

16-712-CA

Greg Harrell - Fw: CONTACT TRACKING # 396569-2 - FW: 7010005303 NEIL J GILLESPIE

From: "Neil Gillespie" <neilgillespie@mfi.net>
To: "Sergeant Welch MCSO" <cwelch@marionso.com>
Date: 05/02/2016 04:13 PM
Subject: Fw: CONTACT TRACKING # 396569-2 - FW: 7010005303 NEIL J GILLESPIE
Cc: "Sheriff Chris Blair" <cblair@marionso.com>, "Gregg Jerald" <ggerald@mar...
Attachments: Multiple Heirs Service Center 2.pdf; Chapter 825, attn. MCSO Sergeant Welsh.pdf; 2014, 05-01-14, 9.10am, Dawn SECO called, need multi-heir form completed.wav; 2014, 06-26-14, Kym Young letter color scan.pdf; 2 2014, 05-05-14, MARK-affidavit Settlement-Indemnity Agreement-stamped.pdf; 1 2014, 05-03-14, BETH-affidavit Settlement-Indemnity Agreement-stamped.pdf

Sergeant Charles T. Welch
MCSO Southwest District Office
9048 SW SR 200
Ocala, FL 34481
Email: cwelch@marionso.com
<http://marionso.com/district-offices/southwest-district-office/>

16 MAY - 2 PM 4:55
CIVIL
DEPARTMENT OF COURT REPORTERS AND DOCUMENTALISTS
CLERK OF COURT
MARION COUNTY, FL

Dear Sergeant Welch:

Please find attached the citations to Chapter 825 you requested for SECO Energy. Also attached is an audio file of a recorded call May 1, 2014 from Dawn Young, Lori's email to me forwarded below, and the completed Capital Credit affidavits.

2014, 05-01-14, 9.10am, Dawn SECO called, need multi-heir form completed

The call impeaches Dawn's recent affidavit. Dawn's attitude changed, which I attribute to behind the scene efforts, perhaps by attorney Kevin Stone, to deny me Capital Credits. SECO has posted a video of its 2016 Annual Meeting on YouTube, <https://youtu.be/4YGPwkYcpDU>

Yesterday I found a number of recorded calls with different SECO employees, calls that impeach the plaintiff's claims. One lengthy call May 5, 2014 with SECO customer service rep Kym Young is especially valuable to impeach the plaintiff's claims. The file for the call is too large to email, but is available.

The attached letter June 26, 2014 from Kym Young shows my account was paid in good standing.

I do not have a response yet from Greg Harrell, General Counsel to the Clerk. Thank you.

Sincerely,

Neil J. Gillespie
8092 SW 115th Loop

Ocala, FL 34481
Email: neilgillespie@mfi.net
Attachments

----- Original Message -----

From: Neil Gillespie
To: Mark Gillespie
Sent: Thursday, May 01, 2014 11:36 AM
Subject: Fw: CONTACT TRACKING # 396569-2 - FW: 7010005303 NEIL J GILLESPIE

Mark,

This morning I got a phone call from Dawn at SECO, they want you and Beth to sign and notarize the form we discussed. Lori from SECO sent me the email forwarded below with a PDF of the

PATRONAGE CAPITAL ACCOUNT, MEMBERSHIP FEE RELEASE, ASSIGNMENT and INDEMNITY AGREEMENT

It appears just like the form you opened and converted to PDF. You may send the form to SECO at SECO Ocala Customer Service Center, 4872 SW 60th Avenue, Ocala, FL 34474-4316. Or send the signed and notarized form to me and I will hand-deliver it to Dawn. Make a copy for yourself, and provide me a copy if you send the form directly to SECO.

Neil

----- Original Message -----

From: Customer Service
To: 'Neil Gillespie'; Customer Service
Cc: Mark Gillespie
Sent: Thursday, May 01, 2014 8:59 AM
Subject: RE: CONTACT TRACKING # 396569-2 - FW: 7010005303 NEIL J GILLESPIE

Thank you for your reply. I have corrected the format and hope this will work for you.

If you need anything else, please let us know.

Lori

Customer Support Specialist
Sumter Electric Cooperative, Inc.
330 South US Highway 301
PO Box 301
Sumterville, FL 33585-0301
Phone (352) 793-3801

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From: Neil Gillespie [neilgillespie@mfi.net]
Sent: Wednesday, April 30, 2014 1:12 PM
To: Customer Service
Cc: Mark Gillespie; Neil Gillespie
Subject: Fw: CONTACT TRACKING # 396569 - FW: 7010005303 NEIL J GILLESPIE

Lori
Customer Support Specialist
Sumter Electric Cooperative, Inc.
330 South US Highway 301
PO Box 301
Sumterville, FL 33585-0301

Dear Lori,

Thank you for this email. Unfortunately I am not able to open the file you provided. It appears on my computer as "unknown application". I was unable to convert the file to PDF. I'm providing this email to my brother, perhaps he can open the file. Otherwise something else is needed. PDF works fine for me, is that an option? Can you resend the file in PDF?

Thank you for your assistance yesterday changing the electric account to my name.

Sincerely,

Neil J. Gillespie
8092 SW 115th Loop
Ocala, Florida 34481
Telephone: 352-854-7807
Email: neilgillespie@mfi.net

----- Original Message -----

From: Customer Service
To: 'neilgillespie@mfi.net'
Sent: Tuesday, April 29, 2014 1:49 PM
Subject: CONTACT TRACKING # 396569 - FW: 7010005303 NEIL J GILLESPIE

Mr. Gillespie,

Attached please find the indemnity agreement needed for the capital credit transfer. Please have your brother and sister each sign a form (signature must be notarized) and return the forms to Sumter Electric Cooperative, Inc.

Thank you

Lori
Customer Support Specialist
Sumter Electric Cooperative, Inc.
330 South US Highway 301
PO Box 301
Sumterville, FL 33585-0301

Phone (352) 793-3801

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DOCUMENT

**PATRONAGE CAPITAL ACCOUNT, MEMBERSHIP FEE RELEASE,
ASSIGNMENT and INDEMNITY AGREEMENT**

The undersigned person, having been duly sworn, states upon oath as follows:

1. That PENELOPE M GILLESPIE of MARION County, Florida died on the 16TH day of SEPTEMBER, 2009,

Testate (with a will) **Intestate** (without a will)

and left surviving him/her the following named heir, devisee, or otherwise:

<u>Name</u>	<u>Relationship to Deceased</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. That, at the time of death, said decedent was entitled to certain capital credited to the deceased patron's patronage capital account with Sumter Electric Cooperative, Inc., and/or membership fees and/or deposits.
3. That the undersigned person hereby individually releases and assigns to NEIL J GILLESPIE _____ all their right, title, interest, and claim as heirs at law, devisees, or otherwise to the aforesaid capital, fees, and agree to indemnify and save harmless the Cooperative against any and all claims arising out of sums hereby assigned.

State of Florida
County of _____

Applicant's Signature _____

Sworn to and subscribed before me this _____ day of _____, 20____,
by _____ who is personally known to me or who has
produced _____ as identification.

Notary Public Signature

(Seal)

Printed Name of Notary

Note: The term heir means beneficiary under the law. The term devisee means beneficiary under the Will. If there is a Will, a copy must accompany this agreement. A copy of the death certificate or obituary must accompany this agreement.

Chapter 825, ABUSE, NEGLECT, AND EXPLOITATION OF ELDERLY PERSONS AND DISABLED ADULTS

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0800-0899/0825/0825ContentsIndex.html

To MCSO Sergeant Welsh

Chapter 825, Abuse, Neglect, and Exploitation of Elderly Persons and Disabled Adults

825.101 Definitions.—As used in this chapter:

(1) “Business relationship” means a relationship between two or more individuals or entities where there exists an oral or written contract or agreement for goods or services.

(3) “Disabled adult” means a person 18 years of age or older who suffers from a condition of physical or mental incapacitation due to a developmental disability, organic brain damage, or mental illness, or who has one or more physical or mental limitations that restrict the person’s ability to perform the normal activities of daily living.

(4) “Elderly person” means a person 60 years of age or older who is suffering from the infirmities of aging as manifested by advanced age or organic brain damage, or other physical, mental, or emotional dysfunctioning, to the extent that the ability of the person to provide adequately for the person’s own care or protection is impaired.

(9) “Position of trust and confidence” with respect to an elderly person or a disabled adult means the position of a person who:

(c) Has a legal or fiduciary relationship with the elderly person or disabled adult, including, but not limited to, a court-appointed or voluntary guardian, trustee, attorney, or conservator;

Sumter Electric Cooperative, Inc., d.b.a. SECO Energy, is a Rural Electric Cooperative under Chapter 425, Florida Statutes, TITLE XXX, SOCIAL WELFARE Ch.409-430.

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Index&Title_Request=XXX#TitleXXX

SECO Energy is in a “Position of trust and confidence” and has a legal and fiduciary relationship with me as the only provider of electric service for my home; through coop membership; the attorneys acting for SECO Energy; wrongly deprived me of my Capital Credits (my asset) for my account, and for the account of my deceased mother Sep-16-09.

825.103 Exploitation of an elderly person or disabled adult; penalties.—

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0800-0899/0825/Sections/0825.103.html

(1) “Exploitation of an elderly person or disabled adult” means:

(a) Knowingly obtaining or using, or endeavoring to obtain or use, an elderly person’s or disabled adult’s funds, assets, or property with the intent to temporarily or permanently deprive

the elderly person or disabled adult of the use, benefit, or possession of the funds, assets, or property, or to benefit someone other than the elderly person or disabled adult, by a person who:

1. Stands in a position of trust and confidence with the elderly person or disabled adult; or
2. Has a business relationship with the elderly person or disabled adult;

(b) Obtaining or using, endeavoring to obtain or use, or conspiring with another to obtain or use an elderly person's or disabled adult's funds, assets, or property with the intent to temporarily or permanently deprive the elderly person or disabled adult of the use, benefit, or possession of the funds, assets, or property, or to benefit someone other than the elderly person or disabled adult, by a person who knows or reasonably should know that the elderly person or disabled adult lacks the capacity to consent;

(e) Intentionally or negligently failing to effectively use an elderly person's or disabled adult's income and assets for the necessities required for that person's support and maintenance, by a caregiver or a person who stands in a position of trust and confidence with the elderly person or disabled adult.

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Sumter Electric Cooperative, Inc.

June 26, 2014

Neil Gilliespie has requested that we furnish the following information:

PO Box 301
330 S US Hwy 301
Sumterville, FL 33585
352.793.3801

NAME: Penelope Gillespie

ADDRESS: 8092 SW 115th Loop Ocala FL 34481

ACCOUNT : 7010005302

LENGTH OF SERVICE: 09/12/02 – 04/16/14

50 W Ardice Avenue
Eustis, FL 32726
352.357.5600

The following numbers are based on the last *24* months that the member had service with us:

ON THE CUT-OFF LIST: 0
DISCONNECTED FOR NON PAYMENT: 0
RETURNED CHECK(S): 0
METER TAMPERING: 0

850 N Howey Road
Groveland, FL 34736
352.429.2195

FINAL BILL PAID: YES NO N/A

610 US Hwy 41 South
Inverness, FL 34450
352.726.3944

COMPLETED BY: DATE: 06/26/14


Kym B Young
Customer Service Supervisor

4872 SW 60th Avenue
Ocala, FL 34474
352.237.4107

Sumter Electric Cooperative
4872 S.W. 60th Ave
Miami, FL 33147

COPY

**PATRONAGE CAPITAL ACCOUNT, MEMBERSHIP FEE RELEASE,
ASSIGNMENT and INDEMNITY AGREEMENT**

The undersigned person, having been duly sworn, states upon oath as follows:

1. That PENELOPE M GILLESPIE of MARION County, Florida died on the 16TH day of SEPTEMBER, 2009,

Testate (with a will) Intestate (without a will)

and left surviving him/her the following named heir, devisee, or otherwise:

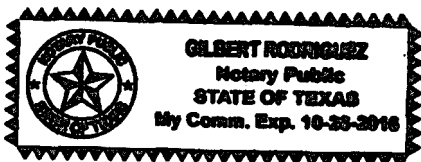
<u>Name</u>	<u>Relationship to Deceased</u>	<u>Address</u>
<u>MARK J. GILLESPIE</u>	<u>SON</u>	<u>7504 SUMMER MEADOWS DR., FT. WORTH, TX 76123</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. That, at the time of death, said decedent was entitled to certain capital credited to the deceased patron's patronage capital account with Sumter Electric Cooperative, Inc., and/or membership fees and/or deposits.
3. That the undersigned person hereby individually releases and assigns to NEIL J GILLESPIE _____ all their right, title, interest, and claim as heirs at law, devisees, or otherwise to the aforesaid capital, fees, and agree to indemnify and save harmless the Cooperative against any and all claims arising out of sums hereby assigned.

Texas
State of Florida
County of Tarrant

Mark J. Gillespie
Applicant's Signature _____

Sworn to and subscribed before me this 5th day of May, 2014,
by MARK J. Gillespie who is personally known to me or who has
produced TEXAS DRIVER LICENSE as identification.



(Seal)

Gilbert Rodriguez
Notary Public Signature
Gilbert Rodriguez
Printed Name of Notary

Note: The term heir means beneficiary under the law. The term devisee means beneficiary under the Will. If there is a Will, a copy must accompany this agreement. A copy of the death certificate or obituary must accompany this agreement.

Sumter Electric Cooperative
4372 S.W. 60th Ave
Ocala, FL 34474

**PATRONAGE CAPITAL ACCOUNT, MEMBERSHIP FEE RELEASE,
ASSIGNMENT and INDEMNITY AGREEMENT**

COPY

The undersigned person, having been duly sworn, states upon oath as follows:

1. That PENELOPE M GILLESPIE of MARION County, Florida died on the 16TH day of SEPTEMBER, 2009,

Testate (with a will) Intestate (without a will)

and left surviving him/her the following named heir, devisee, or otherwise:

Name	Relationship to Deceased	Address
<u>Elizabeth Bauerle</u>	<u>Daughter</u>	<u>34W.584 Illinois St</u> <u>Saint Charles, IL.</u> <u>60114</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

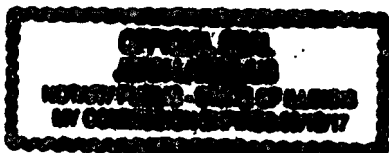
2. That, at the time of death, said decedent was entitled to certain capital credited to the deceased patron's patronage capital account with Sumter Electric Cooperative, Inc., and/or membership fees and/or deposits.
3. That the undersigned person hereby individually releases and assigns to NEIL J GILLESPIE all their right, title, interest, and claim as heirs at law, devisees, or otherwise to the aforesaid capital, fees, and agree to indemnify and save harmless the Cooperative against any and all claims arising out of sums hereby assigned.

State of Florida
County of _____

Elizabeth Bauerle
Applicant's Signature _____

Sworn to and subscribed before me this 7th day of May, 2014,
by ELIZABETH BAUERLE who is personally known to me or who has
produced FLORIDA DRIVER LIC. as identification.

(Seal)



Jean Langlais
Notary Public Signature
Jean Langlais
Printed Name of Notary

Note: The term heir means beneficiary under the law. The term devisee means beneficiary under the Will. If there is a Will, a copy must accompany this agreement. A copy of the death certificate or obituary must accompany this agreement.