

IN THE COURT OF COMMON PLEAS  
OF GEAUGA COUNTY, OHIO

PATRICIA M. FLETCHER,  
Administratrix of the  
Estate of VIRGIL G. SLUSHER,  
Deceased,

Plaintiff,

vs.

Case No.

GEAUGA HOSPITAL ASSOC., INC.,  
et al.,

97PT0126

Defendants.

- - - - -

Deposition of RICHARD S. SILVER,  
D.O., called for examination under the statute,  
taken before me, Denise M. Munguia, a Registered  
Merit Reporter and Notary Public in and for the  
State of Ohio, by agreement of counsel, at the  
offices of Jacobson, Maynard & Tuschman, North  
Point Tower, 1001 Lakeside Avenue, Cleveland,  
Ohio, on Thursday, November 6, 1997, at 10:15  
o'clock a.m.

ORIGINAL

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9 On behalf of the Defendant

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25

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16          On behalf of the Defendant  
17          Richard S. Silver, D.O.:  
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25                        ----

1           RICHARD S. SILVER, D.O., of lawful age,  
2       called for examination, as provided by the Ohio  
3       Rules of Civil Procedure, being by me first duly  
4       sworn, as hereinafter certified, deposed and said  
5       as follows:

6           EXAMINATION OF RICHARD S. SILVER, D.O.  
7       BY MR. FINELLI:

8           Q.     Dr. Silver, hi, my name is Dan  
9       Finelli, I represent the family of the estate in  
10      this case which has named you as a defendant.

11                   Have you ever had your deposition  
12      taken before?

13           A.     No.

14           Q.     Just some ground rules. Most  
15      importantly, your answers need to be verbal  
16      responses so the court reporter can take down  
17      those responses. If you don't understand a  
18      question or haven't heard it completely, stop,  
19      ask me, I'll rephrase the question so you  
20      understand. Fair enough?

21           A.     Okay.

22           Q.     For the record, could you state your  
23      full name and spell your last name?

24           A.     Richard Silver, S I L V E R.

25           Q.     I've just been handed what appears to

1 be a curriculum vitae. Is that current?

2 A. Yes.

3 MR. FINELLI: Mark that as  
4 Plaintiff's Exhibit 1.

5 - - - - -

6 (Thereupon, Silver Deposition Exhibit  
7 1 was marked for purposes of  
8 identification.)

9 - - - - -

10 Q. Just briefly, Doctor, you got your  
11 D.O. degree from Chicago College of Osteopathic  
12 Medicine?

13 A. That's correct.

14 Q. Okay. Did internship at Richmond  
15 Heights General?

16 A. That's correct.

17 Q. One year?

18 A. Yes.

19 Q. Is that your only postgraduate  
20 training, post medical?

21 A. Outside of continuing medical  
22 education seminars and ACLS courses.

23 Q. Okay. What did you do after you  
24 completed Richmond Heights? Did you go into  
25 private practice?

1 A. Yes.

2 Q. And what's the name of that private  
3 practice?

4 A. That was Concord Family Medicine.  
5 But I was working several jobs at one time,  
6 including family practice, worked the emergency  
7 room in two hospitals, and I don't remember what  
8 I was doing at what particular time, but I've  
9 done a lot of different work. For twenty years.

10 Q. Are you saying Concord is not in  
11 existence at this point in time?

12 A. No, I sold my office in 1989.

13 Q. Who did you sell it to?

14 A. Dave Ward, who is another D.O.

15 Q. So he bought Concord Family Practice  
16 in 1989?

17 A. That's correct.

18 Q. All right. And then did you continue  
19 in that practice as an employee?

20 A. No.

21 Q. What did you do?

22 A. I took a leave of absence for a few  
23 years, decided to do something else, took some  
24 personal time and reflected on what I wanted to  
25 do the rest of my life, and ultimately decided to

1 go back into practice in 1992.

2 Q. Okay. And the name of that practice  
3 is what?

4 A. Well, I worked for two years in the  
5 Orwell Medical Clinic and I didn't, and I worked  
6 for the physicians, I did not start and own my  
7 own practice at that time.

8 Q. All right. So in 1994 you were  
9 working with Orwell Medical Clinic?

10 A. That's right.

11 Q. ~~In 1995 you were working with Orwell~~  
12 ~~Medical Clinic?~~

13 A. That's right.

14 Q. Where are they located?

15 A. In Orwell, Ohio.

16 Q. And do you have any ownership or  
17 partnership with that practice?

18 A. No. No.

19 Q. You're just an employee of that  
20 practice?

21 A. That's correct.

22 Q. How many physicians in the practice?

23 A. Just me. In that location. I'm not  
24 sure if there were other, I'm not sure the  
25 structure of the business and whether there were

1 other physicians at other locations.

2 Q. All right. Who owns Orwell Medical  
3 Clinic?

4 A. ~~At the time, Geauga Hospital was my~~  
5 ~~employer.~~

6 Q. At what time?

7 A. At the time I was there. Prior to me  
8 being there, it was Dr. Rhodes' office.

9 Q. Do you recall Virgil Slusher as a  
10 patient of yours?

11 A. Yes.

12 Q. Can you tell me the first date you  
13 saw him?

14 A. Based on my records, the ~~first time~~  
15 ~~that I saw him was January 17th, 1995.~~

16 Q. Would that have been in the Orwell  
17 Medical Clinic?

18 A. Yes.

19 Q. And when was the ~~last time you saw~~  
20 ~~him?~~

21 A. ~~August 8th, 1995.~~

22 Q. So your treatment of Mr. Slusher was  
23 only in 1995?

24 A. That's correct.

25 Q. January through August?



1 A. That's right.

2 Q. And all those visits and treatment  
3 took place at Orwell Medical Clinic?

4 A. That's correct.

5 Q. Okay. Was there any other physician  
6 from Orwell Medical Clinic that treated Mr.  
7 Slusher, if you know?

8 A. Not that I'm aware of.

9 Q. And at that time, January 95 through  
10 August 95, was Geauga Hospital the owner of  
11 Orwell Medical Clinic?

12 MR. NORCHI: Objection.

13 A. I don't know.

14 Q. How were you getting paid during  
15 that, during 1995?

16 A. I was paid, I think the company was  
17 called Western Reserve Physicians, but I'm not  
18 sure if it was Geauga Hospital that made my  
19 checks out or Western Reserve Physicians, Inc.

20 Q. Okay. I'm getting a little  
21 confused. You mentioned earlier that you were an  
22 employee or Geauga Hospital was your employer?

23 A. Right.

24 Q. All right.

25 A. Yes. They were the -- as my

1 understanding of this, and I'm not sure of the,  
2 you know, the mechanics of how it worked, but my  
3 understanding was that Geauga Hospital owned the  
4 lease or took over the lease of the practice. So  
5 I don't know that they did, I don't think they  
6 ever owned the building or anything, but they  
7 would make my checks out through Western Reserve  
8 Physicians or maybe directly from Geauga  
9 Hospital. I can't remember. I'm not sure.

10 Q. And we're talking about 1995 now?

11 A. That's right.

12 Q. All right. Do you know what type of  
13 entity Western Reserve Physicians is?

14 A. Not really.

15 Q. How were you covered liabilitywise in  
16 January -- or in 1995?

17 A. I had malpractice insurance through  
18 PIE.

19 Q. All right. And who was paying the  
20 premiums on that, if you know?

21 A. I was.

22 Q. 1995 you had a current Ohio license,  
23 medical license?

24 A. Yes.

25 Q. Now, you took a leave of absence

1 between 89 and 92?

2 A. That's right.

3 Q. When you came back into practice in  
4 92, did you have to do anything regarding state  
5 medical board regulations to practice here?

6 A. During the time I was on leave  
7 absence, I kept my license up. I attended  
8 seminars and met the requirement to maintain a  
9 current license, so when I came back into  
10 practice, there was nothing special that I had to  
11 do.

12 Q. So you're saying your license always  
13 stayed active, basically?

14 A. Yes.

15 Q. Are you licensed in any other state?

16 A. No.

17 Q. The Ohio license, medical license,  
18 have you ever had any discipline on that license?

19 A. No.

20 Q. Any revocation of that license?

21 A. No.

22 Q. Presently where is your office  
23 located?

24 A. Currently I am doing nursing home  
25 work and I work at Glenbeigh in chemical

1 dependency. As of a few months ago, I decided to  
2 limit my practice just to nursing home work and  
3 Glenbeigh Hospital chemical dependency.

4 Q. Do you have any specific training in  
5 chemical dependency or not?

6 A. Well, I have worked at Glenbeigh  
7 since 1993, so I have got four years experience.  
8 But as far as formal training, residency  
9 training, no.

10 Q. You were with Orwell 94 through 96?

11 A. That's right.

12 Q. All right. And then when you left  
13 Orwell, is that when you started to do nursing  
14 home work and Glenbeigh?

15 A. Well, I was doing nursing home work  
16 while I was at Orwell and I was working at  
17 Glenbeigh while I was at Orwell, but when I quit  
18 working in Orwell Clinic, I increased my  
19 involvement in the nursing homes and at  
20 Glenbeigh.

21 Q. Okay. Fair enough. And you're a  
22 board certified family practitioner?

23 A. That's correct.

24 Q. You're still on staff at Geauga  
25 Hospital?

1 A. Yes.

2 Q. And you were on staff there in 1995?

3 A. That's correct.

4 Q. Any publications?

5 A. No.

6 Q. Okay. Doctor, I'd like to go through  
7 your records.

8 A. Okay.

9 MR. FINELLI: Mark that as  
10 Plaintiff's Exhibit, I guess that would be B, or  
11 2.

12 - - - - -  
13 (Thereupon, Silver Deposition Exhibit  
14 2 was marked for purposes of  
15 identification.)  
16 - - - - -

17 Q. Doctor, I'm handing you what's been  
18 marked as Deposition Exhibit 2. Can you tell me  
19 if that's the complete set of medical records you  
20 have on Virgil Slusher?

21 A. Looks like it's -- all my notes are  
22 here. It looks complete to me.

23 Q. Thank you. Now, my date is a little  
24 cut off there. Is that, I'm handing you what has  
25 9-29-48 at the top.

1 A. All right. That would be January  
2 17th, 1995. That would be the first day that  
3 I --

4 Q. First day.

5 A. -- saw him.

6 Q. Is this his date of birth, 9-29-48?

7 A. I believe so.

8 Q. And the date again is what?

9 A. ~~January 17th, 1995.~~

10 Q. Do you know how Mr. Slusher came to  
11 see you? Was he referred to you or --

12 A. I don't recall. I don't have a note  
13 as to how he ended up there.

14 Q. The first line is his complaint. Is  
15 it fair to say he was ~~complaining of stomach~~  
16 ~~pain,~~ burning sensation, for approximately ~~two~~  
17 ~~months?~~

18 A. Right.

19 Q. Now, there's different handwriting  
20 here. Is that done by the nurse or your  
21 assistant?

22 The nurse wrote the complaint, and  
23 then followed up where it says patient was  
24 taking aspirin a day, that was my  
25 handwriting.

1 Q. And so the left-hand side where it  
2 has height, weight and vitals and past medical  
3 history, that was done by her as well?

4 A. That's correct.

5 Q. And you review that before you see  
6 the patient?

7 A. Yes.

8 Q. His weight at that first visit was  
9 179 pounds?

10 A. That's correct.

11 Q. History of smoking, right?

12 A. That's right.

13 Q. And you wrote he was taking eight  
14 aspirin a day?

15 A. Right.

16 Q. All right. Do you know why?

17 A. As I recall, because of his back.  
18 His back pain that he had had in the past.

19 Q. Okay. And that's when you requested  
20 the records from University Orthopaedic?

21 A. That's right.

22 Q. And you received those records?

23 A. That's correct.

24 Q. And that treatment basically  
25 consisted of the time period of 1985 and 86?

1 A. I think that's right.

2 Q. And your first note reflects he  
3 didn't have any prior surgeries?

4 A. That's correct.

5 Q. So he never had any back surgery?

6 A. That's correct.

7 Q. All right. And you examined Mr.  
8 Slusher at that point in time, right?

9 A. That's right.

10 Q. He was also taking Zantac?

11 A. He had taken some of his sister's  
12 medicine prior to seeing me.

13 Q. This whole first page reflects that  
14 first office visit, right?

15 A. That's correct.

16 Q. Take me through your exam. Did you  
17 examine him, first of all?

18 A. Yes.

19 Q. All right. What type of exam did you  
20 perform and what were your findings?

21 A. Well, I listened to his heart, his  
22 lungs, I first of all did a history and  
23 questioned him about his symptoms in more detail  
24 and then checked out his abdomen and his heart  
25 and lungs and, you know, just a cursory



1 neurologic exam, and what specifically do you  
2 want to know?

3 Q. Well, tell me about his history. You  
4 took a more detailed history about his  
5 complaints. What did you learn?

6 A. Well, let me see what this -- well,  
7 he was taking the aspirin one month prior to his  
8 stomach symptoms starting. And he was taking it  
9 for his bad back. He didn't have any diarrhea,  
10 constipation, nausea, vomiting, but did complain  
11 of some increased gas. So he was taking the  
12 Zantac that he got from his sister for about  
13 eight days and had some success with the Zantac.  
14 He told me he had stopped the aspirin a couple of  
15 months prior to seeing me. He was drinking a pot  
16 of coffee a day. He admitted to smoking one and  
17 a half packs of cigarettes a day for 30 years.

18 And so I checked him over and I made  
19 a note of what I thought were relevant physical  
20 findings at the time and at that point I didn't  
21 find any tenderness in his abdomen, but I did  
22 find an abdominal or thought I heard an abdominal  
23 bruit and a right iliac bruit. I thought there  
24 was a possibility of his liver being enlarged,  
25 but I wasn't sure. I found no scleral icterus

1 time.

2 Q. So part of your differential  
3 diagnosis was to rule out any type of GI  
4 pathology, correct?

5 A. Yeah, uh-huh.

6 Q. And another part of your differential  
7 was to rule out vascular insufficiency?

8 MS. O'BRIEN: Objection. Go ahead.

9 A. That, I don't, I don't know, can you  
10 rephrase that?

11 Q. Well, just looking at your impression  
12 in here, what you just testified to, my question  
13 was, to summarize, part of your diagnosis or your  
14 differential was to rule out any type of GI  
15 pathology?

16 A. Uh-huh.

17 Q. I.e. Irritable bowel, colitis --

18 A. Right. Right.

19 Q. -- maybe gastritis, and part of your  
20 differential was to rule out vascular  
21 insufficiency?

22 A. I don't know if that's totally  
23 accurate because I wasn't sure I heard an  
24 abdominal bruit at the time, so it was, this  
25 note, if it were more correctly written, would

1 have said consider, to me, a note to myself,  
2 consider ruling this out, so this was something  
3 to remind myself in the future that this may need  
4 to be done, but not something that was a  
5 directive or something that I absolutely intended  
6 to do.

7 Q. All right. Fair enough. When you  
8 wrote vascular insufficiency, what part of the  
9 vascular system were you thinking about?

10 A. Well, I was thinking about any vessel  
11 in the proximity of the abdomen or chest.

12 Q. Were you thinking about an aortic  
13 aneurysm?

14 A. Well, that's a possibility, yeah, all  
15 the possibilities that can cause abdominal  
16 bruits, which virtually is any vessel in the body  
17 below the neck. So --

18 Q. Well, what were the most -- tell me  
19 some vessels that would cause an abdominal  
20 bruit.

21 A. Well, you mentioned the aorta, the  
22 iliac vessels, the femoral vessels, any of the  
23 vessels within the abdomen, heart murmurs can  
24 radiate into the abdomen, any, any organ whose  
25 vascular system is compressed by an adjacent

1 organ, by feces in the colon, for instance, which  
2 can cause bruits, functional bruits in the  
3 abdomen, so any vessel that's in proximity to any  
4 intestinal contents.

5 Q. Do you know ~~artery occlusive disease~~  
6 ~~could give you an abdominal bruit?~~

7 A. Yes.

8 Q. Iliac artery occlusive disease?

9 A. Yes.

10 Q. ~~Superior mesenteric occlusive~~  
11 ~~disease?~~

12 A. Yes.

13 Q. ~~Inferior mesenteric occlusive~~  
14 ~~disease, those can give you abdominal bruits?~~

15 A. Yes.

16 Q. All right. So you wrote your  
17 impression. What was your plan? What did you  
18 tell Mr. Slusher or what was your plan as far as  
19 ruling out these impressions?

20 A. Well, at that point, well, I got a  
21 blood profile, we checked his urine.

22 Q. How was the blood profile?

23 A. The blood profile was ~~unremarkable~~  
24 ~~with the exception of mildly elevated cholesterol~~  
25 ~~and mildly decreased HDL cholesterol.~~

1           Q.     Could that be consistent with  
2     arterial occlusive disease or peripheral vascular  
3     disease?

4           A.     I see this in normal people all the  
5     time. It could be for -- I mean it did not  
6     strike me as being unusual for his age. A  
7     cholesterol of 236, it's lower than mine.

8           Q.     But my question is it can be  
9     consistent with someone that has peripheral  
10    vascular disease?

11          A.     It could.

12          Q.     All right. So you did blood work?

13          A.     Uh-huh.

14          Q.     Urine, how was the urine?

15          A.     Urine was perfect.

16          Q.     Anything else?

17          A.     Yes, I ordered upper GI and barium  
18    enema x-rays.

19          Q.     And the results of those were what?

20          A.     The upper GI was basically negative  
21    per the interpretation of the radiologist, except  
22    for two duodenal diverticula, and the barium  
23    enema was basically noncontributory also.

24          Q.     Okay.

25          A.     Although they do make a note that the

1 study was compromised by the presence of fecal  
2 residue, but no obvious abnormality was seen.

3 Q. Based on those findings, the barium  
4 enema and the upper GI, were you satisfied that  
5 the abdominal pain that he was experiencing  
6 wasn't related to GI pathology?

7 A. No, I wasn't. It wasn't clear to me  
8 that I had ruled out anything, but I didn't rule  
9 in anything. Had I found something, I would have  
10 been more inclined to believe that I had a reason  
11 for his symptoms, but the fact that I didn't find  
12 anything didn't mean that I could exclude  
13 irritable bowel or ulcer, which doesn't always  
14 show on x-ray.

15 Q. Based on those two reports, then, did  
16 you then consider other etiologies for his  
17 abdominal pain besides GI pathology?

18 MS. O'BRIEN: At that time?

19 MR. FINELLI: Yes.

20 Q. At the time you learned of the  
21 results of the studies.

22 A. Well, no, again, I didn't, I didn't  
23 consider anything more. What I did consider was  
24 giving him a trial of medication to investigate  
25 whether he would improve or not. So, you know, I

1     didn't -- it didn't make me think of anything  
2     else just because these were negative.

3             Q.     Why not?

4             A.     Because the most likely scenario is  
5     that he had dyspepsia or some other spasm in the  
6     intestine that did not show on these, so it  
7     seemed more reasonable to me to treat him for  
8     that first and see if he improved.

9             Q.     Like a trial run?

10            A.     Right.

11            Q.     Okay. When was the next time you saw  
12     him?

13            A.     February 14th, 1995.

14            Q.     Now, the note above that is dated  
15     what? Is that January 23rd, 94?

16            A.     That's correct. This was not a -- I  
17     did not see him that time. He had come in the  
18     office to have his blood drawn and so the medical  
19     assistant made a note that she drew his blood and  
20     that he had taken, I don't know why she wrote he  
21     took two teaspoons of Pepto-Bismol that morning,  
22     and that he was scheduled for his upper GI and  
23     barium enema. And so she made that note, but I  
24     didn't see him that day.

25            Q.     Looking at the date 94, do you

1 Q. From the previous month?

2 A. That's right.

3 Q. In four weeks, right?

4 A. Right.

5 Q. Okay. Did you do a physical exam on  
6 him at that visit?

7 A. I don't recall doing a physical  
8 exam. We talked about his symptoms and went over  
9 his x-rays and blood tests. But I don't recall  
10 doing a physical at that time.

11 Q. And your impressions included what?

12 A. My impressions were hypolipidemia  
13 from the blood test, dyspepsia, nicotine  
14 dependence and cauda equina syndrome, those are  
15 my impressions.

16 Q. So at that point in time dyspepsia  
17 was a working diagnosis, correct?

18 A. Yes.

19 Q. Working diagnosis to explain the  
20 abdominal pain?

21 A. That's correct.

22 Q. And then the cauda equina syndrome  
23 was to explain the --

24 A. His back pain.

25 Q. Was a possible etiology for the back



1 pain?

2 A. That's correct.

3 Q. And what was your treatment at that  
4 point?

5 A. Well, I told him that he had to stop  
6 smoking, again. I told him to stop drinking  
7 coffee. I gave him an acid blocker in the form  
8 of Zantac and told him to take Mylanta as he  
9 needs it. And --

10 Q. So the Zantac --

11 A. Go ahead.

12 Q. Zantac, Mylanta was for the  
13 dyspepsia?

14 A. That's correct.

15 Q. And you also considered a GI consult?

16 A. Yes, I did.

17 Q. If his symptoms persisted?

18 A. Yes, I did. And the one thing that I  
19 failed to write down here, which was policy,  
20 standard policy in our office and something that  
21 I tell every patient that I see, is to come back  
22 if your symptoms aren't any better.

23 Q. That visit there, was ~~there any~~  
24 ~~complaints of lower extremity claudication?~~

25 A. No. ~~Not that I recall.~~

1 Q. When was the next time you saw Mr.  
2 Slusher?

3 A. Next visit wasn't until June 20th,  
4 1995.

5 Q. He was weighed at that visit,  
6 correct?

7 A. That's correct.

8 Q. His weight was 159 and a half pounds?

9 A. That's correct.

10 Q. So it was approximately a seven and a  
11 half to eight pound weight loss from his previous  
12 visit?

13 A. That's correct.

14 Q. Approximately twenty pounds since  
15 January, right?

16 A. Yes.

17 Q. Were you concerned that he was losing  
18 this weight?

19 A. You know, I don't recall what I was  
20 thinking at the time, but I don't believe that I  
21 thought it was so unusual for someone who had  
22 complaints of stomach upset to have altered their  
23 eating habits.

24 Q. Was he relating at that time his  
25 abdominal pain, was he relating a history of

1 abdominal pain to his meal intake?

2 MS. O'BRIEN: On that day?

3 A. At this day is the first time that I  
4 can see or even recall him mentioning this being  
5 related to his meals. And my assistant wrote  
6 that the Zantac only helped in the beginning and  
7 now it wasn't helping any longer.

8 Q. Where in that note is a notation that  
9 it's related to the meals?

10 A. Right at the beginning, right at the  
11 very first line, she wrote patient with complaint  
12 of stomach burning a half hour after eating.  
13 Patient states Zantac only helped in the  
14 beginning, now it doesn't help. And then she  
15 goes on to say, to write, that he complained of  
16 flatulence with stomach burning and depression,  
17 his second complaint was depression now with no  
18 ambition, he wanted to sleep all the time.

19 Q. Okay. And then you wrote, is that  
20 your writing, recurrent abdomen pain times two  
21 months?

22 A. That's right.

23 Q. So getting back to this weight issue,  
24 you thought the reduction in weight was based on  
25 the fact that he probably was eating less?

1           A.       Yeah, it wasn't a red flag per se, it  
2       was something that was noted, but being that he  
3       had been depressed recently and had stomach  
4       problems, it didn't -- you know, it seemed to  
5       explain to me that that's what was happening. So  
6       yeah, I was concerned.

7           Q.       What was he depressed about? Was he  
8       depressed about the fact that he had this  
9       abdominal pain? If you know.

10          A.       I didn't make a note as to that. I  
11       think had it been to something specific, I would  
12       have made the note, so I don't think that there  
13       was any particular reason that he knew of that he  
14       was depressed.

15          Q.       Would you have talked to him about  
16       it , the fact that he was depressed?

17          A.       Yeah, I would, yeah. I think so.

18          Q.       No nausea or vomiting, correct?

19          A.       No, I don't think there was any at  
20       that -- or was there? Right, no nausea or  
21       vomiting.

22          Q.       June 20th, 95, there's no history  
23       here on this note of him complaining of any lower  
24       extremity claudication, is there?

25          A.       No.

1           Q.     Okay.  You described or you noted  
2     that the pain was described as burning, but  
3     location is sometimes mid abdomen, sometimes  
4     right upper quadrant?

5           A.     That's correct.

6           Q.     And you also wrote unusual location  
7     for heartburn?

8           A.     Right.

9           Q.     What do you refer to, what do you  
10    mean when you write down heartburn?  Like a  
11    gastritis or esophagitis?

12          A.     Yeah.

13          Q.     And you also noted that it's always  
14    related to eating, his abdominal pain?

15          A.     Uh-huh.

16          Q.     Always about a half hour to an hour  
17    postprandial?

18          A.     Uh-huh.

19          Q.     And not related to what patient eats,  
20    not related to any type of food?

21          A.     Right.  And then I go on to say that  
22    he --

23                   MS. O'BRIEN:  There's no question  
24    posed to you.

25                   THE WITNESS:  Okay.

1 MS. O'BRIEN: He'll ask what he wants  
2 to know.

3 Q. Were you still thinking at that time  
4 that his abdominal pain was related to dyspepsia?

5 A. Yes, but it made me think that this  
6 was more related to digestive enzyme  
7 insufficiency because of the relationship to  
8 eating.

9 Q. Okay. And that was your first  
10 impression?

11 A. Right.

12 Q. And then underneath that, what did  
13 you write there?

14 A. Rule out mesenteric artery  
15 insufficiency.

16 Q. So you were considering a vascular  
17 occlusive disease as a potential etiology for his  
18 abdominal pain?

19 A. I wanted to remind myself, again,  
20 this is not something that's a directive for me  
21 to act on immediately, but it's a reminder to  
22 myself that if his symptoms did not improve with  
23 the treatment of the digestive enzyme  
24 insufficiency and other modalities, that I needed  
25 to consider ruling out the mesenteric artery

1 insufficiency.

2 Q. And in fact you had given him the  
3 medication of Zantac and Mylanta in February,  
4 correct?

5 A. That's, that's right, uh-huh.

6 Q. And in June, February to June, he was  
7 still complaining of abdominal pain?

8 A. Well, he got better in the beginning  
9 with the Zantac, which led me to believe that the  
10 dyspepsia responded to the Zantac, but may not  
11 have been strong enough for chronic, for chronic  
12 use, and that's what I was thinking at the time.

13 Q. And at the time in June you were also  
14 thinking of mesenteric artery insufficiency?

15 MS. O'BRIEN: Objection. Go ahead.  
16 Asked and answered.

17 A. It crossed my mind or I wouldn't have  
18 written it down.

19 Q. Sure. Okay. And if that was a  
20 potential etiology, why would you not want to act  
21 on that to rule that out immediately?

22 A. It was a lot more, a lot more likely  
23 that his problems were digestive enzyme  
24 insufficiency, dyspepsia, irritable bowel than  
25 what to me was really a red herring and I only

1 wrote it down because it was so unlikely, to me  
2 at the time, that I would probably forget about  
3 it later if I didn't at least record it somewhere  
4 to review later.

5 Q. Okay.

6 A. So he wasn't, and the second reason  
7 is that he wasn't -- his abdomen was benign on  
8 exam. There was, at that particular day, on June  
9 20th, when I did examine him, he had no  
10 tenderness and I didn't hear any bruit.  
11 Everything was benign. So I had no reason to  
12 really suspect that.

13 Q. Okay. Let's talk a little bit about  
14 mesenteric insufficiency. What's the definition  
15 of that?

16 A. Diminished blood supply to an organ  
17 in the gut that's supplied by the mesenteric  
18 arteries.

19 Q. And I'm not trying to trick you,  
20 Doctor, I just want to find out today how much  
21 you know about mesenteric artery insufficiency.  
22 Can you tell me the anatomy of the superior  
23 mesenteric artery?

24 A. Not in detail, no. Other than it's a  
25 branch of the aorta. Other than that, no.



1           Q.     Do you know what part of the  
2 intestine it supplies?

3           A.     I'd have to review that to tell you.

4           Q.     Okay. If I told you it supplies the  
5 small intestine distal to the ligament of Treitz  
6 and the large intestine from the cecum to the  
7 splenic flexure, do you have any reason at this  
8 point in time to disagree with that?

9           A.     Well, I would have to refer you to a  
10 specialist and let them answer this.

11          Q.     At this point in time would you have  
12 any reason to disagree with that?

13          A.     No, I wouldn't have any reason to  
14 disagree.

15                 MS. O'BRIEN: He doesn't know?

16          A.     Yeah, I don't know.

17                 MR. FINELLI: I'm just asking if he  
18 has, at this point in time, if he has any reason  
19 to disagree or agree, that's all.

20          Q.     And the answer is no, right?

21          A.     Right.

22          Q.     Can you tell me the symptoms that one  
23 would develop with mesenteric insufficiency?

24          A.     Abdominal discomfort.

25          Q.     Would you agree that the most common

1 symptoms are abdominal discomfort postprandial  
2 and weight loss?

3 MS. O'BRIEN: Objection. He's not an  
4 expert in -- he's not a vascular expert, but go  
5 ahead, if you know.

6 Q. And again, I prefaced everything by  
7 saying only if you know.

8 A. I think that that suits that  
9 diagnosis as well as many other, anything that  
10 occurs in the abdomen.

11 Q. And again, only if you know, would  
12 weight loss over a period of time and abdominal  
13 pain be consistent with mesenteric artery  
14 insufficiency?

15 A. I guess it wouldn't be inconsistent  
16 with it, no. But it's also consistent with a  
17 multitude of other GI problems.

18 Q. So you wrote that down, rule out  
19 mesenteric artery insufficiency, to think about  
20 it later on so you wouldn't forget?

21 A. Right.

22 Q. All right. What was your plan at  
23 that point in time?

24 A. My plan was to supplement his food  
25 intake with a digestive supplement in the form of

1 Ku-Zyme.

2 Q. And what does that do?

3 A. That, that helps digest food. If  
4 your pancreas or small intestine isn't supplying  
5 enough digestive enzyme on its own.

6 Q. Would that be consistent with a  
7 malabsorption problem?

8 A. No. I don't -- I think it's two  
9 separate problems.

10 Q. Can you have malabsorption --

11 A. Not that they couldn't both occur  
12 together.

13 Q. If you know, can you have  
14 malabsorption with mesenteric artery  
15 insufficiency?

16 A. I don't know.

17 Q. Okay.

18 A. I suppose.

19 Q. All right. So you wanted to treat  
20 him a trial period once again for a working  
21 diagnosis of digestive enzyme insufficiency?

22 A. Right.

23 Q. And then you put him on Prilosec?

24 A. Well, I had considered a trial of  
25 Prilosec and again I wrote that to remind myself

1     that I would want to do that if the Ku-Zyme  
2     didn't work.

3             Q.     All right. So if you write consider,  
4     that doesn't mean you had acted on that at that  
5     point?

6             A.     That's right. That's right.

7             Q.     Now, my note on this page is a little  
8     cut off. Can you tell me what's written, 5,6,  
9     and then there's something under that as well?

10            A.     5 is consider trial of Propulsid.

11            Q.     And what does that do?

12            A.     Propulsid is a stimulant to help  
13     peristalsis, prevents regurgitation of acid in  
14     the esophagus for the most part.

15            Q.     And what do you have written under  
16     that?

17            A.     Consider EGD with GI specialist, is  
18     number 6. Number 7, consider John Collis  
19     evaluation for back pain.

20            Q.     Okay. All right. And the next time  
21     you saw him was when?

22            A.     The next visit was July 11th, 95.

23            Q.     What was his weight at that time?

24            A.     155.75.

25            Q.     So he lost approximately four pounds

1 from his previous visit?

2 A. Right. Let's see. Yes.

3 Q. And from his first visit he was  
4 approximately twenty-four pounds lighter?

5 A. That's right.

6 Q. What was his main complaint on that  
7 visit, July 11th?

8 A. Recheck stomach symptoms. My  
9 assistant wrote that the burning was decreased  
10 some, but that the flatulence had increased some  
11 and he also complained of some nausea at that  
12 point.

13 Q. Was he still having abdominal pain  
14 postprandial?

15 A. Yes. However, my note begins with  
16 improvement. And I think I was distracted when I  
17 began this sentence and never finished it, but I  
18 believe that what I was trying to record was that  
19 even though he was continuing to have symptoms,  
20 they were improved. When my assistant wrote had  
21 not gotten better, I think she meant it wasn't  
22 completely resolved. By not gotten better. But  
23 that it actually was improved, but wasn't  
24 completely, completely improved, wasn't  
25 completely resolved. So --

1           Q.     You also noted at this point in time  
2     he had claudication?

3           A.     That's right.

4           Q.     Is that a question mark after  
5     claudication?

6           A.     Yes. He told me that his legs were  
7     starting to hurt him after he walked and so I  
8     didn't know if that was technically claudication  
9     or whether it was just soreness, the muscles,  
10    that's why I had a question mark.

11          Q.     And you checked his pulses?

12          A.     Yes. I recorded no pulse in the  
13    dorsalis pedis or posterior tibial.

14          Q.     Was that bilateral?

15          A.     You know, I don't recall.

16          Q.     Okay. And once again, you heard an  
17    abdominal bruit?

18          A.     At that time I did. That is correct.

19          Q.     So at this visit is it fair to say  
20    you were thinking about arterial insufficiency?

21          A.     Yes.

22          Q.     Were you thinking about having Mr.  
23    Slusher referred to a vascular specialist?

24          A.     Yes. I was thinking about that.

25          Q.     You don't have anything noted on this

1 visit regarding a vascular specialist referral?

2 A. No, because I was doing the -- I  
3 ordered the ultrasound of his, a Doppler  
4 ultrasound of his lower extremities first.

5 Q. Was that done?

6 A. Yes.

7 Q. Where would that have been done?

8 A. That was done at Geauga Hospital.

9 Q. And you got a report on that?

10 A. Yes, I do have a report on that.

11 Q. How did you interpret that report?

12 A. That he had occlusion of the vessels  
13 and that's when I sent him to the vascular  
14 specialist.

15 Q. And the next time you saw him was  
16 July 25th?

17 A. That's correct.

18 Q. Did you talk to him about the results  
19 of the Doppler?

20 A. Yes. Well, no, because I didn't, as  
21 I made a note, I didn't have the report, even  
22 though it had been done eight days prior to this  
23 visit.

24 Q. Oh, okay.

25 A. So I didn't have it yet. So as soon

1 as I -- I think we called to get the report. And  
2 the note by another assistant made on July 29th  
3 indicates that she called the patient and gave  
4 him a referral.

5 Q. And who would that have been to?

6 A. I'm guessing that that went to Dr.  
7 Darwin.

8 Q. August 8th you see him next?

9 A. That's right.

10 Q. 95. And you wrote he has an  
11 appointment with Dr. Darwin the next day?

12 A. That's correct.

13 Q. Which would have been August 9th?

14 A. That's right.

15 Q. Okay. Did you, did you talk to Dr.  
16 Darwin at all prior to Mr. Slusher seeing Dr.  
17 Darwin?

18 MS. O'BRIEN: Before the visit with  
19 Darwin?

20 MR. FINELLI: Right before  
21 Mr. Slusher visited Dr. Darwin.

22 MS. O'BRIEN: Before.

23 Q. Did you talk to Dr. Darwin at all?

24 A. I don't remember if I did.

25 Q. Had you in the past referred patients



1 to Dr. Darwin?

2 A. Yes.

3 Q. Is it your habit when you refer  
4 patients to a specialist to let the specialist  
5 know why you're referring them or for what  
6 reasons or what to rule in or rule out?

7 A. I either call or I write it on a  
8 prescription blank, give it to the patient with  
9 the doctor's phone number. I don't remember what  
10 I did in this case.

11 Q. And if you would have wrote it on a  
12 prescription, would you have kept a copy for the  
13 chart, your chart?

14 A. No. Not if I give it to the patient,  
15 it's only for the patient's information, so I  
16 don't make a habit of doing that, no.

17 Q. So when you referred him to Dr.  
18 Darwin, you don't recall whether you talked to  
19 him prior to Mr. Slusher seeing him or handed him  
20 a prescription note?

21 A. Yeah, I can't remember.

22 Q. If you had talked to him or handed  
23 him a prescription note --

24 A. My secretary may have called his  
25 office and made the appointment because she said

1 she called patient and gave him referral. So I  
2 don't know how, I don't remember how this came  
3 about.

4 Q. What would have been the purpose of  
5 you referring Mr. Slusher to Dr. Darwin?

6 A. Because of his insufficiency in the  
7 lower extremity.

8 Q. There's a notation dated August 10th,  
9 95. Did you see Mr. Slusher at that point in  
10 time?

11 A. No, I believe that that information  
12 was due to a telephone conversation with Dr.  
13 Darwin after he saw the patient, he called me to  
14 let me know that he thought there was severe  
15 aortoiliac stenosis.

16 Q. Yeah, mine's cut off. Can you just  
17 read that for me?

18 A. It says 8-10-95, Dr. Darwin indicates  
19 severe aortoiliac stenosis, probably  
20 necessitating endarterectomy and coronary  
21 workup.

22 Q. And then you mentioned he did talk to  
23 Dr. Darwin?

24 A. This note's made by me, so as I  
25 recall, I talked to him personally and got that

1 information.

2 Q. Do you recall anything about that  
3 conversation?

4 A. No. Not beyond what I wrote.

5 Q. Did you think that preliminary  
6 diagnosis by Dr. Darvin would have explained the  
7 abdominal pain and weight loss?

8 MR. VOUDOURIS: Objection.

9 A. What are you --

10 Q. Well, you mentioned he had, when you  
11 talked to Dr. Darvin you noted that he indicated  
12 severe aortoiliac stenosis?

13 A. Uh-huh.

14 Q. Probably necessitated vascular  
15 surgical intervention?

16 A. Uh-huh.

17 Q. My question is at that point in time  
18 did you think that diagnosis of severe aortoiliac  
19 stenosis was an explanation for Mr. Slusher's  
20 weight loss and abdominal pain?

21 A. No. No.

22 Q. You still thought GI pathology was  
23 the etiology for the abdominal pain?

24 A. Yes. Especially since it improved  
25 being on the Ku-Zyme, on 7-25 his dyspepsia

1 improved by 90 percent, still present in the  
2 evening, but was basically better, so I believed  
3 that with the Effexor for the depression and the  
4 Ku-Zyme and the Pepcid in place of Zantac, that  
5 he was a lot -- that he was better, 90 percent  
6 better.

7 Q. Okay. Once you talked to Dr. Darvin  
8 and discussed the peripheral vascular disease,  
9 did you then rely on Dr. Darvin as far as the  
10 treatment of Mr. Slusher's vascular problems?

11 A. Yes.

12 Q. Were you satisfied with Dr. Darvin's  
13 diagnosis?

14 A. Yes.

15 Q. Were you confident that Dr. Darvin  
16 would appropriately take care of Mr. Slusher's  
17 vascular problems?

18 A. Yes.

19 Q. He also had, I think, a Doppler of  
20 the carotid arteries?

21 A. Yes, I believe that's in here also.

22 Q. Did you get a report of that?

23 A. Maybe I don't have that. No. No, I  
24 guess I don't have a copy of that. I think it  
25 must have been done after the referral.

1           Q.     Did you ever receive a report of  
2     that?

3           A.     I don't remember.

4           Q.     So you don't recall if Mr. Slusher  
5     had carotid artery disease?

6           A.     I don't remember if I saw the report  
7     or not. It wasn't something that I treated him  
8     for.

9           Q.     I guess I'm asking you, did you have  
10    any knowledge at all that Mr. Slusher had carotid  
11    artery disease?

12          A.     I don't recall. I don't recall  
13    that. I mean it's not in my notes and I don't  
14    have a copy of the ultrasound. I don't recall.

15          Q.     Okay. Do you recall discussing at  
16    all with Dr. Darvin any mesenteric artery  
17    insufficiency?

18          A.     No.

19          Q.     And then you have a note dated  
20    9-5-95?

21          A.     Right. Do you want me to read it  
22    or --

23          Q.     Did you talk to Dr. Darvin at that  
24    point in time? You mention, you note here he  
25    called.

1 A. No, I didn't speak with him.

2 Q. Is that your handwriting?

3 A. I don't think I spoke with him. I  
4 can't remember if I personally spoke with him or  
5 not, but this note's written by my assistant.

6 Q. That's not your handwriting?

7 A. No.

8 Q. She writes need consult, refer to Dr.  
9 Oliver or Dr. DeMarco?

10 A. That's right.

11 Q. What would that have been for?

12 MR. VOUDOURIS: Objection.

13 Q. If you know.

14 A. I can only --

15 MS. O'BRIEN: We don't want you to  
16 guess. I mean if you know, you know. If you  
17 don't, you don't.

18 Q. Is there anyone in your office other  
19 than you that authorizes consults for patients?

20 A. No.

21 Q. If a patient's going to be referred  
22 to a specialist, it's you that does the referral?

23 A. That's right, that would have been  
24 for medical management postsurgically in the  
25 hospital.

1 Q. What type of doctor is Dr. DeMarco,  
2 if you know?

3 A. Dr. DeMarco is in internal medicine  
4 and I am not sure of the subspecialty.

5 Q. How about Dr. Oliver?

6 A. Same thing.

7 Q. And after DeMarco, it's per Dr. Sike?

8 A. I think that's supposed to be my  
9 name, Dr. Silver, I think is what they -- and  
10 that's the assistant's initials, CP.

11 MS. O'BRIEN: Do you need to get  
12 that?

13 THE WITNESS: Yes. Can I use the  
14 phone?

15 MS. O'BRIEN: Sure.

16 (Discussion had off the record.)

17 Q. Dr. Silver, when would have been the  
18 last time you saw Mr. Slusher as a patient?

19 A. On the 8th of August.

20 Q. So when he was hospitalized for his  
21 vascular surgery, you didn't see him in the  
22 hospital?

23 A. No.

24 Q. You weren't involved in any of his  
25 care?

1           A.     No.

2           Q.     Subsequent to, what date did you say,  
3     August 11th?

4           A.     August 8th.

5           Q.     August 8th.

6           A.     Uh-huh.

7           Q.     That's the last time you treated him?

8           A.     That's correct.

9           Q.     When did you learn of Mr. Slusher's  
10    complications following the vascular surgery at  
11    Geauga?

12          A.     I don't remember when I first learned  
13    of it.

14          Q.     As you sit here today, are you aware  
15    that he was then transferred to University  
16    Hospitals?

17          A.     Yes.

18          Q.     And he had an exploratory laparotomy  
19    done?

20          A.     Right.

21          Q.     Which showed necrosis of the entire  
22    intestine distal to the stomach?

23          A.     Yeah, I heard that. I can't remember  
24    where, if I read it or -- but I was aware of  
25    that.



1 Q. Subsequent to September 5th, 1995,  
2 have you ever talked or spoken with Dr. Darwin  
3 regarding Mr. Slusher?

4 A. No. Unless -- I don't recall if he  
5 called me and said that surgery, after the  
6 surgery, that it went well. I don't remember if  
7 he called to say that the surgery went well. I  
8 can't remember that.

9 Q. And you don't recall any further  
10 conversations with him subsequent to the vascular  
11 surgery?

12 A. No.

13 Q. Have you had any, since his vascular  
14 surgery, September 5th, 95, have you had any  
15 conversations with Dr. DiBlasio?

16 A. About?

17 Q. Mr. Slusher.

18 MS. O'BRIEN: Mr. Slusher?

19 A. No. Oh, no.

20 Q. Any conversations with Dr. Blackburn  
21 subsequent to September 5th, 95 regarding Mr.  
22 Slusher?

23 A. I don't even know Dr. Blackburn.

24 Q. Have you ever in your practice  
25 treated or diagnosed mesenteric artery

1 A. That's correct.

2 MR. FINELLI: Okay. No further  
3 questions.

4 MS. O'BRIEN: Anybody else?

5 MR. NORCHI: I have a few questions.

6 EXAMINATION OF RICHARD S. SILVER, D.O.

7 BY MR. NORCHI:

8 Q. Dr. Silver, my name is Kevin Norchi,  
9 I represent Geauga Regional Hospital, one of the  
10 defendants in this case.

11 From your earlier testimony, I  
12 understand that in 1995, during the time period  
13 you were treating Mr. Slusher, that you were  
14 working at the Orwell Medical Clinic; is that  
15 correct?

16 A. That's correct.

17 Q. You were a staff physician at Orwell  
18 Medical Clinic?

19 A. Yes.

20 Q. Were you also the medical director at  
21 some time?

22 A. Yes.

23 Q. For what period of time were you  
24 medical director of the Orwell Medical Clinic?

25 A. For the same period of time that I

1     worked there.

2             Q.     Your prior testimony today was a  
3     little unclear to me so I'm going to ask you a  
4     number of questions about your employment status  
5     and the ownership actually of the Orwell Medical  
6     Clinic.    Okay?

7             Can you state to a reasonable  
8     certainty as to who owned the Orwell Medical  
9     Clinic?    Do you know who owned it?

10            A.     You know, I don't really know how,  
11     what the specifics of the arrangement were.    I  
12     only know that I was approached by Geauga  
13     Hospital agents --

14            Q.     Well, let me stop you.

15            A.     Okay.

16            Q.     The simple question, hopefully it's  
17     simple, is do you know who owns or owned in 1995  
18     the Orwell Medical Clinic?

19            A.     I would have to say no.    You know, my  
20     -- I'd have to say no.

21            Q.     That's okay.    Do you recall with any  
22     specificity and certainty who paid you in 1995?

23            A.     I'd have to look on my pay stubs.

24            Q.     Okay.    Did you have any other --

25            A.     Which I have saved.

1 Q. Pardon?

2 A. Which I have saved.

3 Q. Fine. Did you have any other  
4 employers at that time, other than, or worked  
5 with any other organizations, other than the  
6 Orwell Medical Clinic?

7 A. Just as a private contractor myself,  
8 but not as an employee anywhere. I never  
9 received a check, that I can recall -- well, I  
10 worked one week for the occupational medicine  
11 department at Ashtabula County Medical Center to  
12 cover for the doctor while he was on vacation,  
13 that's the only time I received a check, other  
14 than billing fee for service at nursing homes,  
15 and I worked in Dr. Evans' office, and I don't  
16 think it was during that time, though. You want  
17 specifically the dates that I was at Orwell,  
18 where else I worked while I was also working at  
19 Orwell?

20 Q. Yes, in 1995.

21 MS. O'BRIEN: I think what Mr. Norchi  
22 wants to know is did you have -- were you an  
23 employee of anybody else at any time while you  
24 worked at Orwell?

25 THE WITNESS: No.

1           Q.     In 1995 were you doing any other fee  
2     for service work?

3           A.     Well, I was billing patients or their  
4     insurance if I saw them at the nursing home.

5           Q.     Okay. When you were at the Orwell  
6     Medical Clinic, did you do any fee for service  
7     work there?

8           A.     No.

9           Q.     Okay. Thank you.

10          A.     Oh, and maybe another clarification,  
11     as I'm thinking about this. Early on, in 94, I  
12     was admitting patients to the hospital and taking  
13     care of them in the hospital. 95 I limited my  
14     hospital because I didn't have time. If I saw a  
15     patient in the hospital, I billed for that, that  
16     was not part of the arrangement with the Orwell  
17     Medical Clinic, but any patient I saw at Orwell  
18     Medical Clinic I did not bill for.

19                 MR. NORCHI: Okay. Thank you.

20                 THE WITNESS: You're welcome.

21                 MS. O'BRIEN: Anybody else? Okay.

22                 MR. FINELLI: That's fine.

23                 MS. O'BRIEN: You have a right to  
24     read the transcript, Dr. Silver, if it's typed  
25     up, or you can waive that right. You can't

1 change your testimony, obviously, but you can  
2 make corrections in the word spellings, things  
3 like that.

4 THE WITNESS: Oh, well, I'd like to  
5 see it.

6 MS. O'BRIEN: Would you like to see  
7 it?

8 THE WITNESS: Sure, if you type it  
9 up.

10 MS. O'BRIEN: Can we have a waiver on  
11 the date just in case it gets mailed to him?

12 MR. FINELLI: Sure.

13 (Deposition concluded at 11:30 a.m.)

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## 1 CERTIFICATE

2 The State of Ohio, )

3 SS:

4 County of Cuyahoga. )

5 I, Denise M. Munguia, a Notary Public  
6 within and for the State of Ohio, duly  
7 commissioned and qualified, do hereby certify  
8 that the within named witness, RICHARD S. SILVER,  
9 D.O., was by me first duly sworn to testify the  
10 truth, the whole truth and nothing but the truth  
11 in the cause aforesaid; that the testimony then  
12 given by the above-referenced witness was by me  
13 reduced to stenotypy in the presence of said  
14 witness; afterwards transcribed, and that the  
15 foregoing is a true and correct transcription of  
16 the testimony so given by the above-referenced  
17 witness.

18 I do further certify that this  
19 deposition was taken at the time and place in the  
20 foregoing caption specified and was completed  
21 without adjournment.

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

5 IN WITNESS WHEREOF, I have hereunto  
6 set my hand and affixed my seal of office at  
7 Cleveland, Ohio, on this 27 day of May,  
8 1999.

9  
10  
11  
12  
13 Denise Munguia

14 Denise M. Munguia, Notary Public  
15 within and for the State of Ohio  
16

17 My commission expires May 23, 2000.  
18  
19  
20  
21  
22  
23  
24  
25



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