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[1] IN THE COUNTY OF COMMON PLEAS
 [2] STARK COUNTY, OHIO
 [3] CASE NO. 1997 CV 00471
 [4]
 [5] -----X
 [6] STEVE FRANK, et al.,
 [7] Plaintiffs,
 [8] vs.
 [9] JOHN VARM, (II), et al.,
 [10] Defendants.
 [11] -----X
 [12] PLACE: Offices of Walter Afeld
 [13] 5820-B West Cypress Street
 [14] Tampa, Florida
 [15] TAKEN BY: Attorney for Defendant
 [16] DATE: May 18, 1998
 [17] TIME: 10:30 a.m.
 [18] REPORTED BY: ANN M. BALISTIERI,
 [19] Sixth Judicial Circuit
 [20]
 [21] -----
 [22] DEPOSITION OF WALTER AFELD
 [23] -----
 [24] ROBERT A. OGMPSTER & ASSOCIATES
 [25] P.O. BOX 35
 CLEARWATER, FLORIDA 33751
 (813) 443-0992

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[1] APPEARANCES
 [2] HOWARD MISHKIND, ESQUIRE
 [3] Becker & Mishkind, Co., L.P.A.
 [4] Skylight Office Tower
 1660 West Second Street, Suite 660
 Cleveland, Ohio 44113
 [5] Attorney for Plaintiffs
 [6] PATRICK CORRIGAN, ESQUIRE
 [7] Berlon & Timmel
 925 Key Building
 [8] 159 South Main Street
 Akron, Ohio 44308
 [9] Attorney for Defendant/
 Cincinnati Insurance Company
 [10] GREGORY A. BECK, ESQUIRE
 [11] Baker, Dublika, Beck, Wiley
 & Mathews
 [12] 115 DeWalt Avenue Northwest
 Suite 205
 [13] Canton, Ohio 44702
 [14] Attorney for Defendant/
 Erie Insurance Company
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Page 3

[1] Thereupon:
 [2] WALTER AFELD,
 [3] was called as a witness, and having been duly sworn, was
 [4] examined and testified as follows:
 [5] DIRECT EXAMINATION
 [6] BY MR. BECK:
 [7] Q Doctor, this is Greg Beck, I represent Erie
 [8] Insurance Company. It's my understanding that you first saw
 [9] the plaintiff in December of 1997: is that correct?
 [10] A That's correct.
 [11] Q And that was at the referral of Dr. Martinez?
 [12] A Yes.
 [13] Q And at that time I think you did an examination
 [14] of him and you had some impressions, I believe; is that
 [15] correct?
 [16] A That's correct.
 [17] Q And what were your impressions at that time?
 [18] A That he had a concussion, a post-concussion
 [19] syndrome, possible seizure disorder, headache, chronic
 [20] lumbar sprain and cervical sprain, possible disk, tinnitus,
 [21] depression, anxiety, post-traumatic syndrome and some
 [22] chronic pain.
 [23] Q All right. So you're --
 [24] A That was the working diagnosis on that date.
 [25] Q So it's also my understanding you saw him the

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[1] next month in January and did some testing in order to rule
 [2] out some of these differential diagnoses that you had; is
 [3] that correct?
 [4] A That's correct.
 [5] Q What testing did you do?
 [6] A We did some electroencephalographic studies,
 [7] brain mappings tests and some psychological testing.
 [8] Q Now, before we talk about specifics of those
 [9] tests. After that testing procedure what conclusions did
 [10] you reach at that time?
 [11] A Well, let me give you the caveat, the testing
 [12] doesn't diagnosis, it's just a useful bit of information.
 [13] After the testing it was clear that the man did have some
 [14] brain damage, and I did not have other records until January
 [15] 20th of '98 concerning the neck and back. But he was
 [16] depressed, he did have brain damage and he had a lot of
 [17] anxiety and was really functioning very below where he
 [18] should have been.
 [19] Q Now, since your testing in January have you seen
 [20] him again?
 [21] A Yes. I saw him February 24th of '98.
 [22] Q What was the purpose of that visit?
 [23] A It was basically to go over all of the testing of
 [24] the patient and discussion with him about his job and I sort
 [25] of went over the testing, kept it kind of on a high note,

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[1] but my conclusion was at that time I didn't think he was
 [2] going to hold onto that job very long because he just wasn't
 [3] functioning. We were still trying to get some medical
 [4] records. I thought he also rounded like he had a
 [5] post-traumatic labyrinthitis. I wanted to see MRI's,
 [6] probably send him to an ear, nose and throat doctor.
 [7] Q Do you know if he followed up with that ENT?
 [8] A I don't think so.
 [9] Q Have you seen him since February?
 [10] A Yes, I saw him May 7th, 1998.
 [11] Q What was the purpose of that examination?
 [12] A Basically just continuing follow-up. I'd
 [13] received a lot of other medical records. At that time the
 [14] man had sort of fulfilled the prophecy that I had, he was
 [15] about to be fired from his job. He had gone from a sales
 [16] manager to a sales rep, he wasn't able to work. He was able
 [17] to put on a good front but he's been essentially going
 [18] downhill. He was thinking of some other kind of job in
 [19] Charlotte. before they fired him, if he could get it.
 [20] He thought that was also a safer position because
 [21] there were more opportunities for his wife for employment,
 [22] it was a bigger city. I thought he had been struggling a
 [23] lot, he was lost, I thought he had brain damage, tinnitus,
 [24] problems with numbers, the chronic pain, I thought he
 [25] needed help in Charlotte, but it looked to me like he was

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[1] Q One of your differential diagnoses was possible
 [2] seizure disorder. Was that ruled out through your testing?
 [3] A I think so.
 [4] Q What test ruled that out, test or tests?
 [5] A Basically the history was a little vague and
 [6] questionable. The electrical studies don't seem to show any
 [7] seizure focus. Bear with me for a minute. The electrical
 [8] studies did not seem to show any focal points and that
 [9] reasonably rules it out, but not necessarily. I think you
 [10] have to do sort of a constant follow-up to see what's
 [11] happening, but a seizure disorder is not in my thinking at
 [12] this point.
 [13] Q What about the organicity, you mentioned that
 [14] also?
 [15] A It's consistent with people with brain damage.
 [16] Q But you use that as a separate term.
 [17] A Organicity, same thing, I'm using them
 [18] interchangeably.
 [19] Q So when you mention organicity you're talking
 [20] about some sort of brain pathology.
 [21] A That's right.
 [22] Q What tests in particular -- let's talk about,
 [23] first, the electrical studies that you completed, the
 [24] neuro-diagnostic laboratory studies. What tests among those
 [25] in your opinion provided you with information of organicity

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[1] going towards a social security disability situation or a
 [2] disability. I didn't think he was going to make it.
 [3] Q Did you also prescribe some sort of counseling
 [4] for him in your office?
 [5] A Yes, we did in our office. And then when he was
 [6] indicating he was on his way to Charlotte I indicated that
 [7] as soon as he could get a doctor there I would be more than
 [8] happy to send my records.
 [9] Q Who in your office is actually doing the
 [10] counseling and do you know how much was done?
 [11] A Dr. Coniglio, a psychologist, saw him on April
 [12] 3rd, 6th, 13th, 17th, 20th and May 5th. We also had him
 [13] involved in our pain clinic under Dr. Coniglio's care and --
 [14] well, he also saw him on some -- tiedotes, excuse me,
 [15] January 19th, 27th, February 4th, February 11th, February
 [16] 20th, March 3rd, March 10th, March 20th, March 23rd and May
 [17] 5th.
 [18] Q The purpose of the counseling with Dr. Coniglio
 [19] was to handle his depression and anxiety; is that correct?
 [20] A And also to deal with his pain, yes, but
 [21] primarily the depression and anxiety.
 [22] Q Is there anything in your review of the records
 [23] that indicate whether or not he had any underlying
 [24] depression before this accident?
 [25] A Not to my knowledge, no pathological depression.

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[1] of brain damage?
 [2] A As I said, you can't diagnose from testing alone
 [3] and you have to look at the entire picture. I don't know if
 [4] you've got the January 15, 1998 report, that's a three page
 [5] summary --
 [6] Q I do have that.
 [7] A -- of the raw data. And then hopefully you've
 [8] gotten raw data. That's about 40 pages.
 [9] Q No, I don't have that. I'd love to have that.
 [10] A I can send you that. Essentially what happens is
 [11] it's sort of a high powered electroencephalogram and it just
 [12] measures a series of electrical differences between a series
 [13] of electrodes on the scalp. The -- it's then turned by a
 [14] computer into a series of numbers and findings on the raw
 [15] data, which I can fax to you immediately, but you'll see a
 [16] series of numbers. However, they're blackened out with a
 [17] dark black line. That's done by the computer, those are the
 [18] areas that are considered abnormal.
 [19] I think the bottom line here is that we're seeing a
 [20] very slow wave activity and a very abnormal visual evoked
 [21] potential on the left. And it was suspected that that was
 [22] brain damage, of course. It was a left-open situation
 [23] because when I review these I review them all in a pile
 [24] separate from the case. So what I said here is clinical
 [25] correlation is necessary, CAT scan and MRI ought to be done

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[1] if there's a possible structural lesion. Apparently they
[2] had been done, I think in some of the other medical records,
[3] but not when I did the review of testing.

[4] Q Is it true that some of these abnormalities that
[5] you noticed in your neuro-diagnostic laboratory could be
[6] from other causes unrelated to the brain damage?

[7] MR. MICHKIND: This is Howard Mishkind, let
[8] me show an objection.

[9] Q Go ahead, Doctor, you can answer the question.

[10] A Yes, it can be, but, again, you have to look at
[11] the whole picture and you have to look at the history. All
[12] you know is you can say from testing is that it's abnormal,
[13] it's not diagnostic standing by itself.

[14] Q Let's move then to the behavior neurological
[15] evaluation. What I have here is papers from January 13,
[16] 1998. I don't have any raw data but I do have some
[17] summaries and so forth.

[18] A You also should have some addendum of February
[19] 5th of 1998.

[20] Q That I don't have.

[21] A I'll get that to you also. The January 13th
[22] report, yes, sir,

[23] Q It shows here the IQ's and also shows the various
[24] testing that you ran. Did you have any information about
[25] this patient's IQ before you ran your tests?

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[1] A No. And, again, you can't diagnose from one test
[2] out of context. But, again, no, I have no information other
[3] than his own history and his track record. And apparently
[4] the history that I had is he was fairly successful and, try
[5] to go from memory, I think he graduated from college, but
[6] I'm not -- I don't see it right offhand.

[7] Q I think you're correct, he does have a college
[8] degree.

[9] A Usually with a 91 IQ you're not going to be able
[10] to do that,

[11] Q Your summary here in this particular report of
[12] January 13 of 1998, you indicate that you had marked
[13] discrepancies in the testing which evidence cerebral
[14] dysfunctioning.

[15] A Yes.

[16] Q Also, he doesn't respond well to pain and that he
[17] had difficulty completing the testing. Are you saying that
[18] these scores -- he scored this way in spite of the fact that
[19] he wasn't unable to complete some of the testing?

[20] A Yes. We had to have him come back and complete
[21] the remaining testing and that's why this subsequent report
[22] has been generated. He just couldn't get it all done, he
[23] had a lot of difficulty focusing.

[24] Q Did the subsequent report change any of these
[25] numbers as far as, at least, his IQ and so forth?

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[1] A No. I think the bottom line on all these tests
[2] on January 23rd, they have to do with organic brain
[3] impairment, or brain damage, and the majority of those are
[4] positive for brain damage. The other tests had to do with
[5] personality issues which are more much more subjective and I
[6] think they sort of indicated he was depressed, very
[7] indecisive and was having a lot of nervousness, just making
[8] routine life tasks very difficult.

[9] Fearful, compulsive and, well, even the testing
[10] said he had a post-traumatic stress disorder. I don't know
[11] that you can diagnosis that, but that's what the testing
[12] showed.

[13] Q If you look down at the scale scores, are you
[14] suggesting that these particular findings on these tests are
[15] indicative of some sort of brain impairment?

[16] A Yes.

[17] Q Let's just take them briefly one by one.

[18] A Surely.

[19] Q The information test.

[20] A What you have to do is look at the whole flow
[21] there and see if there's a scatter. Usually these are
[22] sub-tests of the WATS which are normally about the same.
[23] What you're seeing here are very low areas where he's having
[24] to remember a series of numbers. He's given a series of
[25] pictures to complete where there's something missing in the

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[1] picture, he doesn't see that. He has to arrange pictures in
[2] a sequence that tell a story which are very simple. He has
[3] a lot of difficulty with that.

[4] He also has -- his biggest problem is where he has
[5] to turn numbers into symbols and has them in front of him
[6] and he has to then do some simple mathematical chores with
[7] those symbols. Those are the areas that when you get this
[8] kind of a scatter it's indicative either of anxiety or brain
[9] damage, but, again, you can't diagnosis it by itself.

[10] Q Describe what you mean by scatter, are you
[11] suggesting the difference between the 10 scores and 6 scores
[12] and the 77

[13] A That's correct. It's that scatter, they should
[14] all be pretty much the same.

[15] Q These other tests, the Bender-Gestalt test and
[16] the Hooper test, what are they for?

[17] A The Bender is you ask someone to draw some
[18] geometric designs. He was unable to do those very
[19] effectively and he drew them in a way consistent with
[20] someone who has brain damage. The Hooper is another test of
[21] trying to look at perception and he scores moderately on
[22] that. That basically comes out on a, you know, level of
[23] impairment, severe, moderate, or level of probability. His
[24] comes out moderate on that.

[25] The finger oscillation tests of and by itself, the

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[1] dominant hand is supposed to be higher than the other.
 [2] That's basically on a morse code type machine, but that by
 [3] itself is nothing. The trail making test is one where you
 [4] have a series of numbers scattered all over the page
 [5] randomly in circles. He's supposed to connect them. 1, 2,
 [6] 3, 4, 5, 6, et cetera, and that's timed.
 [7] The second part of the test, trail making B, you
 [8] then throw some letters into it so he has to connect;
 [9] alphabetically and numerically which requires a little more
 [10] complex memory and remembrance, 1 to A to 2 to B to 3 to C
 [11] and on infinitum, and that's measured in a time frame. On
 [12] part A anything other 40 seconds is abnormal, part B
 [13] anything over 91 seconds is abnormal. His scores are
 [14] clearly abnormal. The dynamometer, I wouldn't put much
 [15] sense in that.

[16] Q What about the category test?

[17] A The short category test is abnormal. Anything
 [18] over 41 is considered abnormal, his score is 53.

[19] Q The Luria-Nebraska?

[20] A The Luria-Nebraska is also abnormal. That's
 [21] another screening test for organicity. The Stroop is
 [22] another test for organicity. You're basically asking a
 [23] patient to look at a series of words which are written as to
 [24] what the color is, red, green, blue, and then ask you him to
 [25] read those words. Then you show him a sheet with just some

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[1] they've been sort of standard over the years and usually a
 [2] college graduate will have about a 110, 120 full-scale IQ,
 [3] or more. This is - the 91 is very low range normal, very
 [4] low range. In our office a lot of people would consider it
 [5] below the normal.

[6] Q I guess what I'm wondering about is if there's
 [7] some sort of plus or minus that you place on this in general
 [8] as a standard measurement?

[9] A If it's 60 I would say the guy's kind of
 [10] retarded; if it's 190 you probably have a genius on your
 [11] hands.

[12] Q So your opinion then, of course, is that there's
 [13] some sort of brain damage. Do you relate this back to this
 [14] traffic accident that happened in June of 1995, Doctor?

[15] A Yes.

[16] Q And upon what do you base that, what facts do you
 [17] have?

[18] A Based on the history that he's presented to me.
 [19] What he has is that he was functioning well before the
 [20] accident, went through college, had a family, was doing his
 [21] work right, or doing it well, and everything's kind of gone
 [22] down since then. He's tried to put a good front up and
 [23] cover it up, but, you know, that's what I have.

[24] Q Why did you refer him to the ENT then?

[25] A Because of the tinnitus and the ringing in the

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[1] X's that are in that color and you ask him to define the
 [2] color. Then you give them the color word which basically
 [3] the color is different from the word and he has to define
 [4] the color. He has trouble in all of those areas.

[5] Q Doctor, did you administer these tests yourself
 [6] or did you have an assistant?

[7] A No, I have an assistant, John Fritz, P-R-I-T-%, a
 [8] psychologist, Master's Degree from Tulane, has been with us
 [9] for about 20 years.

[10] Q Did you use cutoff scores to interpret the results of
 [11] any of these tests? How did you come up with these values?

[12] A Those are basically standard values that you'd
 [13] find in any of the texts on each psychological test. It
 [14] usually comes out of Western Psychological Services.

[15] Q So there must be some sort of standard error of
 [16] measurement for each of these tests?

[17] A Yes.

[18] Q When you provided these numbers, for instance,
 [19] the full-scale IQ and so forth, what confidence ratings do
 [20] you have on that, 95 percent, 68 percent?

[21] A Again, you can't measure intelligence just from a
 [22] verbal and performance IQ, there are other IQ's or
 [23] intelligences such as street smarts, ability to manipulate
 [24] people, musical ability that we have no way of measuring.

[25] But these measure verbal and performance intelligence and

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[1] ears, I thought that would be appropriate to see if they
 [2] could control that. I have mixed results with that kind of
 [3] situation.

[4] Q Do you have an opinion as to whether the tinnitus
 [5] is related to this accident?

[6] A Yes, it probably is. I think you have a
 [7] traumatic what we call labyrinthitis or injury to the inner
 [8] ear, although there's some evidence that tinnitus may be
 [9] central in origin, something inside the brain. But usually
 [10] when you have this kind of an injury you have the, you know,
 [11] the whole area, when you have a flexion/extension type
 [12] injury you have the whole part of the head just being jerked
 [13] around and things being shaken up.

[14] Q So, we're to summarize your finding in this case
 [15] of course you've noted, I think, from Mr. Martinez' reports
 [16] or suggestion that he has some sort of neck and back strain
 [17] or injury?

[18] A Yes.

[19] Q But primarily your diagnoses deal with the brain
 [20] injury?

[21] A Yes.

[22] Q Do you believe these conditions are permanent?

[23] A Yes.

[24] Q What does the future hold for this man in your
 [25] opinion, Doctor?

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[1] A I think rather poor, quite frankly. He's trying
[2] to put on a good front, he makes a good appearance and he
[3] has a nice resume, but he's gone from a job in Ohio to Danka
[4] and when I last saw him he went from a sales manager to a
[5] sales rep. I think they were beginning to catch on that he
[6] couldn't do the work and I think he was about to be fired
[7] from that. He was moving on to Charlotte.

[8] I think he's attempting to put on a good front.
[9] It's like, you know, somebody with a good resume and good
[10] background, they'll hire you on the basis of paper, but when
[11] you get in and see the performance then, you know, you're
[12] out of work ultimately, you can't deliver. I think that's
[13] what's going to happen to the man in Charlotte. It happened
[14] here and, ultimately, I think he'll be in a situation where
[15] he will be on disability totally. I think he's just very
[16] heroic in trying to keep working the way he has because he
[17] feels that he must and that's his work ethic.

[18] But I think he's kind of been going downhill since
[19] '95. His judgment is poor, his thinking is poor and these
[20] people have a tendency to deteriorate over time. The
[21] likelihood of seizures within about five years is
[22] considerable or reasonably high. And I think you're going
[23] to see a deterioration with the man.

[24] Q Would the seizure disorder or the potential for
[25] seizures in the future be related to this trauma that

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[1] range, you're suggesting that he may have trouble with
[2] employment in the future?

[3] A Yes. The man's doing seventh grade arithmetic
[4] level. This is a college graduate, shouldn't be functioning
[5] at that low a level. Yeah, I think he will have trouble in
[6] the future just based on my experience with this kind of
[7] person.

[8] Q His reading and spelling at least was high school
[9] level?

[10] A Yeah. I mean, he hasn't had too much academic
[11] damage. He looks good, he dresses up in a suit, he looks
[12] good in a suit. but, you know, he's not got it all together,

[13] Q If he had some problems in his past before this
[14] accident that could be an explanation for some of these
[15] problems that you saw, what would you expect to see? In
[16] other words, what would he have had to have had in the past
[17] that would be some explanation for these problems if it
[18] weren't for the accident?

[19] MR. MICHKIND: I'm showing an objection
[20] again. This is Howard Mishkind. Go ahead,
[21] Doctor.

[22] A It would not change his picture. These injuries
[23] are caused by trauma, they can be caused by infection, they
[24] can be caused by a brain tumor, they can be caused by
[25] something circulatory like a stroke or cardiac arrest, they

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[1] occurred in 1995?

[2] A Yes.

[3] Q What is the basis of that?

[4] A Based on the history that I have, he didn't have
[5] those problems before.

[6] Q And I think you're suggesting that he is going to
[7] continue to decline even if he has treatments?

[8] A Well, you know, I think he needs some help with
[9] his depression and he needs to probably be on some
[10] antidepressants, but he needs therapy. I think he's going
[11] to have to take -- the focus of therapy would be to keep him
[12] in some kind of a job which may or may not be providing him
[13] an income. He has nobody to talk to, he's going around in
[14] circles, his family doesn't understand the changes that have
[15] occurred in him and he doesn't understand them and he is
[16] trying to put on a good front. The focus of therapy would
[17] be to try to keep him on the work force and to lift his
[18] depression.

[19] Q As of yet you have not prescribed any
[20] antidepressants?

[21] A No.

[22] Q Even though these tests, I know that they're
[23] general, they may not be entirely diagnostic of what
[24] actually happened to him, but even though his full-scale IQ
[25] appears to be in the average range or maybe lower average

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[1] can be caused by something congenital, they can be caused by
[2] something metabolic or chemical, something degenerative like
[3] multiple sclerosis. Those basically are the various things
[4] one thinks about with this kind of a picture. You have to
[5] go on history as to differentiate those.

[6] Q I think we're out of time.

[7] A We can go a little longer, go ahead, see what you
[8] can do. I'll just make somebody wait a little longer. I
[9] don't want to cheat you here. Let's get as much as we can.

[10] Q I would have taken a little more time with some
[11] of these tests, but I think I got the gist of what your
[12] opinion appears to be. I think the thing I really need to
[13] see, Doctor, is this raw data that I haven't gotten yet. I
[14] have none of your raw data and I have nothing after January
[15] 15th.

[16] MR. MICHKIND: Grog, let me suggest this
[17] because I don't have the raw data as I'm sitting
[18] here either. What I'll do, we'll finish the
[19] deposition, I'll get off the line and talk to the
[20] doctor's office, coordinate that being sent up to
[21] me and then I'll fax it off to the two of you.

[22] MR. BECK: That would be great. Doctor, I
[23] think that's all I have. given what we've got so
[24] far. I think we'll see you on Thursday.

[25] THE DEPONENT: This Thursday?

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[1] MR. BECK: Right, that's the video
[2] deposition, Doctor.
[3] THE DEPONENT: Oh, for goodness sake, Okay.
[4] MR. BECK: Pat, do you have anything you
[5] want to ask?
[6] MR. CORRIGAN: I have no questions, thank
[7] you.
[8] MR. MICHKIND: Doctor, I will call Debra
[9] after we get off the line, I'll coordinate getting
[10] the information and also make sure that you're
[11] expecting me on Thursday.
[12] (Deposition concluded at 10:00 a.m.)
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[1] STATE OF FLORIDA)
[2] COUNTY OF PINELLAS)
[3] I, ANN M. BALISTIERRI, certify that I was
[4] authorized to and did stenographically report the deposition
[5] of WALTER AFIELD; that a review of the transcript was not
[6] requested; and that the transcript is a true and complete
[7] record of my stenographic notes.
[8] I further certify that I am not a relative,
[9] employee, attorney or counsel of any of the parties, nor am
[10] I a relative or employee of any of the parties' attorney or
[11] counsel connected with the action, nor am I financially
[12] interested in the action.

[13] DATED this 18th day of May, 1998.
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[17] ANN M. BALISTIERRI
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[1] STATE OF FLORIDA)
[2] COUNTY OF PINELLAS)
[3] I, the undersigned authority, certify that WALTER
[4] AFIELD personally appeared before me and was duly sworn,
[5] WITNESS my hand and official seal this 18th day
[6] of May, 1998.
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ANN M. BALISTIERRI
Notary Public

