMED FORCES: NO

DATE OF BIRTH: [REDACTED]

TYPE OF PLACE OF DEATH: DECEDENT'S HOME

NAME AND ADDRESS OF PLACE OF DEATH: 2155 B SOUTH LAKE DRIVE, LEXINGTON, SC 29073

PLACE OF DISPOSITION: CAUGHMAN HARMAN CREMATORY

DISPOSITION LOCATION: LEXINGTON, SOUTH CAROLINA

METHOD OF DISPOSITION: CREMATION

DECEDENT'S RESIDENCE: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

PLACE OF BIRTH: PENNSYLVANIA

SURVIVING SPOUSE'S NAME: NA

FATHER'S NAME: TIMOTHY RAY JONES JR

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: AMBER MARIE MCCAULEY

INFORMANT'S NAME: AMBER MARIE JONES

MAILING ADDRESS: 190 RUSSELL ROWE ROAD, LEESVILLE, SC, 29070

FUNERAL HOME: CAUGHMAN-HARMAN FUNERAL HOME - LEXINGTON, 503 NORTH LAKE DR., LEXINGTON, SC, 29072

FUNERAL DIRECTOR: SAMANTHA J. NIENBERG

EMBALMER'S NAME: NONE

ACTUAL OR PRESUMED DATE OF DEATH : AUGUST 28, 2014

ACTUAL OR PRESUMED TIME OF DEATH: 2200

CAUSE OF DEATH - PART I

HOMICIDAL VIOLENCE

SEX: FEMALE

SOCIAL SECURITY NUMBER: [REDACTED]

AGE: 8 YEARS

COUNTY OF DEATH: LEXINGTON

MARITAL STATUS: NEVER MARRIED

RELATIONSHIP: MOTHER

LICENSE NUMBER: 2761

LICENSE NUMBER: NONE

MANNER OF DEATH : HOMICIDE

OTHER SIGNIFICANT CONDITIONS - PART II:

NA

CORONER CONTACTED? YES

DATE OF INJURY: AUGUST 28, 2014

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

HOW THE INJURY OCCURRED?

HOMICIDAL VIOLENCE

AUTOPSY PERFORMED? YES

TIME OF INJURY: 2200

AUTOPSY AVAILABLE? YES

INJURY AT WORK? NO

CERTIFIER NAME AND TITLE: DEPUTY CORONER LAURA GRIMES

LICENSE NUMBER: NA

CERTIFIER'S ADDRESS: 117 DUFFIE DRIVE, LEXINGTON, SC, 29072

DATE FILED: SEPTEMBER 16, 2014

DATE OF ISSUANCE: OCTOBER 27, 2014

SPECIAL INSTRUCTIONS :

, CAUSE OF DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER. INJURY INFO AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER, , , , , , , , , , MANNER OF DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER, , , , ,

SC04009329

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine Templeton

Catherine Templeton
Director and State Registrar

Barbara E. Derrick

Barbara E. Derrick
Assistant State Registrar

This copy is not valid unless prepared on an engraved border displaying the state seal and issuing agency logo.

Revision Date: 01/24/2014

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER: 139-14-030822 AMENDED

DECEDENT'S NAME: *ELIAS XAVIER JONES*

AKA's: NA

ARMED FORCES: NO

DATE OF BIRTH: [REDACTED]

TYPE OF PLACE OF DEATH: DECEDENT'S HOME

NAME AND ADDRESS OF PLACE OF DEATH: 2155 B SOUTH LAKE DRIVE, LEXINGTON, SC 29073

PLACE OF DISPOSITION: CAUGHMAN HARMAN CREMATORY

DISPOSITION LOCATION: LEXINGTON, SOUTH CAROLINA

METHOD OF DISPOSITION: CREMATION

DECEDENT'S RESIDENCE: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

PLACE OF BIRTH: MISSISSIPPI

SURVIVING SPOUSE'S NAME: NA

FATHER'S NAME: TIMOTHY RAY JONES JR

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: AMBER MARIE MCCAULEY

INFORMANT'S NAME: AMBER MARIE JONES

MAILING ADDRESS: 190 RUSSELL ROWE ROAD, LEESVILLE, SC, 29070

FUNERAL HOME: CAUGHMAN-HARMAN FUNERAL HOME - LEXINGTON, 503 NORTH LAKE DR., LEXINGTON, SC, 29072

FUNERAL DIRECTOR: SAMANTHA J. NIENBERG

EMBALMER'S NAME: NONE

ACTUAL OR PRESUMED DATE OF DEATH: AUGUST 28, 2014

ACTUAL OR PRESUMED TIME OF DEATH: 2200

CAUSE OF DEATH - PART I

ASPHYXIA

DUE TO STRANGULATION

SEX: MALE

SOCIAL SECURITY NUMBER: [REDACTED]

AGE: 7 YEARS

COUNTY OF DEATH: LEXINGTON

MARITAL STATUS: NEVER MARRIED

RELATIONSHIP: MOTHER

LICENSE NUMBER: 2761

LICENSE NUMBER: NONE

MANNER OF DEATH: HOMICIDE

OTHER SIGNIFICANT CONDITIONS - PART II:

NA

CORONER CONTACTED? YES

DATE OF INJURY: AUGUST 28, 2014

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

HOW THE INJURY OCCURRED?

ASPHYXIA DUE TO STRANGULATION

AUTOPSY PERFORMED? YES

TIME OF INJURY: 2200

AUTOPSY AVAILABLE? YES

INJURY AT WORK? NO

CERTIFIER NAME AND TITLE: DEPUTY CORONER LAURA GRIMES

LICENSE NUMBER: NA

CERTIFIER'S ADDRESS: 117 DUFFIE DRIVE, LEXINGTON, SC, 29072

DATE FILED: SEPTEMBER 16, 2014

DATE OF ISSUANCE: OCTOBER 27, 2014

SPECIAL INSTRUCTIONS:

, CAUSE OF DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER, , INJURY INFO AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER, , , , , MANNER OF DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER, , , ,

SC04009340

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine Templeton

Catherine Templeton
Director and State Registrar

Barbara E. Derrick

Barbara E. Derrick
Assistant State Registrar

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Revision Date: 01/24/2014

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DEATH CERTIFICATION

STATE FILE NUMBER : 139-14-030826 AMENDED

DECEDENT'S NAME: *NAHTAHN HEHSEYD JONES*

AKA's: NA

ARMED FORCES: NO

DATE OF BIRTH: [REDACTED]

TYPE OF PLACE OF DEATH: DECEDENT'S HOME

NAME AND ADDRESS OF PLACE OF DEATH: 2155 B SOUTH LAKE DRIVE, LEXINGTON, SC 29073

PLACE OF DISPOSITION: CAUGHMAN HARMAN CREMATORY

DISPOSITION LOCATION: LEXINGTON, SOUTH CAROLINA

METHOD OF DISPOSITION: CREMATION

DECEDENT'S RESIDENCE: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

PLACE OF BIRTH: MISSISSIPPI

SURVIVING SPOUSE'S NAME: NA

FATHER'S NAME: TIMOTHY RAY JONES JR

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: AMBER MARIE MCCAULEY

INFORMANT'S NAME: AMBER MARIE JONES

MAILING ADDRESS: 190 RUSSELL ROWE ROAD, LEESVILLE, SC, 29070

FUNERAL HOME: CAUGHMAN-HARMAN FUNERAL HOME - LEXINGTON, 503 NORTH LAKE DR., LEXINGTON, SC, 29072

FUNERAL DIRECTOR: BRENT H. CAUGHMAN

EMBALMER'S NAME: NONE

ACTUAL OR PRESUMED DATE OF DEATH : AUGUST 28, 2014

ACTUAL OR PRESUMED TIME OF DEATH: 2200

CAUSE OF DEATH - PART I

HOMICIDAL VIOLENCE

SEX: MALE

SOCIAL SECURITY NUMBER: [REDACTED]

AGE: 6 YEARS /

COUNTY OF DEATH: LEXINGTON

MARITAL STATUS: NEVER MARRIED

RELATIONSHIP: MOTHER

LICENSE NUMBER: 2093

LICENSE NUMBER: NONE

MANNER OF DEATH : HOMICIDE

OTHER SIGNIFICANT CONDITIONS - PART II:

NA

CORONER CONTACTED? YES

DATE OF INJURY: AUGUST 28, 2014

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

HOW THE INJURY OCCURRED?

HOMICIDAL VIOLENCE

AUTOPSY PERFORMED? YES

TIME OF INJURY: 2200

AUTOPSY AVAILABLE? YES

INJURY AT WORK? NO

CERTIFIER NAME AND TITLE: DEPUTY CORONER LAURA GRIMES

LICENSE NUMBER: NA

CERTIFIER'S ADDRESS: 117 DUFFIE DRIVE, LEXINGTON, SC, 29072

DATE FILED: SEPTEMBER 16, 2014

DATE OF ISSUANCE: OCTOBER 27, 2014

SPECIAL INSTRUCTIONS :

..... MANNER OF DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER. , , CAUSE OF
DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER. INJURY INFO AMENDED BY: DHEC 627 PER
LAURA GRIMES KNEECE, DEPUTY CORONER.

SC04009336

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and
Environmental Control.

Catherine Templeton

Catherine Templeton
Director and State Registrar

Barbara E. Derrick

Barbara E. Derrick
Assistant State Registrar

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Revision Date: 01/24/2014

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER: 139-14-030829 AMENDED

DECEDENT'S NAME: *GABRIEL ASHER JONES*

AKA's: NA

ARMED FORCES: NO

DATE OF BIRTH: [REDACTED]

TYPE OF PLACE OF DEATH: DECEDENT'S HOME

NAME AND ADDRESS OF PLACE OF DEATH: 2155 B SOUTH LAKE DRIVE, LEXINGTON, SC 29073

PLACE OF DISPOSITION: CAUGHMAN HARMAN CREMATORY

DISPOSITION LOCATION: LEXINGTON, SOUTH CAROLINA

METHOD OF DISPOSITION: CREMATION

DECEDENT'S RESIDENCE: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

PLACE OF BIRTH: SOUTH CAROLINA

SURVIVING SPOUSE'S NAME: NA

FATHER'S NAME: TIMOTHY RAY JONES JR

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: AMBER MARIE MCCAULEY

INFORMANT'S NAME: AMBER MARIE JONES

MAILING ADDRESS: 190 RUSSELL ROWE ROAD, LEESVILLE, SC, 29070

FUNERAL HOME: CAUGHMAN-HARMAN FUNERAL HOME - LEXINGTON, 503 NORTH LAKE DR., LEXINGTON, SC, 29072

FUNERAL DIRECTOR: BRENT H. CAUGHMAN

EMBALMER'S NAME: NONE

ACTUAL OR PRESUMED DATE OF DEATH: AUGUST 28, 2014

ACTUAL OR PRESUMED TIME OF DEATH: 2200

CAUSE OF DEATH - PART I

HOMICIDAL VIOLENCE (PROBABLE STRANGULATION)

SEX: MALE

SOCIAL SECURITY NUMBER: [REDACTED]

AGE: 2 YEARS

COUNTY OF DEATH: LEXINGTON

MARITAL STATUS: NEVER MARRIED

RELATIONSHIP: MOTHER

LICENSE NUMBER: 2093

LICENSE NUMBER: NONE

MANNER OF DEATH: HOMICIDE

OTHER SIGNIFICANT CONDITIONS - PART II:

NA

CORONER CONTACTED? YES

DATE OF INJURY: AUGUST 28, 2014

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

HOW THE INJURY OCCURRED?

HOMICIDAL VIOLENCE (PROBABLE STRANGULATION)

CERTIFIER NAME AND TITLE: DEPUTY CORONER LAURA GRIMES

LICENSE NUMBER: NA

CERTIFIER'S ADDRESS: 117 DUFFIE DRIVE, LEXINGTON, SC, 29072

DATE FILED: SEPTEMBER 16, 2014

DATE OF ISSUANCE: OCTOBER 27, 2014

SPECIAL INSTRUCTIONS:

... MANNER OF DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER ... CAUSE OF DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER, INJURY INFO AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER.

SC04009324

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine Templeton

Catherine Templeton
Director and State Registrar

Barbara E. Derrick

Barbara E. Derrick
Assistant State Registrar

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Revision Date: 01/24/2014

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF SOUTH CAROLINA
CERTIFICATION OF VITAL RECORD

DEATH CERTIFICATION

STATE FILE NUMBER: 139-14-030835 AMENDED

DECEDENT'S NAME: *ABIGAIL ELIZABETH JONES*

AKA's: NA

ARMED FORCES: NO

DATE OF BIRTH: [REDACTED]

TYPE OF PLACE OF DEATH: DECEDENT'S HOME

NAME AND ADDRESS OF PLACE OF DEATH: 2155 B SOUTH LAKE DRIVE, LEXINGTON, SC 29073

PLACE OF DISPOSITION: CAUGHMAN HARMAN CREMATORY

DISPOSITION LOCATION: LEXINGTON, SOUTH CAROLINA

METHOD OF DISPOSITION: CREMATION

DECEDENT'S RESIDENCE: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

PLACE OF BIRTH: SOUTH CAROLINA

SURVIVING SPOUSE'S NAME: NA

FATHER'S NAME: TIMOTHY RAY JONES JR

MOTHER'S NAME PRIOR TO FIRST MARRIAGE: AMBER MARIE MCCAULEY

INFORMANT'S NAME: AMBER MARIE JONES

MAILING ADDRESS: 190 RUSSELL ROWE ROAD, LEESVILLE, SC, 29070

FUNERAL HOME: CAUGHMAN-HARMAN FUNERAL HOME - LEXINGTON, 503 NORTH LAKE DR., LEXINGTON, SC, 29072

FUNERAL DIRECTOR: BRENT H. CAUGHMAN

EMBALMER'S NAME: NONE

ACTUAL OR PRESUMED DATE OF DEATH: AUGUST 28, 2014

ACTUAL OR PRESUMED TIME OF DEATH: 2200

CAUSE OF DEATH - PART I

HOMICIDAL VIOLENCE

SEX: FEMALE

SOCIAL SECURITY NUMBER: [REDACTED]

AGE: 1 YEARS

COUNTY OF DEATH: LEXINGTON

MARITAL STATUS: NEVER MARRIED

RELATIONSHIP: MOTHER

LICENSE NUMBER: 2093

LICENSE NUMBER: NONE

MANNER OF DEATH: HOMICIDE

OTHER SIGNIFICANT CONDITIONS - PART II:

NA

CORONER CONTACTED? YES

DATE OF INJURY: AUGUST 28, 2014

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 2155 B SOUTH LAKE DRIVE, LEXINGTON, LEXINGTON COUNTY, SC, 29073

HOW THE INJURY OCCURRED?

HOMICIDAL VIOLENCE

AUTOPSY PERFORMED? YES

TIME OF INJURY: 2200

AUTOPSY AVAILABLE? YES

INJURY AT WORK? NO

CERTIFIER NAME AND TITLE: DEPUTY CORONER LAURA GRIMES

LICENSE NUMBER: NA

CERTIFIER'S ADDRESS: 117 DUFFIE DRIVE, LEXINGTON, SC, 29072

DATE FILED: SEPTEMBER 16, 2014

DATE OF ISSUANCE: OCTOBER 27, 2014

SPECIAL INSTRUCTIONS:

, , MANNER OF DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER. , , , , CAUSE OF DEATH AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER, INJURY INFO AMENDED BY: DHEC 627 PER LAURA GRIMES KNEECE, DEPUTY CORONER. , , , , , , , ,

SC04009325

This is a true certification of the facts on file in the Division of Vital Records, SC Department of Health and Environmental Control.

Catherine Templeton

Catherine Templeton
Director and State Registrar

Barbara E. Derrick

Barbara E. Derrick
Assistant State Registrar

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Revision Date: 01/24/2014



STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

IN THE MATTER OF
MERAH GRACIE JONES
(Decedent)

)
)
)
)
)

IN THE PROBATE COURT

CERTIFICATE OF APPOINTMENT

CASE NUMBER: 2015ES3200184

This is to certify that

AMBER M. JONES

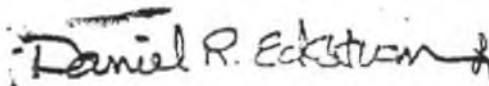
is/are the duly qualified

- ☒ PERSONAL REPRESENTATIVE
☐ SUCCESSOR PERSONAL REPRESENTATIVE
☐ SPECIAL ADMINISTRATOR

In the above matter and that this appointment, having been executed on the 10th
day of February, 2015 is now in full force and effect.

RESTRICTIONS:

Executed this 11th day of February, 2015



DANIEL R. ECKSTROM, PROBATE JUDGE

**Do not accept a copy of this certificate without
the raised seal of the Probate Court.**

STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

IN THE MATTER OF
ELIAS XAVIER JONES
(Decedent)

)
)
)
)
)
)

IN THE PROBATE COURT
CERTIFICATE OF APPOINTMENT

CASE NUMBER: 2015ES3200185

This is to certify that

AMBER M. JONES

is/are the duly qualified

- ☒ PERSONAL REPRESENTATIVE
☐ SUCCESSOR PERSONAL REPRESENTATIVE
☐ SPECIAL ADMINISTRATOR

In the above matter and that this appointment, having been executed on the 10th
day of February, 2015 is now in full force and effect.

RESTRICTIONS:

Executed this 10th day of February, 2015

Daniel R. Eckstrom
DANIEL R. ECKSTROM, PROBATE JUDGE

**Do not accept a copy of this certificate without
the raised seal of the Probate Court.**

STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

IN THE MATTER OF
NAHTAHN HEHSEYD JONES
(Decedent)

)
)
)
)
)
)

IN THE PROBATE COURT

CERTIFICATE OF APPOINTMENT

CASE NUMBER: 2015ES3200182

This is to certify that

AMBER M. JONES

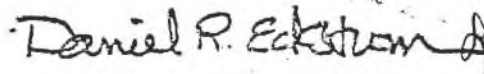
is/are the duly qualified

- ☒ PERSONAL REPRESENTATIVE
☐ SUCCESSOR PERSONAL REPRESENTATIVE
☐ SPECIAL ADMINISTRATOR

In the above matter and that this appointment, having been executed on the 10th
day of February, 2015 is now in full force and effect.

RESTRICTIONS:

Executed this 10th day of February, 2015.



DANIEL R. ECKSTROM, PROBATE JUDGE

**Do not accept a copy of this certificate without
the raised seal of the Probate Court.**

STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

IN THE MATTER OF
GABRIEL ASHER JONES
(Decedent)

IN THE PROBATE COURT

CERTIFICATE OF APPOINTMENT

CASE NUMBER: 2015ES3200181

This is to certify that

AMBER M. JONES

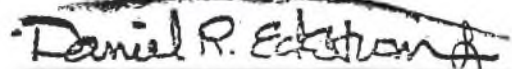
is/are the duly qualified

- ☒ PERSONAL REPRESENTATIVE
☐ SUCCESSOR PERSONAL REPRESENTATIVE
☐ SPECIAL ADMINISTRATOR

In the above matter and that this appointment, having been executed on the 10th
day of February, 2015 is now in full force and effect.

RESTRICTIONS:

Executed this 10th day of February, 2015



DANIEL R. ECKSTROM, PROBATE JUDGE

**Do not accept a copy of this certificate without
the raised seal of the Probate Court.**

STATE OF SOUTH CAROLINA
COUNTY OF LEXINGTON

IN THE MATTER OF
ABIGAIL ELIZABETH JONES
(Decedent)

IN THE PROBATE COURT

CERTIFICATE OF APPOINTMENT

CASE NUMBER: 2015ES3200183

This is to certify that

AMBER M. JONES

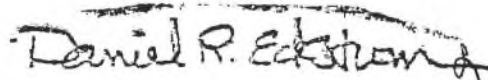
is/are the duly qualified

- ☒ PERSONAL REPRESENTATIVE
☐ SUCCESSOR PERSONAL REPRESENTATIVE
☐ SPECIAL ADMINISTRATOR

In the above matter and that this appointment, having been executed on the 10th
day of February, 2015 is now in full force and effect.

RESTRICTIONS:

Executed this 10th day of February, 2015



DANIEL R. ECKSTROM, PROBATE JUDGE

**Do not accept a copy of this certificate without
the raised seal of the Probate Court.**