

~~DATE November 18,~~

~~MAFIA
DARRINE CHIEVES~~

AUTHORIZATION TO Release

- (1) ALL DOCUMENT RELATING
TO THE ESTATE OF
CYNTHIA C. CHIEVES
ESTATE FILE # 2001-ES-1362
IN THE RICHMOND COUNTY PROBATE
COURT
- (2) BBOT BANK - CONCEAL WEAPON PERMIT
PROSECUTOR'S INVESTIGATION
INVOICE NUMBER 031332554
INVOICE DATE 11/06/14
C#009650798 P#803-935-0505
DARRINE N CHIEVES
7900 FARROW RD
COLUMBIA SC, 29203

THE CERTIFICATE OF SERVICE

*

*

*

W.P.S. MARL

UNITED STATES OF AMERICA

2nd ~~SECOND~~ AMENDED

LEGAL RICHMOND COUNTY GOVERNMENT
LAW ENFORCEMENT

RICHMOND COUNTY
SOLICITOR

DON JOHNSON

AGREEMENT FILE #10 TO:

ALLAN E. FULMER, ATTORNEY
ATTORNEY AND COUNSELOR AT LAW
1812 BULL STREET
POST OFFICE BOX 1548
COLUMBIA, SOUTH CAROLINA
29202

Allan E. Fulmer, Attorney, P.A.

Attorney and Counselor at Law

Allan E. Fulmer, Jr. - Member
A. Bennett Evers - Associate
Allan E. Fulmer, Sr. [Retired]

1812 Bull Street (29201-2506)
Post Office Box 1548 (29202-1548)
Columbia, South Carolina
Telephone 803.256.6289
Facsimile 803.254.6579
Email: jrfulmer@bellsouth.net

November 15, 2012

THIS WILL CONFIRM THAT SINCE 2001 TO DATE I HAVE RECEIVED FROM THE LAW FIRM OF ALLAN E. FULMER, ATTORNEY, PA, NUMEROUS SETS OF COPIES OF:

- (1) ALL DOCUMENTS RELATING TO THE ESTATE OF CYNTHIA C. CHIEVES, ESTATE FILE #2001-ES-40-1362 IN THE RICHLAND COUNTY PROBATE COURT, AND,**
- (2) CORRESPONDENCE AND DOCUMENTS WHICH WERE FORWARDED TO MR. FULMER BY THIRD PARTIES OVER THE YEARS AT MY REQUEST**

AND TODAY HAVE RECEIVED YET ANOTHER SET OF COPIES OF THOSE DOCUMENTS.

I HEREBY ACKNOWLEDGE AND AGREE THAT THIS IS THE LAST SET COPIES OF THOSE DOCUMENTS WHICH WILL BE PROVIDED TO ME BY THE LAW FIRM, AND THAT I WILL RETAIN A SET OF THE DOCUMENTS AND MAKE NO FURTHER REQUESTS FOR COPIES.

I UNDERSTAND THAT THE LAW FIRM WILL NO LONGER PROVIDE ANY ADDITIONAL SETS OF ANY DOCUMENTS TO ME.

DATE: NOVEMBER 15, 2012



DARRIENE CHIEVES

You are hereby notified that it is unlawful and a felony under state and federal law for you to ship, transport, possess, or receive a firearm or ammunition.

Section 23-31-1040. (A) It is unlawful for a person who has been adjudicated as a mental defective or who has been committed to a mental institution to ship, transport, possess, or receive a firearm or ammunition.

(B) A person who violates this section is guilty of a felony, and, upon conviction, must be fined not more than two thousand dollars or imprisoned not more than five years, or both.

(C) In addition to the penalty provided in this section, the firearm or ammunition involved in the violation of this section must be confiscated. The firearm or ammunition must be delivered to the chief of police of the municipality or to the sheriff of the county if the violation occurred outside the corporate limits of a municipality. The law enforcement agency that receives the confiscated firearm or ammunition may use the firearm or ammunition within the agency, transfer the firearm or ammunition to another law enforcement agency for the lawful use of that agency, trade the firearm or ammunition with a retail dealer licensed to sell firearms or ammunition in this State for a firearm, ammunition, or any other equipment approved by the agency, or destroy the firearm or ammunition. A firearm or ammunition must not be disposed of in any manner until the results of any legal proceeding in which the firearm or ammunition may be involved are finally determined. If SLED seized the firearm or ammunition, SLED may keep the firearm or ammunition for use by SLED's forensic laboratory. Records must be kept of all confiscated firearms or ammunition received by the law enforcement agencies pursuant to this section. A law enforcement agency that receives a firearm or ammunition pursuant to this subsection may administratively release the firearm or ammunition to an innocent owner. If possession of the firearm or ammunition is necessary for legal proceedings, the firearm or ammunition must not be released to the innocent owner until the results of any legal proceedings in which the firearm or ammunition may be involved are finally concluded. Before the firearm or ammunition may be released, the innocent owner shall provide the law enforcement agency with proof of ownership and shall certify that the innocent owner will not release the firearm or ammunition to the person who has been charged with a violation of this subsection which resulted in the firearm's or ammunition's confiscation. The law enforcement agency shall notify the innocent owner when the firearm or ammunition is available for release. If the innocent owner fails to recover the firearm or ammunition within thirty days after notification of the release, the law enforcement agency may maintain or dispose of the firearm or ammunition as otherwise provided in this subsection.

(D) At the time the person is adjudicated as a mental defective or is committed to a mental institution, the court shall provide to the person or the person's representative, as appropriate, a written form that conspicuously informs the person or the person's representative, as appropriate, of the provisions of this section.

BPH – FORENSIC – MCCLENDON BUILDING

Package Acknowledgement

Mail/Package Addressee: Darrine chiefs Unit # 5

From: Heartland America

Date of Delivery: 11/19/14

Delivered by: Jamela Hemming, LMSW

(Mail Delivery Person)

Transferred to: Jamela Hemming LMSW

Nurse/Social Worker Signature/BHA-B

Accepted by: [Signature]

Client Signature

Return to: _____

(Signature)

Items	Amount
Badge + wallet Concealed Carry) Concealed (Weapon Permit	1 Badge + 1 wallet

Order Line (800) 229-2901 • www.heartlandamerica.com

C#009650798 P#803-935-0505
DARRINE N CHIEVES
7900 FARROW RD
COLUMBIA SC 29203

INVOICE NUMBER: 031332554
INVOICE DATE: 11/06/14 * SINGLE * BATCH#3493
CUSTOMER NUMBER 009650798 *GRP: 804 * WHSE#010
ORDER NO./DATE: 28896851 11/06/14 PAGE: 1
SHIP TO: C#009650798 P#803-935-0505
DARRINE N CHIEVES
7900 FARROW RD
COLUMBIA SC 29203

SHIPPING INFORMATION:

SMARTPOST

1. FOR REBATE ITEMS, THIS ORIGINAL INVOICE MUST BE SUBMITTED WITH THE REBATE FORM
2. REBATE FORMS AVAILABLE AT WWW.HEARTLANDAMERICA.COM/REBATE
3. KEEP A COPY OF THE INVOICE FOR YOUR RECORDS.

ORD	SHIP	CODE	PRODUCT NUMBER	PRODUCT DESCRIPTION	PRICE	EXTENSION	LOC
1	1		65445	CONCEALED WEAPON PERMIT HOL			3N4

B - ITEM BACKORDERED
 C - ITEM CANCELLED
 N - NO LONGER AVAILABLE
 * - SPECIAL PRICED
 D - ITEM DROP SHIPPED
 S - SHIPPED SEP. BOX
 P - CA RESIDENTS: PLEASE SEE WARNING ON OTHER SIDE.

NET	TAX	MISC.	SHIPPING	FEE	TOTAL	LESS PREPAID AMT.	LESS CREDIT	LESS COUPONS/ GIFT CERT.	BALANCE

REBATE REDEMPTION CALL 1-866-482-6348 OR WWW.HEARTLANDAMERICA.COM/REBATE

REBATE REDEMPTION CALL 1-866-482-6348 OR WWW.HEARTLANDAMERICA.COM/REBATE

009650798
031332554

* SMARTPOST *

* *
* PKG# 1-031332554-0102 *

HEARTLAND AMERICA
8085 CENTURY BLVD
CHASKA MN 55318

----- TO -----
C#009650798 P#803-935-0505
DARRINE N CHIEVES
7900 FARROW RD
COLUMBIA SC 29203

TO: RETURN DEPARTMENT
HEARTLAND AMERICA
8085 CENTURY BOULEVARD
CHASKA, MN 55318

CONTEMPORARY IMAGES, INC. (763) 249-0393

C-416493



U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Richland County Adm Judges	COURT CASE NUMBER
DEFENDANT	Richland County Commissioner Div.	TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW THE Richland County Probate - COURT HOUSE 1701 MAIN STREET COLUMBIA SC, 29201	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

ATT. DAMEL?

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
---	---	------------------	------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Date	Time
	<input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

District of _____

Plaintiff

v.

Defendant

Civil Action No. _____

NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS

To: _____
(Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service)

Why are you getting this?

A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above. A copy of the complaint is attached.

This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive formal service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the signed waiver within _____ days (give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States) from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along with a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy.

What happens next?

If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been served on the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this notice is sent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial district of the United States).

If you do not return the signed waiver within the time indicated, I will arrange to have the summons and complaint served on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making service.

Please read the enclosed statement about the duty to avoid unnecessary expenses.

I certify that this request is being sent to you on the date below.

Date: _____

ATT:

Signature of the attorney or unrepresented party

Printed name

Address

E-mail address

Telephone number

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	<u>Richland County - Adm Judges</u>	COURT CASE NUMBER
DEFENDANT	<u>Richland County Commissioner Div.</u>	TYPE OF PROCESS <u>Civil</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

The Richland County Probate
Court House
1701 MAIN STREET
Columbia SC, 29201

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

ATT JAMAL?

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy _____	
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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1. CLERK OF THE COURT
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4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

UNITED STATES DISTRICT COURT

for the

District of _____

Plaintiff

Defendant

Civil Action No. _____

NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS

To: _____

(Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service)

Why are you getting this?

A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above. A copy of the complaint is attached.

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Please read the enclosed statement about the duty to avoid unnecessary expenses.

I certify that this request is being sent to you on the date below.

Date: _____

ATT:

Signature of the attorney or unrepresented party

Printed name

Address

E-mail address

Telephone number

BINGO

\$1,000.00 CASH CARD

4	2	0	3	1
0	6	2	1	2
3	2	0	3	4
2	0	7	5	2
1	4	1	3	3

HOW TO ENJOY PCH BINGO:
Use the Bingo Stickers on front and you will complete a row covering the matching numbers on the Bingo Card at left.

**YOU COULD SOON BECOME A
\$1,000.00
PCH BINGO WINNER!**

Gwy. #4882

NAME: DARRINE CHIEVES
 ADDRESS: 7901 FARROW ROAD UNIT 5
 CITY: COLUMBIA
 STATE: SC ZIP: 29203

TP100

14-PB820M0

NO PURCHASE OR FEE NECESSARY TO ENTER. A PURCHASE WON'T IMPROVE AN INDIVIDUAL'S CHANCE OF WINNING.

Sweepstakes Facts included on back page.

▲ DETACH HERE BEFORE INSERTING ENTRY FORM. ▲

**Remember - \$1,000.00 winners will definitely come from this special Bulletin.*

PLEASE RESPOND WITHIN 14 DAYS

▼ DETACH HERE. PLACE ENTRY FORM INSIDE ENVELOPE, MOISTEN FLAP, SEAL AND MAIL TODAY! ▼



PROCESSING ALERT!

**WINNERS
WILL DEFINITELY
COME FROM THIS
SPECIAL BULLETIN**



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BEFORE
MAILING



1301 GERRAS STREET
ALBANY, NY 12202
DANIEL & HELEN
ALBANY, NY 12202

OFFICIAL RULES: ALL PRIZES GUARANTEED TO BE AWARDED AS OFFERED. NO PURCHASE OR PAYMENT NECESSARY TO WIN. VOID WHERE PROHIBITED. A prize of \$40,000.00 from Giveaway No. 3726 will be paid by check at time of award if the timely returned winning entry comes from this Bulletin. Prize will be awarded to an alternate if a winning entry is not timely returned. Award subject to verification of identity and eligibility. Winner must sign an Affidavit of Eligibility within 30 days or alternate winner will be selected. Principals and employees of PCH and their immediate families are not eligible. Board of Judges' decisions are final. Bulk entries will not be accepted. Not responsible for lost or mutilated mail. Acceptance of prize constitutes permission to use winner's name and photograph for promotional purposes. Subject to complete Official Rules available at mail address on reply. Void where prohibited. All Giveaways are void in the province of Quebec and residents of that province are not eligible to enter or win. TO ENTER: Fill out the name and address information on the enclosed Publishers Clearing House Entry Form, detach and mail in the Reply Envelope provided to arrive on or before 12/31/14.

SWEEPS FACTS: Giveaway No. 3726; End Date: 12/31/14 (or earlier at our option); Est. Odds of Winning: 1 in 415,000,000. You Have Not Yet Won. All Entries Have the Same Chance of Winning. We don't know who the winner is. Enter For Free. You don't have to buy anything to enter. Enter As Often As You Like. You may submit additional entries by writing to the address below. Each entry request must be mailed separately. Buying Won't Help You Win. Your chances of winning are the same as someone who buys something.

PLEASE RESPOND WITHIN 14 DAYS



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101 winners circle • port washington • new york 11052

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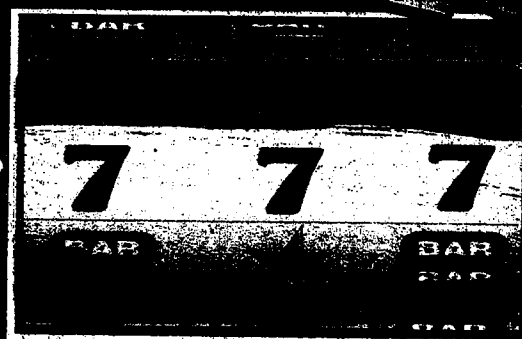


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WIN FREE CASH!

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SCRATCH
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ENTIRE
SILVER BOX



REVEAL LUCKY 7's ABOVE, THEN SEE INSIDE FOR ELIGIBLE CASH PRIZE!