

ryan, christopher

From: Pamela Kerr <pam@kerrfa.com>
Sent: Thursday, September 17, 2015 3:25 PM
To: ryan, christopher
Subject: Redline of proposed changes to Probate Procedure

Hi Christopher,

I've tried to see the proposed changes on the sites provided and do not see any markings.

My issue, as a forensic accountant that has reviewed/investigated a number of final accountings for Estates, is that they don't have to provide a summary of the activity. For instance, the only documents I get from legal counsel are the listing of receipts and disbursements and the remaining assets. When I ask for the electronic version of the receipts/disbursements I don't get them (or get them in PDF when it is clear that they have been prepared in excel) and therefore have no way of determining the actual activity that has taken place in the estate without preparing a complete reconstruction manually. For instance, on the Conservator Report, the Conservator is required to summarize the receipts/income and the disbursements/expenses. The Personal Representative is not required to do that on JDF 942. Is there any way that this can be incorporated into the Final Accounting? It would decrease my work (fine with me!) but give the beneficiaries a much better understanding of what has taken place in the Estate. There are some large estates in which the beneficiaries deserve to know this information, especially if the estate is left open for more than a year.

Thank you for reading my input.

Respectfully submitted,
Pam Kerr

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"Kindness is the language which the deaf can hear and the blind can see" - Mark Twain

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ryan, christopher

From: Jamie Roth <jamie@brownandbrownpc.com>
Sent: Monday, October 19, 2015 9:50 AM
To: ryan, christopher
Subject: Public Comment on Proposed Changes to Probate Rules

I wholeheartedly support the revisions to the Probate Rules. The changes harmonize language and procedure with the probate code, clarify and simplify the process. I ask the Supreme Court to enact these revisions.

Jamie J. Roth



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ryan, christopher

From: Ruth Sadler <ruthblondie@hotmail.com>
Sent: Friday, November 27, 2015 11:01 AM
To: ryan, christopher
Subject: Colorado Rules of Probate Procedure Comment

To The Supreme Court of Colorado

The Court requests written public comments by any interested person on the proposed repeal and reenactment of the Colorado Rules of Probate Procedure, deadline December 1, 2015. My comment is a complaint. The Probate Judicial system in Colorado is nothing but a big scam, hurting families by forcing them on Food stamps, Medicaid and and then becoming homeless. Court officials are interested in how much they can profit from a Trust or Will. They care nothing for families, heirs or the Wards. My family was destroyed by Probate Court, our 5 properties dismantled, out antique car business gone by unethical court appointed attorneys in Arapahoe and Adams County. Many other attorneys took advantaged of my mother who has dementia after my father passed. We must stop this from happening to our families in Colorado. We must hold Court Officials responsible.

There is an enormous loophole in the system in Probate Court that allows attorneys to make big money from the victims who have a problematic estate because there is no accountability by an overseer who should be the probate judge but he is in on the scam that plagues our justice system. They lie, cheat, & steal when they should be setting a good example "for the PEOPLE". Whenever I tell somebody that Arapahoe County stole all 5 of our houses, they always tell me "they can't do that"! It is hard to believe, but they are doing that. Shocking that this has & is happening in to days society. Feels like we're at war in our own backyard but they took that too! Our land belongs to somebody else now, sold fast & cheap with no way to stop the corrupt mismanagement of the public administrator in Arapahoe County who was supposed to be looking out for the best interest of the ward, in our case, our Mother. It is not in the best interest of the ward for Court appointed officials to spend all of our parents hard earned money on themselves and other lawyers and allowed two pairs of shoes to the ward as the estate is being drained down to Medicaid & food stamp benefits. It's not like we were a bunch of little rich kids, we had nothing! My Dad spent every dime on properties and we worked the land for 50 years with absolutely nothing to show for it. Our legacy is gone forever !!!!!

My Parents Edwin Price and Marion Price worked hard their entire lives and wanted their 7 children, 14 grand children and now 7 great grand children to always have a home, a college education and a successful antique car business to continue their legacy. We were told to never sell our property and to take care of our mother. Probate court went too far. They removed me as a Trustee even though we were cleared of any wrongdoing. They put me back on as a Legal Guardian for my mother 4 years later without warrant after losing everything. I lost a lot of weight and suffered adrenal exhaustion and cried after not keeping my promise to my father to protect his assets. Tamra Palmer was the Public Administrator in Arapahoe County who controls peoples lives, is unscrupulous, heartless and should never be in a position of power. She is untouchable behind the veil of court authority. Probate Court replaced me with an incompetent, unethical, dishonest, squanderer and we would like our land, money and houses back. Tamra Palmer refused to reimburse me back \$20K and Harry Arkin \$7K a close friend to Cynthia Coffman. I am the real daughter and the Heir. My DAD and MOM chose me to be the executor of their Trust. Thank you. Ruth Sadler

ryan, christopher

From: Lulu Fleming <amenontherun@hotmail.com>
Sent: Sunday, November 29, 2015 12:51 PM
To: ryan, christopher
Subject: Public Comments repeal and reenactment of the Colorado Rules of Probate Procedure.

My Public Comment is more of a complaint. It does not matter what laws you try to change if no Public Official follows them. We have Judges, Court appointed officials, Attorneys who take an oath and never follows the Rules of Professional Conduct. I urge the Supreme Court of Colorado to investigate the Corruption many families have endured in Probate Court.

American Dream Turns Into A Probate Nightmare

My parents Edwin and Marion grew up in the United States and **served our country** during World War II. My mother worked in the war plant while my father enlisted in the Navy and was wounded in the Battle of the Coral Sea becoming one hundred percent disabled and receiving a government pension. They lived through the great depression. My parents married in 1950. My mother worked as a supervisor of housekeeping for over 20 years at National Jewish Hospital and Lowry Air force base. They raised 7 children, purchased 6 properties and fulfilled their version of The American Dream. **My father bought cars and motorcycles from police auctions and eventually owned the biggest antique car collection in Colorado (115 cars), and built an empire worth over 5 million dollars worth today.**

Edwin and Marion were careful about their estate planning. To protect their legacy they found an attorney in Denver who specializes in family estates to protect their assets. They decided on and created a revocable trust, which could be amended during my father's lifetime. Once he passed, it became an irrevocable Trust. This was to ensure our family followed his wishes and maintained control of his assets. The American Dream turned out to be The American Nightmare. Our irrevocable trust was circumvented and negated. All contents of the trust were demolished by the court system and unethical lawyers.

These days, courts will take over and assign a Public Trustee if you have an arguing family member or become incapacitated. They use this excuse to confiscate your Trust, put your family into financial hardships, and pay themselves. A Public Trustee bills the estate for services costing \$210 an hour and pays exorbitant attorney fees depleting your Trust leaving very little if anything for the heirs. You will see very little once they gain control. They use your personal funds and trust money to fight you in court.

The Probate court system in Arapahoe County confiscated and destroyed our legacy. The Public Trustee **evicted** our family from their homes, **sold our properties** immediately causing a huge financial loss, forced my family's cars to be liquidated below sale prices, and threw all of us into financial crises. My mother, 87, the prime beneficiary of the Trust, receives long-term care, Medicaid, homeless and on food stamps. The Public Trustee in the last 4 years allowed Marion, Prime beneficiary \$8,000 for medical, prescriptions, dentures, a bed and a couple pairs of shoes, and refused to pay any of her everyday expenses while a multitude of attorneys collectively recieved over a quarter of a million dollars.

Our family once worth over \$5 million dollars can barely afford gas for our cars. We shop at goodwill and cut coupons. It's a constant struggle emotionally and financially ever since the judicial system robbed us. The trust money was earmarked for Marion. Instead she was deemed a Ward of the court. She has no money for her retirement or nursing home. We fought to become her legal guardian. Without grounds Court officials hired themselves for another year. We are her Legal guardians now that her trust funds are close to depletion. The Probate court in Arapahoe County have a very deceptive system designed to divide and conquer families. They

start by removing the chosen Trustee(s) and appointing their own Trustee, attorney, guardians, and/or conservator who deplete all assets, personal money, and often deny visitation of your loved one. Based on false accusations seven restraining orders were granted on four of our family members, In total we had thirty four court appearances. My family has learned to trust no one. The judicial system has ruined our lives. We must change laws to protect our families and to hold those accountable. We must keep our Trusts from being dismantled. We need laws protecting our elderly, disabled and the indigent from court sanctioned exploitation. Our judges are letting public officials misuse the laws and our civil rights are not being protected. We were robbed and victimized by our own court system. Thank you for hearing our Public Comments on Probate.

Luanne Fleming

ryan, christopher

From: Margaret Price <margicadreamer@hotmail.com>
Sent: Sunday, November 29, 2015 1:30 PM
To: ryan, christopher
Subject: repeal and reenactment of the Colorado Rules of Probate Procedure Public Comment

Arapahoe Probate Court Robbed our families and forced many of us onto food stamps and medicaid. I feel no matter what laws you change does no good. Our state is ranked 48th for the worst judicial system. One example is my family in Probate Court in Arapahoe County.

My parents Edwin and Marion Price grew up in the United States and served our country during World War II. My mother worked in the war plant. My father was wounded in the Battle of the Coral Sea, became 100% disabled, and so received a pension. My parents married in 1950. They had 7 children. My mother worked for over 20 years as supervisor of housekeeping at National Jewish Hospital, and Lowry AFB. They purchased 6 properties, cars, and motorcycles from police auctions, and eventually owned the biggest antique car collection in Colorado (115 cars). They built an empire **worth over 5 million dollars**. Edwin and Marion planned carefully to preserve their legacy. They hired a well respected attorney in Denver who specializes in estate planning, who recommended a revocable trust, which could be amended during my father's lifetime, and became irrevocable upon his death. This was to ensure our family followed his wishes and maintained control of his assets. **The American Dream turned into a Nightmare**. Our irrevocable family trust was seized by Arapahoe Probate Court. All assets were liquidated and monies were paid to court officials and attorneys. How could this happen? Our irrevocable Trust failed us! Our family legacy gone forever, our dreams shattered, leaving us broken hearted, homeless, and impoverished. We ask ourselves everyday " why did we work our whole lives for nothing?" No family should be forced to endure such shame, dishonor and humiliation!

If you have an arguing family member, or become incapacitated, Arapahoe County Probate Court takes over and assigns a Public Trustee. They confiscate your Trust, put your family into financial hardship, and pay themselves. Arapahoe Public Trustee paid herself \$210 an hour and paid court officials a big paycheck, allowing nothing for heirs. The Public Trustee and attorneys exhaust your personal funds using your trust money to fight you in court.

The Public Trustee evicted our family from their homes, sold our properties hastily, causing a huge financial loss, forced my family's antique car collection to be liquidated below market value, and threw our family into turmoil. **My mother Marion, 88, the prime beneficiary of the Trust**, must now accept long-term care, Medicaid and food stamps. The Public Trustee, in the **last 4 years, allowed Marion \$8,000** for medical, prescriptions, dentures, a lift chair, a bed, and a couple pairs of special fitted shoes, and refused to pay any of her everyday expenses. Marion's personal retirement fund was exhausted by multiple attorneys "Representing her best interest" taking advantage of her weakened capacity to file " on her behalf" suing her own Trust, and being paid by the Public Trustee. Between Marion's personal retirement account, and monies paid by the Public Trustee, she lost **over a quarter of a million dollars! This is elderly abuse!**

It's a constant struggle emotionally and financially ever since the judicial system robbed us. Though Trust money was earmarked for Marion and our family, instead Marion was removed as a Trustee and deemed a Court Ward. Despite full documentation exonerating her of any wrongdoing, one daughter was removed as Trustee for alleged malfeasance. Another daughter with excellent credentials was removed as Marion's Emergency Legal Guardian and Conservator and replaced by 2 Court Guardians and a Court Appointed Attorney. **Now that the assets are gone and Trust money is mostly spent both daughters qualify to be Marions co-guardians with no pay. The judicial system has ruined our lives.** We need laws protecting our

Elderly, Veterans and our Wards from court sanctioned exploitation. Judges let public officials misuse laws. Rather than protecting us, our civil rights are violated. Thank You Margaret Price

ryan, christopher

From: Lulu Fleming <amenontherun@hotmail.com>
Sent: Sunday, November 29, 2015 1:47 PM
To: ryan, christopher
Subject: Public Comment repeal and reenactment of the Colorado Rules of Probate Procedure

In Arapahoe Probate Courts. It does not matter what laws you change in Probate if no Public official follows them. We have Judges, Court Appointed Public Officials and attorneys who follow no laws in Colorado who have taken the oath of Professional Rules of Conduct. Judges are immune from any wrong doing and attorneys get away with corruption because the Judge rubber stamps it. There needs to be an investigation to stop this crime from happening in Probate Court. My family has suffered severe losses in Probate Court. Our Legacy gone forever!!!

My parents Edwin and Marion grew up in the United States and **served our country** during World War II. My mother worked in the war plant while my father enlisted in the Navy and was wounded in the Battle of the Coral Sea becoming one hundred percent disabled and receiving a government pension. They lived through the great depression. My parents married in 1950. My mother worked as a supervisor of housekeeping for over 20 years at National Jewish Hospital and Lowry Air force base. They raised 7 children, purchased 6 properties and fulfilled their version of The American Dream. **My father bought cars and motorcycles from police auctions and eventually owned the biggest antique car collection in Colorado (115 cars), and built an empire worth over 5 million dollars.**

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ATHENA MISHELLE ROE, J.D.
1729 ALAMO AVENUE
COLORADO SPRINGS, CO 80907
(719) 471-2737
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November 29, 2015

TO: Colorado Supreme Court
c/o christopher.ryan@judicial.state.co.us; cheryl.stevens@judicial.state.co.us

RE: Colorado Rules of Probate Procedure

Madam Chief Justice Rice and Esteemed and Honorable Justices of the Supreme Court:

The following summary provides the Colorado Supreme Court with numerous public policy concerns regarding Colorado's Probate Procedure including the need for transparency, oversight, and disciplinary remedies in Colorado's probate courts.

For the last 2.5 years over \$232,000.00 of my inheritance was misappropriated in El Paso County's probate court. The fraud scheme was concocted by my estate lawyer and a real estate lawyer who held a financial interest with the Claimant's company. The scheme involved sham future interest rates well over Colorado's usury law, C.R.S. 18-5-104 which caps interest at 45%. The facts and elements of law point to RICO and even in probate courts there may be exceptions and cases may be moved to federal court where federal and state statutes were ignored.

The scheme was a class 6 felony under Colorado's fraud statute, C.R.S. 13-80-101. At one point the real estate lawyer calculated a number in the \$739,000.00 range making the interest over 200%. The real estate lawyer refused to provide an accounting. Even worse, the court approved retroactive interest tacking on another \$26,000.00. I paid \$94,000.00 of useless attorney fees while recovering from my husband's suicide from the previous two years of vexatious litigation that drove my husband to his untimely death.

After uncovering the scheme I rigorously sought to obtain assistance from Colorado's state auditors, probate court administrator, attorney regulation, state senators and representatives, the Colorado Bar Association, the local District Attorney's office and the State Attorney General's office. I was advised to write letters and was told that the AG did not have jurisdiction. There was no intervention or help with fraud prevention. Remarkably, Attorney Regulation dismissed my Complaint against the landlord in the same manner they did with my husband's Complaint prior to his suicide. This was adverse to Colorado's usury and fraud laws.

Following the events surrounding this financial exploitation, I wrote a demand letter to the estate's attorney asking for a refund for the negligent representation and proceeded to prove the "ruse for future interest" using the *National Law Review* and two recent California cases of **Thrifty Payless** and **RiverIsland** (2013). In these two cases, California's Supreme Court and Appellate Courts ruled in favor of the tenant and opined "excessive future interest" under the statute was "fraud." (Attachment A attached hereto).

The estate's attorney sought to cover up the negligent representation by coercing me to sign a non-disclosure agreement under the threat the attorney would not withdraw his final claim for \$7,100.00 in attorney fees after paying over \$30,000.00 for the negligent representation. I did dispute the charges and the Colorado Bar Association arranged for arbitration; however the lawyer *refused* to respond. Thankfully, the attorney withdrew and the bleeding stopped.

Not only was the non-disclosure agreement **unconscionable** under common law for contracts but the scheme is tantamount to civil fraud and violates both state and federal statutes. A crime was committed and under the law must not be concealed.

At a hearing in February 2015, I asked the probate magistrate for an evidentiary hearing on the merits of the case to show fraud and negligent representation. I was denied. Even worse, the magistrate rubber stamped the landlord's Claim without knowledge of the swindle and allowed for a lien against my home. The real estate lawyer tried to force a foreclosure and recorded a *lis pendens* lien with the recorders office.

I was Court Ordered to use the equity in my home of 18 years to pay a claim the Estate did not owe. The Estate was never provided an accounting by the landlord despite the estate's request and the probate court never saw the evidence or heard any arguments. My CPA asked, "Why did you pay this claim?" I replied, "I was Court Ordered to pay the Claim, without due process and an opportunity to be heard."

After four and a half years of turmoil and swimming against this shady tide, I filed the final settlement petitions. During this time, I kept the estate open to pursue a federal action for six causes of action. Unfortunately, due to the probate court's "lag" I had to voluntarily dismiss the case because the magistrate still had not signed the Proposed Order I filed with the court by way of an "emergency motion" four months ago.

For someone with a law degree and a former respect for the profession, the last four and a half years leaves me speechless. The shakedown of the estate after my husband's suicide demonstrates the results of an unchecked power system our nation relies on for justice. These abuses coupled with the economic crimes against me provide this Court, which in my opinion is a sad commentary in the history of Colorado's judiciary.

In summary, it will make little difference to change any rule if there is no independent review committee outside attorney regulation that will monitor oversight, discipline, or provide assistance and sanctions to stop bad attorneys from harming their clients, depleting one's inheritance, and harming the public at large. Thank you.

Respectfully submitted this 1st day of December, 2015.

/s/Athena Mishelle Roe, J.D.

52 Burch Dallmann LLP

...Problem Solved

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BLOG

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Uncapped CAM Charges Result In Fraud Suit

The case of *Bank of America v. 2007-2008* is a classic example of how a lender can sue a borrower for fraud. The lender, Bank of America, sued the borrower, 2007-2008, for fraud. The lender claimed that the borrower had obtained a loan from the lender by providing false information. The lender claimed that the borrower had obtained a loan from the lender by providing false information. The lender claimed that the borrower had obtained a loan from the lender by providing false information.

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Can the Judicial Branch allow these criminal shameless efforts to go on forever?

Probably obviously this Court has taken a blind eye to the massive destruction of Colorado families at the hands of immoral judges and attorneys.

Remedial efforts are forthwith needed on your part before this aggressive cancer metastasizes to the entire Judicial body; surely resulting in its' collapse. 51% of Colorado civil litigants are pro-se; and I haven't met 1 that hasn't endured having his or her constitutional rights thrown under the bus by some bias judge.

Randic best describes the current atmosphere of probate courts; where neither judges, attorneys, public administrators and other officers and employees are held accountable in any sense of the word.

Unfairly taking at-risk persons with million dollar estates and leaving them homeless and on food stamps.

Protecting perfidious judges and attorneys through the closed door Colorado Judicial Discipline Commission and Office of Attorney Regulation both under the direction of the Colorado Supreme Court.

Tainting of the entire judicial branch by the fraudulent and criminal actions of the Administrative Division of the Colorado Supreme Court and the Colorado Judicial Performance Commission meant to intentionally bias the retention of every Colorado Judge.

It makes no difference what laws the Colorado Supreme Court prescribes, Probate or otherwise, if Judges are allowed to pick and choose with bias and malice which ones they will follow.

But how is this legal plunder to be identified. Quite simply. See if the law takes from some persons what belongs to them, and gives it to other persons to whom it does not belong. See if the law benefits one citizen at the expense of another by doing what the citizen himself cannot do without committing a crime.

Frederic Bastiat. The Law.

Respectfully submitted this 1st day of December, 2015,
/s/Peter Coulter

www.ColoradoJudicialPerformanceReview.com

Dedicated to accountability and transparency in the Courts.

Colorado Supreme Court
c/o Mr. Christopher Ryan, Head Clerk

RE: Comments on the proposed repeal and reenactment of the Colorado Rules of Probate Procedure

Madam Chief Justice Rice and members of the Colorado Supreme Court:

One of the biggest ruinations to the civil rights of Colorado citizens is the lack of accountability in our judicial system, especially in probate court where transparency is virtually nonexistent. Unethical court appointed officials, including guardians, conservators and trustees, are allowed to engage in self-dealing and even criminal activity as unethical judges who appoint them overlook their illicit behavior and adamantly retain them and rule in their favor.

Our Constitution intended that only elected lawmakers be permitted to create law. Decades ago, the judicial system was straightforward and efficient. Decisions were handed down by judges who *applied the law as outlined by the Constitution and state legislatures*. In the courtroom, the focus was on uncovering and determining truth and fact.

Today, judges create their own law in the judicial system based on their own opinions and rulings. It is called case law, and it is churned out daily through the rulings of judges. When an unethical judge hands down a ruling and that ruling survives appeal with the next tier of judges, it then becomes case law, or legal precedent. This now happens so consistently that we have become more subject to the case rulings of judges, even unethical ones who have been allowed to rule without oversight and reprimand, rather than to laws made by the lawmaking bodies outlined in our Constitution.

Consequently, due to lack oversight of the judicial system, the once-honorable profession of law now fully functions as a bottom-line business, driven unethically by greed and the pursuit of power and wealth, even shaping the laws of the United States outside the elected Congress and state legislatures. Without oversight of probate judges, our entrenched civil rights as confirmed by the United States Declaration of Independence are eroding.

Citizens of Colorado laboriously commit their energies and thoughts to establish their own decrees to be carried out in the event of their incapacity and death and they place their faith in estate planning attorneys to put their directives in writing. They additionally believe that their decrees will be faithfully followed, especially in probate court.

My mother believed in the honesty and integrity of the legal system. Her estate plan documents specifically stated that the planning goals were to "avoid court conservatorship in event of lifetime disability," "avoid probate at death," to "permit family management of assets without outside interference," and to allow "beneficiaries [to] have power to decide who is the Trustee." Her directives were unconditionally disregarded in probate court before and after her death. Although she named a successor trustee of her trust, the presiding judge unethically refused to allow her directives to be honored. Instead, he appointed an attorney, who willfully and knowingly violated the Colorado Legal Ethics, to act as my mother's trustee and conservator. This unethical court appointed official, in an adversarial position against the family, pierced the my mother's trust, rewrote my mother's decrees and dissolved the family limited partnership without court approval through her own admitted "self-dealing" efforts as she testified in court on November 16, 2011.

Had probate court not interfered, my mother would have lived her remaining years of life thriving peacefully and comfortably at home under the competent and loving care by her family. As a result of Probate Court, she was subjected to constant elder abuse until the day she died, and her estate of over \$2M was completely financially plundered by court appointed officials.

I no longer have confidence in the judicial system. Proper judicial oversight would have prevented this injustice by assuring that only ethical judges rule thereby keeping case law within the outlines of our Constitution.

Today the skill and gamesmanship of unethical lawyers, not the truth, often determine the outcome of a probate case. All the tools are there to obscure and confound. The system's perverted process of discovery and the exclusionary rule often work to keep vital information off-limits and make cases extremely convoluted and complex.

The sullyng of American law has resulted in a fountain of money for law professionals while the common people, who are increasingly affected by unethical lawyer and judge driven changes and an expensive, self-serving bureaucracy, are left confused and ill-served.

Surely it is time to enforce accountability and to question what has happened to our probate justice system and to wonder if it is possible to return to a system that truly does protect us from wrongs.

Respectfully submitted this 1st day of December, 2015,

/s Larry W. Parr

December 1, 2015

Christopher Ryan
Clerk of the Supreme Court

Dear Supreme Court (Rule Committee?)

Thank you for this opportunity to comment on your proposed repeal and reenactment of the Colorado Rules of Probate Procedure. If you do not read all of the following specific comments respective to a certain (proposed) rule "change" (but please do), and (or) if you won't consider what is respectively and specifically noted, please at least read the following generalized comment. Please then diligently read and consider the two new rules proposed at the very end of this commentary (*i.e.*, **Rule 80** and **Rule 81**).

By judging from my own experience as well as from the experiences of certain individuals who belong to the COFFER coalition, it appears to me that some and perhaps the major of these proposed rule "changes" are designed to favor the probate industry, not the individuals or entities the probate industry is portrayed to be helping. In fact, it appears that some if not the major of them have been designed to disempower the individuals who have the most concern for the elderly and their estates or beneficiaries, and they are instead designed to empower those who have the most concern for their profiting by having a licensed "right" to (merely) "practice" medicine, law, psychology, sociology, etc.. (As they say, there is the right way, the wrong way, and the legal way.). The way I see it, many and perhaps the major rule "changes" are taking matters more out of the hands of families and other capable persons who normally know more about the relevant person or circumstance, and they are instead putting matters more in the hands of professional individuals whose livelihoods are already protected by the court and who therefore will position themselves to profit more than ever if some of these proposed rules become "court rules." Of course this is of no surprise, since government in general is growing bigger and more Marxist as our society becomes more dependent upon the same government after it creates social chaos and then makes regulations to control it, and therefore consequently takes more and more control away from individuals and families and instead redistributes it to government agencies and the business cronies thereof.

Even as it already exists, I see the potential for many constitutional violations being both caused and legalized by these rules. Therefore if you insist on forcing them upon legal citizens who are either too powerless to resist them or else too uneducated to know how or when to circumvent them, I request that you at least add the two mentioned rules to your list of changes, even for your own ultimate benefit (if only because you too will someday be either too old or too politically incorrect or too hoodwinked to be on the receiving end of this massive corporate industry).

The first of the two rules I propose are in accordance with my letter of response that you posted on your website for your previous rule changes on November 3, 2015. This proposal stems from my own experience in the court cases of which I was involved, most notably the one concerning Goodwin Manor in Elizabeth where I became convinced that lying is legally permissible in District 18 if only because it costs too much in legal fees to either prove it or contest it, much less secure any reparations for the damages it causes.

(Even the Colorado Department of Public Health and Environment admittedly said this was not their concern, even as its government agents failed to enforce its own rules in my father's behalf.)

Rule 4

(a) The court may seal court order. UNLESS IN THE CASE OF A WILL WHERE IT HAS BEEN OTHERWISE MANDATED BY A TESTATOR, THE COURT WILL NOT HAVE THE POWER TO SEAL ANY RECORD FROM THE REVIEW OF INVOLVED WARDS, TESTATORS, PROTECTED OR INCAPACITATED PERSONS, DESIGNATED AGENTS, RELEVANT FAMILY MEMBERS, OR THE INTERESTED PERSONS OF AN ESTATE (ALL AS DEFINED IN CRS 15-10-201 or 15-14-102), UNLESS AN ALLEGATION INDICATES A POTENTIAL THREAT TO NATIONAL SECURITY. AND IF THAT ALLEGATION IS AGAINST ONE OR MORE OF THE SAME ENTITIES, THAT INVOLVED ENTITY (ENTITIES) OR HIS/HER AGENT(S)/REPRESENTATIVE(S) WILL BE NOTIFIED WITH SERVICE AND PROOF OF SERVICE OF THE ALLEGATION SO THAT HE/SHE MAY HAVE LEGAL OPPORTUNITY TO EXERCISE HIS/HER CONSTITUTIONAL RIGHT (PROVIDED HE/SHE IS A U.S. CITIZEN) TO CONTEST THE ALLEGATION, RESUME TENDING TO THE MATTER AT HAND (PRIOR TO THE SEAL), AND PREPARE TO BOTH MINIMIZE AND COLLECT DAMAGES WHERE APPLICABLE.

Otherwise, too much secret power is given to local entities (most notably mental health "professionals" who are notoriously incompetent) who are either gaining or protecting certain self-interests in the probate industry after merely presenting to the court or its commissioned authorities their ace power card of "that person is 'dangerous' or 'incompetent' or 'mentally ill.'"

For a real-life and recent illustration, in the circumstances culminating in case # 2012-CV198, I had been my father's full time and successful caretaker for almost two years but was left uninformed during all of that time of either the existence or the cause of his primary ill-health condition (although the reason appears to be more because his doctor [Moritz] had either not diagnosed it or else had misdiagnosed it, at least according to her medical records). When he was eventually assigned against his will to an Assisted Living business called Goodwin Manor in the same town as the doctor (Elizabeth, CO), and when I legally came to his defense when he wanted out, which was after he had been both injured and tortured while there, I was framed by Allan Goodwin with his many lies as the injurer as well as mentally deranged and "scary," and specifically as "menacing" and a "lethal threat"--not to mention as an abusive and abject failure at taking care of my father during the previous two years. Ever Care Hospice of Denver thereafter began a defamation campaign and secrecy policy against me after I received a court order to allow me all of my father's medical records, including the ones that I have yet to receive from Alan Goodwin despite formal requests prior to my father's death. Meanwhile the Elbert County DHS adamantly upheld Allan Goodwin's insistence to prevent me from visiting my father despite the fact that the court would/had also restored the visitation rights which had been previously removed from me by both the same psychotherapist (Allan Goodwin) and the DHS based on their mutually affirming false allegations--their power trump cards that they were presenting among themselves and to their authorities, supporters, or associates, including the Elizabeth police whose chief was on the same "Adult Protection Team" as Centennial Mental Health of Elizabeth as well as was the wife of the Chief Judge of District 18 (Sylvester) who also worked at the Elbert County DHS which was a sub entity of the Colorado Dept. of Public Health and Environment which in turn was employing individuals who were

regulating the licensing of Goodwin Manor. Then after my father had passed away (four months later and without any of his family present despite the fact that I was willing to be present and only 20 miles away from Goodwin Manor when his death was known to be eminent), my lawyer began with dogged determination to preserve my portion of the estate that he vowed was at risk and that I would not inherit without his help (which he then very diligently provided) but only to backtrack before saying after both estate cases had terminated (and after I had by then incurred/forfeited legal fees in the entire matter approaching \$100,000, not all to him) that I had a restraining order and that I could be in jail instead of getting what was left of my inheritance. (Which if it is true would offer an explanation for the unsolved mysteries and police abuses of the past three years that had victimized both me and my father but of which were by then trivialized facts and mute realities, thanks to the secrecy and stonewalling that had occurred during the same period, both of which this new rule, unless it is revised, will apparently sanction and legalize in similar circumstances against future victims.)

Rule 5

(a) In addition to duties . . . under the supervision of the court. THIS AUTHORITY TO DELEGATE SHALL APPLY ONLY TO LEGALLY DEEMED PROTECTED PERSONS AND INCAPACITATED PERSONS (AS DEFINED IN CRS 15-14-102), AND ESTATES OF DECEASED PERSONS, AND IT WILL NOT COME INTO FORCE UNTIL AFTER A CERTIFIED NOTICE WITH PROOF OF DELIVERY HAS BEEN DELIVERED TO THE IMMEDIATE FAMILY AND (OR) WILL-DESIGNATED AGENT(S) OF A LIVING PERSON, OR TO THE KNOWN INTERESTED PERSONS OF A DECEASED PERSON'S ESTATE. THAT CERTIFIED NOTICE WILL STIPULATE ALL OF THESE RULES IN THEIR ENTIRETY AND WITH THIS RULE (RULE 5) SPECIFICALLY HIGHLIGHTED, AND IT CAN BE ISSUED AT ANY TIME FOLLOWING THE DECLARATION OF INCAPACITANCE OR PROTECTED STATUS OF A LIVING PERSON, OR AT ANY TIME AFTER HIS OR HER DEATH, WHICHEVER COMES FIRST OR IS APPLICABLE.

(5) To appoint a guardian ad litem . . . of law; GUADIAN AD LITEMS WILL BE ASSESSED A \$5,000 FEE FOR EVERY LIE THEY TELL. THIS FINE WILL INCREASE TO \$10,000 PER LIE FOR INTENTIONAL LIES, AND IF ANY LIE CREATES THE CIRCUMSATNCES THAT REQUIRE MOTIONS OR A HEARING TO RESOLVE, AND IF HE OR SHE IS FOUND GUILTY OF FALSEHOODS OR MISREPRESENTATIONS, THE AD LITEM WILL BE CHARGED FOR THE CONSEQUENTIAL COURT FEES AND DAMAGES TO THE INJURED PARTY (PARTIES).

(9) To correct any clerical error . . . court; "CLERICAL ERROR" SHALL NOT BE CONSTRUED TO INCLUDE ANY SUPPOSED ERROR OF TRANSPOSITION, CONVEYANCE, OR INTENT IN A WRITTEN WILL. WRITTEN WILLS SHALL NOT BE MODIFIED BY ANY COURT OR ANY COURT-APPOINTED ENTITY, EVEN PURSUANT TO COLORADO STATUTES INCLUDING CRS 15-11-601.

Again, this rule change appears to either leave or be opening the door wider for corruption among court-favored conservators, guardians, public representatives, ad litem, AND ATTORNEYS who are known to be operating for usury profits within District 18.

(10) To appoint a special administrator in connection with the claim of a fiduciary; HOWEVER, THIS APPOINTMENT CANNOT BE DONE IN REGARD TO A LIVING PERSON WITHOUT THE CONSENT OF THAT LIVING PERSON OR THE AGENT(S) OR IMMEDIATE FAMILY THEREOF (WHICHEVER IS LEGALLY APPLICABLE), NOR CAN IT BE DONE IN REGARD TO A DECEASED PERSON'S ESTATE WITHOUT THE CONSENT OF ALL INTERESTED PERSONS, SUBJECT TO SUBRULE (c).

Otherwise this "new" rule provides even more opportunity for corruption, even as evidenced by victimized beneficiaries of certain estates who are members of the COFFER coalition.

(c) Any person in interest affected by an order entered or action taken under the authority of this rule may have the matter heard by the judge by filing a motion for such hearing within 14 days OF HAVING BEEN NOTIFIED WITH SERVICE AND PROOF OF SERVICE OF SAID ORDER OR ACTION . Upon the filing

(addition) (1) THE COURT WILL EXECUTE ALL ORDERS AND ACTIONS WITH A DILIGENT ATTEMPT TO OBEY ALL TERMS OF DECEDENT'S WILL PURSUANT TO COLORADO STATUTES INCLUDING CRS 15-11-601.

To do otherwise is creating the chaos that leads to a court battle and the draining of estates, even as I can attest from my own experience as well as from the experiences of others who belong to the COFFER coalition. (In my mother's estate, a non-willed trust was created by the appointed personal representative's law firm, effectually not only stealing real estate from my father but causing me to later incur much legal expense to get that trust dissolved prior to the Statute of Limitations on petitioning for formal administration of my mother's estate. And to further exasperate matters, the attorney whom the personal representative's law firm finally assigned to defend its actions, after refusing to dissolve the trust and after it having involved at least 9 lawyers on its side of the matter over the previous 5 years (one of them the Mayor of Elizabeth), was either inexperienced or obstructionist, and he therefore caused my attorney to spend extra time at my expense to either circumvent or unravel either his or another assignee's errors and/or overtures.)

Rule 21

When statutory notice is deemed by the court to be constitutionally inadequate, the court shall TAKE THE NECESSARY MEASURES TO MAKE IT CONSTITUTIONALLY ADEQUATE. MEANWHILE, WHEN ANY NOTICE THAT IS CONSTITUTIONALLY INADEQUATE HAS BEEN DEEMED ADEQUATE BY THE COURT, THE RULING SHALL BE SUBJECT TO THE APPEAL PROCESS, AND IF IT IS THEREAFTER DETERMINED TO HAVE BEEN IN ERROR, ANY LEGAL FEES AND APPELATE COURT COSTS INCURRED SHALL BE ASSESSED AGAINST THE OFFENDING ENTITY WITH THE COMPLICIT JUDGE SUBJECT TO POSSIBLE IMMEDIATE IMPEACHMENT BY THE INDEPENDENT JUDGE REVIEW BOARD. (SEE RULE 81)

Rule 23

(f) The Notice of a Non-Appearance Hearing, together with copies of the court filing and proposed order must be served on all interested persons NO LESS THAN 21 DAYS prior to the setting of the hearing, UNLESS THIS STIPULATION HAS PREVIOUSLY BEEN WAIVED BY ALL KNOWN INTERESTED PERSONS.

Rule 25

. . . . Such hearing may be held pursuant to Rule 23 UNDER THE PROVISION THAT 21-DAYS OR MORE HAS ELAPSED FROM THE TIME ALL INTERESTED PERSONS HAVE BEEN NOTIFIED (SUBJECT TO THEIR WAIVER) WITH A CERTIFIED NOTICE ACCOMPANIED BY PROOF THEREOF.

Rules 31 and 40

Rule 31 and Rule 40(a) and (b) leave the door open for

court/attorney-initiated chaos by not setting more specific rules for accounting and discovery. The non-licensed/non-professional public needs these rules in place to avoid needless or expensive motions or a court battle that drains estates, even as I experienced in our family's probate cases after I was repeatedly (apparently wrongly if not deceptively) told that I had a legal right by statute to see all of the bank statements pertaining to my parent's estates.

Rule 31 or Rule 40 (a) should have a clause and (or) be rewritten such as this:

UNLESS IT HAS BEEN FORBIDDEN OR OTHERWISE SPECIFIED IN THE WILL OF THE TESTATOR, ANY DOCUMENT PERTAINING TO THE DISTRIBUTIVE BALANCE OF ESTATE ASSETS THAT HAS BEEN REQUESTED BY ANY INTERESTED PERSON(S) IN THAT ESTATE (AS DEFINED IN CRS 15-10-201), SHALL BE SURRENDERED WITHIN 28 DAYS OF SAID REQUEST IN EITHER ORIGINAL FORM OR PHOTOCOPY THEREOF.

Rule 40 should include a clause such as this:

(b) A \$5,000 FINE WILL BE ASSESSED TOWARD ANY FIDUCIARY WHO FAILS TO PRESENT DOCUMENTS THAT ARE OR SHOULD BE IN EXISTENCE AND HAVE BEEN REQUESTED UNDER TERMS OF RULE 40 (a). THIS FINE WILL INCREASE TO \$10,000 IF SAID FIDUCIARY HAS OR WOULD BENEFIT FROM THE WITHHOLDING OF SUCH DOCUMENTS. COURT COSTS AND DAMAGES WILL BE ASSESSED IN ADDITION TO THE FINE(S) IF SAID FIDUCIARY CHOOSES TO CONTEST THE IMPROPRIETY, ONCE IT HAS BEEN DEEMED AS AN IMPROPRIETY. THIS FINE OR FINES DOES NOT LIMIT ADDITIONAL LIABILITY FOR DAMAGES THAT HAVE OR WILL BE DONE TO INTERESTED PERSONS AS DEFINED IN CRS 15-10-201.

Rule 40 (d) is giving corrupt courts even more power again. This should be disallowed, at least until after said courts restore their tainted reputation.

Rule 41

(a) TRIAL BY JURY AS WELL AS ANY TRIAL WITHOUT JURY WILL BE MADE USER FRIENDLY TO PRO SE LITIGANTS UNDER THE AUTHORITY OF THE TWO INDEPENDENT REVIEW BOARDS, THE ONE FOR ATTORNEYS, AND THE OTHER FOR JUDGES

Rule 50 (and 51) PRIOR TO HIS OR HER DEATH, A WILL CAN BE TENDERED TO THE COURT FOR SAFEKEEPING ONLY BY THE TESTATOR OR HIS/HER AGENT, THE LATTER ONLY IF ACCOMPANIED BY TESTATOR'S SEPARATE NOTARIZED WRITTEN AUTHORIZATION. NONE OTHER ENTITY IS AUTHORIZED TO DEPOSIT A WILL UNLESS THE TESTATOR HAS BEEN ETHICALLY AND ADMINISTRATIVELY DEEMED INCOMPETENT. AFTER A TESTATOR'S DEATH, A WILL CAN BE TENDERED FOR DEPOSIT BY THE AGENT(S) THEREOF AFTER IT HAS BEEN COPIED AND DISTRIBUTED TO INTERESTED PARTIES UNLESS SUCH ACTION HAS BEEN FORBIDDEN BY TESTATOR PRIOR TO HIS/HER DEATH AS SPECIFIED IN HIS/HER WILL. IF DEPOSITED, THE TENDERED WILL shall be placed in a "Deposited Will File" and a certificate of deposit issued. In the testator's lifetime, the deposited will may be FREELY WITHDRAWN BY EITHER TESTATOR OR HIS/HER AGENT, THE LATTER UPON THE TESTATOR'S NOTARIZED STATEMENT PERMITTING THAT WITHDRAWAL. UPON THE TESTATOR'S DEATH, THE WILL, UNLESS FORBIDDEN OTHERWISE IN WRITING BY TESTATOR, SHALL BE COPIED AND THEN transferred to the "Lodged Will File." COPIES SHALL BE MADE READILY AVAILABLE TO ANY INTERESTED PERSON AS DEFINED IN CRS 15-10-201.

Add the following rule here after Rules 50 and 51

IF A WILL IS REWRITTEN OR ALTARED WHILE IT IS UNDER DEPOSIT, AND WITHOUT THE NOTARIZED AUTHORIZATION OF THE TESTATOR, THE ENTITY WHO ALTARS IT SHALL BE AUTOMATICALLY INDICTED FOR FRAUD AND FORGERY SUBSEQUENT TO BEING CHARGED FOR ALL LEGAL FEES ASSOCIATED WITH THE CHAOS THAT HE/SHE OR HIS/HER ATTORNEY(S) HAVE CREATED OR WILL CREATE. MEANWHILE, IF ANY DEPOSITED WILL IS LOST, THE LAST ENTITY WHO REMOVED IT FROM DEPOSIT WITHOUT RETURNING IT, AS PROVEN BY HIS/HER NOTORIZED SIGNATURE AT THE TIME OF REMOVAL, SHALL BE ASSESSED ALL CONSEQUENTIAL DAMAGES ASSOCIATED WITH THE LOSS, BOTH PAST, PRESENT, AND FUTURE, THOSE DAMAGES BEING LOOSELY DEFINED IN FAVOR OF THE INTERESTED PERSON OR PERSONS WHO HAVE BEEN DAMAGED OR WHO WILL BE DAMAGED.

Rule 53 In a decedent's estate, whenever it appears that there is an unknown heir or devisee, or that the address of any heir or devisee is unknown, THE PERSONAL REPRESENTATIVE SHALL PROMPTLY NOTIFY THE OTHER INTERESTED PERSONS AS DEFINED IN CRS 15-10-201 IF there is no person OR IF THERE IS NO WILL OR NO DESIGNEES THEREIN OF EITHER devise or distributive share from the estate, the personal representative shall

Why does the government have to become more involved in these matters, including in Rules 50 and 51? This is the personal representative's responsibility, and the personal representative needs to be held accountable to all interested persons. This is not the government's business unless and until the personal representative refuses to be held accountable to the interested parties. The government's only duty in this matter should be to hold the personal representative accountable to interested parties. It should not be held accountable to the state Treasury unless the state Treasury is an interested person according to CRS 15-10-201. This is more legal opportunity for secrecy, bribes, and all forms of top-down secrecy and corruption. Yes, families are selfish, corrupt, and divisive, but is not the government more so, at least in the area of probate or at least in District 18?

Rule 54 Again, this is another rule that appears to render estates the "state's" property rather than a decedent's property. This rule change should read "If supervised administration is ordered BY REQUEST OF ONE OR MORE INTERESTED PERSONS, the personal representative shall file with the court AND MAKE AVAILABLE TO ALL INTERESTED PERSONS an inventory, annual interim accountings, and a final accounting. THIS RULE CANNOT BE EITHER DISMISSED OR ADJUDICATED BY THE COURT.

Rule 60 (addition)
(a) ANY PHYSICIAN, PSYCHOLOGIST, PSYCHIATRIST, SOCIAL WORKER, ETC., WHO PRESENTS OR WHO HAS PRESENTED FALSE INFORMATION IN ANY COURT DOCUMENT WILL BE ASSESSED A \$5,000 FEE FOR EVERY MISREPRESENTATION AND WILL BE SUBJECT TO LOSS OF PROFESSIONAL LISCENCE AS WELL AS ASSESSED COURT COSTS AND DAMAGES IF SHE LATER CONTESTS A LIGITIMATE ALLEGATION OF EITHER DECEPTION OR COVER-UP.

Rule 61 (addition)
(a)
ANY CONSERVATOR, CONSERVATOR'S REPRESENTATIVE, OR CONSERVATOR'S AD LITEM WHO PRESENTS OR WHO HAS PRESENTED FALSE INFORMATION IN ANY COURT DOCUMENT WILL BE ASSESSED A \$5,000 FEE FOR EVERY MISREPRESENTATION AND WILL BE SUBJECT TO LOSS OF PROFESSIONAL LISCENCE AS WELL AS ASSESSED COURT COSTS AND DAMAGES IF SHE LATER CONTESTS A LIGITIMATE ALLEGATION OF EITHER DECEPTION OR

COVER-UP.

Rule 62 (addition)

between (c) and (d)

A PETITION FOR APPROVAL OF A PROPOSED SETTLEMENT OF A CLAIM ON BEHALF OF A RESPONDENT SHALL NOT CONTAIN ANY MISREPRESENTATIONS OR FALSE OR MISLEADING INFORMATION OR RELEVANT OMISSIONS. IF A PETITION TO HAVE A SETTLEMENT PROPOSAL APPROVED CONTAINS ANY MISREPRESENTATIONS OR FALSE OR MISLEADING INFORMATION OR RELEVANT OMISSIONS, THE PETITIONER WILL BE FINED \$5,000 FOR EACH KNOWING OFFENCE AND AN ADDITIONAL \$5,000 FOR EACH KNOWING OFFENCE THAT EITHER HAS IN THE PAST OR IS LIKELY IN THE FUTURE TO BENEFIT A COURT-APPOINTED FIDUCIARY AND (OR) ONE OF HER BUSINESS CRONY OR CRONIES. IN ADDITION TO THIS FINE(S), COURT COSTS AND DAMAGES TO ANY INJURED PARTY WILL ALSO BE ASSESSED IF HE/SHE CONTESTS THE OFFENCE(S) THAT WILL BE PROVEN PREDATORY.

(g)

. . . . shall attend the hearing for good cause. THE HEARING MUST BE ORGANIZED AND CONDUCTED IN A WAY THAT IS USER-FRIENDLY TO THOSE WHO ARE REQUIRED TO ATTEND, ESPECIALLY ANY OF THEM WHO ARE REPRESENTING THEMSELVES PRO SE.

(h) or represent the respondent. SAID GUARDIAN AD LITEM, ATTORNEY, OR OTHER PROFESSIONAL SHALL NOT PRESENT ANY MISREPRESENTATIONS OR FALSE OR MISLEADING INFORMATION TO THE RESPONDENT OR TO ANY INTERESTED PERSON AS DEFINED IN CRS 15-10-201. IF SAID GUARDIAN AD LITEM, ATTORNEY, OR OTHER PROFESSIONAL PRESENTS ANY MISREPRESENTATIONS OR FALSE OR MISLEADING INFORMATION TO THE RESPONDENT OR TO ANY INTERESTED PERSON, SAID INDIVIDUAL WILL BE FINED \$5,000 FOR EACH KNOWING OFFENCE AND AN ADDITIONAL \$5,000 FOR EACH KNOWING OFFENCE WHICH EITHER HAS IN THE PAST OR IS LIKELY IN THE FUTURE TO BENEFIT HIMSELF/HERSELF (AND/OR) ONE OR MORE OF HIS/HER BUSINESS CRONY OR CRONIES. IN ADDITION TO THIS FINE, COURT COSTS AND DAMAGES TO ANY INJURED PARTY WILL BE ASSESSED IF HE/SHE CONTESTS OFFENCE(S) THAT WILL BE PROVEN PREDATORY.

(TWO) ADDITIONAL RULES PROPOSED

Rule #80 Statutory intolerance for deception, falsehood, lying, and misrepresentations

A fine of \$5000 will be automatically assessed to every lawyer, judge, conservator, guardian, public representative, ad litem, doctor, social worker, or any other fiduciary (or legal representative thereof) who records in any "document" (as defined in 2 [a] [1]) any lie that can either be or else will be proven as such according to the judgment of a reasonable person, ultimately by jury. And if the lie was intentional to profit said individual in any way, including in the realm of power, respect, or political favor, the fine FOR EACH LIE will be increased to \$10,000. And if the portrayer thereof wishes to use the legal system to defend herself but is found guilty as charged, the fine will grow to include court costs and damages to injured person(s) with the word "damages" being leniently defined to favor the injured person(s).

The Colorado justice system will do all that is within its power to render lying unprofitable to those who are commissioned if not sworn to "protect" the infirm or defenseless. Falsehoods and willful misrepresentations are no longer legally permissible in the state of Colorado, for when the state's most professional or most respected individuals employ deceptive tactics, the court has no basis to render fair judgment, and individuals who are considered less than politically correct have no hope of receiving protection from exploitation, much less reparations for its damage.

- (1) In an incentive to eliminate the current corruption in the Colorado probate industry with all of its legal inventions and various money-making machines and power-distributing politics, or at least in an attempt to reverse that corruption toward the opposite extreme, a 10 percent tax will be levied on every \$5,000 or \$10,000 fine, and it will be payable to a COLTAF account labeled **THE COLORADO MCGRUFF CRIME FUND**. Every judge who awards a fine to a victim of someone's lie(s) and who therefore adds another 10 percent tax to this account will be paid 10 percent of the respective tax in order to motivate him or her to "take a bite out of [white collar] crime." After the end of each year, the probate attorney who has exposed the most lies during that year, as determined by the number of fine taxes he or she has caused to accumulate in the COLTAF fund through case judgments, will be given an honorary banquet and presented with a reward of 10 percent of the gross funds of the account (all judges having already received their own 10 percent shares). That attorney then also will be given the unfettered right to audit the fund or have it audited for both its past and future expenditures during that year as well as for its year-beginning and year-ending balances.

Rule #81 Judges and attorneys will be held accountable by and to the public.

(a) The current system of judge review will be abolished. The decrees, actions, and infidelities of judges will instead be reviewed by a non-partisan independent review board consisting of non-biased term-limit board members, and findings thereof will be publicly posted on a website as well as in the information literature that precedes general elections concerning judge retainments. Periodic relevant findings of the review board's discretion will be posted in the "public notices" sections of newspapers.

This review board has been given power by the Colorado Congress to impeach judges, including Supreme court judges.

(b) The current system of attorney review will be abolished. The inconsistencies, lies, and for-profit conflict-instigations of attorneys will be reviewed by a non-partisan independent review board consisting of non-biased term-limit board members, and findings thereof will be publicly posted wherever and whenever said review board deems appropriate.

This review board has been given power by the Colorado Congress to suspend or revoke the licenses of offending attorneys as well as to assist in law suites levied against unethical attorneys for their improprieties.

(c) To prevent either the Judge Review Board or the Attorney review Board from likewise becoming corrupted by either lies or conflicts of interest, or for that matter, to prevent false allegations and misfindings against upstanding judges and upstanding attorneys, a public website will be established allowing a legal-free zone for the public to post comments,

complaints, and (or) allegations (and commendations or defenses) against (or in favor of) any licensed professional or any tax-payer funded public servant within the state of Colorado.

- (1) To be fair to any licensed professional or public servant who might be wrongfully maligned on this website, the website shall have a provision to allow any targeted entity to defend his, her, or its actions or alleged specific lies, negligence, or abuses.

Sincerely,
Steven Harvie

To: Colorado Supreme Court (public comments)

From: Scott and Caroline McDonald (only sibling of Joyce K. Murray)

Subject: 1st: Joyce K. Murray Criminal Neglect Complaint: Probate case under 9th District Court Chief Justice James D. Boyd, 10PR10/09 consolidated. 2nd: Purposeful refusal by Judge Boyd to close probate of the Joyce K. Murray's Estate.

Reference Attachments: Criminal Complaint, Last Minute Order

Your Honors,

A very brief synopsis of our dealings with the 9th District Court of Colorado, Chief Justice, The Honorable James B. Boyd.

The family of Joyce K Murray declared by letter June 2009, to Pitkin County DHS, Director Nan Sundeen that Joyce K Murray was 'a person at risk to herself and others', with referenced supporting accounts and contacts, Director Sundeen ignored the evidence and did not investigate according to statute. 6 months later despite a mountain of evidence, literally; Pitkin county governmental departments collectively in a closed meeting declared that Joyce k. Murray was 'not' a person at risk to herself and others. This we can show with evidence was nothing less than a conspiracy to rid the community of a noted undesirable elder person, this by Pitkin county government officials including most importantly the now , newly appointed 9th District Court "team player" Judge Chis Seldin((12/2009) assistant D.A. Pitkin county attorney) . This determination blocked Joyce k Murray's family from personally addressing the medical and living needs of their mentally ill mother but allowed the courts to sequester her via an adversarial probate court, without conduit for change to a locked up medical nursing home facility devoid of standard medical prophylactic care.

The details of the egregious maturations, bias and dereliction of public duty by James B Boyd are well documented by Colorado Probate Case 10pr10/09 and our filed 2014 Criminal Negligence report, which was summarily dismissed by the newly appointed Garfield County D.A.. Note: My mother died a miserable and painful death from multiple pulmonary embolisms. Her death was accelerated by the lack of prophylactic care and medical malpractice by the miss use of long term atypical psychotropic drug medications, all knowingly endorse by the court of James B Boyd.

The criminal negligence filing was copied to all persons and attorneys referenced in Judge Ely- Fernandez, 'Pitkin county Wellness Program', which is a euphemism for "how to get the crazy's off the streets of Aspen." We feel that the criminal neglect report filed together with the evidence of the supporting autopsy, the extensive Aspen Valley Hospital medical records together with two years with Pitkin County Sherriff 911 reports and City of Aspen complaint investigations paint a picture of judicially endorsed criminal activity through probate proceedings. These proceedings address the thorny problem of how to disposition the mentally ill with the lucrative side benefit of feeding significant billing hours to all fiduciaries involved, guaranteed paid by the wards estate. Sweet racket, endorsed by the state if you don't get caught.

Probate proceedings for my mother has been a case of predetermined outcome. Judicially endorsed medical abuse by the court's willful obstruction of vital medical history and corresponding denial of basic standard prophylactic care. Her civil rights and liberties were compromised with no conduit for change. She was basically hung out to dry by Judge Boyd's court, her life significantly cut short, needlessly suffering in isolation from her family until she succumbed from undiagnosed multiple painful pulmonary embolisms.

If this travesty of the Probate Judiciary is left unaddressed by the Colorado Supreme Court it will be tantamount to the state's official endorsement of "Death Courts for at risk elders." Chief District Court Justice James B. Boyd's minute order of 09/25/2014, officially seals the Judge's complicity and ownership to the gross neglect that his ward received under his oversight. This Minute Order is an example of Judge Boyd's gross manipulation and distortion of the facts to serve his end. On numerous occasions as a matter of record to the court, I have referenced the existence and the need for the Guardian and the court to obtain my mother's extensive medical records on file at AVH so that she could receive proper medical care. This is clearly referenced in our Criminal Neglect Report to Garfield County.

Post death, when Judge Boyd's order, reflecting the calculated miss-interpretation and criminal miss-use of the ward's HIPAA rights against her were no longer enforceable, I was immediately able to gain access to her medical records that Judge Boyd and his appointed Guardian repetitively dismissed. These records are further exhibit evidence to those supporting our report of medical criminal neglect against a protected person to Garfield County. I have in my possession 205 pages of the so called "non-existing"

medical history from AVH. We feel the quantity and quality of this medical evidence and evidence of extreme bias accumulated to date, unequivocally illustrates criminal malfeasance by Judge Boyd's court.

Judge Boyd has denied our request to review the court vetting of professional guardian Jeannette Goodwin business and the specific metrics defining her state licensed business. For all we know she was a guardian fiduciary for 100 wards of the court and had no formal education appropriate to her vocation. This is inexcusable and a signature of corruption.

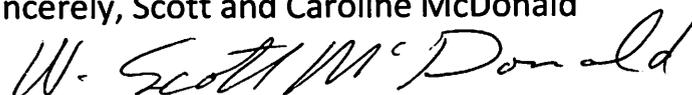
As a pro-se petitioner to the court and a person of interest, I as with other pro-se petitioners are presently being discriminated against by the courts official policy to deny access to relevant ICCLES records. This policy has compromised due process by obstructing transparency and is subsequently causal to financial damage. This of course is apparently the purpose and is just another example of a biased judiciary policy further substantiating the public's distrust in the courts.

All of the aforementioned brings to question the credibility and accountability of the entire Colorado's probate judiciary and the Supreme Court Judicial review process. The warning flags of systemic corruption in Colorado courts have been raised for years with no move to correct by any state agency. This should be extremely troubling for all persons relying on the voracity of Colorado courts to serve the public's best interests.

Definitely the integrity of Colorado's judiciary has been compromised and we feel that this Colorado Supreme Court Probate Review can make action to mitigate the eventual forthcoming spotlight of public scrutiny and humiliation. We believe that the membership of the Judiciary of Colorado may be so rife with cronyism, recalcitrant authority and tacit complicity to Circles of Mutual Benefit and Defense, "COMBAD," with the Bar and fiduciaries, that it will take a national exposé of public scrutiny to penetrate the deaf ears of corruption.

Note: Judge Boyd currently has delayed The Murray Estate closing probate with no explanation despite numerous legal queries since the middle of September.

Respectfully and Sincerely, Scott and Caroline McDonald

A handwritten signature in cursive script that reads "W. Scott McDonald". The signature is written in black ink and is positioned below the typed name.

I - At Risk Elder: Joyce K. Murray, Alzheimer's care unit (Gardner Grove), Heritage Park Care Center, 1200 Village Rd. , Carbondale, Co. 81623

II - Reporter: Only child and closest relative to Joyce K Murray, Person of Interest; Walter Scott McDonald and his wife, Caroline McDonald, 4666 McKinney Ct, Park City, UT 84098

III- Primary Caretaker: Jeanette L. Goodwin, professional guardian to J.K Murray, sole owner of Visionary Advocacy Inc., 1723 Pontiac St., Denver, Colorado 80220

- **Secondary Caretaker: Judge James Berkley Boyd, chief 9th District Court/Guardian oversight,** 506 East Main St. suite 300, Aspen, Colorado 81611
- **Third Caretaker: Primary Physician: Dr. Mary Clark, 1200 Village Rd., Carbondale, Co. 81623**

IV- Neglect Perpetrators:

Honorable Judge James Berkley Boyd, Chief 9th District Court, 506 East Main St. suite 300, Aspen Colorado 81611

Jeanette L. Goodwin, professional guardian/conservator/court visitor/etc., and sole owner of Visionary Advocacy, located at 1723 Pontiac St., Denver, Co 80220

Dr Mary Clark, a physician employed by Life Care Physician Services and contracted by Life Care Centers of America, to be specifically the "on call" physician for all of Heritage Park Care Center's patients located at Life Care Centers of America at Carbondale Colorado.

Definition of "Caretaker" CRS, 18-6.5-102 (5): (5) "Caretaker" means a person who:

- (a) Is responsible for the care of an at-risk adult, at-risk juvenile, or at-risk elder as a result of a family or legal relationship;
- (b) Has assumed responsibility for the care of an at-risk adult, at-risk juvenile, or at-risk elder; or;
- (c) Is paid to provide care or services to an at-risk adult, at-risk juvenile, or at-risk elder.

Definition of "Criminal Negligence" CRS, 18-1-503 (3): A person acts with "criminal negligence" when, through a gross deviation from the standard of care that a reasonable person would exercise, he fails to perceive a substantial and unjustifiable risk that a result will occur or that a circumstance exists.

Definition of "Caretaker Neglect" (medical, at risk elder) CRS, 18-6.5-102 (6): "Caretaker neglect" means neglect that occurs when adequate medical care or supervision is not secured for an at-risk elder or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise.

The Guardian, District Court Judge, and the ward's primary Physician, are by definition of 18-6.5-102 (5), "caretakers" of an "at risk elder." As defined caretakers of the Ward of the court they have willfully and knowingly deferred their fiduciary duties and committed three seemingly tacitly accepted, acts of "criminal medical neglect."

V - Neglect Injury: Consequent from not performing a court ordered medical evaluation, censorship of vital existing medical records has seemingly justified for four continuous years the withholding of normal prophylactic care addressing documented pre-existing life threatening diseases and the miss administering of

deleterious drugs in-which caused irreversible severe physical injury and shortened life. The at-risk elder is presently being denied standard medical care by the perpetrators.

FOR THE PURPOSE OF ESTABLISHING A GENERAL OVERVIEW OF THE AT RISKS ELDER'S MEDICAL HISTORY AND PRIMARY CARETAKER ACTIONS PLEASE READ QUICKLY THE FOLLOWING REFERENCED DOCUMENTATION CONTAINED HERE-IN PRIOR TO PROCEEDING TO THE THREE ALLEGED ACTS OF CRIMINAL NEGLECT: Medical Evaluation Timeline, Exhibit 1 pgs. 7-27, Exhibit 3 pg 40-43, and Exhibits 9 & 10.

Three Alleged Criminal Acts of Neglect:

1-The first act of criminal negligence was enacted by denying the knowledge of pre-existing, pre-diagnosed court documented life threatening diseases afflicting the ward, Joyce K. Murray and the failure of the court and guardian to secure these existing critical medical records and the failure of forwarding these critical records to Heritage Care Center, Carbondale, CO where the ward was guardian placed. The ward's now primary physician, Heritage's Dr. Mary Clark failed to make any action when she was informed by ward's family members of serious pre-existing medical conditions the ward had. (Exhibit 1, pg 12, L 4-10, L 25). (Exhibit 4, documented email to the guardian and Judge Boyd 12/16/13). This purposeful denial of critical medical records by the court, guardian and the ward's primary physician at Heritage Care Center, has enabled through wilful ignorance, the withholding of lifesaving prophylactic medical care from the ward. This was done despite the numerous written objections from the ward's family addressing observed deficiencies in medical care in context to her life threatening pre-existing medical conditions. This purposeful withholding of reasonable medical care from the ward by her caretakers has been occurring for the last four consecutive years to the present at Heritage Park Care Center, Carbondale, Colorado (Exhibit 1 pg 18, L 18 to pg 19 L 1-3, pg 27, L 11-14).

2-The second act of Criminal negligence against the ward was enacted by her caretakers when they knowingly allowed the inappropriate administration of medication which poses a significant risk of mortality alone and high incidences of life threatening deleterious side effects when combined with the ward's pre-existing diseases. By the caretaker's willful ignorance of not acknowledging the existence of these preexisting diseases, it was not considered an unreasonable risk or malpractice to administer this class of drugs. This medication was also causal to the ward developing a state of gross obesity which alone posed a serious life risk, significantly exacerbating her preexisting life threatening cardiovascular disease and accelerating the advancement of her diagnosed "mild to moderate dementia. (Exhibit: 9 & 10, 4/21/10, court exhibit #23 'Dr. Kutz's court appointed report' pg 4, Diagnoses (4)).

3-The third act of criminal negligence occurred when Judge Boyd failed to review his court records, (10PR10/09) after the incriminating testimony by Guardian Goodwin and Dr. Mary Clark stating emphatically that there is not a chance that the ward could be dying from CHF and also that Dr. Clark had seen no evidence of CHF in the ward or seen any reference of heart disease in her records. (Exhibit 1, pg 11, L 12-17, pg 12, L 25 to pg 13 L 1, pg 13 L 13-15, L 21 to pg 14 L 1-4 pg 17, L 1-7). It was Judge Boyd's duty and obligation to fact check the testimony referenced in the 05/29/2014, court transcript, stating that court documentation existed revealing that the ward indeed had significant life threatening pre-existing cardiovascular diseases and CHF (Exhibit 9 & 10, DHS court petitioner exhibits #22 & 23) . Judge Boyd should have then acted appropriately by ordering immediately, emergency medical intervention which he did not. Judge Boyd revealed by his 06/11/14 order a clear bias against the ward's son when he choose to disregard hard copy reports in favor to the unsubstantiated opinions of Goodwin and Clark.

Note: This court documented reference to life threatening pre-existing diseases was also supplied to Judge Boyd as exhibit evidence included in a McDonald, 6/20/2014, filed court motion. Judge Boyd to date has not acted regarding this substantiation of documented pre-existing life threatening cardiovascular disease.

Note: Exhibit 3, The official 4/21/10 court transcript. Exhibit 9 & 10, Pitkin County Attorney Court submitted ordered exhibits; specifically petitioner's exhibits #22 and #23. This was guardian Goodwin submitted court ordered mental evaluations, there was no promised medical evaluation ever submitted (Exhibits 2, 2a, 2b). Attorneys Jamie Roth and County attorney Chris Seldin made no comment to this evidence of contempt of court, nor did Seldin give notice to the court on this missing court order for Murray to undergo a medical evaluation, preferably by Murray's former G.P. Dr Ann Mass of Aspen. The 2/16/10 emergency hearing called for a 2/25/10 status hearing, and that court set a March 31, 2010 deadline for the medical evaluation to be submitted to the court. It never materializes (Exhibit 2, 2a, 2b)

The net effect of the caretakers' three independent acts of criminal negligence against Joyce K. Murray has resulted in, facing imminent death her life needlessly cut short and four consecutive years of tortuous existence. The full magnitude and scope of these criminal acts was made saliently evident during this last May 29, 2014, court hearing called sua sponte by Judge Boyd. (Exhibit 1, pg 11, L 12-124, pg 12, L 25 to pg 13 L 1, pg 13 L 13-15, pg 14, L 15-16, pg 17, L 1-7, pg 24, L 6-10)

Details / Clarifications: Exhibit 9 & 10, The Honorable James Boyd's 4/21/10 Court official transcript had previously documented the ward's preexisting cardiovascular and mental diseases. Specifically Pitkin County's DHS attorney Chris Seldin's Court exhibits #22 and #23, these included previous medical reports of: congestive heart failure, myocardial infarction (and suffered heart attack 12/2009), carotid artery stenosis, acute renal failure, hyperlipidemia, mild to moderate dementia and bi-polar disease. The administration of atypical psychotropic drugs for four continuous years has occurred at Heritage, causal for the ward's gross obesity. This class of drugs warnings include a side effect of "extreme weight gain.", Her obesity was maintained until she began wasting away from acute illness early 2014. The absence of medical treatment addressing these diseases, save one hypertension medication, for the past four consecutive years was revealed by testimony to the court (05/29/14). It was also revealed by testimony that the guardian had failed to forward her ward's extensive existing medical history to the Primary Physician at Heritage (Exhibit 1 pg 21, L 20-22) and that the primary physician said she had no knowledge of any history of congestive heart failure (CHF) or observed any evidence of heart disease. (Exhibit 1, pg 14, L 19-22) When the court was presented with the information that there was documented evidence of pre-existing cardiovascular disease it was seemingly dismissed as inconsequential to the guardian and primary physicians opinion that the ward was in her current state of health (accelerated physiological digression to a condition of imminent death and a debilitated mental state) solely from the progression of dementia only. (Exhibit 1, pg 13, L13-15, pg 14 L 15- L 22, pg 16, L 14 and L 25 to pg 17 L 1-7, pg 21, L 5-15, L 20-22)

This act of negligence by the ward's fiduciaries by wilfully omitting the ward's known medical history at AVH to the primary care physician at Heritage dismissing and not making formal inquiry when she was informed by the ward's family of significant cardiovascular disease has resulted denial of long term, standard preemptive prophylactic care for the ward. Because of this, mortal damage has been done to the ward and she is deemed currently in a state of dying. The court concurs that the ward is in a state of imminent death. (Exhibit 1, pg 24, L6-10) This absence of standard prophylactic medical care save one hypertension medication, which has been discontinued and the malpractice of continuing the subscribing typical psychotropic drugs (Haldol, exhibit 1, pg14, L 1 and L7)) to the ward despite her past adverse reaction of gross obesity and visible negative neurological response to atypical psychotropic drugs described here-in as Exhibit: 8, is a reprehensible feckless act of criminal neglect. Note: standard medical care for the serious cardiovascular diseases and renal damage referenced in the aforementioned 04/21/2010 court exhibits would include specific medications addressing not only hypertension but also mitigating the collective effects and progression of her coronary arterial disease, hypertension, CHF, carotid artery stenosis, acute renal failure, and hyperlipidemia. Included in this care would be frequent monitoring of these diseases which

would include scheduled blood draws and standard cardiac and kidney function testing and imaging. CHF is ultimately a terminal disease but the medical priority for the public has always been the prevention of death and maintenance of quality of life through prophylactic care. This standard prophylactic care that the public deems as normal has been verified by testimony Exhibit: 1, withheld from Joyce Murray by her fiduciaries.

VI- Additional Justification for Reporting Criminal Neglect:

-1 The 9th District Court Judge, The Honorable James Boyd was non-compliant to his own orders (Exhibit 2, Court Hearing 2/19/10 transcript, pg 103) for the then temporary Jeannette Goodwin, to deliver a full medical evaluation for the Respondent, her future Ward, prior to the final April 21, 2010 Murray hearing. Although this evaluation was never realized as ordered, the findings of prior medical test evaluations documented by Aspen Valley Hospital records were referenced in the mental evaluation reports (9&10), submitted to the Court as exhibits via Ms Goodwin, Chris Seldin and the respondent's attorney, Jamie Roth. These mental evaluations were conducted previously at AVH and at the Haven Behavioral Health Care INC. Senior Care of North Denver, Thornton, CO. These psychological evaluations were ordered by Goodwin and accepted by Chris Seldin for Judge Boyd's 4/21/10 Court (petitioner's Chris Seldin's exhibits #22 & #23), sans a medical evaluation. (Exhibit # 9 & #10) Dr Hines/Hogan (exhibit #9) reported AVH cardiac problems report; pg 3; V, para 2, pg 5, XI Diagnostic, Axis III, pg 3, pg 5. Dr Kutz report (exhibit #10) on Murray's historic Cardiac problems ; pg 2, para 2. And Dr Hogan's (exhibit #3) 4/21/10 in Court further gave verbal testimony reviews on Murray's 12/2009 heart attack, during transcript testimony, pg 40 to pg 43. Dr. Hogan states that Murray possibly suffers from vascular dementia problems associated with her cardiac problems, pg 41, L 1-9, pg 42, L5). There is absolutely no excuse why both Goodwin and Judge Boyd would not be aware that these serious pre-existing cardiovascular diseases did not exist.

-2 The Ward's family has from June, 2009, reported to Pitkin County Social Services, an arm of the state, CDHS, to the 9th District Court, and all the fiduciaries from 2010 to the present that the ward had pre-existing life threatening cardiovascular diseases 6/20/14 Pitkin County Court filed Murray Objection 10PR09, and the 6/22/2009 submitted McDonald "Murray at Risk" document addressed to Pitkin County's administration head, DHS's Nan Sundeen and presumably to Pitkin County's attorney for DHS, Chris Seldin).

-3 Judge Boyd, in response to an email communique sent in the Fall of 2013, to the court and guardian, ordered a hearing for May 29, 2014 (Exhibit 5). This communique described the observations made by the ward's family of a marked physical decline of the ward consistent to the onset of acute congestive heart failure. This correspondence also documented the seemingly fecklessness and lack of professionalism displayed by the ward's primary physician, Dr. Mary Clark, who feigned any knowledge of Murray's heart and hypertension problems or previous Hospitalization for critical pneumonia contracted at Heritage approx. two years prior. (Exhibit 4).

-4 Testimony Transcript of the May 29, 2014 hearing, revealed clearly that the Ward's Guardian, Jeannette Goodwin and Primary Doctor, Dr. Mary Clark were adamant that the ward had no symptoms of CHF and that they were unaware of any reports of any cardiovascular disease. Both witnesses repeatedly declared that the ward was on death's door only due to the consequences of advanced dementia. (Exhibit 1, pg 13, L 13-15, pg 17, L 1-7, pg 21, L 21-22, L25/to pg 22, L 1-3). It should be noted that after extended use of typical or atypical psychotropic drugs a patient can be rendered to a state of babbling delirium, and display physical weakness with extrapyramidal symptoms which can mimic advanced dementia. The ward's family objected to the truthfulness of this testimony, referencing the aforementioned medical reports from the Honorable Judge Boyd's, 4/21/10 court hearing (Exhibit 9&10; Court Exhibits #22, #23; Dr Kutz and Dr Hines/Dr Hogan's court reports, and Dr Hogan's official transcript testimony reference of Murray's known 12/09 heart

attack and related cardiac heart problems and her possible vascular dementia , Exhibit 3, transcript, pg 41, L 1-9 to pg 42, L5).

Note: Absent from this hearing's transcription are any references by the Honorable Judge Boyd to request discovery of AVH medical records other than seemingly side with the guardian that HIPAA would prevent this, Exhibit: 1, pgs. 26 L12-L25, pgs.27 L1-L14. **These responses from Judge Boyd tells it all.** Absent also is any reference of the Judge grasping the gravity or magnitude of the consequences from not immediately providing medical intervention to a ward of his court deemed by him to be at death's door who more than likely has been purposely medically neglected for four years. Instead of acting in the ward's immediate best interests, the Judge effectively is dismissive and delays any meaningful resolve to a medical emergency for three months by his 06/11/14 order (Exhibit 6). Judge Boyd orders "a second opinion by Dr. Gersten or other prior treating physician within 60 days." What comes to mind is how a second opinion by a visiting doctor to Heritage Park Care Center, selected by the guardian and Dr. Clark, and who is not required to be a cardiologist can credibly contradict AVH reports from radiologists diagnosed scans and cardiologists testing and diagnosis which show significant arteriosclerosis, carotid artery stenosis, myocardial infraction and CHF? **References of diagnoses from these reports are already in the hand of the court but are being purposely ignored!** Why has Judge Boyd purposely accepted the opinions from a Guardian and a Primary care Physician, who is not a cardiologist, who has admitted never seen any of the mental reports submitted as exhibit evidence in the April 21, 2010 hearing, or seen any substantive medical evidence by AVH cardiologists or any other reports which could be contrary to her diagnosis of advanced dementia only?

As evident from past filings of (10 PR 10/09) and this last 05/29/14 court transcript, Judge Boyd has clearly and purposely ignored serious pre-existing medical conditions of his court's ward and by the method of deny and delay, purposely obstructed from her, needed emergency medical care. Absent from his 06/11/2014 order is any medical emergency intervention. Wouldn't it have been wise to error on caution when someone's life is on the line? If there is reason for a second opinion, this should be justifiable reason for preemptive emergency care. Of course this is unacceptable for all the caretakers since it would further substantiate complicity for possible criminal neglect. Boyd's Order, 06/11/14, states, "Record presented does not warrant court moving forward Sua Sponte." Judge Boyd has exercised his discretionary powers and in doing so has recklessly marginalized the life of a ward of his court and committed an act of criminal negligence CRS 18-1-501 (3), 18-1-503 (3)c.

-5 Subsequent to Judge Boyd's disturbing May 29th, 2014 hearing, the ward's immediate family filed a four part motion to the court, filed 06/20/14, which included hard copy evidence from his court's exhibits of Joyce K Murray 's aforementioned diagnosed history of severe cardiovascular disease. To date this motion has been unanswered despite the fact that it has been established that the ward is dying and that the Guardian and Primary Physician were wrong in their opinionated diagnosis revealed by their emphatic testimony that they have seen 'no evidence of congestive heart failure,' and Judge Boyd was wrong not to act sua sponte and at the very least make inquiry to securing for his court the referenced ward's extensive medical records documenting AVH testing. (Exhibit 1, pg 17, L4-7): These records do exist, cardiac testing was performed at some time recently to justify the referencing of the aforementioned diagnoses of serious cardiovascular diseases referenced in Judge Boyd's court ordered mental evaluation reports. Reflecting on the lack of response from Judge Boyd's court to proof positive evidence submitted with the 06/20/2014 motions, collaborated that yes, serious pre-existing cardiovascular disease did exist for the ward, you can only conclude that this tangible evidence is seemingly irrelevant to him or not as substantive as the unsubstantiated (no medical testing or empirical evidence) opinions of Guardian Goodwin and Dr. Mary Clark that the ward of the court, Joyce K. Murray was dying solely from dementia. The 05/29/14 court

testimony and lack of a subsequent judicial response, saliently reveals for Judge Boyd a bias, that unsubstantiated testimony opinions outweigh the credibility of empirically substantiated medical diagnoses.

The testimony arguments presented by both Dr. Clark and Guardian Goodwin are that there has never been any medical justification for the ward to have been prescribed any prophylactic medical treatment for the aforementioned cardiovascular diseases. This was because no symptoms of these diseases had been observed and no evidence of record of prior medical testing contrary to their observed absence of symptoms of serious cardiovascular disease has ever passed before their eyes. Judge Boyd, despite his own court's evidence to the contrary, resubmitted to his court on 06/20/2014, seems to concur with the sophistic logic and credibility of testimony from Goodwin and Clark, or he would have acted prudently in his ward's best interests and expeditiously would have sought to secure immediate care for her. At the very least, if he was for some reason only just detached from the gravity of the circumstance he would have still, immediately ordered for the discovery of those referenced AVH test records. He didn't and because of this, we believe he is just as culpable to caretaker criminal neglect as Goodwin and Clark. The Honorable Judge Boyd's court's presiding during this 05/29/2014 hearing seems demonstrably biased and recalcitrant to hard evidence and common sense. Our opinion, the judge has demonstrated an irrationality exposed by the deficiencies and bend of his orders. Judge Boyd's court, has for this case, seemed inimical to the public good and an affront to the Colorado District Court's operating standards especially in regards to his court's overt display of bias, disinterest to searching for truth and penchant to marginalize testimony importance by strategic censor.

-6 Possible explanations why the ward's fiduciaries HAVE NOT ACKNOWLEDGED the existence of documented pre-existing life threatening cardiovascular disease and purposely denied prophylactic care for these diseases from their ward can be directly related to the significant liabilities associated with the administering long term courses of psychotropic drugs measured in years.

(a) The discretionary use of atypical psychotropic drugs is a nursing home tool to aid in behavior control of geriatrics and a cost saver. This class of drugs should only be prescribed if the geriatric ward is deemed in good health without evidence of dementia psychosis or significant cardiovascular disease. This was not the case for Joyce Murray.

(b) The administering of this class of drug is problematic for most geriatric persons. This is because the FDA has issued a black box warning that atypical psychotropic drugs are not recommended to be administered to geriatrics with dementia psychosis. This FDA warning is problematic given the fact that a significant percentage of the general population of geriatrics over the age of 80, show symptoms of dementia with paranoia or other psychosis. This FDA warning for this class of drugs together with the associated risks of sudden death, pneumonia and significant weight gain / Insulin resistance and diabetes, and the significant decrease in life expectancy has resulted in numerous malpractice suites and court rulings against the drug makers and prescribers. (Exhibit: 7 & 8 , FDA background information concerning the health risks of these drugs on elderly patients: increased mortality rate, weigh gain, and noting that most of this drug induced increase of deaths were due to cardiovascular e.g. , and heart failure.)

(c) Given the well documented deleterious side effects for geriatrics with dementia psychoses using atypical psychotropic drugs, one side effect stands out. This is the statistical risk of the significant decrease in life expectancy by approximately one half (Exhibit 7, FDA Black Box Warnings Regarding Atypical Antipsychotics in Dementia).

Imagine compounding this risk of death for a non-obese geriatric with dementia psychosis and then imagine that person with the additional health complications of life threatening cardiovascular diseases which include: congestive heart failure, myocardial infarction, carotid artery stenosis, acute renal failure, and

hyperlipidemia. Then imagine as a direct consequence of a doctor's orders and supervision, this person is then made grossly obese for over three consecutive years. Could this doctor be committing criminal negligence to an "at risk elder," when you consider all of the public service broadcasts to the general public warning of the serious inherent risks of obesity alone causing hypertension, heart disease and early death? The answer I believe is obvious to the general public but ostensibly not so for the 9th District Court of Colorado, Judge Boyd, Guardian Goodwin, or Dr. Mary Clark.

(d) For an institution doctor or fiduciary to knowingly condone the prescribing of atypical psychotropic (or first generation / typical psychotropic) drugs to a geriatric with a history of significant cardiovascular disease who responds with the deleterious side effect of rapid significant weight gain to obesity and then by order continue this class of medication and the maintenance of the obesity with full knowledge of the irreversible damage being done as a consequence, for more than three years, should be sound grounds for criminal negligence(Exhibit 1 pgs. 13 L21-23, pgs. 14 L1-4). This wilful negligence and professional malpractice does pose a significant liability for all those persons and institutions turning a blind eye to the crime. This respondent had more than enough financial resources to get the best medical care available outside the confines of generic nursing home care.

Note: It has been reported by testimony, that Joyce K. Murray is currently being prescribed "Haldol", (Exhibit 1, pg 14, L 7): which is a potent first generation / typical psychotropic drug with noted side effects of increased incidence of sudden death from cardiac arrest, stroke, pneumonia and the development of extrapyramidal symptoms (EPS). We attribute the prescription of this class of drug to my mother's babbling nonsense interspersed with moments of clarity where with some difficulty she has the ability to formulate full rational sentences. This symptom is a well-publicized as side effect for the long term use of this class of drug. During our last call to her, 07/28/14, she expressed to us, with difficulty but clearly, that she was dying, "they have taken everything from me and they are killing me," "this will be the last time I will talk to you." "I am dead". She stated she did not want to die there and 'why can't you get me out?' This was one of the few times we spoke with her since early January 2014, when she was not under the influence of this debilitating class of drugs.

VII-Pertinent Information:

Please reference Medical Evaluation Timeline here-in.

For some time, since the mid-1990s my mother, Joyce K. Murray, has suffered from hypertension, cardiovascular disease and severe mental illness which we suspect was initiated from two separate car accident head injuries. Her extensive medical history was known by all her immediate family. The severity of her cardiovascular disease and mental illness (Bi-Polar) increased in parallel with time. Contributing to the severity of her mental illness was a marked digression of her short term memory which exacerbated her extreme paranoia. This combination of psychoses invariably got her into trouble despite her family and friends efforts to help her. Her immediate family drafted and published to Pitkin County a seven page letter describing in detail her precarious condition. This documentation was submitted to DHS on 6/22/09, and was the first of literally dozens of communiques following later. All subsequent filings always referenced her serious hypertension and her family's desire to monitor her medical care. Joyce Murray's family has filed numerous motions and objections with exhibits, to Judge Boyd's Court, case 10 PR 10 (with consolidated case 10 PR 09), supporting family allegations of Guardian transgressions of process and duty. These filings were predominately focused on my mother's inadequate health care under the auspices of her guardian and the inherent risks associated by not addressing adequately her serious cardiovascular disease, together with the mis-administering of atypical psychotropic drugs. Historically from day one, the Guardian, Jeanette Goodwin, has always denied transparency or legal discovery of Joyce's medical records from the ward's family with the

concurrence of Judge Boyd's court (Exhibit 1, pg 26, L14), by which was contrary to his own testimony on April 21st, 2010. (Exhibit 3 pg 171, L 17-22): The sheer volume of documented case history for 10 PR 10/09, regarding the ward's health concerns voiced by her family precludes any iota of legitimacy that Judge Boyd may have under a pretext that he was uninformed to the criticality of Joyce K. Murray's healthcare deficiencies.

The following is a mid-April, 2014 observed physical condition of my mother: Joyce immediately knew who we were and addressed us by our names. She also inquired about her grandchildren by name. We immediately saw that my mother was seriously ill. She was in a wheelchair, on oxygen with all the symptoms of cachexia, i.e., she was not able to stand or walk safely without aid, had visible muscle wasting from arms and hands, gaunt in face with thinning of skin, swollen feet without shoes on, visible weight loss and noticeable sight loss in her good eye (barely able to see). Her eyelids were detached from eyes with an air gap, and she had fluid in her lungs, as evident by gurgling when she coughed. Her physical and mental deterioration was dramatic since we saw her seemingly 'OK' last Fall despite her obesity and evidence of CHF, when she contracted pneumonia and was a size 16 (5"1"). She then, could still carry on a decent conversation, and was ambulatory and continent. We noticed in early January 2014, during our weekly calls, an abrupt change, she could no longer converse in full sentences, and she was disjointed / confused. We asked the Heritage staff if there was a change in medication, to which they replied no. Such severe physical deterioration and advancement in dementia does not occur overnight, as it appears to have happened to my mother, without a definable physiological event occurring.

REPORT OF CRIMINAL NEGLECT AGAINST JOYCE K. MURRAY

08/06/14 MEDICAL EVALUATION TIMELINE

The Court Ordered medical evaluation was never done for Joyce K Murray.

02/16/10 Judge Boyd's Murray Transcript of Emergency Court Hearing; pg 103 L 11, 22,23: Your Honor Sets a telephone hearing date of 2/25/10 at 8:45, pg 104, L 6-7. Pg 104 L 21 states Judge Boyd's order for mental health evaluation and a medical evaluation to be set

02/19/10 Judge Boyd's ORDER APPOINTING EMERGENCY GUARDIAN AND SPECIAL CONSERVATOR, #5 authorizes mental and physical health evaluations of Ms Murray pursuant to §§15-14-406(6), C.R.S., the identities of the evaluator shall be established during the telephonic status hearing on February 25th, 2010. The Court will entertain objections to the propriety of making such appointments at that time.

02/25/10 Judge Boyd status Hearing. Dr Kutz to provide a mental evaluation and Dr Ann Mass to provide a physical exam, deadline date for reports to be filed March 31, 2010.

03/12/10, Attorney Jamie Roth filed NOTICE OF REQUEST FOR EXTENSION OF TIME FOR COURT ORDERED EVALUATION REPORTS , Ms Roth's #2 is Dr Kutz mental evaluation travel was blocked by a "rock slide" he requests an extension of time. For his court ordered mental evaluation . #5, Jamie Roth, attorney for the respondent Joyce K Murray states that the temporary guardian (Goodwin) encountered a short delay in arranging for the medical evaluations, as well. Extension of time granted with no apparent deadline?

03/25/10 The official date that the Court Ordered Mental Evaluator, Dr Stuart Kutz, from Denver awaited at Aspen Valley Hospital for his appointment for Joyce K Murray psychological evaluation.

03/25/10 Pitkin County Sheriffs Report, Incident 10P004083, Alex Burchetta responds to Temporary Guardian Goodwin's 911 call requesting a Pitkin County's sheriff to take Murray to the Hospital. Alex Burchetta states in his official report that *"At no point in time was Murray in the custody of the Pitkin County Sherriff's office. When arriving at the scene, Officer Burchetta found Murray accompanied by her neighbor, Dr Burkholder in his car (Dr Burkholder lives up the road from Murray). The officer states that Murray was taken to Aspen Valley Hospital by Goodwin in Dr Burkholder's car. Murray, as reported by Officer Burchetta was seen for a medical and mental evaluation by the emergency room doctor, Dr Stephen Ayers. Where is that report?"*

3/26/10 Emergency Transcript Hearing pg 7 L23 to pg 8 L1-6, Goodwin 911 call, Murray was delusional and left the house with out a coat and" run up the road to a neighbor's house, but in the wrong direction, he lived the other direction" .. "I think we need to get a 72 ...put her on a 72 hour hold. I need you to come pick her up". Report s that Murray is being held on a 72 hour **medical** hold and that she now needs the court to change the "must not be removed from her home" . pg 16 L 20-24 **The Court's direct examination to Goodwin " Is there any discussion going on at the hospital about changing the medical hold to a mental health hold? Answer "I don't know"**

3/26/10 Transcript Murray's Attorney in Emergency hearing. Pg 10 L1-2, *"that sort of a hold would have to be initiated by a peace officer and I gather it was"* . Pg 14 L5-6 Ms Roth states I have not had the opportunity to speak with **Ms Murray since she was seized and taken into custody by the Sherriff yesterday"**.

3/26/10 Transcript pg 15 L 23 to 25 Judge Boyd states Ms Goodwin objective for Ms Murray is not a institutional placement as a first choice. He give Goodwin the authority to determine Murray's future appropriate placement.

REPORT OF CRIMINAL NEGLECT AGAINST JOYCE K. MURRAY

08/06/14

MEDICAL EVALUATION TIMELINE

03/26/10 Dr Stuart Kutz, The Court Ordered psychologist evaluates Joyce K Murray at AVH, his subsequent Court delivered report is dated April 7, 2010, submitted via Ms Goodwin to County Attorney Chris Seldin

03/26/10 James B Boyd's Court Emergency telephone hearing transcript, pg 17 L7-8, son "regarding my mother's health" L 17-20 'where is' Murray's Evaluation of her general health? Goodwin answers L20-21, "That's being done". pg 18 L 5 McDonald asks about his Mother's Hypertension, Goodwin replies L16-19, that *she has talked with Murray's Dr Ann Mass 'if she does have hypertension, Murray' has been completely **incompliant** with any medical recommendations'*

03/29/10 Objection Filed , by McDonald, 3/26/10 Judge Boyd's Order did not allow access to Murray's medical records. Presented Murray's signed DHS required release form in which gives son the rights to review her medical records. Argument that accepting the respondent denial that she did not sign that release form is similar the to same mental illness that the court visitor reported when Murray told her that she fired her attorney Jamie Roth. Paragraph 5, the family states that Ms. Goodwin still "cannot answer to Joyce's cardiovascular health" , which they report has been a serious threat in years past. The family states "Ms. Goodwin is not performing her job adequately or in a timely manner".

03/31/10 Dr Hines mental evaluation written as Court evidence 4/3/10, Exhibit 22, pg 2, V, paragraph 2, Labs Prior to admission.....'EKG at Aspen Valley Hospital reportedly with left anterior fascicular block and anteroseptal infarct changes. Pg 4 Diagnostic Impression: III, Hypertension, congestive heart failure, hyperlipidemia, and carotid artery stenosis'.

04/07/10 Goodwin submits Court ordered psychologist, Dr Stuart Kutz Evaluation to Chris Seldin, Exhibit 23, pg 2 lists a discharge summary from Aspen Valley Hospital, discharge December 2, 2009 after a two day stay, diagnosis of chest discomfort, myocardial infarction, uncontrolled hypertension secondary to noncompliance with medications, chronic psychiatric illnesses...suspicious for paranoid schizophrenia.

04/19/10 Emergency Guardian Goodwin Report . #1, orders from Judge Boyd to arrange for Ms Murray to be evaluated both medically and psychologically. #8, states that an attempt was made to deliver Murray to her physician's office Dr Mass, the appointment was March 24, 2010. Goodwin states Dr Mass declined to see Murray," as she had treated Murray in the past and Murray had been **non-compliant** and refused to pay numerous bills". Goodwin states the bills were paid and the doctor stated she would consider evaluating Ms Murray.

#9 Goodwin states, to get Murray to visiting Denver Dr Kutz appointment at the AVH, she calls 911 looking for a M1 hold. (note: Goodwin 3/26/10 only reported that she obtained a medical hold to the court, not an M1)

#11 " Murray was evaluated by the MD at Aspen Valley Hospital and found gravely disable and placed on an M1 hold, On March 26, 2010, the emergency guardian through the Pitkin County attorney requested an emergency hearing which would allow her to change Ms Murray's Placement, Relief was granted".

4/21/10 Official Court Transcript pg 40 to 43, Dr Hogan states Murray could be suffering from vascular dementia from her congestive heart failure diagnosis from Aspen Valley Hospital as reported by Dr Hines.

REPORT OF CRIMINAL NEGLECT AGAINST JOYCE K. MURRAY

08/06/14

EXHIBIT LIST

1. Exhibit 1, The official 10PR9 Transcription of the May 29, 2014 telephone hearing conference which was initiated Sua Sponte by the Honorable Judge James Berkley Boyd.
2. Exhibit 2, the official Honorable Judge B Boyd's February 16, 2010 Transcription of the Emergency Court Hearing case 10PR9/10PR10. Official Transcript of Judge Boyd February 25th, 2010 status hearing, orders a medical from Dr Ann Mass and a psychological evaluation of Joyce K Murray.

Exhibit 2a REQUEST FOR EXTENTION OF TIME FOR COURT ORDERED EVALUATION REPORTS, Filed March 12, 2010 for Case 10PR9 and 10PR10 by respondent's attorney Jamie Roth, Esq. who states Dr Stuart Kutz psychological exam needed extension beyond the courts March 31,2010 deadline. to a "rock slide" to be submitted by Dr Stuart Kutz to Judge Boyd's court. Respondent's attorney Jamie Roth in said document writes, under # 5, "that the temporary guardian has indicated a short delay in arranging for the medical evaluation as well".

Exhibit 2b, The Official Judge Boyd 10PR9/10PR10 transcript of March 26th, 2010 telephone hearing, notes that Goodwin states to the inquiry of Murray's son W. Scott McDonald this on line 20, page 17, "medical evaluation is being done".

3. Exhibit 3: The official 10PR10/09 April 21, 2010 10PR9 Court transcription pages 40-43 and page 171.
4. Exhibit 4, The COURT ORDERED MENTAL AND MEDICAL EVALUATION REPORTS were to be taken by Pitkin County's DHS Attorney Chris Seldin, His Exhibit book showed Exhibits #22 and #23 and were only the psychological reports. Judge Boyd's COURT ORDERED MEDICAL EVALUTION REPORT, was absent, without explanation. Dr Kutz is a psychologist and , Dr Hines and his cohort, a Dr Hogan are psychiatrist. In both mental evaluation reports, special attention was given to the medically diagnosed historical documents at AVH in regards to Murray's historical cardiac (CHF) problems.
Note: The 2/25/10 Judge Boyd's court hearing transcript states that a court ordered medical evaluation submittal deadline was to be March 31, 2010. Temporary emergency guardian Goodwin who was hired by the respondent's attorney Jamie Roth did not, as per their March 12, 2010 REQUEST FOR TIME EXTENSION ever submit the promised medical evaluation time. Honorable James Boyd's court ordered medical evaluation for Murray does not exist. Nor did DHS County Attorney Chris Seldin notified the April 21st court that his exhibits lacked The Judge Boyd's Court Ordered 2/25/10 Medical Evaluation of Joyce K Murray.
5. Exhibit 4, McDonald's mcdclan@hotmail.com Email address to guardian Goodwin sent 13:46:02 concerning her and Heritage's Dr Mary Clarks substandard medical care of his mother was forwarded to Judge James Boyd; james.boyd@judicial.state.co.us : December 16, 2013 1:53PM.
6. Exhibit 5, Judge James B. Boyd's Filed Sua Sponte motion order of April 3, 2014.

REPORT OF CRIMINAL NEGLECT AGAINST JOYCE K. MURRAY

08/06/14

EXHIBIT LIST

6. Exhibit 6, Judge James B Boyd's June 11, 2014 10PR9 Minute Order.
7. Exhibit 7, "The FDA Black Box Warnings Regarding Atypical Antipsychotics in Dementia"
8. Exhibit 8, Side effects of Anti depressants, Antipsychotics,etc, Federal and State law suits filed against Astra Zenica, concerning Seroquel (diabetes risk) , Risperdal
9. Exhibit 9, PETITIONER'S EXHIBIT for Case 10PR09/10 exhibit #22 , A Psychiatric Evaluation by Haven Behavioral –North Denver, Dr Michele L Hines the admitting psychiatrist report was taken by Pitkin County DHS Attorney Chris Seldin for Exhibit 22. Separately attached behind Dr Hines report was a letter addressed to Ms Jeanette Goodwin on Haven's stationary by a Dr Hogan. Dr Hogan wrote, Dear Ms Goodwin, "Due to the significant amount of money involvedand goes on to say the son's relationship would be better preserved if an outside person was to be her guardian...
- 10 Exhibit 10, The COURT ORDERED PSYCOLOGICAL EVALUATION REPORT by Dr Stuart Kutz was #23 again taken by Pitkin County's DHS Attorney Chris Seldin.

NOTE: Judge Boyd's COURT ORDERED MEDICAL EVALUTION REPORT, was absent, without explanation. Dr Kutz is a psychologist and , Dr Hines and his cohort, a Dr Hogan are psychiatrist but both had references to previous medical evaluation reports, they do give special attention to Aspen Valley Hospital's medically diagnosed historical documents on Murray's 2/2/2009 heart attack and her historical cardiac diagnosed (CHF) problems. The 2/25/10 Judge Boyd's court hearing transcript states that a court ordered medical evaluation submittal deadline was to be March 31, 2010. Temporary emergency guardian Goodwin who was hired by the respondent's attorney Jamie Roth did not, as per their March 12, 2010 REQUEST TO JUDGE BOYD FOR TIME EXTENSION ever submit the promised medical evaluation time. Honorable James Boyd's court orders for a medical evaluation for Murray does not exist to date.

- 11 The 3/25/10 PITKIN COUNTY SHERIFF'S REPORT BY Alex Burchetta, responding officer to a 911 call.

DISTRICT COURT
PITKIN COUNTY, COLORADO
506 EAST MAIN STREET
SUITE 300
ASPEN, CO 81611

**IN THE
INTEREST OF:**

JOYCE MURRAY

*** FOR COURT USE ONLY ***

Respondent

Case No. 10 PR 09

APPEARANCES:

Petitioner:
Scott McDonald, appearing pro se

For Respondent:
Law Office of Kerst-Strautman, PC
By: Carolyn Strautman, Esq.
Penrose Plaza
2520 South Grand Avenue
Suite 110
Glenwood Springs, CO 81601

For Guardian:
Law Office of Holland & Hart LLP
By: Rebecca Schroer, Esq.
600 E. Main Street
Aspen, CO 81611

The above-entitled matter came on for a telephone status conference and hearing on May 29, 2014, before the HONORABLE JAMES BOYD, Judge of the Pitkin County District Court, in Aspen, Colorado, and the following proceedings were had.

1 most recent reports?

2 MS. STRAUTMAN: No, Your Honor. From a legal standpoint, there are
3 not any real significant changes since the last time we had a status conference. I had
4 discussed with the conservator, towards the end of 2012, estate planning issues related to
5 the protected person. Because I don't believe that there - - I am not aware of any will or
6 any other estate planning documents that are in place for her. And so that was the one
7 issue that I was - direct at that time, primarily due to probate changes in the estate tax
8 laws that were - that we thought were forthcoming but did not come into fruition. So,
9 from that standpoint, there hasn't been any change, and I think that still may be an issue
10 the Court might consider whether it would be appropriate to have the conservator
11 implement some kind of an estate plan for Ms. Murray. But from an estate tax savings
12 perspective, as of now it appears that she would not be in a taxable category. So what I
13 would consider in proposing were some types of charitable gifts or other things to try and
14 eliminate estate tax. Those issues are moot at this point, unless her son felt that there
15 were some other reason to make any type of charitable gift on her behalf.

16 THE COURT: Okay, and are you, with your expertise, aware of any
17 perspective changes in the law that might affect that situation?

18 MS. STRAUTMAN: Well, as always, there - - you know, the estate tax - -
19 the federal estate tax exemption amount is subject to change. So, it is relatively - - it is
20 the highest it has ever been right now at 5.34 million per person. So, if that changes, then
21 there might be - - that might be a time to spur us into action to either make some lifetime
22 gifts or add some testamentary gifts to her plan. She had it - - during my initial
23 representation of her, she had always expressed a very strong desire to support animal
24 type charities, and so - - and I think she told that to various other people involved in her
25 care and support. So that was something that had been in the back of my mind, that if we

1 were to implement any kind of estate tax savings measures, that that might be one of the
2 options.

3 THE COURT: All right.

4 MS. STRAUTMAN: But, of course, I would want all of this to be done
5 with her son's support and coordination.

6 THE COURT: All right. But has of right now, as you mentioned, there is
7 no estate plan or will in place as far as you know?

8 MS. STRAUTMAN: As far as I know, there is not. I have never seen one,
9 and I asked the conservator and he had not seen one either.

10 THE COURT: All right. Since we started down the road of financial
11 issues, let's talk about those first, and then we will come back and talk just about Ms.
12 Murray's life and health status in a few minutes.

13 Mr. Kleager, you've seen the Order that I entered. Is there any update
14 and/or clarifications or comments you can give me to address the issues that I mentioned?

15 MR. KLEAGER: Well, the issue you had mentioned about the decline in
16 the gross value of the estate, you were correct in zeroing in on that was primarily due to
17 the valuation of residence compared to what it was sold for. And if you add in the
18 expenses of the sale and the income taxes on that sale, it did decline about \$1,100,000.
19 But in doing so, the funds we - - going forward, we were spending about \$28,000 a year
20 maintaining the house without any use, and by selling it and investing the funds, we
21 generated - - right now they project \$66,000 a year. So, you know, that has made - -
22 makes up about half the deficit that we have been running, I guess, going forward, so.
23 And by closing at the end of December of 2012, before the laws did change in 2013, there
24 was about \$150,000, \$160,000 of additional income tax savings by closing in 2012, so.

25 Currently, Joyce has another property, 1000 East Cooper, which is a rental,

1 and along with that rental there is an ADU unit which we never rented because it wasn't
2 up to code, and we weren't sure about the legality of it. We didn't want the liability
3 exposure, but recently we looked into the issue and found that it was a (inaudible) unit.
4 But we have gone through the process to make it a legal unit and will be improving that
5 to make it an additional rental property and improve the overall value of that property, so.
6 That is about all I know, I guess.

7 THE COURT: And going forward with that notion, what kind of time
8 frame do you think it is going to take to put it in the position where it will actually be a
9 rental unit?

10 MR. KLEAGER: It should be done sometime this summer. We have all
11 the approvals and everything in-hand, and it is not a very big property. Once we get the
12 worked line up, it should go pretty quick. We were hoping - - the Lease renewed, I think
13 in June or July, and we were trying to get it done by then, but as with most things, it may
14 be another - - it will be this summer sometime.

15 THE COURT: And what can you tell me about the general comment I
16 made - - inquiry I made about where the estate is and in terms of achieving some kind of
17 stability or predictable - - realizing you may be running at a deficit based on what you
18 said a moment ago, but still stable in terms of predicting the future?

19 MR. KLEAGER: I think we will be at that point here in 2014. The
20 investments of the will will have been invested for a full year. We can see what they are
21 doing, the rental property is running pretty consistent, and we will still run a deficit but
22 probably not as large as in prior years. And I don't see any reason to sell the Cooper
23 Property. The income taxes on that would be pretty hard to bear that cost at this time, so.
24 And the fair market value has come back some on it, so.

25 THE COURT: And I realize that, to the extent of the various expenses Ms.

1 Murray has to meet exceed the income, there will be some deficit as we -- you already
2 mentioned. But separate from that, other than the risk that is always inherent in any
3 investment, do you think the net worth that you showed in your 2014 report is something
4 that's going to be stable over time now?

5 MR. KLEAGER: Yes, I do, other than probably some sort of annual
6 deficit, but not as large as it has been in the last couple years.

7 THE COURT: All right.

8 MR. KLEAGER: I mean there shouldn't be any further tax obligations,
9 and all the other expenses are pretty much in the past as far as cleaning out the house and
10 that sort of thing, so.

11 THE COURT: Mr. McDonald, is there anything you would like to add
12 about where your mother is or where we are in the financial sense and any steps you think
13 are worth considering?

14 MR. MCDONALD: I agree with what Lynn said, and it's basically -- it's
15 all predicated on what the real estate market is. You know, it -- you know, the West
16 (inaudible) property, when it sold, and that's why the devaluation of her assets went
17 down.

18 THE COURT: Okay.

19 MR. MCDONALD: I have nothing more to say on that, but he covered it
20 pretty well.

21 THE COURT: Okay, great. Thank you. I would like to hear what Ms.
22 Goodwin may have to say, but let me just start, Ms. Schroer, since you're her counsel,
23 what can you tell me about where we are as you see it and if you would like to mention or
24 clarify in response to the Order that I entered.

25 MS. SCHROER: Sure, Your Honor. I actually -- as I have Ms. Goodwin

1 here and I have Dr. Clark here, I am going to defer to them primarily. And just in the
2 interest of having the doctor on the line and using her time, if there are any specific
3 questions that the Court has or anybody else has for her, if we could kind of get those out
4 there fairly quickly, that would be great. That being said, I am going to defer to Ms.
5 Goodwin to give you just a pretty general idea of where things are.

6 THE COURT: All right. Thanks. Ms. Goodwin.

7 MS. GOODWIN: Um, what I would say about Joyce Murray at this point
8 in time is she - - her dementia has become much more significant, which, of course, leads
9 to other problems health wise. She is declining. You know, as you said in your Order,
10 there are the issues of age. And, you know, I believe that those are indeed the issues she
11 currently is experiencing at this point in time. I'm - - you know, she - - we still have
12 companions coming in and seeing her. She still loves it when the dogs come in to see
13 her. I visit with her monthly. I have seen, you know, a significant decline over the last
14 year that has come from her bouts of aspiration pneumonia. I have made it clear to the
15 facility that they need to be diligent and not allow her to eat in her - - it says, Sneak food
16 in and eat in her bed, because I think that that may contribute to that. And they have been
17 try - - they try to do that, but I think they don't always tend to be (inaudible). They try to
18 make sure that doesn't happen. And I think Dr. Clark - - I think her medical care is
19 overseen by Dr. Clark, who is on the line and can tell you about her background. But Dr.
20 Clark is hired by the facility full-time, so she is there on a regular basis and knows Joyce
21 extremely well.

22 THE COURT: Dr. Clark, any update you can provide the court?

23 DR. CLARK: Of course. Just to clarify, I am employed by Life Care
24 Physician Services which is not part of Life Care Corporation which owns and operates
25 this building. Life Care Physician Services is a very large physician group, and we are

1 scattered amongst the different nursing homes. I happen to be assigned to Heritage Park
2 that sits in a separate entity than Life Care which owns and operates Heritage Park. I
3 have known about Ms. Murray since July of 2012, and I was asked to assume her primary
4 care. Over the last year, she has had significant decline due to her dementia; her dementia
5 is progressive. She has had three serious infections: Two pneumonias and, more recently,
6 a urinary tract infection. All three infections are consistent with her (inaudible) declining
7 with respect to her dementia. Her medications have been minimized at this point because
8 she intermittently has trouble taking her medications; either refusing to take it, spitting it
9 out, or having trouble swallowing. So, again, we have minimized her medication and,
10 made - - as much as possible, made them liquid so it is easier for her swallow. Any
11 specific questions?

12 THE COURT: I do have a couple, and maybe others will as well, but the
13 guardian report mentioned that she had had two events of pneumonia within the last - - or
14 2013 and it mentioned acute kidney failure. I don't know that that was a temporary
15 condition or a long-term condition or what. If you might comment on those two things.

16 DR. CLARK: It was temporary. She had acute kidney injury when she
17 was sick with pneumonia and that resolved, as did her pneumonia at that time. She went
18 on to have a second round of pneumonia approximately two or three months later, and,
19 then more recently, a urinary tract infection that did not involve kidney failure. And it is
20 not unexpected that someone who is dealing with dementia starts to get more infections
21 over time.

22 THE COURT: Is - - sorry. Are you finished?

23 DR. CLARK: We are able to treat - - you are able to treat these infections
24 at the facility and did not require hospitalization for any of these infections.

25 THE COURT: And, from your viewpoint as a physician, are there

1 adjustments in care that would be appropriate or are these simply things that are going - -
2 in your view, are going to happen for a person in Ms. Murray's condition and the care that
3 she is receiving is appropriate.

4 DR. CLARK: I think the care she is receiving is appropriate, and I would
5 not be surprised if she continues to have ongoing issues with infections; and that is just
6 part of the process of dementia. Patients start to lose weight, become less mobile, have
7 trouble with swallowing, are very prone to infections, and it usually ends up taking their
8 life.

9 THE COURT: I do understand most people probably knew that dementia
10 is progressive. Can you tell me anything just about her current - - where she is in that
11 progression at the moment?

12 DR. CLARK: That she has fewer and fewer verbalizations over time. The
13 verbalizations that she does make might be six to eight word sentences and often times
14 are garbled or nonsensical. And trouble making her needs known, so a lot of times the
15 staff has to ask her and pull direct questions like, Ms. Murray are you thirsty? Would you
16 like some water? Yes or no type answers that she can give the staff, basically what she
17 might be needing at the time. She cannot toilet herself anymore, so she's toileted
18 regularly on a frequent basis to keep her as dry as possible. So those are all things
19 indicating advanced dementia. I would not be surprised if she continued to advance this
20 year, and perhaps even die from an infection.

21 THE COURT: Does - - I don't know the exact setup where she is - - does
22 she have - - so this is a two-part question. Does she receive sort of periodic, regularly
23 scheduled visits or checks by staff or does she have an emergency button to push if she
24 thinks she is having an emergency, and, if she does, do you have a sense as to whether she
25 has the ability to use it or not?

1 DR. CLARK: Joyce cannot use a call button to tell us about emergencies,
2 so we try to keep her in place as much as possible. She has companions that come and
3 visit her, and there is 24/7 staff in the secure unit just down the hallway in the event there
4 is an emergency. My observation has been is that the staff nurses in the unit are quite
5 good about alerting me to any changes in condition of any of the patients that's there.

6 THE COURT: And do you visit her on a regular schedule? She does have
7 regular either checkups or visits from you or just response to calls, or how does that
8 work?

9 DR. CLARK: It's a combination of routine regulatory visits every 60 days
10 for all long-term care patients like Ms. Murray. Then as-needed visits whenever I am
11 asked to do so.

12 THE COURT: All right. Anything else that you think would be useful for
13 the Court to know, as well other people on the phone to know, that you haven't already
14 mentioned?

15 DR. CLARK: No, Sir.

16 THE COURT: All right. Ms. Goodwin, I may have a few more questions
17 for you. I will come back in a minute. I am trying to respect Dr. Clark's time as
18 requested.

19 Ms. Strautman, any issues you would like raise while we have the benefit
20 of Dr. Clark?

21 MS. STRAUTMAN: I just wanted to ask Dr. Clark if the setting that Joyce
22 lives in, in a group home setting, does that lead to more infections just due - - due to
23 being exposed to other peoples' germs, or would she be, you know, prone to these
24 infections and get them if she were living in her own home with full-time care?

25 DR. CLARK: She could get infections no matter where she lived. It has to

1 do with her functional status. The more time you spend in bed, the less time you spend
2 up and about, it is very likely to get infections. So, for example, patients with dementia
3 start to have trouble swallowing, which she is starting to have, it is very easy for some of
4 the germs from swallowing to get down into her lungs by accident and can cause
5 pneumonia, like aspiration pneumonia. That can occur in any setting; nursing homes,
6 group homes, at home.

7 MS. STRAUTMAN: Okay. Thank you.

8 THE COURT: Mr. McDonald, any issues or questions you would like to
9 raise with Dr. Clark?

10 MR. MCDONALD: Yes, I would. In regards to her medical history, what
11 have you read?

12 DR. CLARK: I have my original H&P from July 2012 where I referenced
13 that I reviewed her records in what we call Quality Health Network. It is a very large
14 electronic database from 2005 forward that doctors can read each others' notes. So,
15 including that - - Ms. Murray, I reviewed all of the medical records that were available in
16 Quality Health Network and did my history and physical on her. I did the same in July of
17 2013 when I gave her annual history.

18 MR. MCDONALD: Okay. Well I guess that Dr. Hines (phonetic), if you
19 read Dr. Hines' (phonetic) report at The Haven in Denver, and specifically in that report
20 she reported that my mother had hypertension, hyperlipidemia, cardiovascular disease,
21 arteriosclerosis, and calcification, and congestion heart failure. And prior to that, in
22 December of 2009, she had a myocardial infarction. And, so, how does that play into
23 your care at Heritage? Of course, we would have to mention, at that point in time too.
24 But how does that play into your care at Heritage?

25 DR. CLARK: She has been very fortunate, Sir. She has not had any

1 exacerbations of her blood pressure requiring treatment, nor has she had any congestive
2 heart failure requiring treatment in all the time that I have known her. She no longer has
3 any blood pressure - -

4 MR. MCDONALD: Well, I - - I. Yes, well, the question is, is she has had
5 a serious - - or heart attack in December of 2010 which you typically do not take any
6 hypertension medication. So, she does have an extensive cardiovascular disease and that
7 has been well-documented. We have known about it for years. In any case, when we last
8 visited her in April of this year, when we walked in we saw a marked digression from
9 when we visited her in the fall of 2013. In any case, we reported that, both of the - - well,
10 back in the fall of 2013, we reported that to the guardian and the Court. But what we
11 observed is when we saw her is that she was in a wheelchair on oxygen, and I looked at
12 her and she had all the symptoms of ataxia. She wasn't able to stand or walk safely
13 without aid, and she was in the fall. And she had visible muscle wasting from arms,
14 hands, she was gaunt in the face, she was thinning of skin, her feet were slightly swollen,
15 she wasn't wearing shoes, and noticeable weight loss from her size 16 that she had. She
16 was grossly obese in the fall of 2013. And, she had noticeable sight loss in her good eye.
17 She was able to see pretty well and be able to read with her good eye, but now she is
18 barely able to see. Her eyelids were detached from her eyes with an air gap. She had
19 fluid in her lungs as evidenced by gurgling when she coughed, and I think that it is
20 probably - - she has had that every time we call her. We call her once a week, and she has
21 had that for some time. And it's - - you know, all of this points to - - she has already been
22 diagnosed with congestive heart failure. This all points to, you know, progression of
23 congestive heart failure. How do you see that? And has she seen the cardiologist here
24 recently?

25 DR. CLARK: Sir, she has not seen a cardiologist recently. I find no

1 evidence of congestive heart failure when I visit with her mother and do an examination.

2 MR. MCDONALD: Well, you know, all of those observations that I made
3 with her. She has significant weight loss, her feet are slightly swollen. You know, all of
4 those things that I told you are indicative of congestive heart failure, which she has been
5 diagnosed previously with. She's - - you know, this has been done by a specialist in
6 Denver, and (inaudible), you know, congestive heart failure does not go away. She was
7 fine in November, relatively.

8 THE COURT: Excuse me, I'm sorry. Mr. McDonald, I'll come back to
9 you in a minute. But Dr. Clark I think was going to add something more, and so I just
10 want to make sure she has a chance to finish what she was going to say and then - -

11 MR. MCDONALD: Oh, okay. I'm sorry.

12 THE COURT: That's All right. Dr. Clark, go ahead.

13 DR. CLARK: Again, Your Honor, I found no evidence of congestive heart
14 failure or recurrence of any heart disease in Ms. Murray. These changes that are being
15 noted by myself and by the family are due to her dementia.

16 MR. MCDONALD: In regards to her taking atypical psychotropic drugs
17 which are black labeled for geriatrics, and especially for geriatrics with heart disease and
18 dementia, how is that - - how does that work when she - - with you're care, especially
19 since she was grossly obese and a size 16. She is barely 5 - - maybe 5' 1". Anyway, I
20 was just wondering how - - how that works with your care of the current condition?

21 DR. CLARK: In the past, I have been able to successfully wean Ms.
22 Murray off of Seroquel. Her behaviors (inaudible) issues of medications causing heart
23 disease, those kinds of medications causing heart troubles. I have monitored her for any
24 onset of diabetes, hypertension, etc., when she was on the Seroquel, and, fortunately, she
25 did not have any of those side effects. We were able to eventually stop the Seroquel.

1 However, she has recently developed behaviors again and I have put her on liquid Haldol;
2 thus, the benefit of her having emotional comfort at this point. Not being distraught by
3 hallucinations and delusions outweigh the risk of any cardiac problems, at this point, with
4 her dementia.

5 MR. MCDONALD: I understand. Is she on (inaudible) at this point in
6 time?

7 DR. CLARK: I believe she is on Haldol. Excuse me while I look it up
8 here in her chart.

9 MR. MCDONALD: While you are looking it up, I have - - I can get that
10 later, Dr. Clark. I was just wondering has - - has there been any indication of
11 hypertrophic cardiomyopathy with my mother?

12 DR. CLARK: I'm sorry, what was that?

13 MR. MCDONALD: Hypertrophic cardiomyopathy.

14 DR. CLARK: Well, she has had no clinical evidence of that.

15 MR. MCDONALD: I was just wondering because she has congestive heart
16 failure. I mean, she was diagnosed quite a few times. But, okay, well - - I mean she does
17 the dollars, the money, the assets to get a specialist, a cardiologist and maybe a
18 nephrologist to take a look at her. Don't you think that could be arranged for her?

19 DR. CLARK: Again, Sir, she has advanced dementia and aside from
20 exhibiting any symptoms of heart failure, I would be able to do that if I ever found any
21 symptoms of heart failure in her. You would not have to have a cardiologist or a
22 nephrologist specifically.

23 MR. MCDONALD: Well, I think, since - - you know, it really - - you
24 don't get rid of arterial calcification. You don't get rid of congestive heart failure,
25 especially when you are obese. And before November, she could carry on a conversation

1 fairly well, and we've noticed a marked decline in her. I think it was early January, and I
2 think there was some physiological event that caused it because immediately she could
3 not carry on a conversation when we phoned her. I firmly disagree with you in regards to
4 her congestive heart failure. That has been - - that has been diagnosed, and the dementia
5 could even be caused from it, so - - vascular dementia, and she is definitely insulin-
6 resistant that goes along with being obese. So she has a number of very serious
7 physiological problems that I think, presently for - - you know, could be responsible.
8 With considering, you know, the assets she has available, I think she needs a second
9 opinion by other doctors, and I motion to the Court that this occur predicated just on the
10 observations and her past medical history which you have seemed to have neglected to
11 take into account.

12 THE COURT: All right. Certainly, the issue of whether to order a second
13 opinion is my issue, so I will certainly let everybody speak to that in a minute. And, as I
14 said, one of the purposes of today is to see if we actually need to have a hearing or if we
15 can see how we can go forward just based on this phone call. Let me check in with some
16 others again.

17 Ms. Strautman, as counsel for Ms. Murray, after that additional
18 information and discussion we have just had, does that trigger any additional questions
19 that you want to ask Dr. Clark?

20 MS. STRAUTMAN: Well, I would agree with Mr. McDonald that there is
21 no harm in seeking a specialist, you know, a consultation to just rule out, as Dr. Clark
22 seems to have already done, that congestive heart failure or cardiac issues are causing or
23 are somehow related to this dementia or if there is something that should be treated in a
24 different a way. So I - - I mean, especially given, like he said - - given her resources,
25 there would be no disadvantage that I could see. But perhaps the guardian, you know,

1 would want to give us her perspective on that.

2 THE COURT: All right. Ms. Goodwin, anything you would like to say
3 about that possibility?

4 MS. GOODWIN: Well, I - - I - - it doesn't really - - if people think they
5 would like that, I am happy to work to get it arranged. I would say that I believe Dr.
6 Clark, who is a medical doctor with, I believe, a speciality in gerontology is quite - - has
7 the education and the experience to make a - - make medical decisions and medical
8 evaluations that are appropriate and correct. But again, it certainly is, you know - - I am
9 assuming that in the Roaring Fork Valley there would be a specialist that we could get to
10 look at - - to come and see her. I would not want to be trying to transport her to a
11 doctor's office. I think that would be very disruptive to Ms. Murray and extremely
12 agitating to her, and she would not understand what was going on. I think possibly we
13 could have a chart review by a doctor and maybe they can come and see her. I don't care.
14 It's fine. I believe that she is suffering from progressive terminal dementia. She has been
15 and this is the course that this takes. And I understand that for family members this is
16 painful and difficult and it is a horrible disease. I really don't have anything else to say. I
17 mean, I am not sure what else I can say.

18 THE COURT: So, Dr. Clark, I may have another question or two for you.
19 Let me preface it by, now that the issue has come of possibly a second opinion, if I were
20 to order one it would be not based on some finding that you've done anything wrong or
21 shortcoming, but just getting more information or a second opinion just for the kinds of
22 reasons people often get second opinions which are in a whole range of things. Can you
23 tell me, do you have any view of getting any kind of second opinion or as to whether
24 there are any health risks for Ms. Murray just due to the fact of pursuing that?

25 DR. CLARK: Your Honor, I would like to point out that I've got the

1 Quality Health Network notes open. Her last cardiology visit was with Dr. Gerson, her
2 long-time cardiologist, was in January of 2010. He mentions that she has hypertension
3 and high cholesterol, but no evidence of congestive heart failure. It mentions that she
4 indeed has dementia. The last time the patient was studied cardiac wise, there was no
5 mention of congestive heart failure. I am not sure where the family is getting this
6 conclusion that she has congestive heart failure when her own cardiologist points out that
7 she does not.

8 MR. MCDONALD: I - - I think - -

9 THE COURT: I don't want to have us get into an argument. I would just
10 like to - - I want to hear Dr. Clark finish.

11 MR. MCDONALD: I - - I would like to interject here. This shows that I
12 think that we need somebody independent from her employer, which is the Life - - what is
13 it, Life Sciences? We need possibly her old doctor who has been following her for years,
14 Dr. Ann Mass, and to solicit a cardiologist at Aspen Valley Hospital to make a full
15 assessment of her available to this Court.

16 THE COURT: And, Mr. McDonald, I was trying to stop there. Mr.
17 McDonald, I want to stop you there for a minute. I want to finish hearing from Dr. Clark.
18 I will hear from you again though in a minute, so.

19 MR. MCDONALD: Okay, thank you.

20 THE COURT: Dr. Clark, would you like to go ahead and finish.

21 DR. CLARK: No, Your Honor.

22 THE COURT: And so, Dr. Clark, the one thing I did ask that I was
23 wondering if you could take on is, if the Court were to order that, even though - - of
24 course you are telling me, from your point of view, there is probably no reason to do it in
25 your view. But are there, in your opinion, any health risks for Ms. Murray just to going

1 through that process if it were ordered?

2 DR. CLARK: Well, Sir, she does tend to get extremely agitated at times,
3 so I would worry about her becoming agitated by going out for a physician's visit. That
4 would be my only concern.

5 THE COURT: And, do you think that the kind of - - reason why if a doctor
6 were to come to the facility, that that could not happen right there at the facility?

7 DR. CLARK: It is very challenging to get our subspecialists to come to the
8 facility. In my three years here, I have not had a subspecialist come to the facility. But
9 we could certainly attempt to take her out to see her previous cardiologist, Dr. Gerson, up
10 at Aspen Valley.

11 THE COURT: All right. And, Dr. Gerson, as I understand it, is just going
12 to confirm this just to address Mr. McDonald's concern that he just mentioned. She is
13 not affiliated with your practice or companies is she?

14 DR. CLARK: Dr. Gerson is a cardiologist. I believe he is private practice
15 at Aspen Valley Hospital.

16 THE COURT: All right, okay. Thanks. So, Mr. McDonald, anything you
17 wanted to - - do you want to finish what you were trying to say.

18 MR. MCDONALD: Well, I'd just say that I just wanted to make it noted
19 to the Court that the Court has in its possession reports from Dr. Hines (phonetic) at The
20 Haven that was made in April of 2010 that contradicts what Dr. Clark said. And I believe
21 at The Haven she had a brain scan also, and so she has had an extensive physical at The
22 Haven. I think that there needs to be a discovery of what has been happening at Heritage
23 as far as her medical records go, and I think that it needs to be compared to what her
24 history is, and her medical records of her history, because I do see some - - which requires
25 all of her records, but they are easy to get. So, I think there's some conflicts of

1 assessment here, and there is also - - it defies common sense when anybody that's, you
2 know, that's been around people that have had congestive heart failure you can spot it a
3 mile away, and I'm sorry it just doesn't ring true what Dr. Clark is saying.

4 THE COURT: All right. Ms. Goodwin, anything you would like to add at
5 this point about where we are in this case, how Ms. Murray's doing from your point of
6 view?

7 MS. GOODWIN: I think that I said that she does have terminal
8 progressive dementia. She has, as Dr. Clark said, the um - - you know, she is going to be
9 someone who has ongoing dementia, has - - is prone to infections. They are prone. They
10 can have like - - it's not always just gradual. It can happen in a very - - like (inaudible)-
11 like way that some event can - - like having aspiration pneumonia can cause a rapid
12 decline, you know, like a big decline almost overnight. I believe that having Ms. Murray
13 in a facility where there is a doctor available all the time is so far superior to what most
14 people have available to them. I guess - - and as I said, I think that it is - - dementia is a
15 horrible disease. It is painful for family members to see and watch. And I understand
16 how they may want to blame it on something, but I don't believe that there is anything
17 else except that she has dementia. I don't know what else I can tell you.

18 THE COURT: All right. Ms. Strautman, do you have any questions for
19 Ms. Goodwin?

20 MS. STRAUTMAN: I do not, Your Honor. I do, however, have one
21 question for the conservator that I didn't raise earlier.

22 THE COURT: All right, go ahead.

23 MS. STRAUTMAN: In reviewing the report from last year, I noted that
24 there was a fee for an investment advisor of around \$12,000, and I wasn't sure who that
25 person is or was and whether that is an ongoing fee.

1 MR. KLEAGER: That is an ongoing fee, and it is with Capital Investment
2 Counsel.

3 MS. STRAUTMAN: Capital Investment Counsel.

4 MR. KLEAGER: Right.

5 MS. STRAUTMAN: And did they advise her on that Scwab account, or
6 what, I mean what type of advise - -

7 MR. KLEAGER: They are the advisors for the Scwab account. Yes.

8 MS. STRAUTMAN: That just strikes me as a very high fee, but maybe
9 you can tell me what your opinion is on that.

10 MR. KLEAGER: Well, generally the fees are like 1% for the first two
11 million dollars for advisors.

12 MS. STRAUTMAN: Okay.

13 MR. KLEAGER: And we have several of these accounts through Dalby
14 Wendland, and we have negotiated at three-quarters of a percent and that is basically
15 what that fee is.

16 MS. STRAUTMAN: Okay. And you recommend keeping them on board
17 because they are going to be able to make some judgements about buying, selling, and
18 maximizing her return?

19 MR. KLEAGER: Right, right. Currently, the portfolio has a yield of like
20 3.6% and it is relatively conservative of course, and that is a pretty good return compared
21 to what else is available at banks, etc., so.

22 MS. STRAUTMAN: Sure. Okay. Thank you.

23 THE COURT: Mr. McDonald, do you have any questions for Ms.
24 Goodwin?

25 MR. MCDONALD: Well, uh, yes. They were mentioning her dementia.

1 Well, we knew full well about her dementia a long time ago. And her dementia - - part of
2 her history was she did get in some car accidents in the late 70's early 80's, and, this in
3 part, may be one of the possible reasons for her dementia. But as far as her onset of her
4 mental deficiency that she's got - - in 2008 which she developed, a lot of that had to do
5 with her physiological illnesses, such as her hypertension, her heart disease and
6 arteriosclerosis which she had been worried about for years prior. And so, you know,
7 dementia is, you know, of course it is caused by Alzheimer's, Lewy bodies, it could be
8 caused from any number of things, even hormonal imbalances which you'd probably need
9 an endocrinologist to look at certain things on - - her blood work. But the (inaudible)
10 feeling is that she was seriously ill when she went to The Haven, and she had just got out
11 of the hospital at Aspen Valley for the myocardial infarction due to she wasn't taking her
12 hypertension medication. My question to Jeannette is that, why wasn't she put into an
13 aggressive program to address her cardiovascular disease, and why she was allowed to
14 become obese, which, as everyone knows, just exacerbates any cardiovascular disease
15 and actually exacerbates in dementia? So, I guess that's the question I have for her,

16 THE COURT: All right. Thank you. Ms. Goodwin, would you like to say
17 any response to that?

18 MS. GOODWIN: I guess I would just say that number one, nursing home
19 patients have rights. They can eat what they want to. You cannot restrict them unless
20 there's a doctor's orders saying that they have to have restricted. The doctor did not order
21 that. There is no evidence upon her - - all the physical exams that she had when she went
22 to the nursing home that stated that she needed to be on a cardiac rehab. However, she
23 has been given PT and OT during the time she has been at Heritage Park. She has had
24 difficulty in working with the people and adjusting to that and remembering what people
25 have tried to work with her on because of the dementia. Again, I am just going to go

1 back and say her primary diagnosis is dementia. It is a progressive terminal disease. It is
2 painful for everyone. It is difficult for everyone. And there is the grasping at the straws
3 that it is caused by other things and there are other things that can do, is just not realistic.

4 THE COURT: All right. Thank you. Initially, I think I would like to see
5 us proceed. First of all, I appreciate everybody giving their time today to help educate me
6 about some things about where we are. I do realize when people, such as Ms. Murray,
7 reach this most senior portion of their lives, that different people can have different
8 perspectives about the proper manner in which to provide care and how to approach
9 various problems as they arise, as they always do for people who get into the situation
10 that Ms. Murray is in. I know this was disputed, but for the various reasons that came up
11 at the hearing that we had, Ms. Goodwin is the - - actually, I need stop for a minute. Ms.
12 Schroer, I know you said you were going to defer, but is there anything else you wanted
13 to add before I go forward?

14 MS. SCHROER: No, Your Honor.

15 THE COURT: All right. Ms. Goodwin is the guardian, but part of
16 working with an individual like Ms. Murray and having her have the support that would
17 be good for her also involves responding at least to concerns of the people around her, not
18 only the guardian but others, even if the guardian is the ultimate decision-maker subject
19 to the oversight of the Court. Mr. McDonald has expressed an interest in a second
20 opinion. Ms. Strautman at least has suggested that might be a good idea or nothing
21 wrong with that idea, from her point of view. Ms. Goodwin certainly indicates she is
22 willing to do it if everybody agrees. I realize there are some medical reasons why, as well
23 as just human reasons, why someone might choose not to do that, but at least if it can be
24 done on site, it appears to me there is no material harm to Ms. Murray if the second
25 opinion is obtained, number one. And number two, there is always that possibility,

1 because as is with all treating professionals and smart people, sometimes people have
2 different opinions, to go forward with the second opinion. So, I am going to direct, Ms.
3 Goodwin, that you go through the effort to arrange trying to get a second opinion on
4 cardiovascular issues through Dr. Gerson or some other prior provider to Ms. Murray. I
5 am going to ask to see if you can try and get that done within 60 days and provide - - I
6 don't need a full-blown guardian's report, but just an update on that one issue to be filed
7 within 14 days of whenever the additional opinion is obtained, the second opinion. Of
8 course, that should be provided to Ms. Strautman and Mr. McDonald as well. After we
9 see that report will determine whether we need to have a further conference about what to
10 do. Actually, maybe we will set one now just so we have it on the calendar for those who
11 need to be involved. I don't think this will need to involve Mr. Kleager, but we will do
12 that. The other thing I wanted to mention is, although I was out of (inaudible) for much
13 of May, I did receive an e-mail from Mr. McDonald. And, of course, I can't just accept
14 an ex parte communication, so I will be circulating it to those involved in the guardian
15 portion of this case to see if anybody chooses to respond. I may or may not enter some
16 orders just related to the inquiry he has made to me generally asking for more information
17 about Ms. Goodwin and her background, as well as, you know, prior investigations
18 performed by the Court as part of the appointment process. To get us a chance to follow
19 up on all of that, since I am putting us on maybe a two-and-a-half month time frame for
20 the second opinion, I am going to look for a time end of August or early September to see
21 if we can confer again to see if that second opinion is triggering anything else that we
22 need to do. Bear with me.

23 MR. MCDONALD: Your Honor.

24 THE COURT: Yes.

25 MR. MCDONALD: I'm sorry to interject. I think that, you know, from

1 what I - - we observed, I think that this - - there is a good likelihood that my mother may
2 be deceased in two months as how bad she was. If she does contract a slight infection
3 from the weakness that we witnessed, she is very gravely ill. I am just interjecting that. It
4 may necessitate an autopsy to show exactly what she died from. If in case it does happen.
5 I'm just saying that it was very alarming to us when we visited her in April.

6 THE COURT: I understand what you are saying. Certainly, everything I
7 have heard suggests that your mother is in an end-of-life type condition based on - - and I
8 guess we can all disagree or agree or recognize there are different reasons why she might
9 be in that condition, but she's - - it is reasonable to expect she is near the end for any one
10 of a number of reasons. Certainly, I will authorize Ms. Goodwin to go forward on a much
11 faster basis if she can arrange it, but in terms of actually handling it at the conference I
12 mentioned, we will set it on the schedule. If circumstances change, we may have to deal
13 with that. I could do - - I'm sorry, hang on. I could do a phone conference at 8:30 in the
14 morning on August 28th, and give everybody a chance - - a moment here to check your
15 calendars.

16 MS. SCHROER: Your Honor, this is Ms. Schroer. Jeanette and I can do
17 that.

18 THE COURT: All right. Ms. Strautman, does that work for you?

19 MS. STRAUTMAN: It works for me, Your Honor.

20 THE COURT: Mr. McDonald?

21 MR. MCDONALD: 8:30 a.m., August 28th?

22 THE COURT: Yes.

23 MR. MCDONALD: We can do that, yes.

24 THE COURT: All right, great. Thank you. Dr. Clark, I am not sure - - I
25 am not going to be ordering you, at least as of today, to be part of that phone call, but in

1 case you do become part of that phone call, are you available then?

2 DR. CLARK: Yes, Sir.

3 THE COURT: All right. With all of that - - and I will confirm that date
4 and time when I send out the e-mail that I received from Mr. McDonald so that no one
5 else needs to do a reminder.

6 Ms. Strautman, is there anything else you think we need to discuss today?

7 MS. STRAUTMAN: No, Your Honor.

8 THE COURT: Ms. Schroer?

9 MS. SCHROER: No, Your Honor.

10 THE COURT: Mr. Kleager?

11 MR. KLEAGER: No, Your Honor.

12 THE COURT: And, Mr. Kleager, I didn't include you in my questions
13 because I don't need you to participate in that August proceeding.

14 MR. KLEAGER: Right. I understood that.

15 THE COURT: All right. Mr. McDonald, anything else you think we
16 should talk about today?

17 MR. MCDONALD: No. I don't, other than the - - as far as the
18 cardiologist doing an in-house examination of my mother, it really needs to - - you know,
19 having an angiogram or a sonogram or scans, and which probably would be disruptive
20 and non-productive for her at this particular stage in her disease. But, I think that it is
21 paramount to have discovery of her past medical assessments put forth as in - - together
22 with the cardiologist's examination. Because those examinations - - previous
23 examinations - - there were extensive tests made at that point in time. And so it is
24 relevant to the whole discussion of exactly what is going on with her since she can't have
25 a full set of tests. But she can get blood work and that should be part of it; extensive

1 blood work. Not just a standard workup, but something a little bit more extensive.

2 THE COURT: And just so there is no ambiguity, then certainly whoever is
3 going to develop the second opinion, I will confirm that they will have access and should
4 be provided medical records and medical history.

5 MR. MCDONALD: Hopefully it should be provided for your hearing on
6 August 28th.

7 THE COURT: Well, I do think it could be provided to the doctor. The
8 August 28th may be similar to today, in the sense, at least, that I may have to decide
9 whether that is enough so we can just stay on the track of the guardian and the
10 conservator providing the reports and doing what they're supposed to do, or if we have to
11 have some hearing to decide on some more - - some different course of action.

12 MR. MCDONALD: Okay. Well is it possible that we have access to that
13 discovery?

14 MS. GOODWIN: I think there's HIPPA rules about that.

15 THE COURT: Well, that is why I am pausing. I - - discovery, of course, is
16 a term used in legal proceedings. It is not really a medical term. Certainly, Mr.
17 McDonald, you have the right to have access to information, at least to the extent of the
18 prior Orders of the Court. If there's underlying health data that you don't get, I am not
19 going to order that today. I will have to have a better sense of what it is and what you
20 didn't get to decide whether you should get more.

21 MR. MCDONALD: Well, I do have a physician, Dr. Hines' (phonetic)
22 report, and I have Dr. Cook's (phonetic) report, and I think it is germane in that with
23 HIPPA, it's usually the may and the must. And the reason - - the only reason for non-
24 disclosure at this point in time, if this situation with my mother is not in my mother's best
25 interest. The HIPPA is, I think, a misuse in this instance in regards to her welfare. But I

1 would prefer that she, my mother, would be -- what could be done to her right now. To
2 be put into a facility that has an on-staff cardiologist and a nephrologist. In other words,
3 somewhere where she can really get medical attention. I understand fully the progression
4 of dementia and Alzheimer's. We have had it in the family before. And this is not what
5 the issue is about. So, I think that my feeling in discovery is that the discovery is to -- to
6 essentially sensor information. It really isn't germane to the best interest of my mother.

7 THE COURT: I understand what you are saying. I am certainly not going
8 to order a change in facility today. That would require a full hearing and, at least in terms
9 of what I have heard today, that is not something I will pursue by an order of the Court
10 without a motion. But if you choose to file a motion to that effect, I certainly will take it
11 up in due course as appropriate. The issues, of course, are not only HIPPA but the
12 confidentiality of health information; and so I am just not prepared to order a full
13 disclosure today, and we will have to take that up again on August 28th if there are
14 problems.

15 MR. MCDONALD: I understand.

16 THE COURT: All right. Thank you everybody for calling. I will talk to
17 you again in August. And, in the difficult circumstances she is in, I wish Ms. Murray
18 well. Thank you everybody.

19 MR. MCDONALD: Thank you, your Honor.

20 MS. STRAUTMAN: Thank you, Your Honor.

21 MS. GOODWIN: Thank you.

22 MR. KLEAGER: Thank you..

C E R T I F I C A T E

I, Amanda Betts, do hereby certify that the above and foregoing transcript is a true and accurate transcription, to the best of my knowledge and ability, of the electronic sound recording at the time and place above set forth.

Dated this 4th day of June, 2014.

/s/ via e-mail

Amanda Betts (Court Transcriptionist)

DISTRICT COURT, PITKIN COUNTY, STATE OF COLORADO

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to pgs

Case No. 10PR09/10PR10

TRANSCRIPT OF EMERGENCY HEARING

In the Interest of Joyce K. Murray

The above-entitled matter came on for hearing before the HONORABLE JAMES B. BOYD, Chief Judge of the Ninth Judicial District, on February 16, 2010, Aspen, Colorado.

APPEARANCES:

For the Petitioner: Mr. Christopher Seldin, Esq.
Assistant County Attorney

For the Respondent: Ms. Jamie Roth, Esq.
Attorney at Law.

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1 THE COURT: All right. Ms. Roth, anything you
2 want to say about that.

3 MS. ROTH: I don't have anything to say about
4 that, Judge.

5 THE COURT: All right. I will appoint Ms.
6 Malanowski as the visitor. We need to, I think, then set
7 this matter for a status conference in the next week or so,
8 so we can have all these people on the phone so we can then
9 schedule a hearing at time when everybody's available.

10 I'm looking at my calendar. Could we do a phone
11 conference on the -- next Thursday the 25th at 8:45?

12 MS. ROTH: Would I be permitted to appear by
13 phone, Judge?

14 THE COURT: Yes.

15 MR. SELDIN: That works for the County, Your
16 Honor.

17 THE COURT: Ms. Roth, does that work for you?

18 MS. ROTH: Absolutely, that's fine.

19 THE COURT: All right. Mr. Seldin, can I ask you
20 to prepare a form of order for what I've done today as well
21 as to make sure that Ms. Malanowski, Ms. Kleager and Ms.
22 Goodwin all know about and can participate in that
23 conference?

24 MR. SELDIN: Yes, Your Honor.

1 THE COURT: All right. Could you work out a
2 conference call as well?

3 MR. SELDIN: I will do that, Judge.

4 THE COURT: All right. Mr. Seldin, anything else
5 you think we should talk about today?

6 MR. SELDIN: Your Honor, with regard to the -- the
7 mental and physical health evaluations, the Department does
8 have proposed providers for those, which we're prepared to
9 discuss. I have tendered resumes to Counsel on -- I have
10 tendered a resume to Counsel for the proposed mental health
11 evaluator.

12 THE COURT: All right. We can either take that up
13 next week or if you're prepared to respond right now, Ms.
14 Roth, you can tell me.

15 MS. ROTH: Judge, Ms. Murray is very opposed to
16 this idea. I am not prepared to speak as to the specifics
17 of that resume at this time. I should note that Ms.
18 Murray's strenuous objection to the order for mental health
19 evaluation and physical evaluation.

20 THE COURT: All right. And I actually didn't hear
21 argument on that. If you want to -- well, that's my order
22 for today. If you want to enter further argument, I'll
23 allow it in the phone conference next week but you should
24 also be prepared about who those people might be if, in
25 fact, I stand on the order that I just entered.

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DISTRICT COURT, PITKIN COUNTY, STATE OF COLORADO 530 East Main Street Aspen, CO 81611 Phone Number: (970) 925-7635	EFILED 3/12/10
IN THE INTEREST OF:	▲ COURT USE ONLY ▲
JOYCE MURRAY, Respondent.	Case Number: 10PR9 and 10PR10 (consolidated) Div.: Ctrm:
<i>Attorneys for Respondent:</i> Jamie J. Roth, Atty. Reg. # 28509 Beattie, Chadwick & Houpt, LLP 932 Cooper Avenue Glenwood Springs, CO 81601 Phone Number: (970) 945-8659 Fax Number: (970) 945-8671 E-mail: jroth@beattiechadwick.com	
NOTICE OF REQUEST FOR EXTENSION OF TIME FOR COURT ORDERED EVALUATION REPORTS	

Ms. Murray, by and through her counsel, Beattie, Chadwick & Houpt, LLP, informs the court and interested parties that Dr. Kutz and Dr. Mass request an extension of time for the psychological and medical evaluation report ordered by the court, and as grounds states the following:

1. On February 25, 2010, this Court appointed Dr. Kutz to conduct a psychological evaluation, and Dr. Mass to provide a physical examination. The court set a deadline of Mach 31, 2010 for reports to be filed with the court.
2. Dr. Kutz made arrangements to perform his evaluation on March 12 -14, 2010. Dr. Kutz planned to travel to the Roaring Fork Valley in the late afternoon of March 11, 2009. On March 7, 2010, a rockslide closed Glenwood Canyon for an indefinite period of time. Dr. Kutz rescheduled his arrangments for the evaluation to March 25, 2010; since it was unknown whether or not he would be able to travel to Aspen, Colorado.
3. In the late afternoon of March 11, 2010, Glenwood Canyon finally re-opened to limited traffic. Unfortunately, this opening came too late for Dr. Kutz to adjust his travel plans.

- a. The emergency guardian shall have general authority to manage Ms. Murray's daily affairs, including the authority to place and maintain her home in a clean, safe, and sanitary condition. The emergency guardian shall not, however, have the authority to move Ms. Murray out of her home on West Buttermilk Road.
- b. The special conservator shall have authority to obtain all financial information relating to Ms. Murray, and to make expenditures required for the daily necessities of Ms. Murray's life, including: maintaining her home; purchasing food and clothing; providing security; and paying regular ongoing bills. The special conservator shall be authorized to make expenditures out of a US Bank account with sufficient resources to support said expenditures.

4. The Court appoints Dr. Eva Malanowski as the visitor for purposes of both the guardianship and the conservatorship petitions.

5. The Court provisionally authorizes mental and physical health evaluations of Ms. Murray pursuant to §§ 15-14-306 and 15-14-406(6), C.R.S.; the identities of the evaluators shall be established during the telephonic status hearing on February 25, 2010. The Court will also entertain objections to the propriety of making such appointments at that time.

6. Pitkin County case numbers 10 PR 09 and 10 PR 10 are hereby consolidated.

7. The case files in these matters are ordered sealed to all persons other than the parties and counsel of record, and the proceedings in these matters shall be closed to the public.

8. This matter is set for a telephonic status conference on February 25th at 8:45 A.M.; DHS shall arrange for a conference call to accommodate the status conference.

ORDERED this ____ day of _____ 2010.

BY THE COURT:

James Boyd, Chief District Court Judge

CERTIFICATE OF SERVICE

I hereby certify that on this 19th day of February 2010, I served a true and correct copy of the foregoing **ORDER APPOINTING EMERGENCY GUARDIAN AND SPECIAL CONSERVATOR** by:

Placing it in the United States mail, postage paid to:

Jamie Roth, Esq.
Beattie, Chadwick & Houpt, LLP
932 Cooper Avenue
Glenwood Springs, CO 81601

Lynn Kleager
Dalby, Wendland & Co.
201 Centennial Drive
970-945-8575

Jeanette Goodwin
Visionary Advocacy
P.O. Box 200850
Denver, Colorado 80220

Dr. Eva A. Malanowski
Aspen Counseling Center
405 Castle Creek Road, Ste. 9
Aspen, CO 81611

Scott, William & Winifred McDonald
100 S.E. Harney Street, #15
Portland, OR 97202

Interoffice Delivery to:
Lori Kret
Pitkin County DHS

By Jane Asbery

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DISTRICT COURT
PITKIN COUNTY
STATE OF COLORADO
506 EAST MAIN STREET, SUITE 300
ASPEN, CO 81611

IN RE: JOYCE MURRAY

^FOR COURT USE
ONLY^

Case No. 10 PR 009

Division No. III

For Petitioner:
Department of Human Services
By: Christopher G. Seldin, Esquire
530 E. Main Street, Suite 302
Aspen, Colorado
81611

For Cross-Petitioner:
W. Scott McDonald, pro se

For Protected Party:
By: Jamie J. Roth, Esquire
Beattie, Chadwick & Hought, LLP
932 Cooper Avenue
Glenwood Springs, Colorado
81601

The matter came on for hearing on Friday,
March 26, 2010, before the HONORABLE
JAMES B. BOYD, Judge of the District Court,
and the following proceedings were had.

(The parties are present via telephone.)

1 form of Order for what I just ordered?

2 MR. SELDIN: I will do so, Your Honor.

3 THE COURT: All right.

4 MR. McDONALD: Your Honor, I have -- I have a few
5 questions --

6 THE COURT: All right.

7 MR. McDONALD: -- regarding Ms. -- my mother's
8 health.

9 THE COURT: All right.

10 MR. McDONALD: And -- and it sounds like she has
11 digressed to more of a state of confusion. And a lot of times
12 -- and we've seen this in the past -- is it's because she's
13 under stress, outside stress. My concern is that she may be
14 -- part of her dementia may be that [inaudible] dementia. And
15 the altitude of the West Buttermilk property and just the
16 altitude of Aspen may be part of her problem, that aids to her
17 confusion. And if she's in the hospital at this point in
18 time, I -- I was hoping that possibly that she can have an
19 evaluation of her -- just her general health as far as --

20 MS. GOODWIN: They've done that. That's being
21 done.

22 MR. McDONALD: Okay.

23 MS. GOODWIN: And all of her --

24 MR. McDONALD: [Inaudible] --

25 MS. GOODWIN: -- all of her labs came back within

1 normal limits.

2 MR. McDONALD: Within normal limits?

3 MS. GOODWIN: Uh-huh.

4 MR. McDONALD: Okay. So -- And -- and -- and how
5 about her -- her -- Does she have hypertension? I've never
6 gotten a straight answer if she does. She did in the past
7 and --

8 MS. GOODWIN: I -- I can't answer that question
9 specifically. I know they just -- I didn't go over the lab
10 work. I just -- they just went -- they just said all of her
11 labs -- you know, we were trying to look for a medical -- a
12 real -- if there was an imminent medical problem. I was
13 concerned about a urinary tract infection, you know, just if
14 she had any other kind of infection that would be causing this
15 increased confusion, and she didn't have anything like that.

16 I will tell you if she does have hypertension, it
17 has been untreated because I talked with Dr. Mass and she's
18 been to see Dr. Mass in the past, and has been completely
19 incompilant with any medical recommendations.

20 MR. McDONALD: Okay. Is there any chance that I
21 can -- I guess have the authority now to talk to Dr. Mass in
22 regards to her health?

23 THE COURT: And I -- I don't think that's correct.
24 She has --

25 MR. McDONALD: Oh, that's not correct? All right.

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court Pitkin County, Colorado Court Address: <u>506 E. Main St. Suite 300</u> <u>Aspen, CO 81611</u>	▲ COURT USE ONLY ▲
<input checked="" type="checkbox"/> In the Interest of: <input type="checkbox"/> In the Matter of the Estate of: <u>Joyce K. Murray, Respondent</u>	
Attorney or Party Without Attorney (Name and Address): <u>scott McDonald</u> Phone Number: <u>970-925-8743, 503-705-2075</u> E-mail: <u>mcdclan@hotmail.com</u> FAX Number: _____ Atty. Reg. #: _____	Case Number: <u>10 PR 09, 10 Pr 10</u> Division _____ Courtroom _____
OBJECTION	

I, W. Scott McDonald (name) as the Guardian, Conservator, Personal Representative Heir Creditor or Other Interested Person only adult child (identify relationship in case), am a party to this case and object to the document identified below filed on order from March, 26, 2010 court date (date).

- Motion to _____
- Petition to _____
- Other: Resultant Order from the March 26, 2010 emergency hearing did not allow the respondent's son access to her medical records.

The grounds for my objection are as follows:

Your Honor,

Joyce Murray agreed to release her medical records for us to review and she signed the required release form as directed from which Nan Sundean gave us via e-mail from Pitkin County Social Services. This release is on file with Pitkin County Social Services. Please reference attachment. Joyce a day later, recanted her agreement. Dr. Malanowskis Report to The Court, noted Joyce had fired Jamie Roth and did not want her son as conservator. Please reference the below segment of Dr. Malanowski's report. Joyce has now openly gone against both her lawyer and her family. Is it presumable that the court has dismissed Joyce's firing of Jamie as the ranting of a mentally ill person for there was no mention of this during the 03/26/2010 hearing? Should this court position be applied to Joyce's recant of the medical release?

03/26/20010 emergency hearing testimony, additional justification: Ms. Goodwin Testimony:

From this last testimony it seems Ms. Goodwin has waited until now, over a month after assuming responsibility as an emergency Guardian to personally inspect Joyce's living environment. Ms. Goodwin essentially PARAPHRASED our graphic description made in our February 2009 letter to Pitkin County Social Services. How is it that the observations of Joyce's living conditions and her observed mental state reported verbally by her immediate family over a year ago and documented by letter and sent to Pitkin County Social Services with our pleadings for intervention go unheard and those of Mrs. Goodwin are entertained by Pitkin County immediately? Pitkin County Social Services delayed any follow up to our letter for a month a one half, they even denied receiving the letter. This resulted in a flurry of e-mails from us in regards to their non-compliance to Colorado statutes, Article 26. Demonstrably, there seems to be to different legal standards for reporting and getting help for a person at risk, one from a lawyer appointed Guardian and one from a report by immediate family members. Why is it when both reports describe uncannily the same unfit conditions, only the words of the hired guardian are heard and those of the concerned family are ignored?

It is well documented, and personally observed by my wife when she worked as the Programs Director for Hill Haven Rest Homes in Marine County, CA during the late 1970's ; the abrupt removal of a geriatric from their familiar living surroundings against their will can exacerbate preexisting conditions. She personally witnessed perfectly functioning , spunky little old ladies first drugged for ease of control, followed by total depression, helplessness, and then loss of the will to live. Dying in literally less than three months from admission has been witnessed. Being yanked from one's home against their will and to be placed in any institution is not mentally good for anyone. Ms Goodwin may have done more harm than good, given that Joyce has been living for years in the W. Buttermilk house when the health issues were much more severe than what Ms Goodwin observed . Joyce has been receiving aid cleaning her house. Assuredly, Ms. Goodwin has attended to that this last month. Clearly there has been some lack of communication between Jamie Roth , Ms. Goodwin and DHS / Pitkin County Social services. The condition of the W. Buttermilk house has been well documented and a plan was discussed between us and DHS months ago for Joyce to eventually move to the Victorian downtown. Joyce concurred it would be better for her and she even put stickers on the furniture she chose to furnish the Victorian with. All was good until her paranoia set in.

Too many years of animal infestation has left the W. Buttermilk house uninhabitable. The walls and ceiling insulation are saturated with over one decade's accumulation of excrement and urine. To remedy the animal infestation, the Buttermilk house would require all of the sheet rock to be removed and the house reinsulated. This would be unwarranted for such a structure, rendering it i a tear down. But as Ms Goodwin indicated with her testimony, she was not aware of this.

Ms. Goodwin did not also acknowledge there is a stripped out functioning studio apartment with a functioning full bath over the garage of the W. Buttermilk house. This was last observed by the McDonalds, January 2010. Joyce commented to us that she spends considerable time there reflecting on the view.

As far as assessing Joyce's current physical health, the family questions if it has been addressed adequately? Ms. Goodwin can not answer as to Joyce's cardiovascular health. Which has been historically a serious threat in years past. Goodwin attesting to only knowing that Joyce's Blood tests are satisfactory, which gives us little

assurance that this issue has been addressed properly . How extensive was the testing? Blood tests are usually only a cursory tool unless they are extensive. There are only a handful of labs across the country capable of performing such comprehensive testing. Arterial calcium deposits generally don't go away with age. Does she currently have any symptoms of hypertension? Has she been through a treadmill test? Ms Goodwin does not know. The family would know if given the opportunity. Joyce's family opinion is that Ms Goodwin is not performing her job adequately or in a timely manner.

We asked Joyce this year if she was taking any medication. She said she was but she lost her prescriptions. We took her to her doctor's office at Aspen Valley Hospital, where she picked up a Zocor prescription which we took her to fill.

We have been attempting to get an accurate reading on Joyce's medical condition for over a year. We contacted Dr. Ann Mass , but she couldn't help us due to HIPAA privacy guidelines. Joyce's family would have got the job done if they were given the authority to do so.

The very nature of Joyce's illness precludes her the capacity of freewill from a sound mind. Her interactions with her lawyer and the courts in my opinion are derived from Delusions, Hallucinations and Paranoia. How can any lawyer truly represent the needs of a mentally ill respondent, plagued with serious disabilities which cloud all reality, unless they were part of the applicants life before the onset of the mental illness. Without such a qualification, this lawyer would in effect only be placating a psychotic's false perceptions which could be construed as receiving wage under a false pretext. For Joyce , her family believes, her mental condition is so evident that: "YOU DON'T NEED A WEATHERMAN TO KNOW WHITCH WAY THE WIND BLOWS" to ascertain her mental competence. Joyce's current mental state prevents her lawyer from representing her accurately in court. Joyce's family concurs with the opinion of Dr. Malanowski's report to the court, that Joyce should have a guardian ad litem , a personal long time friend or family member who accurately represents Joyce to the court as if she was free of her mental illness. Such a guardian ad litem, who was familiar with her likes , dislikes and standards of living prior to her illness would surely agree that her immediate family would better serve Joyce's medical concerns than a hired Guardian with no person connection or consequence.

REFERENCE: Report by : Dr. Eva A. Malanowski, Psy.D.

Licensed Clinical Psychologist- Aspen,CO

COURT-APPOINTED VISITOR REPORT

NAME: Joyce Murray

REPORT DATE: 3/24/2010

CASE NUMBERS: 10 pr 09, 10 pr

Interview with Ms. Murray:

....."She was very much opposed to anybody helping her in any way and expressed to me that she felt her son and her attorney were after her money and that this is what this was about. She indicated to me that she did not want her son to be the conservator."

.....Ms. Murray indicated to me that she had fired her attorney and that she thought this whole thing (the guardianship process) was something that had been concocted by her attorney so that her attorney could continue to make money off of Ms. Murray.

Recommendations:

1. Ms. Murray should have an attorney representing her in these proceedings.
2. I think that Ms. Murray could testify in court, though it is possible that she may get so agitated that a guardian ad litem would need to be appointed to represent her in court.

Date: 3/29/10

N. Scott McDonald
Signature

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Objection was served on each of the following:

Name of Person to Whom You are Sending this Document	Relationship	Address	Manner of Service*
Jamie Roth, Esq.	respondent's lawyer	932 Cooper avenue , Glenwood Springs, CO 81601	e-mail
Chris Seldin	Ass. Pitkin county Attorney	530 E. Mainst. Ste. 302, Aspen, CO 81611	e-mail

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature

3
9995

DISTRICT COURT
PITKIN COUNTY
STATE OF COLORADO
506 EAST MAIN STREET, SUITE 300
ASPEN, CO 81611

IN RE: JOYCE MURRAY

^FOR COURT USE
ONLY^

Case No. 10 PR 009

Division No. III

For Petitioner:
Department of Human Services
By: Christopher G. Seldin, Esquire
530 E. Main Street, Suite 302
Aspen, Colorado
81611

For Cross-Petitioner:
W. Scott McDonald, pro se

For Protected Party:
By: Jamie J. Roth, Esquire
Beattie, Chadwick & Houpt, LLP
932 Cooper Avenue
Glenwood Springs, Colorado
81601

The matter came on for hearing on Monday,
April 21, 2010, before the HONORABLE
JAMES B. BOYD, Judge of the District Court,
and the following proceedings were had.

(The parties are present in person.)

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1 MORNING SESSION, WEDNESDAY, APRIL 21, 2010

2 (Whereupon the following proceedings were
3 conducted in open court:)

4 THE COURT: Good morning, Everybody. I apologize
5 for the surroundings. We have a crowded courthouse today.
6 Tomorrow we -- should we go into tomorrow we should be able to
7 use the county courtroom, but we'll be in here for today.

8 This is 10 PR 009, the consolidated case 10 PR 010
9 regarding Joyce Murray who's present.

10 Ms. Murray, thank you for coming today.

11 PROTECTED PARTY: Thank you.

12 THE COURT: Ms. Murray is present with her lawyer,
13 Ms. Roth. And the petitioner, Department of Human Services is
14 present through Ms. Kret, with attorney, Mr. Seldin. Cross-
15 petitioner, Mr. McDonald --

16 MR. McDONALD: Yes.

17 THE COURT: -- is present. Is that right?

18 MR. McDONALD: Yes.

19 THE COURT: The special conservator is present or
20 not?

21 MS. ROTH: He's available by phone, Judge, but --

22 THE COURT: All right.

23 MS. ROTH: -- he's not present.

24 THE COURT: And Ms. Goodwin, the emergency
25 guardian, is present. Is the visitor present today?

1 MR. McDONALD: Yes, I do.

2 CROSS-EXAMINATION

3 BY MR. McDONALD:

4 Q. This is Scott McDonald, Joyce Murray's son. Dr.
5 Hogan, when you did your assessment of Joyce did you refer to
6 any of the documented 9-1-1 sheriff reports?

7 A. I did not do the initial evaluation for your mom;
8 that was actually Dr. Hines. So yeah, I was aware of the 9-1-
9 1 reports that had occurred. Yes.

10 Q. But you -- you didn't read them?

11 A. I did not read them, but I was aware of them, that
12 those had occurred.

13 Q. Now, I have a report here from a Dr. Kutz. And I
14 was under the impression that Dr. Kutz was going to do the
15 March 25th assessment of Joyce.

16 A. Okay. I --

17 Q. But --

18 A. -- do have an assessment here from a Dr. Kutz
19 that's dated April 7th of 2010.

20 Q. It -- Oh, okay. That's -- that is the report.
21 Yes. That's the same report and this, I believe was from his
22 meeting with Joyce on -- oh, it says here "March 26th."

23 Now, Dr. Hines' report, it -- I -- I have never
24 seen Dr. Hines' report.

25 A. Okay.

1 Q. But in reference -- In Dr. Kutz's report there is
2 a reference that Joyce Murray was discharged December 2nd, 2009
3 after a two-day stay, which gave a diagnosis of chest
4 discomfort, myocardial infarction, uncontrolled hypertension
5 secondary to non-compliance with medications, congenital
6 blindness in the left eye, and a chronic psychiatric illness
7 with prominent -- prominent anxiety and paranoia symptoms,
8 suspicious or paranoid schizophrenia. That was just at the
9 discharge.

10 My concern is is -- has been for over a year that
11 Joyce has not been taking her hypertension medication. And as
12 far as I know when I -- I -- I have no idea if that has been
13 included in the -- in your medication that you're doing at
14 Haven Behavioral.

15 A. Well, she was on Amlodipine and
16 Hydrochlorothiazide. Those are -- those are hypertensive
17 medications.

18 Q. I -- I'm not --

19 A. And she was --

20 Q. -- familiar with those. Are those beta blockers
21 or calcium block or calcium channel blockers?

22 A. Amlodipine is, but Hydrochlorothiazide is actually
23 more like a water pill.

24 Q. Okay.

25 A. That helps get rid of excess fluids to help lower

1 blood pressure. But she was on that while she was here and
2 she was discharged on that to Heritage Park.

3 Q. Did her -- Did -- did she have response and is
4 she -- what -- what stage of hypertension is she at?

5 A. I have no idea. Hypertension is not my forte,
6 psychiatry is.

7 Q. Oh.

8 A. You would need to speak with a general medical,
9 like internal medicine doctor.

10 Q. I understand. I --

11 A. But I can tell you based on what's in her chart,
12 how her blood pressures were while she was here.

13 Q. Well, that would -- that'd be interesting, but I
14 -- I guess if it's -- if it's stage 1 or stage 2, that's all I
15 need to know.

16 A. That I -- I could not tell you. It looks like
17 that the -- it was pretty well stable at like 118/80, 125/76,
18 123/74.

19 Q. Well, it sounds pretty good then. Yeah.

20 A. 130/93, 143/86, 145/80, 146/74, 145/85. So it was
21 pretty stable --

22 Q. Uh-huh.

23 A. -- during her stay. She had a, you know, few
24 readings that were slightly elevated, but those usually came
25 down.

1 Q. So what is your -- do you have any feeling about
2 that her dementia may be in part caused -- may be arterial
3 dementia caused from her --

4 A. It could a vascular dementia. Usually in a
5 vascular dementia somebody has usually had a stroke. Some of
6 the differences between vascular dementia and Alzheimer's is
7 that after -- with a vascular dementia sometimes you see a
8 more sudden loss of organization, planning, and confusion
9 disorganization, whereas in Alzheimer's you mostly see a more
10 step and slower progression of those deficits.

11 Q. I understand. Okay. So, all right. So you did
12 not -- Did Joyce relate to you -- Well, I -- I heard that
13 she did relate to you that her family is against her and
14 conspiring against her.

15 A. Well, everybody was. I mean she wanted to find a
16 lawyer here in Denver because she felt that the lawyers in --
17 were so against her, so --

18 Q. Is that a common transference that occurs when
19 things are going wrong with -- with situations such as
20 Joyce's?

21 A. It's not because of situations per se. I think
22 you'll see if you read on dementia a lot of people, especially
23 in the moderate to severe stages, that will have delusions and
24 have some paranoia, anxiety, fearfulness. Mostly because of
25 the memory problems and the deficits, and not always

1 that doesn't really warrant it, etc. And I think that there
2 -- there needs to be oversight and transparency in the
3 guardianship as to the family. And -- and also one thing --

4 THE COURT: All right.

5 MR. McDONALD: -- there's -- there are a bunch of
6 family things up there of ours that for a liquidation of the
7 house, which will be needed sometime in the future, that needs
8 to be addressed.

9 THE COURT: Two things about that. One is the --
10 both the conservator and the guardian have reporting
11 requirements to the Court. The Court has an obligation to
12 oversee those reports, and this Court at least does do that
13 and in fact on its own motion from time to time, orders
14 hearings and more information.

15 But I do -- and -- and I'm not going to put the
16 guardian and conservator in a position of reporting whenever
17 asked, to family members, but I do agree with the contempt
18 that Mr. McDonald remains a very interested party in this case
19 and so that any reporting requirements to be made to the Court
20 should also be made to him so he'll have the opportunity, on
21 his own motion, to ask the Court to address problems if he
22 identifies them or believes that they exist.

23 We do need to talk about bond, at least for the
24 conservator.

25 Mr. Seldin, anything you want to say about that?

[Print](#)

FYIO: FW: Joyce K Murray's substandard medical care.

From: **scott McDonald** (mcdclan@hotmail.com)
Sent: Mon 12/16/13 1:53 PM
To: james.boyd@judicial.state.co.us (james.boyd@judicial.state.co.us)

From: mcdclan@hotmail.com
To: jeanettegoodwin1223@msn.com
Subject: Joyce K Murray's substandard medical care.
Date: Mon, 16 Dec 2013 13:46:02 -0800

Dear Miss Jeanette Goodwin,

We, responded to your email notification on October 24th, 2013, 10:18PM, stating "Joyce has pneumonia," by driving the next morning to Colorado. We arrived at Joyce's room at Heritage prior to the "MD 3PM examination", by Heritage's staff, Dr. Mary Clark, which you referred to in your Oct. 26th 9:44 email. This was Dr. Clark's first examination of Joyce since her pneumonia onset. Note: your reference to a MD attending to Joyce bedside the night of October 24th was not an medical doctor but in fact a PA, a physician's attendant.

1. The questions directed to Dr. Clark by Joyce's son Scott prior to her examination were, "What was Joyce's blood pressure and did she have any stenosis?" Dr. Clark's reply was she would have to look at Joyce's chart. She did not know off hand what it was and that she would have been alarmed and 'taken note had it ever been above the 140/90' level deemed acceptable to her. She was not observed taking Joyce's blood pressure during the examination or was any chart presented. Dr. Clark was puzzled about Scott's mention of the word "stenosis" which we find hard to believe since Joyce has been treated for near two decades for hypertension/ high blood pressure and arterial calcification. Given her rapid increase in weight to qualify her as grossly obese together with her medical history which referenced a heart attack due to hypertension just prior her being admitted to Heritage, we thought it highly irregular for a doctor to be so obtuse regarding such an important health metric as blood pressure.

2. Dr. Clark stated that she did not know that Joyce had been hospitalized in critical condition from pneumonia in 2011. We then inform her that while Joyce was at Valley View Hospital, she had refused medication and IV treatment and that it was only from the concerted effort through repeated phone calls by her family members that Joyce acquiesced to receiving treatment which saved her life. Dr Clark's response to this information was, 'that Joyce being treated in her Heritage environment seems to be working out better than at a hospital.'

3. Considering Joyce' age, physical state and medication history, Joyce should have without question been admitted to the hospital the night of the 24th of October. Joyce should not have been left under the purview of a physician's assistant, who you said in your email was a M.D. . This is an example of an egregious marginalization of a life threatening condition by a judgment call from unqualified authorized persons . This directive to not admitting Joyce to a hospital was an act of gross incompetence on all parties involved considering the well documented probability of sudden death for any geriatric with her medical history.

I believe Joyce has no health directive to die like this with substandard; preventative measures, medical oversight and treatment. Joyce has historically always sought the best medical care available through specialists' consultations. Being admitted to Valley View Hospital under the professional auspices of Heritage/ Dr. Mary Clark recently on December 5,2013 does not qualify as responsible medical oversight of your ward. It is well known, the medical relationship of Heritage and Valley View H. regarding admitted Heritage patients. Clearly you have failed your fiduciary responsibility for medical care of your ward. The evidence of your ward's gross neglect is her needless rapid onset of physical deterioration and obesity under your medical oversight and direction.

Sincerely, Caroline and Scott McDonald

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2995

<p>PITKIN COUNTY, COLORADO : DISTRICT COURT Court Address: Pitkin County Courthouse 506 East Main Street Aspen, Colorado 81611</p> <p>Phone Number: 970-925-7635</p> <hr/> <p>In the Matter of:</p> <p>PROTECTED PERSON: JOYCE K. MURRAY</p>	<p>DATE FILED: April 3, 2014</p> <p><input type="checkbox"/> COURT USE ONLY <input type="checkbox"/></p> <p>Case Number: 10 PR 9 (with consolidated case 10 PR10)</p> <p>Division 3</p>
<p>ORDER for STATUS CONFERENCE with NOTICE OF SETTING</p>	

This consolidated matter comes before the Court upon the Court's own motion.

Guardianship: The 2014 Guardian's report indicates some health events and deterioration of Joyce Murray since the 2013 Report. On the one hand, the events and deterioration are not necessarily inconsistent with the aging process. On the other hand, Joyce Murray's son and Interested Person Scott McDonald has submitted criticisms over time of the care provided for Ms. Murray.

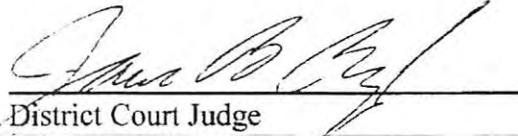
Conservatorship: The net worth of Ms. Murray's estate has dropped significantly over the last two years. It appears this may be the result of the over-valuation of the West Buttermilk property as well as expenses and tax liabilities associated with the sale of that property. It is unclear whether or not Ms. Murray's estate has stabilized for the foreseeable future.

The Court desires a telephone review to discuss the status and future of Ms. Murray and her estate and to determine whether or not other Court proceedings are appropriate. The Court orders that a 45-minute telephone conference be scheduled—to include all counsel, the Conservator, the Guardian and Mr. McDonald. In order to schedule the conference with the Court, the Court hereby sets a telephone setting conference with this Court's division clerk Vicky Spaulding-Goddard. The setting conference with Ms. Spaulding-Goddard is scheduled for April 17, 2014, at 10:00 am. You may participate in the setting by calling her at that date and time at 970-928-3091.

In re Joyce Murray
Case Nos. p 10PR9 and 10PR10

Done on November 28, 2011.

BY THE COURT



District Court Judge

6/11/14 11:30 AM

District Court, Pitkin County

Case #: 2010PR000009

Div/Room:

Type: Conservatorship - Adult

In the Matter of: MURRAY, JOYCE

Status: ROPN

DATE FILED: June 11, 2014

Record Type: EVT

Minute Order (print)

Judge Initials: JBB

Clerk Initials:

Reporter Initials:

STATUS CONF HELD, 5/29/14. GARCO CHAMBERS FTR.
APPEARANCES:

ATTY . STRAUTMAN FOR PP MURRAY

ATTY SCHROER FOR GN

GN GOODWIN

PPS PHYSICIAN DR. CLARK

CVR KLEAGER

IP/SON MCDONALD

STATUS OF FINANCIAL ESTATE AND STATUS OF PP MURRAY DISCUSSED. NO FURTHER
ACTIONS ORDERED WITH RESPECT TO FINANCIAL MATTERS. IP MCDONALD REQUESTS 2D
OPINION ON PPS CARDIOVASCULAR CONDITION; ATTY STRAUTMAN OPINES IT MIGHT BE
A GOOD IDEA; GN WILLING TO OBTAIN IF THAT IS DESIRE OF OTHERS. CT ORDERS GN TO
SEEK 2D OPINION FROM DR. GERSTEN OR OTHER PRIOR TREATING PHYSICIAN WITHIN 60
DAYS. 2D OPINION WORK TO BE LIMITED TO THAT WHICH CAN BE DONE IN PPS
FACILITY PLUS RECORDS REVIEW. 2D OPINION PROVIDER TO HAVE ACCESS TO ALL
MEDICAL RECORDS. GN TO PROVIDE ADDL REPORT ABOUT 2D OPINION WITHIN 14 DAYS
OF RECEIPT OF 2D OPINION. IP MCDONALD AGREES PP SHOULD BE IN A FACILITY BUT
SHOULD BE DIFFERENT FACILITY WITH CARDIOLOGIST SERVICES. COURT FINDS SUCH A
CHANGE WOULD NOT BE APPROPRIATE WITHOUT A HEARING; RECORD PRESENTED DOES NOT
WARRANT COURT MOVING FORWARD SUA SPONTE; IF MOTION IS FILED, COURT WILL
ADDRESS IT. FURTHER STATUS CONFERENCE SET FOR 8/28/14, 8:30AM, TO ADDRESS
GNS REPORT ABOUT SECOND OPINION AND TO REVIEW WHETHER ANY FURTHER ACTION IS
WARRANTED. CT ADVISES PARTIES OF EMAIL RECEIVED FROM IP MCDONALD EMAIL TO BE
FORWARDED BY COURT TO PARTIES WITH ORDER. /JBB



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[Curr Psychiatr. Jun 1, 2008; 7\(6\): 50–65.](#)

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TABLE 1

The FDA Black Box Warnings Regarding Atypical Antipsychotics in Dementia

“Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo. Analyses of seventeen placebo-controlled trials (modal duration of 10 weeks) in these patients revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. These drugs are not approved for the treatment of patients with dementia-related psychosis.”

“Cerebrovascular adverse events (e.g., stroke, transient ischemic attack), including fatalities, were reported in patients...in trials of DRUG X* in elderly patients with dementia-related psychosis. In placebo-controlled trials, there was a significantly higher incidence of cerebrovascular adverse events in patients treated with DRUG X compared to patients treated with placebo. DRUG X is not approved for the treatment of patients with dementia-related psychosis.”

* Applies to risperidone, olanzapine, and aripiprazole.

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Drugs

Information for Healthcare Professionals: Conventional Antipsychotics

FDA ALERT [6/16/2008]: FDA is notifying healthcare professionals that both conventional and atypical antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis.

In April 2005, FDA notified healthcare professionals that patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death. Since issuing that notification, FDA has reviewed additional information that indicates the risk is also associated with conventional antipsychotics.

Antipsychotics are not indicated for the treatment of dementia-related psychosis.

This information reflects FDA's current analysis of data available to FDA concerning these drugs. FDA intends to update this sheet when additional information or analyses become available.

To report any serious adverse events associated with the use of this drug, please contact the FDA MedWatch program using the contact information at the bottom of this sheet.

FDA is requiring the manufacturers of conventional antipsychotic drugs to add a *Boxed Warning* and *Warning* to the drugs' prescribing information about the risk of mortality in elderly patients treated for dementia-related psychosis similar to the *Boxed Warning* and *Warning* added to the prescribing information of the atypical antipsychotic drugs in 2005.* See the last page of this document for a list of conventional and atypical antipsychotic drugs.

Considerations for Healthcare Professionals

- Elderly patients with dementia-related psychosis treated with conventional or atypical antipsychotic drugs are at an increased risk of death.
- Antipsychotic drugs are not approved for the treatment of dementia-related psychosis. Furthermore, there is no approved drug for the treatment of dementia-related psychosis. Healthcare professionals should consider other management options.
- Physicians who prescribe antipsychotics to elderly patients with dementia-related psychosis should discuss this risk of increased mortality with their patients' families, and caregivers.

Background Information and Data

Previously, in April 2005, FDA informed healthcare professionals and the public about the increased risk of mortality in elderly patients receiving atypical antipsychotic drugs to treat dementia-related psychosis (April 2005 Public Health Advisory¹ and Information for Healthcare Professionals²). At that time, the analyses of 17 placebo-controlled trials that enrolled 5377 elderly patients with dementia-related behavioral disorders revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo-treated patients. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g. pneumonia) in nature. Based on this analysis, FDA requested that the manufacturers of atypical antipsychotic drugs include information about this risk in a *Boxed Warning* and the *Warnings* section of the drugs' prescribing information.

Recently, two observational epidemiological studies^{1,2} were published that examined the risk of death in patients who were treated with conventional antipsychotic drugs.

Gill et al.¹ performed a retrospective cohort study in Ontario, Canada of 27,259 adults, 66 years of age or older, with a diagnosis of dementia between April 1997 and March 2002. The investigators compared the risk for death with use of an atypical antipsychotic versus no antipsychotic and the risk for death with use of a conventional antipsychotic versus an atypical antipsychotic. They found that atypical antipsychotics were associated with increased mortality as compared to no antipsychotic use as early as 30 days and persisting until study end at 180 days. The investigators found that conventional antipsychotic use showed a marginally higher risk of death compared with atypical antipsychotic use. The causes of death were not reported in this study.

Schneeweiss et al.² performed a retrospective cohort study in British Columbia, Canada of 37,241 adults, 65 years of age or older, who were prescribed conventional (12,882) or atypical (24,359) antipsychotic medications for any reason between January 1996 and December 2004. The investigators compared the 180-day all cause mortality with use of a conventional antipsychotic versus an atypical antipsychotic. They found that the risk of death in the group of patients treated with conventional antipsychotic medications was comparable to, or possibly greater than, the risk of death in the group of patients treated with atypical antipsychotic medications. The causes of death with the highest relative risk were cancer and cardiac disease.

FDA considers that the methodological limitations in these two studies preclude any conclusion that conventional antipsychotics have a greater risk of death with use than atypical antipsychotics. FDA has determined, however, that the overall weight of evidence, including these studies, indicates that the conventional antipsychotics share the increased risk of death in elderly patients with dementia-related psychosis that has been observed for the atypical antipsychotics. The prescribing information for all antipsychotic drugs will now include the same information about this risk in a *Boxed Warning* and the *Warnings* section.

*FDA is requiring the manufacturers to make these changes to the prescribing information for these drugs under its new authority to require safety label changes provided in Title IX of the FDA Amendments Act of 2007 (creating new section 505(o)(4) of the Federal Food, Drug, and Cosmetic Act).

References

1. Gill SS et al. Antipsychotic drug use and mortality in older adults with dementia. *Ann Intern Med.* 2007;146:775-786
2. Schneeweiss S et al. Risk of death associated with the use of conventional versus atypical antipsychotic drugs among elderly patients. *CMAJ.* 2007;176:627-632.

Conventional Antipsychotic Drugs

Compazine (prochlorperazine)
Haldol (haloperidol)
Loxitane (loxapine)
Mellani (thioridazine)
Moban (molindone)
Navane (thiothixene)
Orap (pimozide)
Prolixin (fluphenazine)
Stelazine (trifluoperazine)
Thorazine (chlorpromazine)
Trilafon (perphenazine)

Atypical Antipsychotic Drugs

Abilify (aripiprazole)
Clozaril (clozapine)
FazaClo (clozapine)
Geodon (ziprasidone)
Invega (paliperidone)
Risperdal (risperidone)
Seroquel (quetiapine)
Zyprexa (olanzapine)
Symbyax (olanzapine and fluoxetine)

Related Information

- [Information on Conventional Antipsychotics³](#)

Contact FDA
1-800-332-1088

Training in care homes reduces prescription of harmful anti-psychotics to people with dementia by a third

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- Recommend 13

Published 3 July 2014

An innovative training programme for care home staff has cut the use of inappropriate anti-psychotic drugs, which double the risk of death in people with dementia, by a third.

This is according to research commissioned by Alzheimer's Society and launched today (Thursday 3 July 2014).

Over 100 care homes were recruited to receive the Focused Intervention Training and Support (FITS) programme – which equips staff to understand complex behaviours in people with dementia and to deliver person-centred care as an alternative to harmful antipsychotics. When medication was reviewed, residents were more alert, communicative and active, with improvements in mobility, eating, sleeping and in achieving personal goals.

Around 90 per cent of people with dementia will experience behavioural and psychological symptoms at some point. Often, people in care homes experiencing these symptoms are prescribed antipsychotic drugs as a first resort. For someone with dementia, antipsychotic drugs can worsen dementia symptoms, double the risk of death, treble the risk of stroke and can leave people unable to walk and talk.

Proven effective in a clinical trial in 2006, the FITS programme has now been scaled up and completed by staff in 67 care homes across the UK, in what is one of the largest formal evaluations of a training programme ever conducted. The intensive nine-month training and supervision programme was delivered by specialist coaches and evaluated by the Association for Dementia Studies at the University of Worcester. Training courses focused on person-centred care approaches and alternative ways of managing the behavioural and psychological symptoms of dementia, which can include aggression.

Launched today at the Alzheimer's Society research conference, the study reports that prescriptions of antipsychotic drugs were reduced by 30 per cent in care homes who were part of the programme. As well as showing benefits for people with dementia, the study led by Professor Dawn Brooker at the University of Worcester found that FITS also brought positive benefits to care home staff, residents' families and to the care environment.

Almost 40 per cent of the 106 care homes who began the study were not able to complete the training programme. The research identifies major barriers that exist to delivering dementia-specific training in care homes, but offers practical solutions to overcome them. Any future dementia work to implement training for care home workers should be guided by the findings of this comprehensive study.

Professor Dawn Brooker, the lead researcher on the study said:

'We've shown that FITS training is feasible to deliver on a large scale, reduces the prescription of inappropriate antipsychotics and empowers teams to work in a person-centred way. Provided that the right facilitators are in place, it is an effective way to improve quality of life for people with dementia in care homes.'

Dr Doug Brown, Director of Research and Development at Alzheimer's Society, said:

'Antipsychotic drugs can be hugely dangerous for people with dementia. In many cases, they're inappropriately prescribed and can lead to reduced quality of life whilst



Side Effects of Antidepressants, Antipsychotics, Psychostimulants, Hypr

Seroquel Litigation: 8,787 Lawsuits Filed against AstraZeneca

September 5, 2008 — Your Friend

According to court documents filed last week, AstraZeneca currently faces 8,787 Seroquel lawsuits that have been filed in federal and state courts, which allege that their antipsychotic medication led to personal injuries, such as pancreatitis and diabetes.

Seroquel (generic quetiapine fumarate) is an atypical antipsychotic medication which was approved by the FDA in 1997 for treatment of schizophrenia. It is also commonly used off-label for treatment of anxiety, obsessive dementia, compulsive disorders and autism.

Research has established that Seroquel side effects can increase the risk of weight gain, hyperglycemia and diabetes.

Other drugs in the same class of atypical antipsychotics, which include Zyprexa and Risperdal, have also been associated with these side effects, but the diabetes risk has been the highest in the case of Seroquel.

AstraZeneca indicates that they have been served with complaints involving over 13,000 plaintiff groups. As of August 27, 2008, about 5,841 Seroquel lawsuits have been filed in federal court involving 5,847 plaintiffs, and another 2,946 Seroquel cases have been file in various state courts involving 7,492 more plaintiff groups.

In federal court, the Seroquel litigation has been consolidated in an MDL, or Multidistrict Litigation, that is centralized in the U.S. District Court for the Middle District of Florida before Judge Anne Conway. Approximately 5,829 of the lawsuits are currently in the MDL, where they are being handled together for pretrial proceedings. If the cases do not resolve during pretrial litigation, the MDL procedures require that the cases be sent back to the court where they were filed for trial.

In an attempt to facilitate a resolution of the cases, Judge Conway has established a case management order which calls for the first Seroquel trials involving cases filed in Florida to begin in February 2009. A group of 12 cases have been selected, involving six cases designated and ranked by the Plaintiffs Steering Committee and six by the defendants. The Seroquel litigation will start with the trial of the top ranked case selected by the plaintiffs, and then trials will alternate back and forth until those cases have been tried.

Zyprexa litigation, which involved similar claims of diabetes and weight gain associated with the other type of atypical antipsychotic resolved earlier this year before the first individual injury trials began. Eli Lilly, who manufactures Zyprexa, paid about \$1.2 billion in to settle about 30,000 individual Zyprexa lawsuits.

Source: <http://www.aboutlawsuits.com/seroquel-litigation-8787-lawsuits-filed-against-astrazeneca-955/#comments>

September 4, 2008

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The 6 Types of Pills Big Pharma Wants You Hooked On for Life

May 14, 2012 | 271,314 views | [Disponible en Español](#)

By Dr. Mercola

What would you say if you knew someone had killed 60,000 people? Would you call it a felony of the worst kind, times 60,000? If you totaled up the value of all those lives in criminal court, what would you say they're worth?

Billions? Trillions?

Or—how about a measly \$321 million in exchange for a guilty plea to a misdemeanor? When you consider that this involves the second-largest drug maker in the U.S.—Merck—and its deadly drug Vioxx, then you'll probably agree that a misdemeanor and a \$321 million fine amounts to nothing more than a slap on the wrist.

Business analysts were estimating a \$25 billion judgment when the drug was taken off the market, but even when combined with the \$4.85 billion in payouts to patients who suffered heart attacks and strokesⁱ, the final bill is nowhere close to original estimates of the damage.

Yet that's the plea agreement Merck recently made with a federal court in Boston on April 19ⁱⁱ, after being charged with illegal promotion of Vioxx for treatment of rheumatoid arthritis, before it was approved for that use.

The sad tale brings up memories of what I tried to warn readers about in 1999, when I showed that people taking this drug were at a massively increased risk of dying from heart disease and stroke. It's tragic that Vioxx was removed only AFTER 60,000 people died.

It's even more tragic that a court would consider Merck's illegal promotion of the drug a misdemeanor rather than a felony, since this tactic clearly exposed far more people to the dangerous drug than it would have otherwise. And, adding insult to injury, instead of the billions that Merck anticipated paying out, it got away with such a paltry sum.

Hired Writers Responsible for Some of Merck's Vioxx Studies?

Particularly galling is the fact that these deaths could have been so easily avoided, were it not for the deceptive maneuvering of parties who stood to profit handsomely from the success of the drug.

Ghostwriting has become an increasingly troublesome problem in the medical science community, and the Vioxx debacle is a perfect example of why ghostwriting medical research is a devious practice that needs to be rooted out.

Merck has previously acknowledged that it has been known to hire professional writers to develop research-related documents that eventually get published under the name of reputable leaders in the medical community. Critics rightfully doubt the validity of such research, and question the actual involvement of the scientists listed as authors of these ghostwritten papers.

Back in 2008, Dr. Joseph S. Ross of New York's Mount Sinai School of Medicine came across ghostwritten research studies for Vioxx while reviewing documents related to lawsuits filed against Merck.

According to an April 16, 2008 article on MedHeadlinesⁱⁱⁱ:

"In about 96 journal publications, Ross and his colleagues discovered internal Merck documents and e-mail messages pertaining to clinical study reports and review articles, some of which were developed by the company's marketing department, not its scientific department. In others, there is little evidence that the authors recruited for the report made substantial contribution to the research itself. ... Some of the authors listed in the Merck study reports of concern... question the true nature of ghostwriting. One neurologist originally listed as "External author?" and then listed as Dr. Leon J. Thal, of the University of California, San Diego in the final draft, died a year ago in an airplane crash."

An editorial published in the *Journal of the American Medical Association (JAMA)*^{iv} that year by Drs. Psaty and Kronmal also questioned whether Merck might have deliberately manipulated dozens of academic documents published in the medical literature, in order to promote Vioxx under false pretenses.

Time Magazine looks at the use of neuroleptic psychiatric drugs, more commonly called "antipsychotics," on children and seniors.

Drugging the Vulnerable: Atypical Antipsychotics in Children and the Elderly

Date Published:

May 26, 2011 12:00 AM

Author: Maia Szalavitz

Source: Time Magazine

For the original and complete Time article, click here.

Pharmaceutical companies have recently paid out the largest legal settlements in U.S. history — including the largest criminal fines ever imposed on corporations — for illegally marketing antipsychotic drugs. The payouts totaled more than \$5 billion. But the worst costs of the drugs are being borne by the most vulnerable patients: children and teens in psychiatric hospitals, foster care and juvenile prisons, as well as elderly people in nursing homes. They are medicated for conditions for which the drugs haven't been proven safe or effective — in some cases, with death as a known possible outcome.

The benefit for drug companies is cold profit. Antipsychotics bring in some \$14 billion a year. So-called "atypical" or "second-generation" antipsychotics like Geodon, Zyprexa, Seroquel, Abilify and Risperdal rake in more money than any other class of medication on the market and, dollar for dollar, they are the biggest selling drugs in America. Although these medications are primarily approved to treat schizophrenia and bipolar disorder, which combined affect 3% of the population, in 2010 there were 56 million prescriptions filled for atypical antipsychotics.

In a presentation this week at an American Psychiatric Association meeting, Dr. John Goethe, director of the Burlingame Center for Psychiatric Research in Connecticut, reported that over the last 10 years, more than half of all children aged 5 to 12 in psychiatric hospitals were prescribed antipsychotics — and 95% of these prescriptions were for second-generation antipsychotics.

Many of these children didn't have a condition for which the drugs have been shown to be helpful: 44% of youngsters with post-traumatic stress disorder (PTSD) and 45% of children with attention deficit hyperactivity disorder (ADHD) were treated with them.

For the rest of the Time article, click here.

EXHIBIT #4

Haven Behavioral-North Denver

Psychiatric Evaluation

April 3, 2010

Name: JOYCE K. MURRAY

DOB: September 30, 1928

MRN: 000000321

Date of Admission: March 30, 2010

Date of Evaluation: March 31, 2010

Attending Psychiatrist: Michele L. Hines, M.D.

Identifying Information:

Patient is an 81-year-old, divorced female, with at least one prior psychiatric hospitalization, referred now by Aspen Valley Hospital after she was brought there by her court-appointed guardian due to concerns about self-neglect. Patient is now referred here on an MI due to being gravely disabled.

I. **Chief Complaint/Reason for Admission:** "My son is trying to have me committed so he can get everything I have."

II. **History of Present Illness:**

Patient has been hospitalized within the last six months, psychiatrically, due to similar concerns. She has been wandering in her neighborhood for quite some time, but apparently this behavior has increased recently. She has also been talking about her home being "invaded" and her belongings being stolen. Her home is reportedly uninhabitable and is reportedly going to be condemned. It is reportedly infested with rats and, otherwise, is in quite a deteriorated condition. Patient does not believe that any of the above is true. She is aware that she has a court-appointed guardian and that the courts have been involved, but states that her guardian and her judge are against her. She is unable to obtain any other history of recent events.

III. **Past Psychiatric History:**

There is a mention in the referring note about a "personality disorder with paranoia," but no other details. There is also a mention of previous hospitalizations, presumably at Aspen Valley or vicinity for circumstances similar to the ones that brought her to the hospital this time. Details are unknown.

IV. **Substance Abuse History:**

No known significant substance use history.

MRN: 000000321
MURRAY JOYCE K
DOB: 09/30/1928
ATT DR: MICHAEL HINES

Psychiatric Evaluation**Name: JOYCE K. MURRAY****Page Two****April 3, 2010****DOB: September 30, 1928****MRN: 000000321****V. Medical History:****Allergies:**

ACE INHIBITORS and SULFA DRUGS. She listed "LISINOPRIL, SULFAMETHOXAZOLE, SULFONAMIDES, ACE INHIBITORS, CARBONIC ANHYDRASE INHIBITORS, CELECOXIB CONGENERS, SULFADIAZINE WITH DIURETIC SULFA AND SULFA DRUGS, THIAZIDE, AND RELATED DIURETICS, AND SULFONYLUREAS." Patient states ACE inhibitors cause her to cough and sulfa causes hives.

Labs Prior to Admission:

Chemistry profile essentially within normal limits. CK is 105, troponin negative, creatinine was 1.3, glucose was 90, total calcium 9.4, total protein 8, albumin 3.8. TSH was 1.2. T3 uptake 26. BNP 129, CBC within normal limits, except for a slight increase in platelets at 447,000. UA was negative. Chest x-ray was negative. EKG at Aspen Valley Hospital reportedly with left anterior fascicular block and anteroseptal infarct changes, old, no acute change. Head CT showed ventriculomegaly and white matter changes, but no acute changes.

VI. Admission Medications:

Amlodipine 5 mg p.o. q.a.m., hydrochlorothiazide 12.5 mg p.o. q.a.m., and magnesium 400 mg p.o. daily. A p.r.n. of Risperdal M-Tab 1 mg p.o. q.4h. p.r.n. agitation was added on admission.

VII. Social History:**General:**

Patient has a high school education. There is no known legal history. She told the social worker that her brother tried to drown her by digging a hole in the ground and filling it with water. She is estranged from that brother. She has been divorced for quite a number of years. She did not answer questions regarding religious affiliation. She supports herself by managing a number of properties and is reportedly wealthy as a result of this.

VIII. Family History:

No known family history of psychiatric or substance use disorders.

PT # 012034 MR # 000000321
MURRAY JOYCE K HDM: JPM
ADM DATE: 04/30/10 DOB: 09/30/1928
ATTN: DR. MORGAN NAVALIE

Psychiatric Evaluation**Name: JOYCE K. MURRAY**
Page Three**April 3, 2010**
DOB: September 30, 1928
MRN: 000000321**IX. Assets and Liabilities (Reading, Sports, Hobbies, Music, Verbal, Peers, Leadership, Organizational, Acknowledges, Problems, Motivated, Social Skills, Good Health, Self-disclosure, Insight):**

Patient is reportedly well-off financially. Patient's liabilities include deteriorating cognition, inability to care for self, and paranoid relationship with son and court-appointed guardian.

X. Mental Status Examination:**Appearance:**

The patient was somewhat disheveled, in particular her hair was uncombed and is mostly gray, but has some pink color. She is wearing sunglasses with bright green-colored frames and her clothing had a worn appearance and was baggy. She appears younger than her stated age and superficially more intact cognitively than most of her peers here.

Concentration and Attention:

Fair.

Orientation:

Patient was oriented to person, but it was not clear if she was aware that she was in the hospital. She did not know the date or time.

Behavior:

Psychomotor activity was within normal limits.

Speech:

Appropriate.

Mood (Angry, Euphoric, Anxious, Depressed, Hypomanic):

Significant for being anxious about being in the hospital, but, otherwise, she is superficially pleasant and smiles often.

Affect (Flat, Shallow, Inappropriate, Labile):

Appropriate and stable during the interview.

Thought Process:

Significant for minimal degree of disorganization.

MRN: 000000321 MRN: 000000321
MURRAY JOYCE K NOV: 065
ADM DATE: 04/10/10 DOB: 09/30/1928
ATTN DR: HOGAN NATALIE

Psychiatric Evaluation**Name: JOYCE K. MURRAY****Page Four****April 3, 2010****DOB: September 30, 1928****MRN: 00000321****X. Mental Status Examination (Continued):****Thought Content:**

Significant for paranoid ideation, and she was quite focused on wanting to convince me that "my son is trying to make me look crazy."

Insight:

Poor based on the fact that she denied having anything wrong with her home and stated that she wanted to return home.

Judgment:

Poor based on her wandering about in the neighborhood, placing herself at risk.

Intellectual Functioning:

Prior to onset of current illness is estimated at average based on her education and occupational functioning.

XI. Diagnostic Impression:

Axis I: Dementia NOS, Alzheimer's versus vascular, with delusions, rule out other psychotic disorder.

Axis II: Deferred (personality disorder NOS by history per reference).

Axis III: Hypertension, congestive heart failure, retinal detachment with right eye blindness, hyperlipidemia, migraine headaches, and carotid artery stenosis.

Axis IV: (Primary Support, Social Environment, Education, Occupation, Housing, Economic, Health, Legal):
Severe with deteriorating cognitive functioning and imminent loss of home, as well as court proceedings appointing a guardian and a conservator for her assets.

Axis V: GAF 21.

XII. Estimated Length of Stay:

Estimated length of stay is 10 to 14 days.

PT # 0000034 MR # 00000321
MURRAY JOYCE K BRN 010
ADM DATE: 04/03/10 DOB: 09/30/28
ATT: DR. HOGAN KATALIE

Psychiatric Evaluation

Name: JOYCE K. MURRAY

Page Five

April 3, 2010

DOB: September 30, 1928

MRN: 00000321

XIII. Discharge Criteria:

Patient will need placement in an assisted living facility or a nursing home due to inability to return to her home and due to inability to care for her basic needs and protect herself from harm. Hopefully, patient will be able to accept this placement.

XIV. Treatment Plan:

The option of an antipsychotic medication will be discussed with her. She has already had a neuropsychological evaluation done and the report of this is pending. Further history needs to be obtained to finalize the treatment plan.

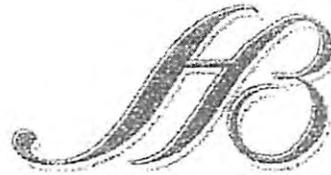
Certification of Medical Necessity

I certify that inpatient psychiatric hospital admission is medically necessary for treatment, which can be expected to improve the patient's condition, and/or for diagnostic study.

MICHELE L. HINES, M.D.

MHusa-31-aust-07:
dd:04-03/2010
dt:04-03/2010
16584745

PP # 0020314 MF # 00000321
MURRAY JOYCE K HSY SEP
ADM DATE: 04/10/10 DOB: 09/30/1928
ATT PR: HOGAN NATALIE



HAVEN BEHAVIORAL SENIOR CARE

(of North Denver)

April 14, 2010

Ms. Jeanette Goodwin
Visionary Advocacy
PO Box 20080
Denver, CO 80220

Re: Joyce Murray (DOB: 09/03/1928)

Dear Ms. Goodwin,

Due to the significant amount of money involved and Ms. Murray's belief that her son and daughter-in-law are after her money, I feel that their relationship would be better preserved if her son is not her guardian and an outside person, not a family member, serve in this capacity.

Sincerely,

Natalie Hogan, MD
Psychiatrist
Haven Behavioral Senior Care

8451 Pearl Street Suite 100 Thornton, CO 80229
Phone: (303) 288-7800/Fax: (303) 288-7807



Stuart L. Kutz, Jr., Ph.D., APPC
Clinical and Forensic Psychology
Juris Doctor degree
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Facsimile: 720-904-6870

PSYCHOLOGICAL EVALUATION

CONFIDENTIAL

April 7, 2010

The Honorable James Boyd
District Court, Pitkin County, Colorado
(Via email to Guardian)

Re: Joyce Murray
10 PR 10 (Pitkin County)

Dear Judge Boyd:

The following is a report of my neuropsychological evaluation of the 81-year-old woman captioned above, who was seen by me pursuant to your Court Order for her evaluation dated March 9, 2010.

The purpose of this evaluation is to examine issues relative to her need for a guardianship and conservatorship. Issues of her testamentary capacity also apparently have been raised.

I interviewed Ms. Murray for approximately one and one-half hours in her hospital room in Aspen on March 26, 2010. She would not consent to any neuropsychological testing or even a mental status examination, all to be discussed below.

Further, I have reviewed the Verified Petition for Appointment of Guardian for Adult, as well as the Verified Petition for Appointment of Conservator for Adult, which were filed in this case on about February 11, 2010.

Additionally, I have reviewed Ms. Murray's hospital record as well as some previous medical reports, to be discussed below, and I have had conversations with the Guardian, Jeanette Goodwin.

Review of Collateral Information:

The verified petitions above state that Ms. Murray "suffers from dementia and paranoid delusions." She is said to have placed numerous calls to law enforcement authorities, claiming that others are stealing from her house or otherwise attempting to harm her. She has said that the Sheriff is involved in a conspiracy to steal from her and to harm her, and she has accused others of trying to hurt her. She illegally entered a tenant's residence and stated that she needed to sleep

Page Two: Murray

in the bathtub because people were attempting to harm her at her house. Reportedly, there have been numerous wild animals within her home as well as structural and plumbing problems. Utility bills apparently have not been paid.

A discharge summary from Aspen Valley Hospital, date of discharge December 2, 2009, after a two-day stay, gives diagnoses of chest discomfort, myocardial infarction, uncontrolled hypertension secondary to noncompliance with medications, congenital blindness in the left eye and "chronic psychiatric illness with prominent anxiety and paranoia symptoms suspicious for paranoid schizophrenia."

Ms. Murray's history and physical examination dated March 25, 2010, the day before I saw her, states that she "has a longstanding history of dementia." Diagnostically, dementia, "paranoia with history of personality disorder," and history of hypertension were given.

Ms. Murray's hospital records on the day that I saw her stated that she was uncooperative with orientation questions and was tangential, paranoid and displayed perseveration and confabulation. She was said to be disoriented, and she gave the date as September. She could not count backwards from twenty. Apparently, she had talked about having been robbed for seven years by a woman in town who is dead. There was a question of a history of paranoid schizophrenia. Diagnostically, delusional disorder versus schizophrenia and dementia were given.

Jeanette Goodwin, Guardian, recently reported to me that, sometime after my visit on March 26, 2010, Ms. Murray was placed on a mental health hold and is now on a short-term mental health certification. She is receiving treatment at Haven Behavioral Health in Thornton, Colorado.

Interview with Ms. Murray:

At the beginning of my visit, I discussed with her the purpose of this examination and the fact that such was Court-ordered. She consented to the interview but refused to complete any psychological testing. She basically stated that she was concerned that any testing procedures would be used against her and, therefore, she would not comply. She even refused to cooperate with a mental status examination.

She was bright and alert. Her mood at times seemed to reflect some elation and euphoria while, at other times, she quickly switched to anger, irritability and paranoia, and even some hints of depression. She would smile and mildly chuckle at times. She displayed mild pressure to her speech. The question of an underlying mood disorder, in addition to her psychosis, certainly was suggested.

She readily talked about her paranoid concerns. She was tangential and would ramble, and she often would return to paranoid content. It was difficult to get her to focus on specific questions. She became more agitated toward the end of the interview.

EXHIBIT # 2

Page Three: Murray

She expressed herself well. She displayed good sentence structure and probably an above average vocabulary.

She clearly presented with psychotic features, including notable delusions. She stated that "an organization" was against her, and she would not be more specific, "I don't want to say, I don't feel safe." Her thought processes displayed further illogical qualities as she commented, "I would like to go to California, it's warm, people in California are not as critical." At one point, she suddenly commented, "Sometimes I've slept under the bed because they walk through my house," and she said that she did not know who these people are. She said that, at her last court hearing, she noticed that her attorney's foot and mouth would move but no sound would come out of her attorney's mouth, "I was afraid to say anything" (about this to the judge). When talking about other places where she might feel safe, she stated that she would not consider moving to Denver because "it has streets, a city."

She was able to say that she has one son and no other children, and she is divorced. She said that she basically does not get along with her son and does not trust him.

She said that she wanted to give her assets, through her will, "to children and animals."

When asked about her assets, she would not be specific. She stated that her assets are "diversified, real estate." When asked how many properties she owns, she stated, "I don't know, they're not that big, not that great." She would not give an approximate value regarding her property.

When asked about the contents of her current will, she first stated that other "children" were the beneficiaries, and she then stated that "animals" were the beneficiaries. She said that her son was included in a previous will "years ago."

She basically denied that her house was unclean, and she minimized any rodent or animal infestation.

She denied any history of mental health treatment, and more specifically any history of counseling, psychoactive medication or inpatient mental health treatment. She denied any depression. She described herself as "an up person." She denied any history of psychotic symptoms. She denied any anxiety.

She denied any problems with her memory.

Medically, she simply stated, "I used to have high blood pressure."

She gave her age as "almost 80," when, in fact, she is 81 years of age. When asked the current year, she stated "19 ...," and then paused considerably and finally stated, "I don't know." She was able to say that she was in "the local hospital." She refused to answer any other orientation or mental status questions.

Summary:

This eighty-one-year-old woman refused to complete neuropsychological testing or even a mental status examination. She did agree to be interviewed. She basically understands that this Court proceeding is related to her capabilities.

It is difficult to adequately evaluate her cognitive status given her lack of full cooperation and the presence of significant psychosis. However, there are indications of some dementia, although her dementia appears secondary to her psychosis.

She presents with paranoia and illogical thought properties. She rambles considerably. Further, there is some smiling and elation which alternates with anger and paranoia, and there is mild pressure to her speech. At this point, I suspect both a psychosis and mood disorder, and schizoaffective disorder, bipolar type, seems indicated. Bipolar Disorder with psychosis and Delusional Disorder need to be ruled out.

Apparently, she has never had any mental health treatment.

She has been grossly unable to care for herself or to manage her finances.

She does not appear to have reasonable testamentary capacity. She does know her heirs and perhaps some basics of the existence of her assets, but she cannot give any approximate or reasonable value to her assets or even state her assets with specificity. She does not seem to have a logical scheme for asset distribution; for example, when she talked about wanting to give her money to children and animals, she could not say how she would accomplish this, and her testamentary desires appeared quite vague and inconsistent. Her paranoid psychosis certainly impacts her testamentary scheme.

Diagnoses:

- (1) Schizoaffective disorder, bipolar type (295.70)
- (2) Rule Out Bipolar Disorder with psychotic features
- (3) Rule Out Delusional Disorder
- (4) Probable Dementia, Not Otherwise Specified, mild to moderate (294.8)

Conclusions and Recommendations:

(1) Ms. Murray is unable to effectively receive or evaluate information and make or communicate decisions to such an extent that she lacks the ability to satisfy essential requirements for physical health, safety and self-care, even with appropriate and reasonably available technological assistance.

(2) She is unable to manage property and business affairs because she is unable to effectively receive or evaluate information and make or communicate decisions, even with the

Page Five: Murray

use of appropriate and reasonably available technological assistance.

- (3) She does not appear to have testamentary capacity for the reasons stated earlier.
- (4) She is in need of mental health treatment, including psychoactive medication, for her psychosis as well as for her seeming mood disorder.
- (5) Unless she becomes significantly more stabilized, she will require long-term placement in a structured facility, possibly a locked facility if she remains uncooperative with treatment and with no insight.

Respectfully submitted,



Stuart L. Kutz, Jr. Ph.D., J.D.

SLK/js/lmr

MISSING 2-9-10 report

11
309



PITKIN COUNTY SHERIFF

Deputy Report for Incident 10P004083

Nature: WELFARE CHK
Location: PC05

Address: 1422 W BUTTERMILK RD
ASPEN CO 81611

Offense Codes: WELF

Received By: MARCH,
BRANDON

How Received: 9

Agency: PC

Responding Officers: BURCHETTA,ALEX, CRIDER, ADAM

Responsible Officer: BURCHETTA,AL
EX Disposition: ICL 03/25/10

When Reported: 14:11:48 03/25/10 Occurred Between: 14:10:19 03/25/10 and 14:10:20 03/25/10

Assigned To:

Detail:

Date Assigned: **/**/**

Status:

Status Date: **/**/**

Due Date: **/**/**

Complainant:

Last:

First:

Mid:

DOB: **/**/**

Dr Lic:

Address:

Race:

Sex:

Phone:

City: ,

Offense Codes

Reported:

Observed:

Additional Offense: WELF Welfare Check

Circumstances

BM88 No Bias

AOFF Officer Presence

LT20 Residence/Home

Responding Officers:

Unit :

BURCHETTA,ALEX

67

CRIDER, ADAM

63

Responsible Officer: BURCHETTA,ALEX

Agency: PC

Received By: MARCH, BRANDON

Last Radio Log: 16:10:17 03/25/10 CMPLT

How Received: 9 911 Line

Clearance: CN CLOSED-NON CRIMINAL

When Reported: 14:11:48 03/25/10

Disposition: ICL Date: 03/25/10

Judicial Status:

Occurred between: 14:10:19 03/25/10

Misc Entry:

and: 14:10:20 03/25/10

Modus Operandi:

Description :

Method :

Involvements

Date	Type	Description	
03/25/10	Name	MURRAY, JOYCE KATHLEEN	Offender
03/25/10	Name	GOODWIN, JANNETTE	Complainant

Narrative

ALEX BURCHETTA 67 Thu Mar 25 16:21:07 MDT 2010

Today, at approximately 1410 hours, I, Alex Burchetta, a Deputy with the Pitkin County Sheriff's Office was assigned a welfare check call by the Aspen Pitkin Combined Communications Center (dispatch). Dispatch transferred the reporting party (rp) live from the 911 line to my cell phone. I spoke with the rp, later identified as Jeanette Goodwin. Goodwin is known to me as the legal guardian of Joyce Murray who resides at 1422 West Buttermilk Road, in Pitkin County, Colorado.

Goodwin told me the following:

- she was at Murray's house attempting to contact her
- Murray had left the house via a side door
- Murray was on foot in the neighborhood
- Murray had been picked up by a neighbor and was now in the neighbors car, sitting in [Murray's] driveway
- Murray was extremely paranoid and acting 'delusional'
- (Goodwin) wanted us to help get Murray to the hospital.

I told Goodwin to keep Murray where she was. I arrived on scene shortly thereafter. I saw Goodwin and two nurses from Aspen Home Health in the driveway. Goodwin told me Murray and Murray's neighbor (Dr. Claughton Burkholder) had gone inside. Goodwin told me she wanted us to help facilitate getting Murray to the hospital. Goodwin told me she had gone inside Murrays residence. Goodwin said Murray's residence was unfit for living, dirty and that she was a "imminent danger to herself." Goodwin also described Murray to me as being "unfit to take care of herself."

I spoke with Burkholder, who had come outside. I asked Burkholder if he would be willing to get Murray out of her house and drive her to the Aspen Valley Hospital. He agreed.

Deputy Adam Crider and I followed Burkholder and Murray in Burkholder's car to Aspen Valley Hospital (AVH). I contacted Aspen Counseling and spoke with Ashely Connolly of Aspen Counseling. Once at AVH I introduced Goodwin to the emergency room physician, Dr. Steve Ayers. Ayers agreed to have Murray evaluated both for medical and psychiatric purposes. Murray was brought into the emergency room by her neighbor and Goodwin. Murray was admitted into ER Room 3. Aspen Counseling arrived shortly after I left.

At no point was Murray in the custody of the Pitkin County Sherrif's Office. My role was to check on her welfare and to facilitate the process of getting Murray to AVH for evaluation based on the request made to me by her legal guardian, Goodwin.

Case Closed.

22:19:18 03/25/2010 - STROBL, MARIO
Approved

Minute Order

9/25/14 11:38 AM

Status: ROPN District Court, Pitkin County
Case #: 2010 PR 000009 Div/Room: 3 Type: Conservatorship -
Adult DATE FILED: September 25, 2014

In the Matter of: MURRAY, JOYCE

FILE DATE 9/24/2014 EVENT/FILING/PROCEEDING Minute Order (print)
JUDGE: JBB CLERK: REPORTER:
CASE MANAGEMENT CONFERENCE HELD, 9/24/14. GARCO CHAMBERS FTR.
APPEARANCES:
ATTY .STRAUTMAN FOR PROTECTED PERSON MURRAY (PP)
ATTY .SCHROER FOR GUARDIAN
GUARDIAN GOODWIN (GN)
PP'S PHYSICIAN DR. CLARK
Interested person/SON MCDONALD (MCDONALD)

COURT HEARS FROM PARTIES AND DR. CLARK. COURT ADVISES COURT HAS REVIEWED ENTIRE HISTORY OF CASE IN LIGHT OF MCDONALD CONCERNS. COURT NOTES ORDER FOR 2D MEDICAL OPINION ENTERED IN MAY 2014 WAS MADE WITH GN'S CONSENT AND MADE PRIOR TO ACQUISITION OF ADDITIONAL INFORMATION. IN LIGHT OF LATER INFORMATION ABOUT PRACTICAL PROBLEMS WITH 2D EVALUATION PERFORMED IN PP'S RESIDENCE AND POTENTIAL HARM TO PP IF SHE WERE TRANSPORTED, AS WELL AS OPINIONS PROVIDED BY DR. CLARK AND NATURE OF SUBSTANCE AND SUPPORT FOR MCDONALD CONCERNS, COURT CONCLUDES IT IS PROPER TO NOT GO FORWARD WITH SECOND OPINION.

IN LIGHT OF PP'S PRIVACY RIGHTS AND HIPAA ISSUES, TOGETHER WITH ABSENCE OF ANY REQUEST TO PROVIDE RECORDS TO IDENTIFIED, QUALIFIED, RETAINED EXPERT AND MCDONALD'S DECISION NOT TO GO FORWARD WITH ANY HEARING AS PREVIOUSLY AUTHORIZED BY COURT, COURT DECLINES TO ORDER FURTHER DISCLOSURE OF PP'S MEDICAL RECORDS.

COURT CONCLUDES ENTIRE RECORD SHOWS APPROPRIATE CARE FOR PP IS ONGOING AND RECORD DOES NOT SHOW BASIS FOR SUA SPONTE ACTION BY COURT AS REQUESTED BY MCDONALD.

GUARDIAN AND CONSERVATOR REPORTS APPROVED. NEXT REPORTS DUE ON SCHEDULE PREVIOUSLY ORDERED BY THE COURT. NO FURTHER SETTINGS AT THIS TIME.
/JBB

BY THE COURT


District Court Judge

ryan, christopher

From: bigreddawg01@aol.com
Sent: Tuesday, December 01, 2015 4:57 PM
To: ryan, christopher
Subject: Comments

Dear Christopher,

Please accept this email as my comments regarding proposed changes.

In regards to the proposed changes to the Colorado rules of probate procedure I wish to express my following thoughts;

1. If any proposed change is treated like what rules we currently have in place that are not being adhered to so will any proposed change that is added. Fix the problem of we are currently experiencing of not following the rules before we move forward on changing anything.
2. Our judicial system is currently failing the people and not because of any language in rules or procedure. It is failing the people because judges and attorney's are exploiting weaknesses in the law and ethics in conduct and are profiting unjustly doing so.
3. It is already in the rules and procedures that using false statements or partial truths to sway or directly manipulate the outcome of a hearing is prohibited and cause for discipline yet it is done constantly by attorney's and ignored by the judges causing unfair outcomes or conclusions to cases. This is not fair to the people to be subjected to a forced unfair Colorado judicial hearing resulting in them being harmed.
4. Judges and attorney's have taken sworn oaths to be ethical and true in their capacities in public office. This is not being adhered to and they are NOT being held accountable. This must change immediately. The people have little to no recourse in current procedures in attorney regulation or district attorney in getting anybody to listen let alone take any meaningful action after being a victim of a unethical or criminal action from a attorney, judge or both.
5. Judges and attorney's are becoming a close knit group that takes care and covers one another. None disclosure of business relationships and outside associations are problematic for fair hearing outcomes for the people who expect a fair trial.
6. Judges and attorney's must clean up their act or suffer the people wanting the system completely changed for lack of ability to operate under the peoples best interest.

Thank you
Cliff Battista