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NOTE: Schermoly Deposition Exhibits 1 through 3 were attached to the original transcript.

1 (Deposition commenced at 12:01 p.m.)

2 MARTIN J. SCHERMOLY, M.D.,  
3 being first duly sworn, testified under oath as  
4 follows:

5 EXAMINATION

6 BY MR. BLONGEWICZ:

7 Q. Would you please state your name for  
8 the record.

9 A. Martin Schermoly, M.D.

10 Q. And what is your professional address,  
11 sir?

12 A. 20805 West 151st Street, Olathe,  
13 Kansas.

14 Q. And by whom are you employed?

15 A. Olathe Health Physicians.

16 Q. And we are at that location now and  
17 taking your deposition, do you understand that?

18 A. Correct.

19 Q. And you are appearing here  
20 voluntarily?

21 A. Correct.

22 Q. And what is your profession, sir?

23 A. I'm an internal medicine physician.

24 Q. And you are licensed in the state of  
25 Kansas?



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1 A. Correct.

2 Q. Are you licensed anywhere else besides  
3 Kansas?

4 A. No.

5 Q. And how long have you been licensed in  
6 the state of Kansas?

7 A. Over 35 years.

8 Q. A little bit of your educational  
9 background, please. Where did you graduate from  
10 college?

11 A. I went to -- well, college, I went to  
12 Creighton University, medical school at KU. I did my  
13 internal medicine training at KU as well.

14 Q. You are familiar with Thomas J. Price,  
15 Jr.?

16 A. Yes.

17 Q. And you understand we are here taking  
18 your evidentiary deposition for use in a trial, a  
19 petition for guardianship and conservatorship filed  
20 by his daughter seeking guardianship and  
21 conservatorship for Thomas J. Price, Jr.?

22 A. Understood.

23 Q. How long has Thomas J. Price, Jr.,  
24 been your patient?

25 A. At least 2011. I can't -- we don't



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1 have access to records prior to that.

2 Q. But you think it may be longer than  
3 that even?

4 A. It may be, yeah. I've been practicing  
5 here at Olathe for 35 years.

6 Q. Would you say that you are very  
7 familiar with Mr. Price and his physical and mental  
8 statuses?

9 A. Yes.

10 Q. Do you recall the last time you saw  
11 Mr. Price in a professional setting?

12 A. He was in the office not too long ago.  
13 I don't remember the exact date.

14 Q. If I suggested to you it was March,  
15 would that sound about right?

16 A. Sounds right, yeah.

17 Q. As an internal medicine specialist and  
18 considering your extensive familiarity with  
19 Mr. Price, do you believe that you can accurately  
20 state to a reasonable degree of medical certainty the  
21 mental capacity and capabilities of Mr. Price?

22 A. Yes.

23 Q. What is your opinion as to whether or  
24 not Mr. Price requires a guardian and conservator?

25 A. I don't believe he requires a guardian



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1 or a conservator.

2 Q. And is that your opinion to a  
3 reasonable degree of medical certainty?

4 A. Yes.

5 Q. On November 4th, 2022, you completed a  
6 Report of Examination and Evaluation. Do you recall  
7 that? It's a document before you which has now been  
8 marked Schermoly Exhibit 1.

9 A. Yes.

10 Q. Do you recall that report,  
11 completing --

12 A. Correct.

13 Q. -- that report?

14 A. Yes.

15 Q. I want to refer you to Item 6(b) of  
16 that report that you completed and signed. The  
17 question is -- well, let me do this.

18 MR. BLONGEWICZ: I'm offering  
19 Schermoly Exhibit No. 1.

20 MR. SANDERS: No objection.

21 MS. BURGE: No objection.

22 MS. BYRAM: No objection.

23 BY MR. BLONGEWICZ:

24 Q. At Question 6(b) on the second page of  
25 your report, the question is "Description of proposed



1 ward's/conservatee's physical condition" -- no,  
2 that's (a), I'm sorry. "Description of proposed  
3 ward's/conservatee's mental condition," you wrote  
4 what, sir?

5 A. "Mild to moderate dementia."

6 Q. And what did you mean by that, if you  
7 can expand upon that further, please?

8 A. He has some mild degree of cognitive  
9 impairment. My recollection is primarily some  
10 difficulty with short-term memory, some difficulty  
11 managing medications were the big issues.

12 Q. Despite the diagnosis of mild to  
13 moderate dementia, you stand by your opinion that he  
14 is not in need of a guardian or conservator, correct?

15 A. Correct.

16 Q. Would it be fair to say, sir, that  
17 your concerns with regard to Mr. Price are more of a  
18 physical nature than a mental nature?

19 A. Correct.

20 Q. What concerns do you have about  
21 Mr. Price physically?

22 A. He has really advanced diabetic  
23 neuropathy which severely impairs his balance and  
24 gait. He's had a number of falls as a result.

25 Q. Again referring to Exhibit 1, your





1 Report of Examination and Evaluation, at 6(c) -- no.

2 Yeah. Would you read what you wrote in response to  
3 6(c), please?

4 A. "Mild to moderate dementia. He is  
5 able to manage all of his activities of daily living  
6 with minimal assistance. He is alert and able to  
7 clearly communicate his wishes."

8 Q. I then now want to refer you to the  
9 next page, paragraph 8. No, let me back up. If,  
10 where he presently is living, he's receiving  
11 assistance with his medications, would that alleviate  
12 at least part of your concerns for Mr. Price?

13 A. Yes.

14 Q. In paragraph 8 on the third page of  
15 Exhibit 1 of your report, you checked a box that says  
16 "Does not have the capacity to meet essential needs  
17 for physical health, safety or welfare, and is  
18 therefore, in my/our opinion an adult with an  
19 impairment." Do you see that, sir?

20 A. Uh-huh.

21 Q. Do you remember checking that box?

22 A. Correct.

23 Q. Do you understand that we might think  
24 that your checking of the box is inconsistent with  
25 what you've testified earlier, that he does not need



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1 a guardian and conservator? So my question to you,  
2 sir, is why did you check that box?

3 A. He has a significant physical  
4 impairment related to his balance and gait. Even  
5 with use of a walker, he has difficulty. And as  
6 such, he is not able to live independently and  
7 requires the kind of assistance that he receives at  
8 his current assisted living facility.

9 Q. When you checked that box, did you  
10 then try to -- below that, you checked the box that  
11 says "Has the capacity to manage the estate."

12 A. Correct.

13 Q. That is your opinion, sir?

14 A. Correct.

15 Q. Did you -- and with regard to whether  
16 or not he can meet his essential needs for physical  
17 health, safety, and welfare, did you try to then  
18 explain why you checked that box?

19 A. Correct.

20 Q. And did you do so by adding a letter  
21 which is also attached to Exhibit 1?

22 A. Correct.

23 Q. And it's the next page of that  
24 exhibit, correct?

25 A. Correct.



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1 Q. And it's dated 11-25-2022, correct?

2 A. Correct.

3 Q. What were you trying -- what are you  
4 attempting to do in this letter which is attached to  
5 the Report of Evaluation?

6 A. I -- my intent was to clarify that he  
7 does have some physical impairment. He has some mild  
8 dementia that requires some mild assistance with  
9 medicines, et cetera, but that he otherwise was  
10 clearly capable of directing his affairs.

11 Q. You believe he can still make all  
12 important decisions in his life, both medical and  
13 financial?

14 A. Correct.

15 Q. You believe he just needs to be able  
16 to direct others to carry out those directions?

17 A. Correct.

18 Q. You have no concerns about his  
19 decision-making ability?

20 A. Correct.

21 Q. In the letter of 11-25-2022, which is  
22 attached to your evaluation and report, you discuss  
23 some potential tests that were ordered by Jennifer  
24 Watkins, APRN, at Olathe Health Neurology  
25 Consultants. Did you -- first of all, do you believe



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1 you referred Mr. Price to Olathe Health Neurology  
2 Consultants?

3 A. I don't believe I instigated the  
4 referral. I don't know whether it was self-referred  
5 by the family or whether the family had contacted the  
6 office asking for the referral, but it's not  
7 something that I remember doing on my own.

8 Q. Did you discuss with Mr. Price the MRI  
9 of the brain and what's called a DAT scan, D-A-T  
10 scan?

11 A. Correct.

12 Q. You are familiar with those tests?

13 A. Correct.

14 Q. And can you relate to us today your  
15 discussions with Mr. Price about those tests that  
16 were being suggested?

17 A. We discussed the kind of information  
18 that would be potentially gleaned from those results  
19 and how they would impact his current treatment and  
20 prognosis and what was involved in undergoing those  
21 tests, and he was very clear that he did not want to  
22 participate in either one of those.

23 Q. What did you tell him about whether or  
24 not those tests would be beneficial to you, him and  
25 his care?



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1           A.       I did not feel that the results would  
2 have a significant impact on his current level of  
3 treatment and care or prognosis, and he was very  
4 clear, you know, that he was more concerned with  
5 current quality of living rather than clarifying more  
6 diagnoses.

7           Q.       So you agreed with him that further  
8 testing, as suggested with the MRI and the DAT scan,  
9 wouldn't be beneficial to Mr. Price?

10          A.       Correct.

11          Q.       It's my understanding there's some  
12 concern among family members that Mr. Price may have  
13 Parkinson's disease. Do you believe Mr. Price has  
14 Parkinson's disease?

15          A.       No.

16          Q.       What is Parkinson's disease?

17          A.       It's a neurodegenerative disorder of  
18 the brain for which there is no cure. There's only  
19 management of symptoms.

20          Q.       What are the general symptoms of  
21 Parkinson's disease?

22          A.       The hallmark symptom is what we call  
23 bradykinesia, or a slowness with movement. Many  
24 Parkinson's patients will have difficulty with  
25 tremor. They can have some cognitive problems,



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1 dementia or hallucinations. They have a number of  
2 other problems as it is a progressive deterioration  
3 associated with that.

4 Q. But I take it you don't see any of  
5 those symptoms in Mr. Price?

6 A. Correct.

7 Q. Does Parkinson's disease impact mental  
8 capability?

9 A. Not early on, certainly. Later on, it  
10 can.

11 Q. Simply because Mr. Price may have a  
12 hand tremor, that does not indicate to you --  
13 necessarily mean that he has Parkinson's disease?

14 A. Correct.

15 Q. Did it surprise you that Olathe  
16 Neurology was recommending a DAT scan?

17 A. Yes, it did.

18 Q. And why is that, sir?

19 A. In 35 years I've only seen a DAT scan  
20 done one time, and I've never seen any of our current  
21 neurologists ever use one. Most neurologists, when  
22 they see somebody with Parkinson's, they recognize it  
23 based on the symptoms and the findings. And if there  
24 is any doubt, they usually will just give them a  
25 trial of Parkinson's medications. If they have a



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1 positive response, then that is sufficient to verify  
2 the diagnosis. As I said, I've never seen them use  
3 the DAT scan for that purpose.

4 Q. And that played a role in your  
5 discussions with Mr. Price about not having a DAT  
6 scan performed?

7 A. Correct, correct.

8 Q. Is it your understanding that the DAT  
9 scan test itself takes several hours to be performed?

10 A. Correct.

11 Q. Do you have an estimate as to how long  
12 it takes?

13 A. I've heard up to like six hours.

14 Q. At the end of your letter of  
15 11-25-2022, in the last paragraph you state: "At  
16 this time I believe Thomas is capable of directing  
17 his care and finances. He requires minimal  
18 assistance to set out his medication, as well as  
19 assistance with ambulation as stated above. He  
20 requires assistance with the details of managing his  
21 finances. He is capable expressing his wishes and  
22 directing such assistance."

23 Is that still your opinion, sir?

24 A. Correct.

25 Q. You don't believe he needs a guardian



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1 and conservator as he can express his wishes and  
2 direct someone else to assist him?

3 A. Correct.

4 MR. BLONGEWICZ: I don't believe I  
5 have any further questions.

6 MR. SANDERS: Go ahead.

7 MS. BURGE: Okay.

8 EXAMINATION

9 BY MS. BURGE:

10 Q. I'm Michelle Burge, so I'm Terri Kuhn,  
11 the daughter -- I'm her attorney.

12 A. Okay.

13 Q. Who I believe you would have met her  
14 over the years --

15 A. Right. Yeah, I think --

16 Q. -- through visits and everything?

17 A. Right.

18 Q. Okay. I'm going to start off within  
19 the letter, and then, of course, at various places  
20 we're talking here about -- we're calling it  
21 progressive onset of dementia or mild to moderate  
22 dementia?

23 A. Uh-huh.

24 Q. Did you give Mr. Price that diagnosis,  
25 or where did that diagnosis come from?



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1           A.       I don't know whether I gave him that  
2 diagnosis or -- you know, certainly the neurologist's  
3 examination was consistent with that diagnosis, but I  
4 don't remember where -- when and where that first  
5 came.

6           Q.       That was kind of my question, is in  
7 the letter, you reference in the next -- that he was  
8 evaluated August 19th by Jennifer Watkins --

9           A.       Uh-huh.

10          Q.       -- who is associated with Olathe  
11 Health, so that was one. Do you know if there was  
12 another neurology appointment or another --

13          A.       My understanding is that's the only  
14 appointment that he's had --

15          Q.       Okay.

16          A.       -- with neurology.

17          Q.       Okay. And so then he presented to you  
18 in November --

19          A.       Uh-huh.

20          Q.       -- for the purpose of the guardianship  
21 or coming up with a report; would that be right?

22          A.       Well, either that or it was just a  
23 routine visit. I generally see him at least twice a  
24 year, yeah.

25          Q.       Okay. So perhaps it was after the



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1 visit that you put this together? If the visit  
2 wasn't for the purpose of putting together this form  
3 and this letter --

4 A. Uh-huh.

5 Q. -- maybe they just called you and  
6 said, you know, we met with you in November, would  
7 you be willing to do a report?

8 A. Yeah.

9 Q. Do you think that's how it maybe  
10 happened?

11 A. It may have been, certainly, yeah.  
12 There were a lot of phone calls --

13 Q. I understand.

14 A. -- over this period of time.

15 Q. I understand. So diagnosing somebody  
16 with progressive onset of dementia or mild to  
17 moderate dementia, whatever it would be --

18 A. Uh-huh.

19 Q. -- how is that done?

20 A. Well, there's a number of ways to look  
21 at it. The neurologist used the mental status exam,  
22 and it gives you a numerical score. I believe the  
23 score was 22, somewhere in here. You know, I -- and  
24 I think the other way that I tend to do it is to look  
25 at how they're functioning on a day-to-day basis, you



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1 know. Are they able to bathe, are they able to  
2 dress, are they able to manage other activities, you  
3 know, on a day-to-day basis?

4 Q. And how do you receive that  
5 information? Is that just self-reported, I suppose,  
6 from the patient?

7 A. It's self-reported mostly from the  
8 patient, but also from the family. And if he's in an  
9 assisted living situation, sometimes we get calls  
10 from the staff, you know, that they're having trouble  
11 with this or that.

12 Q. Okay.

13 A. So it's sort of a combination.

14 Q. Okay. So prior to making the report  
15 or writing the letter, you yourself, did you do any  
16 sort of mental assessment or mini mental exam or any  
17 of that kind of work with Mr. Price?

18 A. I don't -- I don't remember having  
19 that. I'd have to look at the record, though. But I  
20 don't remember having done that.

21 Q. We don't have a copy of it, which  
22 makes me think it probably would have been provided  
23 with some of this as medical records. So when -- so  
24 if Mr. Price would have come in in November, and it  
25 wasn't for the purposes of a guardianship evaluation



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1 or whatever --

2 A. Uh-huh.

3 Q. -- how would you have done a mental  
4 assessment or how do you typically do that for a  
5 patient if they're there for other purposes? So if  
6 he was there for a regular checkup.

7 A. Oh, there's a -- there's a fairly  
8 standard group of questions that you ask, you know.  
9 Are they oriented to time and place and date, you  
10 know, and it goes on from there --

11 Q. Okay.

12 A. -- yeah.

13 Q. But there's not -- there was not  
14 typically -- just like when he would have presented  
15 to you on November 4th, there's not a process by  
16 which there's a deeper evaluation like the mini  
17 mental or going into executive functioning or that  
18 type of --

19 A. Correct, correct. Usually you can get  
20 a pretty good idea just talking to them and asking  
21 how they think they're functioning, you know. Are  
22 they having trouble with their memory? Are they  
23 having trouble with, you know, activities? And I  
24 think he was having trouble remembering to take his  
25 medicines, you know, and so clearly had some



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1 short-term memory issues.

2                   The mini mental status exam is the --  
3 probably the easiest one to do in the office setting  
4 with the time constraints in the office. There are,  
5 you know, hours' worth of neuropsych testing that you  
6 can do for folks, but the -- those are rather  
7 time-consuming.

8           Q.       Well, and that was my next question,  
9 just to be clear --

10          A.       Yeah.

11          Q.       -- which I think we all are, but  
12 just -- those weren't done --

13          A.       Right.

14          Q.       -- prior to this report that was  
15 done --

16          A.       Correct.

17          Q.       -- based on this November 4th visit?

18          A.       Correct.

19          Q.       So this was just he was in your office  
20 and you did -- this is not a criticism of you. You  
21 did a standard running through the questions in your  
22 head --

23          A.       Uh-huh.

24          Q.       -- trying to assess how he's doing?

25          A.       Right.



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1 Q. And there wasn't some extra step to go  
2 in and do some sort of evaluation for the purposes of  
3 a guardianship or conservatorship or some type of  
4 neurological, like you were saying --

5 A. Correct.

6 Q. -- that take hours for exams?

7 A. Correct.

8 Q. Is it possible for a patient to  
9 misreport how they're doing, either out of pride --

10 A. Oh, sure.

11 Q. -- or maybe because of a disease?

12 A. Sure.

13 Q. And does that happen often?

14 A. I think the advantage in Tom's case is  
15 I know him well. And so, you know, one, I don't  
16 think he would mislead me; and two, I have a pretty  
17 good idea of what his function should be on any given  
18 day when he comes to see me. And he never came -- or  
19 at least I -- not never, but in the recent past, he's  
20 always come with family. And so I have that as my  
21 second opinion on how he's doing when we're going  
22 through the visit.

23 Q. Through the visit? Okay. And again,  
24 going back to this term, when we say that it's  
25 progressive onset dementia, can you tell us kind of



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1 what "progressive" means or how dementia displays  
2 itself?

3 A. Oh, you know, most people sort of  
4 start off with -- the thing that they notice the most  
5 is difficulty with short-term memory. And, you know,  
6 from there, you get into more trouble with, you know,  
7 things like medications. And if it continues to  
8 advance, they -- they might have trouble remembering  
9 to take a shower, have trouble with dressing, have  
10 trouble with meal preparation, things on a daily  
11 basis.

12 Q. Well, and in terms of finances or  
13 managing your life or your estate --

14 A. Uh-huh.

15 Q. -- do those things kind of start to  
16 fall by the way as well?

17 A. Oh, yeah, they can. And I think in  
18 Tom's case, he -- when we talked about that, he  
19 clearly expressed frustration in dealing with some of  
20 the executive or executing things related to his  
21 finances. He knew what he wanted to have done, but  
22 he didn't want to sit there and write checks out, you  
23 know. And that's probably a sign of the dementia,  
24 that you just don't have the patience to sit there.

25 Q. Okay. And in my practice, that term



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1 "executive functioning" is used too much all the  
2 time. So the way I've always understood that is that  
3 a person can answer a question, a person can say  
4 they're oriented to time and place, but when you dig  
5 deeper and ask follow-up questions or more  
6 information about the facts, they're not able to  
7 answer. Is that your understanding?

8 A. It can happen that way.

9 Q. And isn't that why sometimes a person  
10 will have a more broad neuro evaluation or something  
11 like that, to try to determine if their executive  
12 functioning has been affected by dementia?

13 A. I think that the difficulty with those  
14 is those kind of advanced testing that the neuropsych  
15 people do is -- one, is limited by your baseline  
16 intelligence. They're extremely involved. I mean, I  
17 think they take at least four or five hours to do.

18 And the question is, in a sense, what  
19 are you looking for, you know. If you're looking for  
20 something that's going to say do you have a  
21 depressive overlay that is being manifested as  
22 dementia, that's the big one, you know, people who  
23 have concomitant difficulty with cognitive function  
24 and mood overlap.

25 If it's merely an exercise to see how



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1 well your executive function is, that doesn't really  
2 translate into beneficial information. You know,  
3 it's -- you know, how are you doing paying your  
4 bills? Well, you can look and see. How are you  
5 doing dressing? How are you doing bathing, taking  
6 your medicines? You don't need four hours of  
7 grueling testing to tell you that.

8                   And so that's the way I often approach  
9 it, is I'm more interested in how they're performing  
10 on a day-to-day basis, you know, and getting the  
11 opinion of family members who come with them rather  
12 than try to do the neuropsych testing.

13           Q.       Is it possible that a family member  
14 could also misreport?

15           A.       Oh, I suppose. I mean, you know,  
16 they're not living with the patient necessarily,  
17 but --

18           Q.       Well, and as an individual who has  
19 mild to moderate dementia, or frankly, anybody aging  
20 and with a series of health problems, are they more  
21 susceptible to influence or exploitation?

22                   MR. SANDERS: I'm going to object to  
23 that as lack of foundation. But go ahead and answer,  
24 Doctor.

25 BY MS. BURGE:



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1           Q.       It's just an "in general" question. I  
2 don't mean --

3           A.       I --

4           Q.       In general, does dementia at times  
5 make a person more vulnerable to influence or  
6 exploitation?

7           A.       I don't know that it does. It's  
8 not --

9           Q.       Well, if your executive functioning is  
10 lowered, so your ability to process and make  
11 decisions, would it be more possible for somebody to  
12 come in and influence you?

13          A.       I think it depends on where you are at  
14 that stage.

15          Q.       That's fair. Okay. And I guess  
16 that's my next question. So if Mr. Price has  
17 progressive dementia, isn't it possible that -- this  
18 report was done in November and that he's in a  
19 different -- that it's progressed and his --

20                   MR. SANDERS: Go ahead and finish the  
21 question.

22 BY MS. BURGE:

23          Q.       -- and that the condition is different  
24 now in June?

25                   MR. SANDERS: I'm going to object. I



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1 think the term was -- I don't have it in front of me,  
2 but "progressive onset of dementia," not "progressive  
3 dementia." That's my objection.

4 BY MS. BURGE:

5 Q. Mild to moderate dementia, or a  
6 diagnosis --

7 A. Right.

8 Q. -- like Mr. Price has, is that  
9 inherently progressive?

10 A. Right. Dementia is inherently  
11 progressive over the course of the illness. The rate  
12 of change is not standard. I mean --

13 Q. Right.

14 A. -- it can be quite variable. I can  
15 say that as of March, which was the last time I saw  
16 him, I don't think there's been any significant  
17 change in his condition. He's still very aware of  
18 everything that's going on and very clear in his  
19 wishes, which haven't changed over the years, I mean.  
20 And so there really hasn't been any sign of a  
21 significant change.

22 Q. Okay. And when he came then in March,  
23 was that -- you said he usually comes a couple of  
24 times a year.

25 A. Correct.



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1 Q. Was it just a --

2 A. Correct.

3 Q. -- I don't want to say just a checkup,  
4 but a biannual visit, whatever it may be?

5 A. Correct.

6 Q. During that visit, did you do any sort  
7 of additional assessment or neurological testing or  
8 anything like that?

9 A. I don't believe so.

10 Q. So it's --

11 A. I don't have my notes, but I don't  
12 believe so.

13 Q. It was just regular conversation,  
14 again --

15 A. Uh-huh.

16 Q. -- that you're trying to make a mental  
17 assessment?

18 A. Uh-huh.

19 MR. BLONGEWICZ: She cannot take that  
20 answer down. You need to answer more verbally.

21 MS. BURGE: Oh, I'm sorry.

22 A. Yes.

23 MR. SCHARNHORST: You were saying  
24 "uh-huh." You want to say "yes."

25 A. Yes, yes.



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1 MS. BURGE: Thank you.

2 A. Now, if I remember correctly, he was  
3 there with his son at the March visit and, you know,  
4 we clearly discussed the issues related to what he  
5 wanted done and what he didn't want done as far as  
6 testing, medications, end-of-life wishes, and he was  
7 very clear about all of that.

8 BY MS. BURGE:

9 Q. And he again said that he didn't want  
10 to do any testing, any medications at all?

11 A. Correct.

12 Q. So he's not taking any medications  
13 then for Alzheimer's or dementia, which in my mind is  
14 like Aricept?

15 A. I don't have -- I don't have his  
16 chart.

17 (Reporter clarification.)

18 BY MS. BURGE:

19 Q. I'm sorry. Aricept, those type of  
20 medications --

21 A. Yeah.

22 Q. -- he's not taking anything like that?

23 A. I don't -- I don't have his current  
24 chart and so I can't answer that, but I -- I don't  
25 believe so. There are problems with those medicines.



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1 They're not very well tolerated by most people.

2 They're not always terribly effective either, but I  
3 don't have his chart.

4 Q. Okay. And do you know if he has been  
5 to see a neurologist at all since that August  
6 appointment?

7 A. I'm not aware of any follow-up visits.

8 Q. Okay. You know, in the letter, you  
9 used the phrase "direct his finances or express his  
10 wishes." Can you explain what -- I mean, here's what  
11 I'm trying to get at. Here's what my question is.  
12 Sometimes a person who is impaired could still  
13 express their wishes or direct their finances, right?

14 A. Uh-huh.

15 Q. Which you would see --

16 A. Correct.

17 Q. -- because it's a sliding scale at  
18 various times. So what do you mean by "express his  
19 wishes or direct assistance"?

20 A. I think he certainly has the capacity  
21 to communicate what he wants done and to communicate  
22 how he wants assistance to manage those things. As I  
23 said, he gets a little frustrated with the  
24 nitty-gritty details of things, but he certainly has  
25 the capacity to say this is what I want to do and



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1 this is how I want to get to that point, okay, who I  
2 want to help me.

3 Q. And you feel totally confident in that  
4 opinion without him performing additional testing --

5 A. Oh, yes.

6 Q. -- to see about --

7 A. Oh, sure.

8 Q. Just on the conversations in his  
9 office?

10 A. Yes, uh-huh.

11 Q. And there's nothing he displayed to  
12 you that would demonstrate that he's susceptible to  
13 influence or not able to make good decisions?

14 A. Correct. He was adamant, would be the  
15 word I would use, and -- when he was expressing his  
16 wishes.

17 Q. His wishes about not continuing  
18 testing or not continuing --

19 A. I mean -- yes.

20 Q. -- tests?

21 A. Yes, and what he wanted done.

22 Q. Is it ever possible that that in and  
23 of itself -- does it cause you to pause and wonder if  
24 a person is properly processing or thinking through?  
25 And I don't mean in Mr. Price's -- I mean just in



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1 general. Is sometimes the refusal to test or do  
2 testing alone --

3 A. I think -- I think it depends on what  
4 they're refusing, you know, or what they're concerned  
5 with. I mean, most of the time, my experience is  
6 when people have dementia and get to that state of  
7 agitation and denial and refusal --

8 Q. Yeah, yeah.

9 A. -- it's on inappropriate things, where  
10 that's not the case here.

11 Q. And why is that not the case here?

12 A. Well, we had -- we had an ongoing  
13 discussion about things like the benefits and risks  
14 and so forth of the testing, and clearly he  
15 understood all of those different factors and then  
16 made that decision to not proceed --

17 Q. Okay.

18 A. -- yeah.

19 Q. And both of the times, then, that  
20 you've seen him recently, which I think would be  
21 November 4th and then when we, again, referenced this  
22 March visit, was his son with him for those visits?

23 A. I believe so, yes.

24 Q. And do you think his son -- did he  
25 drive him there?



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1 A. I would assume so.

2 Q. Right. Okay. Was he active in the  
3 participation of the conversation?

4 A. Yeah, yeah.

5 Q. Okay.

6 MS. BURGE: I don't think I have any  
7 more questions for now.

8 MR. SANDERS: Do you want to go ahead?

9 MS. BYRAM: Sure.

10 MR. SANDERS: I don't have very many.

11 EXAMINATION

12 BY MS. BYRAM:

13 Q. Doctor, I'm a guardian ad litem so I'm  
14 just here listening. I don't represent anybody. I'm  
15 just reporting to the Court what I find out.

16 A. Okay.

17 Q. Can you walk me through the history of  
18 his appointments with you? So the most recent one  
19 was March, right?

20 A. That's my understanding. I don't have  
21 a chart.

22 Q. Sure.

23 A. But I usually see him on an every-  
24 six-month basis because of his diabetes and  
25 hypertension and all of his, you know, associated



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1 health issues. And so that sounds about right, from  
2 November to March.

3 Q. Okay. March, 2023?

4 A. Uh-huh.

5 Q. So you haven't seen him since that  
6 last appointment?

7 A. Correct.

8 Q. And then prior to that was the  
9 November appointment?

10 A. I believe so.

11 Q. November, 2022. So no appointments in  
12 February or January or December?

13 A. Correct.

14 Q. And then prior to that November, 2022  
15 appointment, do you know when the next following  
16 appointment was?

17 A. It was in -- I believe it was in the  
18 summer. But again, I don't have a chart with me.

19 Q. Do you think like six months prior  
20 or -- give me your best guess.

21 A. It would have been six months.

22 MR. BLONGEWICZ: I'm going to object  
23 to the physician -- the witness guessing.

24 MR. SCHARNHORST: Go ahead.

25 BY MS. BYRAM:



1 Q. You can still answer.

2 A. It would have been within six months.

3 Q. Six months prior to that?

4 A. Yeah.

5 Q. Do you remember if you had an  
6 appointment with him in October?

7 A. No, I don't.

8 Q. Would it be fair to say you probably  
9 did not?

10 A. I said I don't know.

11 Q. Oh, you don't know? Do you know if  
12 you had an appointment with him in September or in  
13 August?

14 A. I don't believe so. There was  
15 numerous phone calls back and forth during that  
16 period of time, and not with Tom, but with the  
17 family. And I believe November was the first visit  
18 we had.

19 Q. When you say numerous phone calls with  
20 the family, not with Tom, who was calling?

21 A. Both the son and the daughter.

22 Q. And what were they calling about, do  
23 you remember?

24 A. There was a couple calls regarding who  
25 was Durable Power of Attorney for health care.



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1 Q. Who was calling about that?

2 A. Both.

3 Q. Both of them? What other issues were  
4 they calling about?

5 A. The testing was an issue.

6 Q. Do you remember who was his agent  
7 under the health care Power of Attorney? Did you  
8 ever have a copy of that?

9 A. I know we have a copy. And currently,  
10 it's his son. And --

11 Q. Do you know --

12 A. -- I don't know whether that changed  
13 somewhere.

14 Q. Do you remember if that changed?

15 A. I don't know.

16 Q. Do you know when the son became the  
17 health care agent?

18 A. No, I don't know. I'd have to look at  
19 that.

20 Q. Do you remember when it came to your  
21 attention that he was the health care agent based on  
22 these calls?

23 A. Somewhere between August and November.

24 Q. Okay. You described that he has  
25 short-term memory concerns or issues --



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1 A. Uh-huh.

2 Q. -- am I stating that correctly?

3 A. Correct.

4 Q. Describe what that means for Tom.

5 A. It means he can't remember if he took  
6 his pills that morning.

7 Q. What else would he have?

8 A. That was probably the big one.

9 Q. Anything else? What other short-term  
10 memory concerns? Because I can't remember half the  
11 crap I did this morning, and I hope people aren't  
12 saying I have short-term memory loss. I mean, that's  
13 a pretty significant concern, right?

14 A. Right. And that was really my -- my  
15 big one.

16 Q. Okay. Any other short-term memory  
17 concerns?

18 A. Huh-uh.

19 MR. SCHARNHORST: You need to say --

20 A. No. I'm sorry.

21 BY MS. BYRAM:

22 Q. So you described the March and  
23 November visits, both having his son in attendance;  
24 is that right?

25 A. Correct.



1 Q. Was his daughter in attendance at  
2 either of those visits?

3 A. No.

4 Q. And you've commented that oftentimes,  
5 you get information reported to you by family. At  
6 the visit in March, did the son provide or report any  
7 information to you about Tom?

8 A. I mean, I asked him, I mean, as I  
9 usually would.

10 Q. You asked the son?

11 A. Sure.

12 Q. And what did you -- do you remember  
13 what you asked him?

14 A. Well, I just -- you know, give me his  
15 impression of how Tom was doing.

16 Q. So he described to you generally kind  
17 of what Tom --

18 A. Yeah.

19 Q. -- was doing?

20 A. Correct.

21 Q. And is that where you were able to  
22 ascertain your opinion that he was doing okay?

23 A. It was part of it, yeah.

24 Q. Okay. In the November appointment,  
25 same question, did you ask the son to provide any



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1 information --

2 A. Uh-huh.

3 Q. -- about his father?

4 A. Correct.

5 Q. And did he report to you general  
6 ongoings?

7 A. Correct.

8 Q. And did you base your opinion on his  
9 well-being based on what his son was reporting to  
10 you?

11 A. In part, yeah.

12 Q. What types of information did Tom  
13 report to you then?

14 A. Again, I don't have my records, but,  
15 you know, typically I asked him how he's doing, if  
16 he's falling, how is his blood sugars, how is his  
17 appetite, you know, and just kind of the normal  
18 office visit.

19 Q. Okay. Does the discussion ever come  
20 up about finances during these visits?

21 A. No.

22 Q. No discussions about finances? Okay.  
23 So when you filled this report out about having the  
24 capacity to manage his finances, what did you base  
25 your opinion on if there weren't any discussions



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1 about finances or his estate?

2 A. They -- I guess I was direct  
3 questioning of Tom. And at one point, I guess the  
4 only discussion I've had with him on finances was he  
5 was in assisted living, and all of his accounts were  
6 frozen and he was having trouble getting his bills  
7 paid.

8 Q. So then there was a discussion about  
9 finances?

10 A. Yes. I guess there was, yes.

11 Q. Okay.

12 A. And so, you know, the question is  
13 how -- what did he want to do. And he clearly  
14 directed me to -- that this is what he wanted done as  
15 far as having his son assist him in managing those  
16 affairs.

17 Q. And when you are asking these  
18 questions, who answers at these visits with both of  
19 them present?

20 A. Tom.

21 Q. Tom? Do you have any knowledge about  
22 his financial affairs?

23 A. No.

24 Q. How long are these visits that you  
25 have with him? Like in March, how long --



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1 A. 30-minute visits.

2 Q. 30 minutes --

3 A. Uh-huh.

4 Q. -- with you actually there talking  
5 with him?

6 A. Uh-huh.

7 Q. And in November, how long are the --

8 A. 30 minutes.

9 Q. 30 minutes? Okay. So in your letter,  
10 you talk about how he declined the MRI and the DAT  
11 testing; is that right?

12 A. Correct.

13 Q. So he never underwent those tests?

14 A. Correct.

15 Q. Are those tests that would tell you  
16 whether or not he has Parkinson's?

17 A. The MRI, no, would not. The DAT,  
18 that's the purpose of the DAT. But again, I've never  
19 seen anybody actually use that for that purpose.  
20 Usually you can tell if somebody has Parkinson's.  
21 And if there is a question, you try them on the  
22 medicine and see if it helps and that would confirm  
23 it. To do the DAT, which is a very time-consuming  
24 and, I assume, expensive test -- I don't know how  
25 much it costs -- nobody does that.



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1 Q. So I think you said you don't think  
2 Tom has Parkinson's; is that right?

3 A. Correct.

4 Q. But there's not been any formal  
5 testing to make a decision about whether he actually  
6 does?

7 A. You don't need to do formal testing to  
8 see if somebody has Parkinson's. It's, you know, the  
9 old phrase, if it looks like a duck and it quacks  
10 like a duck, it's probably a duck. And that's the  
11 way you approach Parkinson's. If they have symptoms  
12 of Parkinson's, if they have physical signs of  
13 Parkinson's, you know, that makes the diagnosis.

14 Q. And this is something you would see in  
15 every individual? That doesn't vary from person to  
16 person, the symptoms?

17 A. There's some variability, depending on  
18 the stage of the illness, because it is a progressive  
19 illness.

20 Q. Did you write a letter about Tom's  
21 capacity back in September?

22 A. I don't know if I did or not. As I  
23 said, there was a lot of phone calls and stuff.

24 Q. You don't remember doing that?

25 A. I don't remember.



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1 Q. I thought this would come up so I  
2 didn't make a bunch of copies, but I want to ask you  
3 about this. And I guess maybe we can all make  
4 copies. I don't know if you guys have seen this. I  
5 assume that you have.

6 MR. SANDERS: I have copies of it if  
7 you need it.

8 MS. BYRAM: Do you have copies of it?

9 MR. SANDERS: Yeah. Extra copies,  
10 too.

11 MS. BYRAM: Okay.

12 BY MS. BYRAM:

13 Q. Do you remember writing this --

14 MR. BLONGEWICZ: Why don't we mark it  
15 if you're going to discuss it.

16 MS. BYRAM: Yeah, let's mark it.

17 Exhibit C, are we on C?

18 MR. BLONGEWICZ: We're on 3.

19 MS. BYRAM: 3.

20 (Deposition Exhibit No. 3 was marked  
21 for identification.)

22 A. Yes. The letter says: "Thomas J.  
23 Price, Jr., date of birth 2-7-1936, has been a  
24 patient in my practice for many years. He has  
25 required increased assistance from family members to



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1 manage his daily affairs. He is still able to make  
2 sound judgments. He is able to appropriately direct  
3 family members regarding financial matters."

4 BY MS. BYRAM:

5 Q. And do you remember why you wrote this  
6 letter?

7 A. I assume that was after he was seen in  
8 the office and they were trying to unlock his  
9 finances.

10 Q. So I'd asked you kind of generally  
11 when you remembered seeing him. I think you said  
12 sometime over the summer prior to the November  
13 appointment, but I understand --

14 A. Yeah.

15 Q. -- that you don't have your records in  
16 front of you, and maybe we need to get a copy of  
17 those. But you think there was a visit close in  
18 proximity --

19 A. Correct.

20 Q. -- to the writing of that letter?

21 A. Correct.

22 Q. And who requested that letter?

23 A. I believe his son requested that  
24 letter.

25 Q. And did he say why he wanted that



1 letter?

2 A. Because he couldn't pay his bills.

3 Q. And it appears to have been folded.

4 Was that letter -- how was that --

5 A. It was.

6 Q. -- sent to them?

7 A. I don't know. I write it on a  
8 computer and I give it to my staff and --

9 Q. I'm just curious about the time of it,  
10 because I believe it's dated September 15th. And I'm  
11 just trying to wonder how it was remitted to them and  
12 when maybe Tom or his son received that. But you  
13 have no idea?

14 A. I wouldn't know.

15 Q. Okay.

16 MS. BYRAM: Okay. I don't think I  
17 have any more questions. Oh, I do have one question.

18 BY MS. BYRAM:

19 Q. One last question. You've commented  
20 that sometimes a patient or family can misreport.  
21 How would you know if a patient or a family member is  
22 misreporting information to you?

23 A. Well --

24 Q. It would be hard to know, right?

25 A. It can. I think in Tom's case, since



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1 he was in assisted living, we would get calls from  
2 the assisted living if there was a problem, so sort  
3 of an outside source. And I think some of it is, in  
4 part, knowing Tom for all these years. And if  
5 behavior was out of the ordinary, I mean, you would  
6 recognize that.

7 Q. Okay.

8 A. So yeah.

9 MS. BYRAM: No further questions.

10 MR. SANDERS: I have a few questions,  
11 Doctor. I'm going to wrap this up very quickly.

12 EXAMINATION

13 BY MR. SANDERS:

14 Q. Are you aware where Tom Price is  
15 currently residing?

16 A. I believe it's Benton House.

17 Q. Are you generally familiar with that  
18 facility?

19 A. I've had other -- I've never been  
20 there, but I've had other patients that live there.

21 Q. And the reason I bring that up, the  
22 Benton House, that is an assisted living care  
23 facility, is it not?

24 A. Uh-huh.

25 MR. SCHARNHORST: You need to --



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1 A. Yes. Sorry.

2 MR. SCHARNHORST: You're getting it.

3 BY MR. SANDERS:

4 Q. And I think you've said several times  
5 throughout this deposition this afternoon that one of  
6 your concerns -- or chief concerns, I think you've  
7 testified to, as to Mr. Tom Price is his ability to  
8 remember to take -- short-term memory to take his  
9 medications --

10 A. Correct.

11 Q. -- for example, in the morning?

12 A. Correct.

13 Q. Did I fairly state that? That's  
14 basically your chief concern as to his cognitive  
15 ability?

16 A. Correct.

17 Q. Are your concerns alleviated to some  
18 extent inasmuch as Mr. Price is now living -- in the  
19 last three or four months has been moved into Benton  
20 House, which is an assisted living facility?

21 A. Correct. My understanding is that  
22 they manage his medications.

23 Q. Yeah. So that's not as big a concern  
24 as it used to be, is it not, Doctor?

25 A. No.



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1 Q. All right. Thank you. If I  
2 understand the chronology that was just went through  
3 by the guardian ad litem, you would have examined --  
4 routine examinations of Mr. Price in the summer, in  
5 or about August of 2022, you would have seen him next  
6 in November of 2022, and the last visit would have  
7 been in March of 2023; is that correct?

8 A. Correct.

9 Q. Did you notice any appreciable  
10 cognitive decline from that visit in late summer or  
11 August of '22 through March of '23?

12 A. No.

13 Q. Was it pretty much stabilized?

14 A. Correct.

15 Q. And going to Exhibit No. 3, which I  
16 believe is before you, apparently that short  
17 letter --

18 A. Uh-huh.

19 Q. -- you had written in response to,  
20 apparently, Mr. Price's accounts at Edward Jones  
21 being frozen?

22 A. I believe that's correct.

23 Q. All right. And he was having problems  
24 getting bills paid at the time; is that correct?

25 A. Correct.



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1 Q. And there was a request made to you to  
2 write a letter as to his cognitive abilities; is that  
3 correct?

4 A. Correct.

5 Q. And in response, you write: "He is  
6 still able to make sound judgments."

7 Doctor, what did you mean by that?

8 A. I meant he was able to make sound  
9 judgments. He had the ability to, you know, direct  
10 what he wanted done with his finances, with his  
11 health care, you know, with his daily life.

12 Q. Then you continue to write, Doctor:  
13 "He is able to appropriately direct family members  
14 regarding financial matters."

15 Please explain what you meant by that.

16 A. It was his choice to have his son  
17 manage his affairs.

18 Q. And what type of affairs?

19 A. Whether it be health care or  
20 financial.

21 Q. On these last visits, and I'm talking  
22 about the last visits over the course of the last  
23 year -- we're now almost into July of '23 -- who  
24 accompanied Mr. Price?

25 A. His son.



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1 Q. How often in the past did his  
2 daughter, Teresa Kuhn, accompany Mr. Price to doctor  
3 visits?

4 A. I know -- I know of one occasion where  
5 she was there in 2022, but I don't know the date of  
6 that visit.

7 Q. All right.

8 A. It was sometime in the summer. But  
9 generally speaking, he came alone.

10 Q. By himself?

11 A. Uh-huh.

12 Q. Okay.

13 MR. SCHARNHORST: Answer verbally for  
14 her.

15 A. Yes. Sorry.

16 BY MR. SANDERS:

17 Q. You mentioned something about if there  
18 was a problem -- I don't know if it was just unique  
19 to Mr. Price or not, but some of your other elderly  
20 patients, you have on occasion gotten calls from  
21 assisted living facilities concerning some of your  
22 patients.

23 A. Correct.

24 Q. Do you recollect in the last year  
25 receiving any calls -- I mean, I'm talking about



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1 calls of concerns from Cedar Lake Village, where  
2 Mr. Price used to live, or Benton House?

3 A. No, I'm not aware of any.

4 Q. Do you recall getting any calls at any  
5 time from any assisted living or independent living  
6 concerning Mr. Price?

7 A. No.

8 Q. Based over the last -- course of the  
9 last year, do you believe Mr. Price's cognitive  
10 ability is pretty much stabilized?

11 A. Correct.

12 Q. You haven't noticed, therefore, any  
13 noticeable decline; is that correct?

14 A. Correct.

15 Q. And based on your examinations of  
16 Mr. Price in the course of the last year, he is  
17 certainly familiar with who his immediate family are?

18 A. Correct.

19 Q. That would be his daughter, Teresa  
20 Kuhn, and his son, Jeff Price; is that correct?

21 A. Correct.

22 Q. And just to be absolutely clear,  
23 assuming that a DAT scan has been arranged for July,  
24 let's say, it's your recommendation that Mr. Price  
25 not undergo that DAT scan?



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1           A.       I don't think it's necessary.

2           Q.       All right. Thank you. Let me look at  
3 my notes. That may be it.

4                    I think you testified -- just kind of  
5 a quick follow-up -- that he has ability to direct  
6 others to manage his financial affairs. I'm looking  
7 back at some responses to Miss Burge's questions.  
8 You said something to the effect Mr. Price, Mr. Tom  
9 Price, doesn't like writing checks, correct?

10          A.       He doesn't -- he doesn't like the  
11 amount of detail that you have to go through to do  
12 some of the financial things.

13          Q.       But a lot of that would be related to  
14 just simply like writing checks, making sure the  
15 bills get paid?

16          A.       Correct.

17          Q.       But you believe he can certainly  
18 direct others to do that simple task?

19          A.       Correct.

20          Q.       Which is essentially no more than a  
21 bookkeeping task, correct?

22          A.       Correct.

23          Q.       As to his ability to understand his  
24 overall finances, you're confident he has the ability  
25 to do that?



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1 A. Correct.

2 Q. When are you scheduled to see him  
3 again, if you know?

4 A. Should be around September, six  
5 months.

6 Q. Is that just going to be another  
7 routine follow-up visit?

8 A. Yes.

9 Q. And primarily, what are you most --  
10 look at when he comes in on these routine visits?  
11 What's your primary concerns you want to focus on?

12 A. Well, I focus on his safety. And for  
13 him, that's a concern with his fall risk.  
14 Medications, control of blood pressure, diabetes, you  
15 know, appetite, we do it all.

16 Q. Those are your chief concerns?

17 A. Yeah. And, you know, we look -- and  
18 for him, I'll look at and see whether or not there's  
19 been a change in cognition. You know, hopefully the  
20 family will be there again and use their input as  
21 well.

22 MR. SCHARNHORST: Have you got to get  
23 that? Because it's been going off.

24 MR. SANDERS: One last question.

25 THE WITNESS: Yes.



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1 BY MR. SANDERS:

2 Q. You used the term, in response to one  
3 of the questions, "alert as to person, place, and  
4 time," I believe.

5 A. Uh-huh.

6 Q. Yes?

7 A. Correct.

8 Q. Can you define to the Court or the  
9 jury what that means, "alert as to person, place, and  
10 time"?

11 A. Well, the way those questions go, do  
12 you know where you are? Do you know what day of the  
13 week it is? Do you know what month, what year? You  
14 know, that kind of orientation.

15 Q. Over the course of the last year when  
16 you have examined Mr. Price in your office, has he  
17 been always alert as to person, place, and time?

18 A. I don't know that I have specifically  
19 asked him those questions on our routine visits, but  
20 he has always been alert at all the visits.

21 MR. SANDERS: Thank you, Doctor.

22 THE WITNESS: Uh-huh.

23 MS. BURGE: Can I ask a quick  
24 follow-up, maybe two questions?

25 MR. SCHARNHORST: Well, do you need to



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1 get that page?

2 THE WITNESS: No, it's fine.

3 MR. SCHARNHORST: Okay.

4 EXAMINATION

5 BY MS. BURGE:

6 Q. Okay. During the guardian ad litem's  
7 questions, you talked about in one of the visits,  
8 probably in the fall of 2022, there was a discussion  
9 about the Edward Jones account being frozen --

10 A. Uh-huh.

11 Q. -- and that was the need for the  
12 letter.

13 A. Correct, uh-huh.

14 Q. Can you recall what was said during  
15 that? Did you ask why?

16 A. I probably asked why and then became  
17 aware of all this during that visit. And as I said,  
18 we'd had a number of phone calls that -- you know,  
19 regarding the Durable Power of Attorney and so  
20 clearly, I mean, I was aware that there was something  
21 going on between the family members. And if I  
22 remember correctly, at that point he, I believe, was  
23 living in Cedar Lake and they were having trouble  
24 getting his bills paid. And I -- you know, my  
25 concern was that for him to live somewhere other than



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1 an assisted living --

2 Q. Sure.

3 A. -- was not going to be a good idea.

4 Q. But as to why the account was frozen  
5 or the problem itself, did they have -- did he or his  
6 son talk to you about what happened --

7 A. Oh, I --

8 Q. -- or what the financial issue was?

9 A. Oh, I knew that there was the  
10 guardianship issue. And as a result of that, the  
11 accounts were frozen. That's my understanding, but I  
12 don't know.

13 Q. But if they reported that incorrectly  
14 and that's not how that happened or their reporting  
15 of the financial information was off, could that  
16 possibly mean he didn't understand his financial  
17 affairs?

18 MR. BLONGEWICZ: I'm going to object  
19 to the form --

20 MR. SANDERS: Object to foundation.

21 MR. BLONGEWICZ: -- of the question  
22 and foundation.

23 MR. SCHARNHORST: Go ahead.

24 A. You're going to have to say it again  
25 because I --





1 BY MS. BURGE:

2 Q. Well, I'm just saying if what they  
3 reported was wrong and the ultimate question here is  
4 if he can make his own financial decisions, wouldn't  
5 falsely reporting what happened or wrongfully  
6 reporting this huge crisis and this -- what  
7 precipitated all of this, couldn't that mean he  
8 didn't understand what was going on with his  
9 finances?

10 MR. SANDERS: Object --

11 MR. BLONGEWICZ: I'm going to object  
12 to the form of the question. I object to foundation.  
13 And I don't believe the doctor has stated that he has  
14 knowledge concerning what was reported as to why  
15 accounts were frozen.

16 MR. SANDERS: Further requires him to  
17 speculate. But go ahead.

18 MR. SCHARNHORST: Go ahead.

19 A. It doesn't change my opinion that he  
20 was alert and aware of the situation and able to  
21 direct others on his behalf.

22 BY MS. BURGE:

23 Q. Even if he didn't know why?

24 A. It doesn't change my opinion.

25 MR. BLONGEWICZ: Object to the form of



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1 the question. Lack of foundation. Speculation.

2 MR. SCHARNHORST: Go ahead.

3 A. As I said, it doesn't change my  
4 opinion.

5 MS. BURGE: Okay.

6 MR. SCHARNHORST: You guys done?

7 MR. BLONGEWICZ: I need to do one last  
8 thing. It occurs to me that in the course of my  
9 direct examination, I failed to offer --

10 MS. BURGE: I think you're right.

11 MR. BLONGEWICZ: -- Exhibit 2, which  
12 is the notes of Olathe Health Comprehensive  
13 Neurology, so I would do that and now offer those --  
14 that Exhibit 2 into evidence.

15 MS. BYRAM: No objection.

16 MR. SANDERS: No objection.

17 MS. BURGE: Yeah, no objections.

18 MS. BYRAM: And I think I likewise  
19 failed to offer Exhibit 3 into evidence.

20 MR. BLONGEWICZ: No objection.

21 MR. SANDERS: No objection.

22 MS. BURGE: No objection.

23 MR. BLONGEWICZ: Sir, you have the  
24 right to review what's been taken down here today and  
25 sign it, or you can waive that right, whichever.



1 It's your choice.

2 MR. SCHARNHORST: Well, do you guys  
3 have a trial date?

4 MR. BLONGEWICZ: We do not.

5 MR. SCHARNHORST: Okay.

6 MR. SANDERS: We may have one in two  
7 hours.

8 MR. SCHARNHORST: So you have a right  
9 to read the transcript and see if you want to make  
10 changes, or you can waive your signature and be done  
11 with it today. And she's a good court reporter.

12 THE WITNESS: I'll waive --

13 MR. SCHARNHORST: Perfect.

14 THE WITNESS: -- that right.

15 MR. BLONGEWICZ: Thank you very much  
16 for your time, sir.

17 (Deposition concluded at 1:07 p.m.)

18 (Whereupon, it was stipulated by  
19 counsel and the witness that submission of the  
20 transcribed deposition to the witness for  
21 examination, reading and signing is waived and that  
22 said deposition shall possess the same force and  
23 effect as though read and signed by the witness.)

24

25



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C E R T I F I C A T E

I, Sharon R. Larrick, a Certified Court Reporter, do hereby certify:

That prior to being examined the witness was by me duly sworn;

That said deposition was taken down by me in shorthand at the time and place hereinbefore stated and was thereafter reduced to writing under my direction;

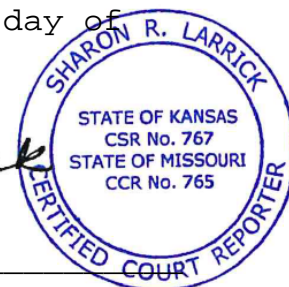
That I am not a relative or employee or attorney or counsel of any of the parties, or a relative or employee of such attorney or counsel, or financially interested in the action.

The original transcript is in the custody of:

MR. JON A. BLONGEWICZ  
JON A. BLONGEWICZ, ATTORNEY AT LAW, P.A.  
10990 Quivira Road  
Suite 200  
Overland Park, KS 66210

WITNESS my hand and seal this 20th day of June, 2023.

*Sharon R. Larrick*



Sharon R. Larrick  
CCR NO. 765, CSR NO. 767

In the Matter of the Guardianship and Conservatorship of: THOMAS J. PRICE, JR.

<p style="text-align: center;"><b>Exhibits</b></p> <hr/> <p><b>Schermoly_062023_</b> <b>Ex 1</b> 3:24 7:8,19 8:25 9:15 10:21</p> <p><b>Schermoly_062023_</b> <b>Ex 2</b> 58:11,14</p> <p><b>Schermoly_062023_</b> <b>Ex 3</b> 43:20 48:15 58:19</p> <hr/> <p style="text-align: center;"><b>(</b></p> <hr/> <p><b>(a)</b> 8:2</p> <hr/> <p style="text-align: center;"><b>1</b></p> <hr/> <p><b>1</b> 7:8,19 8:25 9:15 10:21</p> <p><b>11-25-2022</b> 11:1,21 15:15</p> <p><b>12:01</b> 4:1</p> <p><b>151st</b> 4:12</p> <p><b>15th</b> 45:10</p> <p><b>19th</b> 17:8</p> <p><b>1:07</b> 59:17</p> <hr/> <p style="text-align: center;"><b>2</b></p> <hr/> <p><b>2</b> 58:11,14</p> <p><b>2-7-1936</b> 43:23</p> <p><b>2011</b> 5:25</p>	<p><b>2022</b> 7:5 34:11,14 48:5,6 50:5 55:8</p> <p><b>2023</b> 34:3 48:7</p> <p><b>20805</b> 4:12</p> <p><b>22</b> 18:23 48:11</p> <p><b>23</b> 48:11 49:23</p> <hr/> <p style="text-align: center;"><b>3</b></p> <hr/> <p><b>3</b> 43:18,19,20 48:15 58:19</p> <p><b>30</b> 41:2,8,9</p> <p><b>30-minute</b> 41:1</p> <p><b>35</b> 5:7 6:5 14:19</p> <hr/> <p style="text-align: center;"><b>4</b></p> <hr/> <p><b>4th</b> 7:5 20:15 21:17 32:21</p> <hr/> <p style="text-align: center;"><b>6</b></p> <hr/> <p><b>6(b)</b> 7:15,24</p> <p><b>6(c)</b> 9:1,3</p> <hr/> <p style="text-align: center;"><b>8</b></p> <hr/> <p><b>8</b> 9:9,14</p> <hr/> <p style="text-align: center;"><b>A</b></p> <hr/> <p><b>abilities</b> 49:2</p>	<p><b>ability</b> 11:19 26:10 47:7,15 49:9 51:10 52:5,23,24</p> <p><b>absolutely</b> 51:22</p> <p><b>access</b> 6:1</p> <p><b>accompanied</b> 49:24</p> <p><b>accompany</b> 50:2</p> <p><b>account</b> 55:9 56:4</p> <p><b>accounts</b> 40:5 48:20 56:11 57:15</p> <p><b>accurately</b> 6:19</p> <p><b>active</b> 33:2</p> <p><b>activities</b> 9:5 19:2 20:23</p> <p><b>ad</b> 33:13 48:3 55:6</p> <p><b>adamant</b> 31:14</p> <p><b>adding</b> 10:20</p> <p><b>additional</b> 28:7 31:4</p> <p><b>address</b> 4:10</p> <p><b>adult</b> 9:18</p> <p><b>advance</b> 23:8</p> <p><b>advanced</b> 8:22 24:14</p> <p><b>advantage</b> 22:14</p> <p><b>affairs</b> 11:10 40:16,22 44:1 49:17,18 52:6 56:17</p>	<p><b>affected</b> 24:12</p> <p><b>afternoon</b> 47:5</p> <p><b>agent</b> 36:6,17,21</p> <p><b>aging</b> 25:19</p> <p><b>agitation</b> 32:7</p> <p><b>agreed</b> 13:7</p> <p><b>ahead</b> 16:6 25:23 26:20 33:8 34:24 56:23 57:17,18 58:2</p> <p><b>alert</b> 9:6 54:3,9,17,20 57:20</p> <p><b>alleviate</b> 9:11</p> <p><b>alleviated</b> 47:17</p> <p><b>Alzheimer's</b> 29:13</p> <p><b>ambulation</b> 15:19</p> <p><b>amount</b> 52:11</p> <p><b>answers</b> 40:18</p> <p><b>apparently</b> 48:16,20</p> <p><b>appearing</b> 4:19</p> <p><b>appears</b> 45:3</p> <p><b>appetite</b> 39:17 53:15</p> <p><b>appointment</b> 17:12,14 30:6 34:6,9,15, 16 35:6,12 38:24 44:13</p> <p><b>appointments</b> 33:18 34:11</p>
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