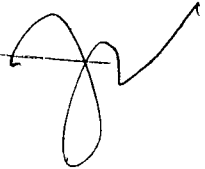


STATE OF SOUTH CAROLINA)
)
 COUNTY OF CHARLESTON)
)
)
)
)
 Deidre Giglio,)
)
 Plaintiff)
)
 Vs.)
 Ronald Nunn, a/k/a "Ronald)
 Ochrymowich" and Melissa, a/k/a)
 "Missy" Ochrymowich, Lisa)
 Woolfe-Herbert in her Official Capacity as)
 the agent and Trustee of the Trust)
 Benefitting Melissa Ochrymowich)
)
 Defendants

IN THE COURT OF COMMON PLEAS
 NINTH JUDICIAL CIRCUIT
 CASE NO.: 18-CP-10-2890

2019 APR -1 PM 1:35

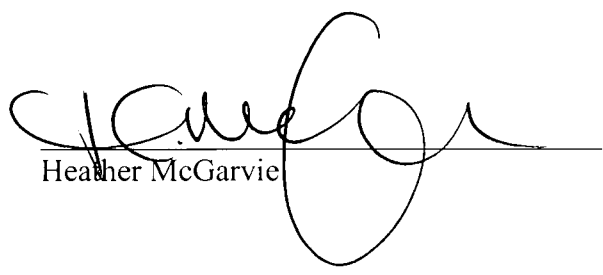
AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

CLERK OF COURT
 BY 

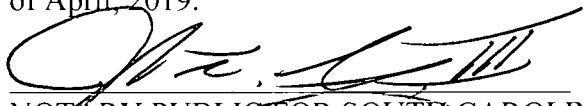
PERSONALLY appeared before me, Heather McGarvie, who, first being duly sworn, deposes and says that on the 1st day of April, 2019, she mailed in a sealed envelope, by Certified Mail No. 7016 3010 0000 4083 1587, Return Receipt Requested, postage prepaid, a certified copy of the Summons and Complaint in the above captioned case to the following named person at his/her address to wit:

Ms. Lisa Wolff Herbert
 864 Lowcountry Blvd C
 Mt Pleasant, SC 29464

and that the attached Return Receipt card bearing No. 7016 3010 0000 4083 1587 was returned to this office, showing receipt of same.


 Heather McGarvie

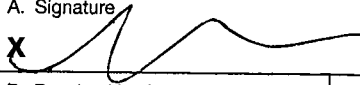
SWORN to before me this 1st day of April, 2019.


 NOTARY PUBLIC FOR SOUTH CAROLINA
 My Commission Expires: 7/27/2026

2018-CP-10-2890

RECEIVED 3/26/19

FILED 3/26/19

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: Ms. Lisa Wolff Herbert 864 Lowcountry Blvd C Mt. Pleasant, South Carolina 29464	B. Received by (Printed Name) _____ C. Date of Delivery <u>3/25/19</u> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes

1587

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

BY _____

JULIE J. ARMSTRONG
CLERK OF COURT

2019 APR -1 PM 1:35

FILED