KSD_Melgren_Chambers

From: Tammy Boyer <Tammy.Boyer@hillcrest.com>
Sent: Monday, February 17, 2025 4:54 PM
To: KSD_Melgren_Chambers
Subject: United States v. Michael R Capps 21-CR-10073 additional information
Attachments: kim and risa document.pdf

CAUTION - EXTERNAL:

Dear Judge Melgren:

I have attached two affidavits, one from my stepsister Kim and one from my stepsister Risa addressing the reasons why they cannot be caretakers for our father Charles Ford, father of Michael Ford.

Due to the weather that is going to impact Oklahoma and Kansas I took scanned copies of the affidavits to avoid delays that might occur. The original documents will go out in tomorrow's mail since today was a Federal holiday.

I did notice that neither sister provided contact information other than their addresses. If needed, please let me know and I can have each sister email you.

Thank you for taking the time to address our concerns for our father's health and Michael's ability to care for him.

Tammy Boyer

DISCLAIMER: This communication, along with any documents, files or attachments, is intended only for the use of the addressee and may contain legally privileged and confidential information. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of any information contained in or attached to this communication is strictly prohibited. If you have received this message in error, please notify the sender immediately and destroy the original communication and its attachments without reading, printing or saving in any manner. Please consider the environment before printing this e-mail.

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State of Oklahoma)

ss)

County of Tulsa)

Affidavit of Risa (Ford) Climer

I, Risa Ford Climer, being first duly sworn upon oath, state the following:

1. I am 53 years old and reside at 1753 N. Woodrow Ct, Wichita, Kansas 67213.
2. I am making this affidavit to explain why I am unable to serve as a caregiver for my father Charles Ford, who resides in Sand Springs, Oklahoma.
3. I live approximately three hours away from my father's residence, which presents the following obstacles to providing care:
   - Unable to respond quickly to emergency situations
   -Cannot provide daily assistance with daily activities, including monitoring medications
   -Unable to transport to medical appointments
4. My family obligations in Wichita prevent me from relocating to provide care.
5. While I can occasionally visit, I cannot provide the consistent daily care that my father requires after his injuries.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 02/15 day of 2025.

Risa Ford Climer

STATE OF OKLAHOMA)

ss.)

COUNTY OF TULSA)

ACKNOWLEDGMENT

Before me, the undersigned Notary Public, on this day personally appeared Charles Ford, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 15 day of Feb, 2025.

Kimberly Porter

Notary Public

KIMBERLY DAWN PORTER
Notary Public - State of Oklahoma
Commission Number 18006237
My Commission Expires Jun 21, 2026

Notary Public, State of Oklahoma

My Commission Expires: Jun 21, 2026

Commission Number: 18006237

STATE OF OKLAHOMA)

ss.)

TULSA COUNTY)

AFFIDAVIT OF KIM (FORD) SPRADELY

I, Kim (Ford) Spradley, being first duly sworn upon oath, state the following:

1. I am 57 years old and reside at 6218 Merrimack Drive, Sand Springs, OK and am half-sister to Michael Capps.
2. I am making this affidavit to explain why I am unable to serve as a caregiver for our father, Charles Ford.
3. In 2013, I suffered a stroke that significantly weakened the right side of my body, affecting my mobility and strength.
4. In August 2024, I suffered a second stroke that has impacted my short-term memory, resulted in recurring seizures which has left me unable to drive and has me permanently disabled.
5. Due to my own medical conditions, I am:
    a. Unable to drive
    b. Unable to lift or assist other with mobility
    c. Unable to remember medication schedules
    d. Unable to live independently without assistance myself.
6. My condition makes it impossible to assist my father with daily activities, management of medication, travel to his appointments and response capabilities if he were to call with an emergency.
7. I require assistance with many daily activities and am not physically capable of providing care for my father.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 15th day of February, 2025

Kim Spradley

Kim (Ford) Spradley

STATE OF OKLAHOMA)

ss.)

COUNTY OF TULSA)

ACKNOWLEDGMENT

Before me, the undersigned Notary Public, on this day personally appeared Charles Ford, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 15 day of Feb, 2025.

Kimberly Porter

Notary Public

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Notary Public - State of Oklahoma
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