

<p style="text-align: right;">Page 1</p> <p>1 IN THE COURT OF COMMON PLEAS 2 OF LUCAS COUNTY, OHIO 3 ----- 4 AUSTIN SYBERT, et al., 5 Plaintiffs, 6 vs Case No. CIO20000331 7 DR. AMELIA ROUSH, et al., 8 Defendants. 9 ----- 10 VIDEOTAPED DEPOSITION OF 11 METHOD A. DUCHON, M.D. 12 TUESDAY, FEBRUARY 12, 2002 13 ----- 14 Deposition of METHOD A. DUCHON, M.D., a 15 Witness herein, called by counsel on behalf of 16 the Plaintiff for examination under the statute, 17 taken before me, Vivian L. Gordon, a Registered 18 Diplomate Reporter and Notary Public in and for 19 the State of Ohio, pursuant to agreement of 20 counsel, at the offices of Bonezzi, Switzer, 21 Murphy & Polito, 1400 Leader Building, 22 Cleveland, Ohio, commencing at 10:00 o'clock 23 a.m. on the day and date above set forth. 24 25</p>	<p style="text-align: right;">Page 3</p> <p>1 ----- 2 (Thereupon, Plaintiff's Deposition 3 Exhibit 1 was marked for 4 purposes of identification.) 5 ----- 6 METHOD A. DUCHON, M.D., a witness herein, 7 called for examination, as provided by the Ohio 8 Rules of Civil Procedure, being by me first duly 9 sworn, as hereinafter certified, was deposed and 10 said as follows: 11 EXAMINATION OF METHOD A. DUCHON, M.D. 12 BY MR. BECKER: 13 MR. BECKER: Let the record reflect 14 that this is the discovery deposition of 15 Dr. Duchon, who has been identified as an expert 16 on behalf of Dr. Roush. 17 Q. Good morning, doctor. 18 A. Good morning. 19 Q. Would you tell us your full name, 20 please. 21 A. It's Method A. Duchon, D-U-C-H-O-N. 22 Q. Doctor, showing you what's been, just 23 been marked as Plaintiff's Exhibit 1, would you 24 take a look at that and identify it for us, 25 please.</p>
<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES: 2 3 On behalf of the Plaintiff 4 Becker & Mishkind Co., L.P.A., by 5 MICHAEL F. BECKER, ESQ. 6 Becker Haynes Building 7 134 Middle Avenue 8 Elyria, Ohio 44035 9 550-323-7070 10 On behalf of the Defendant St. Luke's Hospital 11 (By phone) 12 Robinson, Curphey & O'Connell, by 13 E. THOMAS MAGUIRE, ESQ. 14 2332 Twin Eagles Drive 15 Traverse City, MI 49686 16 231-947-5314 17 On behalf of the Defendant Dr. Amelia Roush 18 Bonezzi, Switzer, Murphy & Polito, by 19 DONALD H. SWITZER, ESQ. 20 1400 Leader Building 21 526 Superior Avenue 22 Cleveland, Ohio 44114 23 216-875-2767 24 ALSO PRESENT: 25 Tyler J. Dorsey, video technician</p>	<p style="text-align: right;">Page 4</p> <p>1 A. It's a copy of my current curriculum 2 vitae. 3 Q. Are there any publications where you 4 have authored or co-authored that do not appear 5 on that vitae? 6 A. No, sir. 7 Q. And is that, in fact, current? 8 A. Yes. 9 Q. All right. Doctor, we are here to 10 discover your opinions that you are going to be 11 rendering at the time of trial in this matter, 12 and because it is the rule in Lucas County, you 13 have not generated a report; is that fair? 14 A. That's correct. 15 Q. Do you have any notes that you have 16 generated as a result of your review of all the 17 materials, including the depositions? 18 A. No, sir. 19 Q. Is it your practice not to generate 20 notes? 21 A. That is my practice. 22 Q. All right. What I need to know, 23 then, doctor, what areas are you going to be 24 speaking to; standard of care, causation, life 25 expectancy? If you could help me out, then I</p>

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1 can -- are you speaking to the standard of care
2 of Dr. Roush?
3 A. That's correct.
4 Q. Are you speaking to the standard of
5 care of any of the nurses?
6 A. Only insofar as I would respond to
7 questions if they were asked.
8 Q. Are you speaking to the issue of
9 causation?
10 A. No, sir.
11 Q. Is it clear from your review of this
12 chart that this child was asphyxiated?
13 A. I said I was not addressing
14 causation.
15 Q. So you don't have an opinion whether
16 or not this child was asphyxiated?
17 A. I will not render an opinion, no.
18 Q. You are a maternal fetal specialist;
19 correct?
20 A. Yes, sir.
21 Q. Or what some people refer to as a
22 perinatologist; correct?
23 A. That's correct.
24 Q. Have you in the past rendered an
25 opinion on causation in a situation where a baby

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1 was brain damaged?
2 A. In general, no.
3 Q. Have you ever done so?
4 A. Not that I'm aware of.
5 Q. What is your understanding -- first
6 of all, do you have an opinion as to whether or
7 not Dr. Roush complied with the appropriate
8 standard of care?
9 A. I do have an opinion.
10 Q. And what is that opinion, sir?
11 A. She did.
12 Q. All right. Let's talk about the call
13 schedule, first of all.
14 What is your understanding as to what
15 arrangements, if any, Dr. Roush made to have
16 another physician cover her call?
17 A. She had an arrangement with other
18 physicians in the area to cover her calls for
19 deliveries and cesarean sections at the time she
20 was disabled.
21 Q. What's the basis of that opinion?
22 A. From her testimony.
23 Q. Did you see any -- is there any
24 inconsistency between her testimony and that of
25 Dr. Marlowe?

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1 A. No, sir.
2 Q. Did Dr. Marlowe know that he was on
3 call?
4 A. Yes.
5 Q. And that's based on your thorough
6 review of his deposition?
7 A. It's based on the fact when he was
8 called, he got up and came to the hospital and
9 cared for the patient.
10 Q. Well, when a physician is on call,
11 they should know so before they are contacted by
12 a physician -- or by a hospital; correct?
13 A. No, sir.
14 Q. So have you ever covered call for one
15 of your colleagues at a hospital?
16 A. Almost every day.
17 Q. All right. But regarding night
18 call --
19 A. Yes, sir.
20 Q. -- do you know what days you're on
21 call, night call?
22 A. Yes, sir.
23 Q. Do you have the understanding that
24 Dr. Marlowe knew before the phone call from
25 St. Luke's Hospital nurses that he was on night

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1 call?
2 A. I'm sorry, I don't understand the
3 question.
4 Q. All right. I think we've established
5 that when you are on night call, you know so
6 before you are contacted by a nurse in the
7 middle of the night; correct?
8 A. Not necessarily. It depends on the
9 practice arrangement.
10 Q. Well, is it your understanding that
11 Dr. Marlowe knew that he was covering for
12 Dr. Roush before, for that evening, before, and
13 early morning, before he received the phone call
14 from the nurses at St. Luke's Hospital?
15 A. I think Dr. Marlowe knew he was
16 covering for Dr. Roush at periods of time. When
17 he received the phone call, I do not think he
18 was aware that it was necessarily that
19 particular minute he was on call for her.
20 Q. Could you explain that a little bit
21 more for me?
22 A. Well, when they called him, he said,
23 oh. I assume, and I'm making an assumption
24 here, that he wasn't aware that he was covering,
25 but he got up and came to the hospital, so he

2 (Pages 5 to 8)

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1 fulfilled his duties as a covering physician.
2 Q. When Dr. Roush was called at -- well,
3 what is your understanding as to the first time
4 Dr. Roush was called on the day of delivery?
5 What time?
6 A. It was approximately 3:20.
7 Q. And what is your understanding as to
8 who called and what the purpose of the call was?
9 A. She was called to inform -- be
10 informed by one of the nurses at the hospital
11 that she had a patient there.
12 Q. All right. And did she then have a
13 responsibility at that time when she first had
14 contact with the nurse, which was approximately
15 3:15 or 3:20, to let the nurse know that someone
16 else was covering for her?
17 A. She did.
18 Q. All right. And what is your
19 understanding as to what she said to the nurse
20 at that 3:15 or 3:20 phone call?
21 A. She said she specifically said
22 Dr. Marlowe was covering and that the patient
23 should be looked at and an IV started, and Ancef
24 administered.
25 Q. And for Dr. Roush to say to the nurse

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1 severe abdominal pain, that the patient is
2 thrashing in bed, and we have sudden
3 nonreassuring fetal monitoring strips
4 simultaneously occurring with this acute
5 abdominal pain, should that -- and for that
6 going on for the last 12 to 15 minutes --
7 assuming that to be true, should that have
8 connoted to Dr. Roush that we very well may have
9 an obstetrical emergency at hand?
10 MR. SWITZER: Let me object to the
11 hypothetical. Go ahead.
12 A. Not necessarily.
13 Q. Would it have been reasonable for
14 Dr. Roush, assuming that hypothetical actually
15 took place, for Dr. Roush to make the assumption
16 that we have an obstetrical emergency of either
17 an abruption or a ruptured uterus? Would it
18 have been reasonable, given that hypothetical,
19 for her to make such an assumption?
20 A. No, sir, that would not be
21 reasonable.
22 Q. Why?
23 A. Because you have a nurse
24 communicating some things; you're at home in
25 bed. You do not make those assumptions. What

Page 10

1 at 3:15 or 3:20 that Dr. Marlowe was covering,
2 what should that have meant to the obstetrical
3 nurse --
4 A. I don't know.
5 Q. -- the phrase, Dr. Marlowe was
6 covering?
7 A. In general, it meant if there were
8 further developments, Dr. Marlowe would be
9 called.
10 Q. When was the next time that Dr. Roush
11 was called relative to this patient?
12 A. 3:40.
13 Q. And what is your understanding as to
14 who made the call and the purpose of the call?
15 A. The nurse called Dr. Roush again to
16 say there were changes in the patient's status.
17 Q. What is your understanding as to what
18 exactly was said to Dr. Roush at that 3:40 phone
19 call by the nurse relative to the patient's
20 status?
21 A. That they were having trouble finding
22 the fetal heart and the woman was experiencing
23 abdominal pain.
24 Q. Assuming that the nurse made it clear
25 to Dr. Roush at 3:40 that we have unremitting,

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1 Dr. Roush should have done and did, in fact, do
2 was tell him to call the house doctor and call
3 Dr. Marlowe. That was her responsibility and
4 that's what she did.
5 Q. It's your understanding that
6 Dr. Roush at that 3:40 phone call told the
7 obstetrical nurse to call Dr. Marlowe and to
8 call the house doctor?
9 A. As best I can determine, yes.
10 Q. Would that have been reasonable
11 conduct on her part, assuming she did that?
12 A. Yes.
13 Q. Why?
14 A. Because she, at that point in time,
15 was disabled in terms of caring for patients in
16 the intrapartum period and she had made coverage
17 arrangements and she was activating those
18 coverage arrangements.
19 Q. Why would it have been reasonable for
20 Dr. Roush in that phone call to also apprise the
21 nurse to call the house doctor, Dr. Vilela?
22 A. She must have appreciated they hadn't
23 done that yet.
24 Q. But why would that have been
25 reasonable, given my hypothetical fact

3 (Pages 9 to 12)

Page 13

1 situation?
2 A. He's right down the hall.
3 Q. If, in fact, Dr. Roush told the nurse
4 to not only call Marlowe, but to call Vilela,
5 would that have, in essence -- strike that.
6 Let's start over.
7 Assuming that Dr. Vilela was
8 contacted by the nurse at 3:40, do you have an
9 opinion as to what likely would have occurred,
10 if you have an opinion?
11 A. I do not have an opinion, no.
12 Q. Okay. Have you seen any type of a
13 call sheet that reflects whether Dr. Marlowe
14 was, in fact, on call for Dr. Roush for the
15 evening or morning in question?
16 A. I have not seen it.
17 Q. Do you know whether a call sheet
18 actually is in existence today?
19 A. I do not know.
20 Q. Let's talk a little bit, doctor,
21 about your medical/legal work. It's been a few
22 years since I have taken your deposition.
23 What -- in the last few years, how
24 many cases are you reviewing?
25 A. I may review between 10 and 20 cases

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1 per year. Somewhere in that range.
2 Q. And what is the breakdown between
3 cases reviewed on behalf of the medical provider
4 versus the patient?
5 A. I do about 80 percent for the
6 provider, about 20 percent for patients.
7 Q. Have you done any patient cases in
8 Northern Ohio in the last few years?
9 A. No, sir.
10 Q. It's your practice not to testify in
11 Northern Ohio against physicians?
12 A. That's correct.
13 Q. Why is that?
14 A. It's an uncomfortable situation and I
15 have decided not to put myself in that position.
16 Q. Do you keep a list, either on paper
17 or on your computer, as to your active
18 medical/legal cases?
19 A. Not really, no.
20 Q. Have you ever testified for a patient
21 in a case involving a ruptured uterus and/or a
22 ruptured -- an abruption of the placenta where
23 an issue was whether or not a cesarean section
24 was timely done?
25 A. Could you narrow that down a little

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1 bit? I mean, you have a number of issues there.
2 Q. Okay.
3 A. I've testified should a cesarean have
4 been done for a patient, and the answer is yes.
5 You know, an abruption, the answer would be no.
6 A ruptured uterus --
7 Q. Let me help. Let me start over.
8 Relative to your testimony on behalf
9 of the patient, that is the plaintiff --
10 A. Yes.
11 Q. -- have you ever testified or given,
12 written a report, given a deposition or actually
13 testified in trial where it was your opinion
14 that the clinical circumstances demanded an
15 emergency cesarean section and the same was not
16 accomplished?
17 A. Yes.
18 Q. All right. Let's explore that. How
19 many times have you done that?
20 A. Twice.
21 Q. Okay. Did either one of those
22 involve either an abruption of the placenta
23 and/or a ruptured uterus?
24 A. No, sir.
25 Q. What did they involve? Just alarming

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1 fetal monitor strips?
2 A. Alarming clinical findings that
3 indicated a cesarean section.
4 Q. What is the name of that case?
5 A. The name of the case I do not recall.
6 The lawyer was Roseanne Gugino in Buffalo, New
7 York. The testimony was about a year ago.
8 Q. And did you testify in trial or in
9 deposition or both?
10 A. Both. Or I'm sorry, no, just in
11 trial.
12 Q. In New York they don't permit
13 depositions?
14 A. They do not need it, that's correct.
15 Q. Do you remember how to spell her last
16 name?
17 A. G-U-G-I-N-O.
18 Q. Is she a private practitioner, if you
19 recall, or a member of a firm?
20 A. A member of a firm called William
21 Belz, B-E-L-Z, and offices are in downtown
22 Buffalo.
23 Q. Any other case than that one?
24 A. There was another one, but it's so
25 long ago, I can't specifically characterize it.

4 (Pages 13 to 16)

<p>Page 17</p> <p>1 I know it happened. It involved a law firm in 2 Washington, D.C. That's the best I can do at 3 the moment. 4 Q. You don't remember the attorney's 5 name or the plaintiff's name? 6 A. No. 7 MR. BECKER: All right, doctor, 8 that's all I have. 9 MR. SWITZER: Tom, any questions? 10 EXAMINATION OF METHOD A. DUCHON, M.D. 11 BY MR. MAGUIRE: 12 Q. Are these the extent of the opinions 13 you are going to state at trial, doctor? 14 A. Insofar as I can say, yes, although I 15 can't necessarily tell you what I may or may not 16 say in response to questions. 17 MR. SWITZER: I will ask him 18 questions about Dr. Elliott's opinions. 19 MR. MAGUIRE: Okay. I have no 20 further questions. Thank you. 21 MR. BECKER: Well, let me, given 22 Don's comment -- 23 MR. SWITZER: I could just tell you 24 what they are, Mike, if you want me to. 25 MR. BECKER: Well, you know what, he</p>	<p>Page 19</p> <p>1 highlighting it than that? 2 A. Not that I recall. 3 Q. Okay. Any other stickies within her 4 deposition? 5 A. No, sir. 6 Q. The next deposition, please identify 7 it. 8 A. The deposition of Dr. Elliott. 9 Q. All right. 10 A. Phoenix, Arizona. 11 Q. Do you know Dr. Elliott? 12 A. We may have been introduced at a 13 meeting, but I don't think so. 14 Q. Okay. You have one or two stickies 15 on the deposition? 16 A. Just one. 17 Q. All right. What page is that on? 18 A. It is page, around page 35, 36, 37. 19 This is a condensed deposition. 20 Q. Okay. And what is the significance 21 of those pages towards your opinions you are 22 going to render at trial? 23 A. They are the criticisms of Dr. Roush. 24 Q. Okay. And what is your comment on 25 that?</p>
<p>Page 18</p> <p>1 did have a couple stickies on some depos and I 2 forgot to cover that. 3 EXAMINATION OF METHOD A. DUCHON, M.D. 4 BY MR. BECKER: 5 Q. Doctor, I did have an opportunity 6 before the deposition started to look at your 7 file; correct? 8 A. Yes. 9 Q. And I pulled out two or three 10 depositions where you have a post-it or a sticky 11 that brings to your attention a certain page; is 12 that correct? 13 A. That's correct. 14 Q. All right. Let's go through the 15 depositions relative to those, quote, stickies, 16 end of quote, and if you could tell me what 17 deposition they appear on, and, if anything, 18 what is the significance of the sticky? 19 A. All right. The first would be the 20 deposition of Dr. Roush. 21 Q. Okay. 22 A. I was highlighting a page that 23 addressed this issue of who said what to whom at 24 what time in the phone calls. 25 Q. All right. Any other reason you were</p>	<p>Page 20</p> <p>1 A. I think they are not legitimate 2 criticisms. 3 Q. Okay. And the basis of that opinion 4 that they are not legitimate criticisms? 5 A. Based on my training and experience 6 as a practicing OB/GYN doctor, I do not think 7 these are legitimate criticisms of Dr. Roush's 8 care and conduct. 9 Q. Okay. Anything else within 10 Dr. Elliott's deposition? 11 A. I have no further stickies. That 12 doesn't mean I might not answer a question or 13 respond to something that was asked of me 14 concerning his deposition. 15 Q. Okay. Any other depositions that 16 have stickies in them? 17 A. Yes, sir. The deposition of Diana 18 Messer-Kruse. 19 Q. All right. What page are you 20 highlighting on there? 21 A. I have something stuck around page 22 38, 39, 40. 23 Q. All right. And again, what's the 24 significance of those pages towards your 25 opinions, or does that merely comment on the</p>

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1 conversation that we were talking about earlier
2 between her and Dr. Roush?
3 A. This is commenting on the
4 conversation between herself and Dr. Roush.
5 Q. Okay. Have we covered all the
6 depositions that have stickies on them?
7 A. Yes, sir.
8 MR. BECKER: All right. Don, is
9 there -- you were going to share with me what
10 his opinions were relative to Dr. Elliott or
11 has he already commented on it?
12 MR. SWITZER: Well, yeah, I was going
13 to ask him about Dr. Elliott's opinion about the
14 VBAC issue, for example, and about -- I think
15 Dr. Elliott had an opinion about saying words to
16 the effect that Dr. Roush should have ordered
17 the patient to the OR.
18 So I don't know if you have covered
19 them or not. Those were criticisms by
20 Dr. Elliott, as I recall.
21 MR. BECKER: Okay. Relative to the
22 VBAC, are we talking about informed consent?
23 MR. SWITZER: You are asking me? I'm
24 sorry, I couldn't see you. I'm getting old.
25 He said it was irrelevant, but he did

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1 say something about that there was a -- he felt
2 there was no documented informed consent, as I
3 recall.
4 MR. BECKER: All right.
5 MR. SWITZER: I think that was the
6 gist of what he had to say, as I recall.
7 Q. Relative to Dr. Elliott's comment
8 that by the 3:40 phone call it should have
9 been -- I'm paraphrasing his opinion, but as I
10 understand his opinion, relative to that 3:40
11 phone call to Dr. Roush, and assuming that the
12 nurses made it clear the patient's clinical
13 condition for the previous some 18 or 20
14 minutes, is it your opinion that Dr. Elliott's
15 opinion is unreasonable when he suggests that
16 that should have connoted an obstetrical
17 emergency and steps should have been undertaken
18 at that time towards a cesarean section?
19 A. Could you shorten that question a
20 little bit? It was quite long.
21 Q. Okay. I'd be happy to shorten it for
22 you.
23 Dr. Elliott has testified, given
24 sworn testimony, that assuming it's true, that
25 Dr. Roush was fully apprised by the nurses of


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1 the patient's clinical condition for the last 18
2 or 20 minutes. That should have connoted to
3 Dr. Roush that we likely have an obstetrical
4 emergency and she should have instructed the
5 nurse to begin the process of transporting the
6 patient to the operating room and calling the
7 appropriate personnel.
8 Do you have an opinion whether that
9 is reasonable or unreasonable?
10 MR. SWITZER: Let me just object to
11 the hypothetical. Go ahead, doctor.
12 A. Yes, I have an opinion.
13 Q. And that is?
14 A. That would be unreasonable.
15 Q. And what's the basis of that opinion?
16 A. That from one's home, one does not
17 make those kinds of statements to nurses, one
18 does not say take the patient to the OR or do
19 everything else.
20 As I previously stated, Dr. Roush had
21 an obligation to say, notify Dr. Marlowe, notify
22 the house doctor -- that was done; that was her
23 responsibility -- to come and evaluate the
24 patient.
25 Q. All right. Did you -- and I didn't

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1 see in your file, doctor -- did you have an
2 opportunity to look at St. Luke's Hospital's
3 policies and procedures?
4 A. No, sir.
5 MR. BECKER: That's all the questions
6 I have.
7 MR. SWITZER: Tom?
8 MR. MAGUIRE: I have no questions.
9 MR. SWITZER: Okay, we are done.
10 MR. BECKER: Thank you, doctor.
11 MR. DORSEY: Doctor, you have the
12 right to review the transcript or the video or
13 you can waive that right.
14 THE WITNESS: We will look at it, I
15 assume.
16 MR. DORSEY: The deposition is now
17 complete. Thank you.
18 -----
19 (Deposition concluded at 10:35 a.m.)
20 (Signature not waived.)
21 -----
22
23
24
25

6 (Pages 21 to 24)

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<p>1 AFFIDAVIT</p> <p>2 I have read the foregoing transcript from</p> <p>3 page 1 through 24 and note the following</p> <p>4 corrections:</p> <p>5 PAGE LINE REQUESTED CHANGE</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p> METHOD A. DUCHON, M.D.</p> <p>18</p> <p> Subscribed and sworn to before me this</p> <p>19 day of , 2002.</p> <p>20</p> <p>21 Notary Public</p> <p>22</p> <p>23 My commission expires .</p> <p>24</p> <p>25</p>	<p>1 INDEX</p> <p>2 EXAMINATION OF METHOD A. DUCHON, M.D.</p> <p>3 BY MR. BECKER: 3:12</p> <p>4 BY MR. MAGUIRE: 17:11</p> <p>5 BY MR. BECKER:..... 18:4</p> <p>6</p> <p>7 Exhibit 1 was marked..... 3:3</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p>Page 26</p> <p>1 CERTIFICATE</p> <p>2</p> <p>3 State of Ohio,</p> <p>4 SS:</p> <p>5 County of Cuyahoga.</p> <p>6</p> <p>7</p> <p>8 I, Vivian L. Gordon, a Notary Public within</p> <p>9 and for the State of Ohio, duly commissioned and</p> <p>10 qualified, do hereby certify that the within</p> <p>11 named METHOD A. DUCHON, M.D. was by me first</p> <p>12 duly sworn to testify to the truth, the whole</p> <p>13 truth and nothing but the truth in the cause</p> <p>14 aforesaid; that the testimony as above set forth</p> <p>15 was by me reduced to stenotypy, afterwards</p> <p>16 transcribed, and that the foregoing is a true</p> <p>17 and correct transcription of the testimony.</p> <p>18</p> <p>19 I do further certify that this deposition</p> <p>20 was taken at the time and place specified and</p> <p>21 was completed without adjournment; that I am not</p> <p>22 a relative or attorney for either party or</p> <p>23 otherwise interested in the event of this</p> <p>24 action. I am not, nor is the court reporting</p> <p>25 firm with which I am affiliated, under a</p> <p> contract as defined in Civil Rule 28 (D).</p> <p> IN WITNESS WHEREOF, I have hereunto set my</p> <p> hand and affixed my seal of office at Cleveland,</p> <p> Ohio, on this 13th day of February, 2002.</p> <p> </p> <p> Vivian L. Gordon, Notary Public</p> <p> Within and for the State of Ohio</p> <p> My commission expires June 8, 2004.</p>	

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