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State of Ohio,)
County of Cuyahoga.) SS:

IN THE COURT OF COMMON PLEAS

NATALIE TREPKA, etc., et al.,)
)
Plaintiffs,)
vs.) Case No. 287335
)
DANA SAVOCA,)
)
Defendant.)

- - - - -

THE DEPOSITION OF ROBERT C. CORN, M.D.
FRIDAY, NOVEMBER 15, 1996

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The deposition of Robert C. Corn, M.D., called by the Plaintiffs for examination pursuant to the Ohio Rules of Civil Procedure, taken before me, the undersigned, Charles A. Cady, Registered Professional Reporter and Notary Public within and for the State of Ohio, taken at the offices of Robert C. Corn, 850 Brainard Road, Highland Heights, Ohio, commencing at 9:10 a.m., the day and date above set forth.

APPEARANCES:

On behalf of the Plaintiffs:

William Hawal, Esq.
Spangenberg, Shibley & Liber
2400 National City Center
Cleveland, Ohio 44114

On behalf of the Defendant:

Lynn A. Lazzaro, Esq.
Meyers, Hentemann, Schneider & Rea Co., LPA
2121 The Superior Building
Cleveland, Ohio 44114

ROBERT C. CORN, M.D.

of lawful age, called by the Plaintiffs for examination pursuant to the Ohio Rules of Civil Procedure, having been first duly sworn, was examined and testified as follows:

EXAMINATION OF ROBERT C. CORN, M.D.

BY MR. HAWAL:

Q Doctor, would you please state your full name.

A My name is Robert Curtis Corn. C-o-r-n.

Q Do you have a file on Natalie Trepka there on your desk?

A Yes.

Q May I see what you have?

A Sure.

Q Thank you. You have records, a stack of records, that were produced by the Cleveland Clinic, true?

A Yes.

Q A stack of records from University Hospital?

A Yes.

Q A separate grouping of Cleveland Clinic ER department records?

A Yes.

Q An operative report of Dr. Graham?

A Yes.

Q Dr. Graham's report, true?
A Yes.
Q Dr. John Shaffer's records?
A Yes.
Q Parma Community General Hospital records?
A Yes. That's Clinic.
Q Some additional Clinic records and a page of Dr. Shaffer's office records?
A That probably fell off of this group here.
Q Right. Then we have two reports that you authored in the case?
A Right.
Q And we have a patient questionnaire that was filled out at the time of the examination by Natalie Trepka?
A Right.
Q And x-rays, correct?
A Right.
Q Do you have correspondence with Mr. Lazzaro?
A No.
Q What happened to the correspondence?
A I never keep the correspondence.
Q Why is that?
A Because it's always asked for at the time of the deposition and I always empty out my files.

Q All right. Well, it's always asked for at the deposition and you always empty out your file. I'm not sure I'm following what --

A I do not keep it as part of the permanent record. Once I read them I discard them and do not keep them as part of my records.

Q What is the purpose of discarding them so that they're not available at the time of your deposition?

A Because they have nothing to do with my records.

Q All right. What was your role, as you understand it, with respect to becoming involved in examining Natalie Trepka and reviewing the medical records?

A My role as an independent examiner was to review the medical records and x-rays subsequent to the examination, to evaluate Natalie Trepka and assess her current condition and to serve as the defense's expert in reviewing the medical records and interpreting it for them and to give them, so to speak, a second opinion of the records.

Q And was that initial request outlined in a letter format from Mr. Lazzaro to you requesting you to examine Natalie Trepka?

A I don't know if this was done by a phone call or by a letter.

Q All right Was it your understanding that one of the questions was, in addition to determining the degree of disability as a result of this automobile accident, you were also determining what injuries were proximately caused by the automobile accident?

A I'm not sure that was ever stated in a phone call or writing That's typically what I will do and what I know is called for

Q I mean has that your understanding going in, that then you first saw Natalie Trepka that was one of the issues that you would probably be addressing?

A Probably, yes

Q All right And did you address that in your first letter report, dated January 12, 1996?

A I think so

Q And feel free to refer to it if you need to Was your report of January 12, 1996 intended to fairly and accurately summarize your opinions and conclusions after reviewing the records and examining Natalie Trepka?

A Yes, with the exception of not having the

complete Cleveland Clinic file at that point in time.

Q What did you not have from the Cleveland Clinic file, as you understood it, at that point?

A I did not see -- I did not believe I had all the x-rays and the scans from the second workup related to Dr. Graham's care and treatment. At this point in time, I don't remember.

Q All right.

A But there was additional -- I think I had part of the medical records and I asked for the complete records and that was subsequently sent to me.

Q All right. Did you articulate in your report that you believed that you needed additional materials or records to be able to or to be in a position to provide Mr. Lazzaro with your opinions in the case?

A No. I believed I had enough information to present some opinions. I had not had the opportunity of looking at everything as of yet. But I completed a report pending the arrival of the Cleveland Clinic's records, which sometimes, as you're aware, may take months to get ahold of.

Q Well, you did have the Cleveland Clinic chart that existed as of the time of Natalie's examination, you were simply waiting for x-rays?

A I do not believe I had the entire Cleveland Clinic chart, nor did I have any specific opinion letters from Dr. Graham, and I did not have the x-rays. That's what I can remember at this point in time.

Q The materials that would have been forwarded from Mr. Lazzaro to your office would have been forwarded in a fashion that they usually would be accompanied by a letter that would outline what he provided to you at what point in time?

A No. It would rarely include that.

Q How do records usually come from Mr. Lazzaro's office to you?

A Well, I'm not sure there is a usually. I would say frequently I do not have the records, all the records, available at the time of the evaluation. And so what I would do is see the patient, take the same history and physical I would with any new patient coming to the office, then wait to form a report or formulate an opinion until I get all the records I need.

Q At the time you examined Natalie Trepka and saw

whatever records you had reviewed as of that time, did you come to a conclusion that the fracture fragment that was removed surgically by Dr. Graham was not caused by the initial trauma, from the automobile accident?

A My initial impression was that it was probably not, but I had not seen the x-rays yet and I didn't even know what Dr. Graham was talking about.

Q And what prompted your conclusion that it was probably not caused by the initial trauma?

A In that it was not picked up on any of the initial scans that were performed that picked up the minor scaphoid fracture. And that kind of test would pick up any acute bony injury, and it did not.

Q And where in your first report did you articulate anywhere your opinion that it was probably not caused by the initial automobile accident?

A I'm not sure that that specific opinion was stated in that report

Q Let's focus for a moment on your impressions in your first report.

Would impressions be something that would,

in other words, be your diagnosis?

A Yes

Q All right So you diagnosed Natalie, on the basis of your examination and your review of the records, as having resolved contusions?

A Yes

Q You determined that she had a scaphoid fracture and chronic wrist pain of unknown etiology?

A Correct.

Q And you determined in your opinion that it was uncertain whether this ununited fracture that Dr Graham treated surgically was a traumatic abnormality responsible for the chronic pain that you diagnosed?

A Well, my opinion is that the ununited fracture was not the source of the pain in that the pain continued afterwards, if that answers your question

Q All right Do you remember Natalie Trepka?

A Not with any detail

Q Did you determine that she was fully cooperative in terms of providing you with an honest history and cooperative from the standpoint of providing you with whatever assistance you required at the time of the physical examination?

A I don't remember any problems
Q I mean if that was a problem you would have certainly noted that in your records and you would have put it in your report?
A It was significant. I probably would have
Q Well, you indicate in your physical examination that you found her to be pleasant and cooperative, true?
A That's what it indicates, yes
Q Do you believe that she has pain in her wrist?
A I don't know
Q Well, I mean you're a doctor You have to make certain conclusions on the basis of what your patients tell you, true?
A Correct
Q Are you always able to determine an organic basis for a patient's complaints of pain, or are there patients that you have that you believe have a legitimate reason for pain and you as a physician just cannot determine a cause?
A To answer that complex question, I would have to say that over 95 percent of my patients that I treat I have an organic reason There are people that obviously have pain that I can't explain, but it's not a large portion of them

Q

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There's no indication and no incidence of arthritis or long-term complications if there is no displacement and the fracture heals anatomically.

Q What is the reason for Natalie Trepka's loss of motion in her wrist?

A I don't think she's working hard enough on her rehabilitation.

Q I see. Okay. And what causes loss of motion following this kind of an injury to the degree that Natalie Trepka has? What is the anatomic reason for loss of motion?

A It is so rare in a displaced scaphoid fracture to see any decreased motion I won't even begin to tell you. I don't know. I've never seen stiffness this long after a nondisplaced minor wrist fracture.

Q In terms of Natalie Trepka, have you reviewed her physical therapy records?

A Whatever is in there, in the records.

Q Have you reviewed them?

A If they're in the records that were sent. I don't specifically at this point in time remember reviewing the physical therapy records. They were not isolated as a separate entity;

they were mixed up with the other chart.

Q Okay. What is the cause of her complaints of right elbow pain?

A I'm not really sure. Both of her elbows seemed to click. Again, it's a subjective symptom that she expresses. But there really wasn't any objective abnormality other than the clicking. But both of them clicked, so I don't know.

Q Do you believe that she has pain in her right elbow?

A I don't know whether she does or she doesn't.

Q Is there an anatomic basis for it?

A For what, the pain?

Q Pain in her elbow.

A No.

Q Other than a physical manipulation of the elbow, did you do any other examination of the elbow?

A I measured her motion. I did a complete orthopedic examination of her elbow.

Q You reviewed the imaging studies of the right wrist?

A I reviewed all the studies that were forwarded to me of the right wrist from all the institutions.

Q Is it your opinion that the imaging studies that

were taken prior to Natalie Trepka going to see Dr. Graham were such that it would have been impossible for there to be a fracture fragment caused by the initial trauma and not show up on the imaging studies that you reviewed?

A "Impossible" is an extreme.

Q Sure.

A I do know -- I would never say "impossible," "never" or "always." But I would say it's at such a low rate that I would think it would be way beyond the realm of clinical relevance. I have never personally, in 17 years of practice or in my review of the literature, ever seen a fracture that was not picked up on a bone scan or on an MRI scan or on x-rays for as long as this one was and have it directly related to the original injury.

Q Is it your testimony that the views that were shown on those imaging studies should have picked up the fracture fragment if it was there?

A Particularly the bone scan should have picked up some sort of fracture or injury to that side of the wrist, and it did not.

Q And who would be in the best position to make that kind of a judgment, a radiologist or

yourself?

A I think an orthopedic surgeon and a radiologist would be equally qualified, since orthopedic surgeons should read x-rays involving the musculoskeletal system as well as a radiologist.

Q You mean "as well" --

A Equally.

Q -- meaning equally well?

A Equally well.

Q Equally qualified?

A Equally qualified to read musculoskeletal x-rays, absolutely.

Q Do you have a subspecialty in orthopedic surgery?

A I'm an orthopedic surgeon. There is no subspecialty.

Q I mean Dr. Graham --

A Other than hand surgery.

Q Dr. Graham, for example, primarily focuses his practice on the upper extremities; is that your understanding?

A That's my understanding, yes.

Q Do you have such a focus in your practice?

A I can't afford to do that. I'm a general orthopedic surgeon. I take care of all areas

and most aches and pains.

Q Do you know Dr. Graham?

A No.

Q Do you know of him?

A Not really, other than this case.

Q Did you make any inquiry of your orthopedic colleagues, as a result of your knowledge that Dr. Graham was arriving at opinions that were different than yours, as to his standing among your peers in this community?

A No.

Q Do you know Dr. John Shaffer?

A Yes.

Q What is his standing is as an upper extremity orthopedist in this community?

A He's probably one of the top four or five recognized upper extremity orthopedic surgeons in probably the northern half of the United States.

Q Dr. Alan Gurd, do you know him?

A Yes.

Q And what is his standing as an orthopedic surgeon in this community?

A Dr. Alan Gurd is a pediatric orthopedic surgeon who has a wonderful reputation. I did my

residency at the Clinic, --

Q Right.

A -- so I know some of the older folks that are there.

Q Did you apply for a fellowship at the Clinic?

A I don't understand your question.

Q Did you apply for a fellowship at the Clinic?

A I was a fellow at the Clinic for four years.

Q I thought you said you did your residency at the Cleveland Clinic?

A They call your four-year fellowship a residency there. You mean my postgrad?

Q Right.

A They have no postdoctoral fellowships or postresidency fellowships when I completed my training there.

Q Did you do a fellowship anywhere?

A No.

Q Is Rockwood and Green's a well-respected textbook on orthopedic injuries in your field of expertise?

A Rockwood and Green is a fracture textbook.

Q Right.

A It's not on orthopedic injuries.

Q Well, is it a well-respected, well-recognized

text dealing with the subject of fractures?

A Yes.

Q You do these defense medical examinations with some degree of frequency, do you?

A I do them on a routinely scheduled basis.

Q And what is the routine?

A A maximum of two a week in the typical schedule.

Q So if we were to try to basically make a qualified judgment as to the frequency of examinations that you perform for defense attorneys or insurance companies, they would average two a week?

A I would say, well, there are two a week traditionally over the past four or five years that I have seen for nontreatment exams. I would say at least about 60 percent of those were for defense.

Q Would you say it would be perhaps as high as 90 percent for the defense?

A Over that entire period?

a Yes.

A No. That's somewhat high.

Q What about the last two years?

A The last two years I would say would probably be 75, 80 percent for the defense.

Q And again over the last two or three years it would be twice a week?

A Correct

Q No more than that?

A Usually twice a week, unless there's an emergency or something has been misscheduled or somebody needs to be seen more rapidly or that type of thing.

Q In your second report, Doctor, you indicate that there was no indication on the pathological specimen that this has related to trauma?

A Correct

Q What do you mean by that?

A There has nothing that looked like hemorrhage or fracture healing or anything that looked like it was a fracture

Q How do you know that? Have you --

A That's what the pathologist stated

Q Is it your experience that pathologists, when they are sent a specimen of bone like this postoperatively, that they will make a determination that this was a traumatic or nontraumatic fracture?

A They will make that distinction on the basis of -- Well, first of all, they don't know it's a

fracture They'll look at the fragment and see if there are changes compatible with old or recent trauma And you can do that on a specimen You can't relate that to one particular episode or incident, but you can state whether it is traumatic, whether there's scar tissue or whether there's bleeding around there.

Q You have not seen the fragment, correct?

A No, I have not seen it

Q You are coming to a conclusion based upon the absence of any statement concerning whether it's a traumatic or nontraumatic fragment, if you will, just from looking at the pathology report?

A Well, looking at the pathology report, looking at the negative bone scan and looking at the negative studies

Q No I'm focusing my attention not only on the pathology, the fragment itself

You are concluding that because the pathologist does not say it is a traumatic fracture or traumatically induced fragment that that must mean that it is not traumatically induced?

A I'm not sure I understand your question I'm

looking for the report

The pathology report indicates only a fragment of trabecular bone and cartilage There's no indication really other than it was a normal appearing piece of bone and cartilage that was excised

Q You're saying that it is reasonable to conclude because of this report that if the pathologist felt that it has traumatically induced he would have indicated findings consistent with that?

A If there has findings consists with either old trauma or recent trauma I am sure that it would be within the standard of care to report that.

Q Have you considered speaking with the pathologist or with Dr Graham or with the radiologist who had anything to do with Natalie Trepka's care to see if you could reconcile the differences of opinion that you have with Dr Graham. For example?

A I don't believe that's appropriate or necessary or called for with an independent evaluation

Q Why would it be inappropriate?

A It would tend to have me more involved with her medical care and I'm not allowed by agreement between the Bar Association and the Academy of

Medicine. to take that kind of involvement

Q Okay If this was not a traumatically induced fracture fragment. What is the probable explanation for its existence. in your opinion?

A I have no explanation for what it is or why -- obviously, it wasn't the cause of her pain If you did have this fracture. it would heal in a shorter period of time completely than the scaphoid fracture would have So the initial care and treatment for the scaphoid fracture. which is a much harder fracture to treat and with a much higher clinical failure of healing rate. it should have been more than adequate enough time for this fracture to heal

So. therefore. and because of the negative bone scan. I think this is something that she may have done or injured when she was a child and it has nothing to do with this, with this injury.

Q You're saying that this fracture fragment has caused or may have been caused prior to this scaphoid fracture?

A Or subsequent to it I don't know It's just. if it didn't show up on the x-rays and it didn't show up on the bone scan. which is the most

sensitive test there is for metabolic activity, then it is not of the same age as the scaphoid fracture

Q All right. Then how was it missed? If it was there before how has it missed on the bone scan or the other radiographic studies that were done postaccident?

A I don't believe it has missed. I just don't think it has there or felt to be clinically significant. The bone scan is a physiological test. It's a radiological test, but it's physiological because it monitors the amount of bone turnover where there has been a fracture or ongoing abnormality that involves destruction or healing.

The fact that it is cold in this area, which means that there are no signs of metabolic activity, would mean that it is of an age that is either older or more fresh than the fracture that is apparently healing

Q Are you aware of a history of intervening trauma after this accident?

A No, I am not

Q And what kind of trauma would be sufficient to cause a fracture fragment like this?

A I don't think it's a fracture fragment. Dr. Graham thinks it's a fracture fragment.

Q What do you think it is?

A It's a slight bony fragment of calcification in the soft tissue.

Q Who would be in the better position to determine whether it's a fracture fragment, the person who does the surgery and sees it and removes it or you, coming in after the fact and looking at records?

A Well, that's a tough question *to* ask, because I'm sure Dr. Graham, being that he was there, is going to have his own opinions of what the tissue looked like. However, if you base your opinions totally objectively and looking at the -- that is, not having a subjective feeling of defending yourself for operating or not operating on someone and you're doing it strictly by the book, where you have a negative bone scan, which means there was no fracture, then you're going to have a completely different answer.

Q Your feeling is that Dr. Graham is defending himself or defending his decision to operate on this patient?

A I have no idea what Dr. Graham is doing.
Q Ultimately you conclude at the end of your second report that, in your opinion, there remains some doubts that the bone that Dr. Graham removed was related to a traumatic fracture?
A Correct.
Q Is that your ultimate conclusion?
A That's my ultimate opinion, yes.
Q Some doubts, correct?
A There are doubts in my mind whether this is related for the reasons that have been previously stated.
Q What is bone marrow edema syndrome?
A I have no idea.
Q What is a Wilhelm neurectomy?
A I don't know. I believe it's to remove a nerve, a portion of the posterior interosseous nerve, to alleviate pain. It causes numbness, but it's a nerve resection for pain control. And beyond that I don't know much about it. I don't know who Wilhelm was or anything about where the procedure originated from.
Q If this fracture fragment was caused by trauma in this accident, how would it appear different

than it did when Dr. Graham removed it, in terms of its appearance to a pathologist or to an orthopedic surgeon? What would be the different characteristics that this fracture fragment would have --

A I don't know.

Q -- from what it did have?

A I don't know. I don't know if it would have any characteristics that far after, after an injury. Although, I do believe you would see some signs of healing or an attempt at healing. It's an area of the body that heals extremely rapidly and extremely well.

Q Natalie Trepka does have a scar on her right wrist?

A Yes.

Q Do you know if that scar, the appearance of that scar, can be improved cosmetically through any kind of plastic surgical procedure?

A I have no idea.

Q What is your hourly rate for serving as an expert witness in these cases currently?

A Hourly rate for what?

Q For review of records and authoring a report.

A I do not have an hourly rate for that. I have

an hourly deposition rate. But the charges for the IME's and letters have to do with the complexity and the amount of time it takes to prepare the report.

Q What are the parameters for the review of records, examination and preparation of a report?

A I'm not sure what you mean by "parameters."

Q Well, you say you don't have an hourly rate. And --

A I don't have an hourly rate. I have a range of charges for that time.

Q That's what I'm talking about. What is the range?

A I would say 700 to 1900 dollars, unless it's got a huge amount of medical records.

Q And what would be the rate for this kind of a review?

A I don't have that, but I could probably get that for you by the time we go to the next deposition or trial.

Q All right. I would request that that be at hand at that point in time.

A I'm sure Mr. Lazzaro can get that for you, too.

Q And what is your hourly rate for a deposition?

A $900 an hour.
Q And what is the justification -- I mean what do you base $900 on?
A It's a blended rate between what we would be doing in the operating room and what we'd be making in our office, in the office seeing patients for an hour.
Q What is your rate if you see patients in the office? What would an hour office visit be, even though you probably don't have an hour office visit?
A Well, we looked at the average fees that we would generate during the course of an hour's worth of work in the office and an hour's worth of work in the operating room and we came up with $900 an hour.
Q How much do you charge for an office visit for a patient?
A What type of visit and what type of service?
Q Just a general orthopedic surgery complaint, someone comes in complaining of knee pain. I mean --
A Knee pain, anywhere between 100 and 125 dollars.
Q Have you ever had a court reduce your fee for a deposition?

A Yes.
Q Is that something that has happened more than just on one or two occasions?
A I don't think it's happened more than four occasions in 10 years.
Q How often do you do depositions?
A Whenever they're needed.
Q I'm sure of that. But how often would that arise?
A I would say usually twice a week. This is the second deposition this week. So this is -- usually on Mondays and Thursday afternoons. And I don't remember what we would be doing this for, why it was scheduled today, but it was scheduled a long time ago.
Q Yes, it was originally scheduled because of a trial.
A I see.
Q Do you do worker's compensation exams for employers or for the Bureau?
A Both.
Q And how often do you do those?
A Maybe one a day, one an office day. So it would be two a week.
Q You're in the office here -- or you're in the

office twice a week?

A I'm in the Highland office twice a week. And alternate weeks I'm in my Euclid office, where we had this -- I think you were there at the time of that evaluation.

Q Right. Right.

A So I'm there one or two afternoons a week, over at Euclid.

Q So you do two independent medical examinations for defense attorneys or insurance companies and you do two examinations per week, on average, for the industrial claims?

A Correct.

Q Okay. You have had some experience with the Meyers-Hentemann law firm, Mr. Lazzaro?

A Some experience? You mean I've reviewed cases for them?

Q Right.

A Yes.

Q Going back how far?

A Late 1980s.

Q Would it be fair to say that you've done hundreds of these for that firm?

A I don't know. Over 10 years it's hard to put a number on that.

Q Well, would it be fair to say that you do in excess of 50 per year for them?

A I don't know if that's true.

Q Do you ever see any of those attorneys socially?

A Meyers-Hentemann? No.

Q Do you ever lecture to trial lawyer groups?

A Yes.

Q Tell me about that?

A I have given one lecture -- I can't remember the date. December of 1987 -- where I participated in the Medical Institute for the Cuyahoga County Trial Lawyers Association. That's probably the last time I did that. I probably did more during the early '80s.

Q Do you ever lecture to insurance people, casualty insurance companies or claims adjustors, that type of involvement?

A I have given two lectures in 17 years with the Keller-Curtin law firm. And I believe they videotaped the last one I did, which was, I think, two years ago. And I believe that they published that and have circulated that. But I think it's only been two actual, physical lectures in 17 years.

Q When a phone call comes in to schedule an

appointment medical exam from, for example, someone like Mr. Lazzaro, is that kept in an appointment book that is separate and apart from your patient appointment book?

A It is not part of the patient appointment book We usually keep those in the computer, and then after the examination they're sort of ripped off

Q 014011 And is that on your instructions?

A Yes.

Q That you don't want records kept on?

A I don't think it's necessary to keep those kind of records.

Q Specifically because you don't want lawyers digging around for them, correct?

MR LAZARO: Objection.

A I don't want to have that, those facts, available in any way, shape or form other than having to review tens of thousands of charts I just don't have that available

Q You recognize, of course, that the frequency with which an examiner such as yourself aligns himself with one particular side or another is a relevant inquiry to determine a person's biases?

MR LAZARO: Objection.

A I understand from a legal standpoint that it is

certainly an area that can raise some questions and you can certainly question it. And I feel that I'm under oath, I'm telling the truth, there's no reason to keep any other accounts or records.

Q And that's also the reason why you discard correspondence with attorneys that send these records to you, correct?

A I discard the correspondences from plaintiff's attorneys that send me clients for workman's comp or other records. I do not keep them as part of the formal records. And I was told to do that many, many years ago, at least a decade ago, by a plaintiff's attorney.

Q And you've been asked repeatedly in depositions since that time in most cases for correspondence and *you* always give the same answer, "I don't keep them," correct?

A That's exactly correct. You can thank Mr. Leon Plevin for that suggestion.

Q Doctor, we started this deposition at 9:10 a.m., correct?

A I don't know. I wasn't keeping track.

Q Well, that's what my watch indicated.

A That's probably correct.

Q And it is now 9:50, is that correct?

A Yes.

Q Okay.

MR. HAWAL: And I'm going to end the deposition at this point and thank you.

THE WITNESS: I'll waive signature.

- - - - -

THE STATE OF OHIO,) SS: CERTIFICATE
COUNTY OF CUYAHOGA.)

I, Charles A. Cady, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within-named witness, Robert C. Corn, M.D., was first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was by me reduced to stenotypy in the presence of said witness, afterwards transcribed on a computer/printer, and that the foregoing is a true and correct transcript of the testimony so given by him, as aforesaid.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified.

I do further certify that I am not a relative, counsel or attorney of either party, or otherwise interested in the event of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 21ST day of November 1996.

Charles A. Cady

Charles A. Cady, Notary Public
within and for the State of Ohio
My Commission expires November 3, 1999

Page	Line	

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ATTORNEYS AT LAW

February 14, 1997

Richard Alkire, Esq.
1370 Ontario Street
First Floor
Cleveland, Ohio 44113

RE: Dr. Robert C. Corn

Dear Rick:

Enclosed is a transcript of the deposition of Dr. Corn which we had discussed.

Sincerely,

William Hawal

WH:klh
Enclosure

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