Gross per 24 hour

Intake

-

Output

1550 ml

Net

-1550 m

Medications

Scheduled

Medigation 200	Dosb//Rale Frequency	Letita olion.
atorvaSTATin (LIPITOR) tablet 20 mg	20 mg, HS, Oral	Given: 02/18 2149
carbidopa-levodopa (SINEMET) 25-100 mg per tablet 2 Tab	2 Tab, TiD, Orai	Given: 02/19 1451
fluticasone propionate (FLONASE) 50 mcg/actuation nasal spray 1 Spray	1 Spray, Dally, Nasi	Given: 02/19 0819
levothyroxine (SYNTHROID) tablet 75 mcg	75 mcg, Daily 6, Oral	Given: 02/19 0606
oxymetazoline (AFRIN) 0.05 % nasal spray 2 Spray	2 Spray, BID, Nasi	Given: 02/19 0819
pantoprazole (PROTONIX) tablet 40 mg	40 mg, BID AC, Oral	Given: 02/19 1651
rOPINIRole (REQUIP) tablet 6 mg	6 mg, TID, Oral	Given: 02/19 1451
sodium chloride injection 10 mL	10 mL, Q8H, IV	Given: 02/19 1451
sodium chloride tablet 2 g	2 g, TID, Oral	Given: 02/19 1451
sucraifate (CARAFATE) tablet 1 g	1 g, Q6H, Oral	Given: 02/19 1719

PRN

	Oppositation for the development	
benzocaine-menthol 15-3.6 mg 1 Each	1 Each, Q2H-PRN, MT	Given: 02/13 1703
bisacodyl (DULCOLAX) suppository 10 mg	10 mg, Dally-PRN, Rect	Given: 02/19 0930
HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet 1 Tab	1 Tab, Q6H-PRN, Oral	Ordered
lidocaine PF (XYLOCAINE) 10 mg/mL (1 %) injection 0.2 mL	0.2 mL, PRN, IDrm	Ordered
LORazepam (ATIVAN) tablet 0.5 mg	0.5 mg, Q12H-PRN, Oral	Given: 02/19 1120
magnesium sulfate 2 gm (~16 mEq) in 50 mL sterile water (Hospira/Fresenius)	2 g, PRN, IV	New Bag: 02/18 0828
magnesium sulfate 4 gm (~32 mEq) in 100 mL sterile water (Hospira)	No Dose/Rate, PRN, IV	See Alternative: 02/18 0828
morphine injection 4 mg	4 mg, Q3H-PRN, IV	Given: 02/18 2235

ondansetron (PF) (ZOFRAN) injection 4	4 mg, Q4H-PRN, IV	Given: 02/19
mg		1450
polyethylene glycol	17 g, Daily-PRN, Oral	Given: 02/19
(GLYCOLAX/MIRALAX) powder packet 17		0620
g		
potassium chloride (K-DUR) tablet 20	20 mFq, PRN, Oral	Given: 02/18
mEq		1235
potassium chloride (K-DUR) tablet 40	No Dose/Rate, PRN, Oral	See
mEq	•	Alternative:
		02/18 1235
potassium chloride (K-DUR) tablet 60	No Dose/Rate, PRN, Oral	See
mEq		Alternative:
		02/18 1235
potassium chloride 20 mEq in 100mL	20 mEq. PRN, IV	Ordered
sterile water	,	0.45.44
potassium chioride 40 mEq in 100 mL	40 mEq, PRN, IV	Ordered
sterile water		Oldorod
potassium chloride 40 mEq in 100 mL	40 mEq, PRN, IV	Ordered
sterile water	- may raid is	Cidoled
tiZANidine (ZANAFLEX) tablet 2 mg	2 mg, Q8H-PRN, Oral	Given: 02/19
The second secon	a mar acordina tali Oldi	1619
		1018

DATA:

Lab Results Component No Process Common Comm		12871) ENGL Paté ngan ggalan kelanggalan kelanggalan
WBC	6.7	02/19/2020
HGB	10.9 (L)	02/19/2020
PLT	262	02/19/2020
Lab Results		
Component sounds a strange consider	Malue Services	terroring Date
ALI	12 (L)	02/12/2020
AST	14 (L)	02/12/2020
ALKPHOS	67	02/12/2020
BILITOT	1.3 (H)	02/12/2020
Lab Results		
Component	`Value	Date assessing
GLUCOSE	102	02/19/2020
CALCIUM	8.4 (L)	02/19/2020
NA	133 (L)	02/19/2020
K	4,2	02/19/2020
CO2	31	02/19/2020
CL	97 (L)	02/19/2020
BUN	11 ` ´	02/19/2020
CREATININE	0.84	02/19/2020

Abdel H. Kasmia, M.D.

Electronically signed by Abdel H Kasmia, MD at 2/19/2020 5:43 PM

ED to Hosp-Admission (Discharged) on 2/12/2020

Nix, James P

MRN: E630879

Stephen Andrews, MD

Discharge Summary

Date of Service: 2/20/2020 8:36 AM

Physician

Signed

General Medicine

Discharge Summary THOMAS HOSPITAL (ACUTE)

Name:	James P Nix	Patient #:	MANNOE
Date of Birth:		MRN:	V7CX895 E630879
Room:	2309*/2309*		E090018
Admit Date:	2/12/2020	Discharge Date:	2/20/2020

Primary Care Provider: James J. Griffin, MD Admitting Physician:

Fulton G Defour, MD

Admission Diagnosis:

(T)GASTROINTESTINAL HEMORRHAGE WITH

HEMATEMESIS

Final Diagnosis:

1. Upper GI bleed

2. Mallory Weiss tear 3. Hypomagnesemia

4. Dystonia -sternocleidomastoid

5. Parkinson's disease

Discharge Diagnoses:

Principal Problem:

Gastrointestinal hemorrhage with hematemesis

Active Problems:

OSA (obstructive sleep apnea)

Overview: Pretreatment AHI 24.6 - prescribed AFLEX 9-15 cm H20 (Wave

Medical)

Hypertension

Fatique

Hypothyroldism

Acute blood loss anemia

Gastroesophageal reflux disease without esophagitis

Acute upper Gi bleeding

Hematemesis with nausea

Mallory-Weiss tear

Other constipation

Resolved Problems:

* No resolved hospital problems: *

Hospital Course:

This is an 82-year-old gentleman with history of Parkinson's disease, hypertension, hypothyroidism and COPD. He presented to the emergency room on the day of admit complaining of vomiting bright red blood. This began just prior to ER arrival after he had choked on a piece of chicken. He was subsequently trying to cough up the piece of food that had caused him to choke when he started bleeding. Patient was

subsequently admitted and serial H&H's were done. They remained stable however. He was also consulted on by gastroenterology and underwent an EGD which revealed a lower esophageal tear that was nonbleeding at the time of scoping. He also had hiatal hernia. Patient was started on octreotide for a brief period and he was also placed on pantoprazole drip. He was subsequently transitioned to oral pantoprazole. He had remained stable during his hospitalization. He was noted to be having some neck spasms that were dystonic in appearance. He was seen by Dr. Kasmia and is scheduled to have Botox injection. Patient is also scheduled for rehab at colony and will be transferred there today.

After Discharge Recommendations: To call me for rehab

Discharged Condition: fair

Discharge Physician:

Stephen Andrews 196 lb 4 oz (89 kg)

Last weight: Disposition:

No future appointments.

Discharge Medications

Unreviewed Medications	Tähen ing selekelet et e
aspirin EC 81 mg EC tablet	Take 81 mg by mouth daily.
carbidopa-levodopa 25-100 mg per tablet Commonly known as: SINEMET	Take 2 Tabs by mouth 3 times daily.
celecoxib 200 mg capsule Commonly known as: CELEBREX	Take 200 mg by mouth dally.
HORIZON NASAL CPAP SYSTEM MISC	9-15 cm by Misc.(Non-Drug; Combo Route) route at bedtime. Coastal Therapeutics
LORazepam 0.5 mg tablet Commonly known as: ATIVAN	Take 0.5 mg by mouth every 12 hours as needed.
mometasone 50 mcg/actuation nasal spray Commonly known as: NASONEX	y 2 Sprays into both nostrils daily.
naproxen sodium 220 mg tablet Commonly known as: ALEVE	Take 220 mg by mouth as needed for Pain.
omeprazole 20 mg capsule Commonly known as: PRILOSEC	Take 40 mg by mouth at bedtime.
oxymetazoline 0.05 % nasal spray Commonly known as: AFRIN	Apply to 2 Sprays each nostril 2 times daily.

Control of the first order of the fifty of the control of	The Sig A Salawarda maligority on assert a com-
pravastatin 40 mg tablet Commonly known as: PRAVACHOL	Take 40 mg by mouth daily.
REQUIP XL 6 mg Tb24 Generic drug: Ropinirole	Take 6 mg by mouth 3 times daily.
sildenafil citrate 100 mg tablet Commonly known as: VIAGRA	Take 100 mg by mouth as needed for Erectile Dysfunction.
sodium chloride 1 gram tablet	Take 2 g by mouth 3 times daily.
SYNTHROID 50 mcg tablet Generic drug: levothyroxine	Take 75 mcg by mouth daily. Take at least 30 minutes before morning meal
testosterone cypionate 200 mg/mL injection Commonly known as: DEPOTESTOTERONE CYPIONATE	Inject 100 mg into the muscle every 7 days.

Patient Active Problem List

- Diagnosis (1997) Manufaphan Park Regulation
- Other constipation [K59.09]
- Acute upper GI bleeding [K92.2]
- Hematemesis with nausea [K92.0]
- · Mallory-Weiss tear [K22.6]
- Gastrointestinal hemorrhage with hematemesis [K92,0]
- Gastroesophageal reflux disease without esophagitis [K21.9]
- Esophageal stricture [K22.2]
 Requiring several dilation procedures by Dr. Ives.
- Diastolic dysfunction, left ventricle [i51.9]
- Symptomatic cholelithiasis [K80.20]
- Acute gangrenous cholecystitis [K81.0]
- Acute blood loss anemia [D62]
- Personal history of colon cancer [Z85.038]
- Personal history of colonic polyps [Z86.010]
- Allergic rhinitis [J30.9]
- Chronic rhinitis [J31.0]
- Fatigue [R53.83]
- Hypothyroidism [E03.9]
- Abnormal CT scan, chest [R93.89]
- Pulmonary asbestosis (*) [J61]
- Pulmonary fibrosis (*) [J84.10]
- Asbestos exposure [Z77.090]
- Abnormal CXR (chest x-ray) [R93.89]
- Dyspnea [R06.00]
- Vertebral fracture [IMO0002]
- Hyponatremia [E87.1]

· Long term current use of antibiotics [Z79.2]

Hypertension [110]

OSA (obstructive sleep apnea) [G47.33]
 Pretreatment AHI 24.6 - prescribed AFLEX 9-15 cm
 H20 (Wave Medical)

Consults:

Physician Consult to: Matthew M Eves, MD; Gastroenterology

Physician Consult to: John A Rodriguez-Feo, MD; Orthopedic Surgery, Orthopedics PHYSICIAN CONSULT CASE MGT / SOCIAL SERVICES REQUEST

PHYSICIAN CONSULT

Inpatient Treatment Team

Provider	Role	SECRIBOTO AND SECRETARIAN SERVICE SECRETARIAN SECRETAR
Fulton G Defour, MD	Attending Provider	Internal Medicine
John A Rodriguez-Feo, MD	Consulting Physician	Orthopedic Surgery
Matthew M Eves, MD	Surgeon	Gastroenterology
Matthew M Eves, MD	Consulting Physician	Gastroenterology

53 0

Significant Diagnostic Studies: labs: See specific results below

Treatments: IV hydration Pertinent Lab Results:

CBC

Chemistries

131* (02/20)	97* (02/20)	12 (02/20)	127* (02/20)
4.4 (02/20)	30 (02/20)	0.96 (02/20)	,
ASAR	•	•	,

Other labs:

Mg: 1.8 (02/20)	,	Ca: 8.7 (02/20)
為基丁: 引着从(02/12)		ALT: 12 (02/12)
Alb: 3.6 (02/12)		

No data recorded

Lab Results		
Component	Value	Date (1888)
WBC	6.1	02/20/2020
HGB	9.9 (L)	02/20/2020
HCT	30.6 (Ĺ)	02/20/2020
MCV	92	02/20/2020
PLT	274	02/20/2020
GLUCOSE	127 (H)	02/20/2020
CALCIUM '	8.7	02/20/2020
NA	131 (L)	02/20/2020
K	4.4	02/20/2020
CO2	30	02/20/2020
CL	97 (L)	02/20/2020

BUN CREATININE ANIONGAP BILITOT ALKPHOS AST	12 0.96 4 (L) 1.3 (H) 67 14 (L)	02/20/2020 02/20/2020 02/20/2020 02/12/2020 02/12/2020
	14 (L)	02/12/2020
ALT PROT	12 (L)	02/12/2020
LABALBU	7.2	02/12/2020
	3.6	02/12/2020

Lab Results

Component was and	NAME OF STREET, AND ASSOCIATION OF STREET, VINCOUS AND ASSOCIATION OF STREET, VINCOUS ASSOCIA	Date Walking States and States an
INR	1 1	CONTROL OF THE SECOND OF THE PROPERTY OF THE P
INR	1.1	02/12/2020
INR	1.0	06/25/2015 04/25/2012

Radiology Results:

Xr Chest 1 View Portable

Result Date: 2/12/2020

Minimal Increased markings in the left base.

Ct Abdomen Pelvis W Contrast

Result Date: 2/12/2020

Severe wall thickening in the distal esophagus. Correlate with endoscopy. Small left pleural effusion. No acute abnormality in the abdomen or pelvis. Thank you for this consultation.

U/s Venous Duplex Lower Ext Bilateral

Result Date: 2/18/2020

No evidence for lower extremity deep venous thrombosis.

Discharge Exam:

Patient Vitals for the past 24 hrs (Last 3 readings):

	man hander on a si	no image a residific) <i>)</i> .		
	BP	Temp	Pulse	Resp	SpO2
02/20/20 0605	-7416	98.3 °F (36.8	******		
02/20/20 0600	142/68	°C) —	56		
	112,00	98.1 °F (36.7	00	20	95 %
02/20/20 0410	*****	°C)		(Primare)	Special States
02/20/20 0400	127/55	****	62	18	94 %
02/20/20 0200	142/65	98 °F (36.7 °	64	•	
	1-12-100	C)	04	17	96 %

Temp (24hrs), Avg:98.3 °F (36.8 °C), Min:97.7 °F (36.5 °C), Max:99.5 °F (37.5 °C)

Intake/Output Summary (Last 24 hours) at 2/20/2020 0836 Last data filed at 2/20/2020 0602

Gross per 24 hour

Intake

Nix, James P (MRN E630879) Printed by Margaret C Meyers, MD [DR00846] at 6/29/20... Page 5 of 7

Output **Net**

2125 ml -2125 ml

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Atraumatic.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate. Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal. No scleral icterus.

Neck: Neck supple. No JVD present. No thyromegaly present.

Left lateral neck tenderness with palpable spasms

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses.

No murmur heard.

Pulmonary/Chest: He has no wheezes. He has no rales. He exhibits no tenderness. Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no tenderness. Musculoskeletal: Normal range of motion.

General: No tenderness or edema.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert and oriented to person, place, and time. He has normal reflexes. No cranial nerve deficit.

Skin: Skin is dry. No rash noted. He is not diaphoretic. No erythema. Psychiatric: He has a normal mood and affect. His behavior is normal. Nursing note and vitals reviewed.

Prognosis: Good

Patient instructions:

No discharge procedures on file.

DietEnsure Enlive

Dysphagia Mechanical Soft Diet

Code status: No Order Wound Care: none needed

Patient Care Team

James J Griffin, MD	Relationship PCP - General	Specialty Pulmonary Disease	****Notifications	Start 2/12/20	End
Jimmle G Gavras, MD	General Surgeon	General Surgery		7/7/14	•
Brian D Dearing, MD James J Griffin, MD	Cardiologist	Cardiology Pulmonary Disease		7/7/14 7/7/14	
Margaret C Meyers, MD	Internal Medicine	Internal Medicine		9/30/14	
Abdel H Kasmia, MD	Neurologist	Neurology		2/12/20	

Specific patient instructions and education, including written summary of care, were given to the patient and/or caregiver by nursing staff at discharge.

Time spent arranging discharge: 35 minutes

Electronically signed:

Stephen Andrews, MD 2/20/2020 at 8:36 AM ST 11746 Electronically signed by Stephen Andrews, MD at 2/20/2020 8:44 AM

ED to Hosp-Admission (Discharged) on 2/12/2020

Nix, James P

MRN: E630879

Matthew Hasley, DO

H&P Signed Date of Service: 2/20/2020 11:08 AM

Physician Rehab

-t-

Rehabilitation Specialists

3 Mobile Infirmary Circle Suite 201A Mobile, AL 38807 Phone: 251-438-8880 Fan: 251-438-8880

Inpatient Rehabilitation History & Physical

Name:	James P Nix		
Date of Birth:		MRN:	E630879
Room:	3261*/3261*		
Admit Date:	2/20/2020		

Date of Admission to Acute Rehab: 2/20/2020

Date of Admission to Acute Hospital: 2/12/2020

Referring Facility: Thomas Hospital

Referring Physician: Dr. Defour, Dr. Kasmia

Assessment and Plan: James P Nix is a 82 y.o. male being admitted to inpatient rehab for impairments including decreased strength, balance, endurance, and impairments in mobility and activities of daily living related to Mallory-Weiss tear. Goals of Inpatient rehab supervision or better with ADLs

Medical Necessity: The etiologic diagnosis and comorbidities listed below require the 24 hour availability and frequent intervention of a physician with specialized training in rehabilitation.

#Recent upper GI bleeds with a Mallory Weiss tear

- --Seen by Dr. Eves of Gl. Status post EGD. Follow-up as an outpatient
- -- Continue PPI and Carafate. Avoid NSAIDs
- -- Monitor H&H. Transfuse as necessary.

#Parkinson's disease

- --Patient's outpatient neurologist is Dr. Kasmia. Will consult him to follow as needed while in colony.
 - --Continue Sinemet and ropinirole doses

#Cervical dystonia

--May be outpatient Botox candidate. Continue Zanaflex and treat symptomatically for now along with therapy.

#COPD

--Stable. Monitor.

Nix, James P (MRN E630879) Printed by Margaret C Meyers, MD [DR00846] at 6/29/20... Page 1 of 9

#Recent hypomagnesemia

-- Supplementation and monitor levels. 1.8 on 2/20

#History of hypothyroidism

--- Continue home Synthroid dose.

#Impaired mobility and ADLs

--Begin comprehensive inpatient rehabilitation program with physical and Occupational Therapy. Final discharge equipment needs to be determined. Previously modified independent with Rollator.

DVT prophylaxis: SCDs

Bowels: PRN bowel medications. Monitor.

Bladder: Monitor voiding

Sleep: Monitor

Skin: Nursing staff to monitor any skin breakdown.

Pain: Tylenol as needed. Norco 5 to 10 mg PRN, Zanaflex

Diet: Regular

Discharge plan: Home with his family on to be determined date

Follow up appointments: PCP, Dr. Kasmia

Chief Complaint: Pain

History of Present Illness: 82-year-old man with significant history of Parkinson's disease who was admitted to the emergency room with vomiting bright red blood. He had choked on some food and had profound coughing episode. Gastroenterology was consulted. Had EGD on 2/12 which revealed lower esophageal Mallory-Weiss tear that was nonbleeding at that time and a hiatal hernia. Patient was started on octreotide and Protonix drlp. Had 2 subsequent EGDs as well. Anemia stabilized. Dr. Kasmia is the patient's neurologist. Patient has been experiencing severe neck pain with dystonia and spasms. Medically stabilized at this point. Began working with therapy services. Deemed an appropriate inpatient rehabilitation candidate now being admitted to colony rehabilitation hospital for further inpatient rehabilitation needs.

At my interview patient was resting in the bed half asleep. His biggest complaint is neck pain. This is a new problem since EGD he states. He has limited range of motion and pain with range of motion of his neck. Denies bowel or bladder issues. Breathing fine without chest pain. No stomach pain but has poor appetite since being hospitalized. Denies choking or painful swallowing sensation. No recurrence of any bleeding he is aware of. He states his Parkinson's has been controlled recently and denies history of recent falls. Discussed rehab plan and prognosis with him and answered his questions. No family present.

Therapy Progress: Supine to sit moderate assist, sit to supine moderate assist, sit edge of bed supervision, sit to stand contact-guard assist, standing tolerance contact-guard assist rolling walker, walk 12 feet contact-guard assist

Functional History: Modified independent using a Rollator. Was recently driving but involved in accident per notes.

Home Set up/Living Situation: Single-story house with 4 steps to enter. Lives with spouse. Has other support available to help at home.

Past Medical History:

Past Medical History:

Diagnosis

Date """

- Arthritis
- · Back pain
- Cancer (*)
- Chronic obstructive pulmonary disease (*)
- Coronary artery disease
- Esophageal stricture 6/26/2015
 Requiring several dilation procedures by Dr. Ives.
- Gastroesophageal reflux disease
- Gastroesophageal reflux disease without esophagitis
 9/21/2017
- Hypertension
- Hypertension
 Hyponatremia
 Hyponatremia
 Hyponatremia
 1/18/2012
- Hypothyroidism
- Pulmonary asbestosis (*)
 11/15/2013
- Spondylolisthesis

L5-S1

Past Surgical History:

Past Surgical History:

Procedure Management of the Control	心的原理的一种,可以不是一种的一种,但是一种一种,但是一种一种,但是一种一种,但是一种一种一种,但是一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种
AIIAI @AY/ATEATALA/	

- CHOLECYSTECTOMY
- COLON SURGERY

• EGD performed by Mothew M Eyes MD -4 TU OU AS	N/A	2/12/2020
 EGD performed by Matthew M Eves, MD at TH GI LAB EGD performed by Matthew M Eves, MD at TH GI LAB 	N/A	2/14/2020
• EGD	N/A	2/18/2020

EGD performed by Matthew M Eves, MD at TH GI LAB

ORTHOPEDIC SURGERY

• ORTHOPEDIC SURGERY Right 3 y ago ankle fusion

Family History:

Family History

Problem Relation Age of Onset

Cancer Mother
 Diabetes Mother
 High Blood Pressure Mother

Social History:

Social History &

Socioeconomic History

· Marital status: Married Spouse name: Not on file Number of Not on file children: · Years of Not on file education: Highest Not on file education level: Occupational History and a server consistency and a server and any Not on file 1150 Mg, 9 Social Needs Financial Not on file resource strain: Food insecurity: Worry: Not on file Inability: Not on file Transportation needs: Medical: Not on file Non-medical: Not on file Tobacco Use The Control of the Contr Smoking status: Never Smoker Smokeless **Never Used** tobacco: Substance and Sexual Activity with the water was the control of th Alcohol use: Yes Alcohol/week: 7.0 standard drinks Types: 7 Glasses of wine per week Comment: "1 glass a dau " No Drug use: Sexual activity: Yes Partners: Female -Lifestyle Tanking 150 中央企业等通过中心中心整理某个的证据的工程等现象工程的企业 Physical activity: Days per Not on file week: Minutes per Not on file session: • Stress: Not on file Relationships Social connections: Talks on Not on file phone: Gets together: Not on file Attends Not on file religious service: Active Not on file member of club or organization: **Attends** Not on file meetings of clubs or organizations:

Relationship Not on file status: Intimate partner violence: Fear of Not on file current or ex partner: Emotionally Not on file abused: Physically Not on file abused: Forced sexual Not on file activity: Other Topics Accompany in the control of the contro Not on file Social History Narrative Administrative Action (1995) ** Merged History Encounter **

Allergies:

Allergies

Allerden Maria Control of the Contro Fiorinal [Butalbital-Aspirin-Caffeine]

Rash

Haloperidol

Parkinson's

Lortab [Hydrocodone-Acetaminophen]

 Medrol [Methylprednisolone] anxiety

Nausea And Vomiting Other (See Comments)

Metoclopramide

Parkinson's

Promethazine

Parkinson's

Medications:

Current Facility-Administered Medications:

- atorvaSTATin (LIPITOR) tablet 20 mg, 20 mg, Oral, HS, Matthew Hasley, DO
- · benzocaine-menthol 15-3.6 mg 1 Each, 1 Each, Mouth/Throat, Q2H-PRN, Matthew Hasley, DO
- · tiZANidine (ZANAFLEX) tablet 2 mg, 2 mg, Oral, Q8H-PRN, Matthew Hasley, DO
- sucralfate (CARAFATE) tablet 1 g, 1 g, Oral, Q6H, Matthew Hasley, DO, 1 g at 02/20/20 1250
- sodium chloride tablet 2 g, 2 g, Oral, TID, Matthew Hasley, DO, 2 g at 02/20/20 1410
- rOPINIRole (REQUIP) tablet 6 mg, 6 mg, Oral, TID, Matthew Hasley, DO, 6 mg at 02/20/20
- polyethylene glycol (GLYCOLAX/MIRALAX) powder packet 17 g, 17 g, Oral, Dally-PRN, Matthew Hasley, DO
- LORazepam (ATIVAN) tablet 0.5 mg, 0.5 mg, Oral, Q12H-PRN, Matthew Hasley, DO, 0.5 mg at 02/20/20 1250
- pantoprazole (PROTONIX) tablet 40 mg, 40 mg, Oral, BID AC, Matthew Hasley, DO
- oxymetazoline (AFRIN) 0.05 % nasal spray 2 Spray, 2 Spray, Nasal, BID, Matthew Hasley, DO

- Encounter Date: 02/20/2020
- [START ON 2/21/2020] levothyroxine (SYNTHROID) tablet 75 mcg, 75 mcg, Oral, Dally 6, Matthew Hasley, DO
- carbidopa-levodopa (SINEMET) 25-100 mg per tablet 2 Tab, 2 Tab, Oral, TID, Matthew Hasley, DO, 2 Tab at 02/20/20 1410
- alum-mag hydrox-simeth (MAALOX PLUS EXTRA STRENGTH) 400-400-40 mg/5 mL suspension 30 mL, 30 mL, Oral, Q6H-PRN, Matthew Hasley, DO
- ondansetron (ZOFRAN-ODT) disintegrating tablet 4 mg, 4 mg, Oral, Q6H-PRN, Matthew Hasley, DO
- magnesium hydroxide (MILK OF MAGNESIA) suspension 30 mL, 30 mL, Oral, Daily-PRN, Matthew Hasley, DO
- bisacodyl (DULCOLAX) suppository 10 mg, 10 mg, Rectal, Q48H-PRN, Matthew Hasley, DO
- HYDROcodone-acetaminophen (NORCO) 10-326 mg per tablet 1 Tab, 1 Tab, Oral, Q6H-PRN, Matthew Hasley, DO
- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 Tab, 1 Tab, 0ral, Q6H-PRN, Matthew Hasley, DO

Review of Systems:

Review of Systems

Constitutional: Negative for fever. HENT: Negative for congestion. Eyes: Negative for blurred vision.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Positive for vomiting. Negative for nausea.

Genitourinary: Negative for dysuria.

Musculoskeletal: Positive for neck pain. Negative for falls.

Skin: Negative for rash.

Neurological: Positive for tremors and weakness. Negative for sensory change.

Endo/Heme/Allergies: Bruises/bleeds easily.

Psychiatric/Behavioral: The patient does not have insomnia.

Physical Exam:

Vitals:

※等) 02/20/20 1100 02/20/20 1200 02/20/20 1500 ^ :

BP: 150/76 185/81 Pulse: 65 61 Resp: 20 18

Temp: 98.3 °F (36.8 °C) 98.4 °F (36.9 °C)

SpO2: 94% 95%

Weight: 187 lb 9.6 oz

(85.1 kg)

Height: 6' (1.829 m)

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

Appearance: Normal appearance. He is well-developed. He is not diaphoretic.

HENT:

Head: Normocephalic and atraumatic.

Eves:

General: No scleral ictorus.

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Neck supple.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds.

Abdominal:

General: Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no tenderness.

Musculoskeletal:

Right lower leg: No edema. Left lower leg: No edema.

Comments: Limited cervical range of motion in all planes with pain in right side bending

and rotation especially

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Cranial Nerves: Cranial nerves are intact.

Sensory: Sensation is intact.

Motor: Weakness and tremor present.

Deep Tendon Reflexes: Reflexes are normal and symmetric.

Comments: Pill-rolling fremor with some cogwheel rigidity with known Parkinson's Some generalized weakness throughout especially of the legs without focal motor deficit.

Upper extremities 5/5 generally. Lower extremities 4 to 4+/5 strength. Limited right ankle plantar and dorsifiexion secondary to history of ankle fusion.

Psychiatric

Attention and Perception: Attention normal.

Mood and Affect: Mood normal. Speech: Speech normal. Behavior: Behavior normal.

Labs & Imaging: I reviewed the patient's lab work and pertinent imaging studies.

Lab Results

Date
02/20/2020
02/20/2020
02/20/2020
02/20/2020
02/20/2020

Lab Results

Component Value Date

Encounter Date: 02/20/2020

GLUCOSE	127 (H)	02/20/2020
CALCIUM	8.7	02/20/2020
NA	131 (L)	02/20/2020
K	4.4	02/20/2020
CO2	30	02/20/2020
CL	97 (L)	02/20/2020
BUN	12	02/20/2020
CREATININE	0.96	02/20/2020
ANIONGAP	4 (L)	02/20/2020
BILITOT	1.3 (H)	02/12/2020
ALKPHOS	67	02/12/2020
AST	14 (L)	02/12/2020
ALT	12 (L)	02/12/2020
PROT	7.2	02/12/2020
LABALBU	3.6	02/12/2020

Matt Hasley DO Physical Medicine & Rehabilitation

POST-ADMISSION ASSESSMENT FOR ADMISSION TO ACUTE INPATIENT REHABILITATION

James P Nix has agreed to be admitted to our acute inpatient rehabilitation facility encompassing 3 hours of combined physical therapy and occupational therapy on a 5 to 7 day per week basis. The patient has a good understanding of the discharge process, and has the potential to make improvement and is in need of at least physical therapy and occupational therapy. Given the patient's complex condition and risk of further medical complications, rehabilitation services cannot be safely provided at a lower level of care such as a skilled nursing facility.

I have compared James P Nix medical and functional status at the time of the preadmission screen and the same on this day. There have been no changes. By signing this document, I acknowledge that I have personally performed a full physical examination on this patient within 24 hours of admission to this inpatient rehabilitation facility and have determined the patient to be able to tolerate the above course of treatment at an intensive level for a reasonable period of time. There will be a detailed individualized plan of care for this patient by day 4 and this will be based upon the preadmission screen, post-admission evaluation, and therapy evaluations.

Thank you for allowing us to participate in the care of James P Nix.

Matt Hasley DO Physical Medicine & Rehabilitation

Dragon Medical (Nuance Communications, Inc.) speech recognition transcription software was used to create portions of this document. Attempts at proofreading may have failed to correct all errors in transcription. Please call for questions or clarification

Nix, James P (MRN E630879)

Encounter Date: 02/20/2020

Electronically signed by Matthew Hasley, DO at 2/20/2020 4:28 PM

Admission (Discharged) on 2/20/2020

Nix, James P

MRN: E630879

Encounter Date: 02/20/2020

Abdel H Kasmia, MD

Consults

Date of Service: 2/21/2020 2:56 PM

Physician

Signed

Neurology

Consult Orders

Physician Consult [148959274] ordered by Matthew Hasley, DO at 02/20/20 1630

BALDWIN NEUROLOGY CONSULT:

IMPRESSION:

- Parkinson's disease
- · Cervical dystonia with cervicalgia, somewhat better with current treatment
- Hypersalivation
- Gastrointestinal eating secondary to Mallory-Weiss tear
- · Gait disturbance

PLANS:

Continue Sinemet and Requip

Discussed options for treating hypersalivation. Anticholinergic may considered if needed, caution with possible adverse effects.

Continue Physical therapy / Rehab

Gradually taper off Norco is possible, continue while having moderate pain.

Will follow clinically for now.

REASON FOR CONSULTATION: Parkinson's disease and neck pain

HISTORY OR PRESENT ILLNESS:

Mr. Nix is an 82 year old male with an history of Parkinson's disease who was recently discharged from Thomas Hospital and admitted to this facility for rehabilitation. He has complained of tremor, rigidity, and significant neck pain. He was seen briefly in the neurology office (Baldwin Neurology) on 2/20/2020 for Botox injection. He reports significant improvement in pain and muscle spasm. He has also complained of hypersalivation. He has participated in physical therapy and he feels somewhat fatigued. He was able to sleep better last night. He has no significant memory deficits. His tremor seems to be controlled with the current dose of Sinemet and Requip without side effects. He has ad some arthritis pain in distal upper extremities and cervical region. He has no significant dysphagia, nausea or vomiting.

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis

- Arthritis
- · Back pain
- · Cancer (*)
- Chronic obstructive pulmonary disease (*)
- Coronary artery disease
- · Esophageal stricture

Requiring several dilation procedures by Dr. Ives.

Gastroesophageal reflux disease

Date

6/26/2015

9/21/2017 Gastroesophageal reflux disease without esophagitis Hypertension 12/20/2011 Hypertension 1/18/2012 Hyponatremia 1/18/2012 Hyponatremia Hypothyroidism 11/15/2013 Pulmonary asbestosis (*) Spondylolisthesis L5-S1

FAMILY HISTORY:

Family History

HUDDIEW TASK CONTROL OF THE PROPERTY OF THE PR

Mother Cancer Mother Diabetes Mother High Blood Pressure

SOCIAL HISTORY:

Social History ₩

SOCIOBBOTION HISTORY PROPERTY OF THE STATE O

Married Marital status: Spouse name: Not on file

Not on file Number of

children:

Not on file Years of

education:

Not on file Highest education level:

OF THE PROPERTY OF THE PROPERT Not on file

多见到到MASS\$\$\$66点。就你来看着不是小孩子,少少不是**这么知识的人,** Not on file

 Financial resource strain:

Food insecurity:

Not on file Worry: Not on file Inability:

Transportation needs:

Not on file Medical: Non-medical: Not on file

Tobacco Uše

All and All the m Smoking status: Never Smoker **Never Used** Smokeless

tobacco:

Substance and Sexual Activity

 Alcohol use: Yes

Alcohol/week: 7.0 standard drinks

7 Glasses of wine per week Types:

Comment: "1 glass a dau "

No • Drug use:

化二十二十二十五烷

 Sexual activity: Yes Partners: Female Lifestyle and North American Company of the · Physical activity: Days per Not on file week: Minutes per Not on file session: Stress: Not on file Relationships Alkardondhini and the control of the Social connections: Talks on Not on file phone: Gets together: Not on file Not on file Attends religious service: Active Not on file member of club or organization: Attends Not on file meetings of clubs or organizations: Relationship Not on file status: · Intimate partner violence: Fear of Not on file current or ex partner: Emotionally Not on file abused: Physically Not on file abused: Forced sexual Not on file activity: Other Topics And Moncein White the Management of the Concein White · Not on file Social History Narrative wholes have a medicine major dept. ** Merged History Encounter **

CURRENT MEDICATIONS:

No outpatient medications have been marked as taking for the 2/20/20 encounter (Hospital Encounter) with Matthew Hasley, DO.

ALLERGIES:

Allergies Allergen

• Fiorinal [Butalbital-Aspirin-Caffelne]

Reactions Rash

Nausea And Vomiting

Other (See Comments)

Haloperidol

Parkinson's

- Lortab [Hydrocodone-Acetaminophen]
- Medrol [Methylprednisolone]

anxiety

Metoclopramide

Parkinson's

Promethazine

Parkinson's

REVIEW OF SYSTEMS:

CONSTITUTIONAL: fatigue.

OPHTHALMOLOGICAL: No eye pain, visual loss, blurred vision, or diplopia. ENT: No hearing loss, earache, tinnitus, vertigo, sore throat, or epistaxis. CARDIOVASCULAR: No paipitations, chest pain, or shortness of breath.

PULMONARY: No cough, or hemoplysis

GASTROINTESTINAL: Recent MW -tear, no pain, nausea or vomiting.

GENITOURINARY: No urinary incontinence, urinary retention.

MUSCULOSKELETAL: arthralgia

NEUROLOGICAL: Gait disturbance, cervicalgia, tremor, rigidity and hypersalivation. No

hallucination of changes in mental status.

PSYCHIATRIC: No anxiety, agitation, depression, or significant mood fluctuations.

PHYSICAL EXAMINATION:

VITAL SIGNS: BP 135/71 | Pulse 63 | Temp 98.5 °F (36.9 °C) | Resp 18 | Ht 6' (1.829 m) |

Wt 195 lb (88.5 kg) | SpO2 97% | BMI 26.45 kg/m2

GENERAL:

Well developed, well -nourished, in no apparent distress, pleasant and cooperative.

Affect is somewhat flat

COGNITION:

Orientation: oriented to time, place and person.

Attention span and concentration are normal.

Fund of knowledge is appropriate.

Speech is somewhat hypophonic. No anomia or aphasia.

CRANIAL NERVES:

Visual acuity is relatively preserved

Visual fields are full

Cranial nerves III, IV & VI: the extraocular muscle movements are normal. Somewhat slow

saccades.

The pupils are equal

Cranial nerve VII: facial motor functions are normal.

Cranial nerve VIII: hearing is relatively preserved.

MOTOR:

No muscle atrophy or fasciculations noted. Motor strength is a his baseline, somewhat

generally weak but symmetrical / nonfocal.

SENSORY:

pain prick, and touch sensations are normal.

AUSCULTATION:

Right carotid artery is clear.

Left carotid artery is clear.

Heart: is regular in rate and rhythm

Lungs: are clear bilaterally

Abdomen: is soft and the bowel sounds are present

SKIN: visible skin is clear.

Muscle tone and bulk are normal for age.

Macolo folio att	or bally are normal for age.	
DATA: Lab Results Component WBC HGB HCT MCV PLT	Value 4.6 (L) 9.9 (L) 30.5 (L) 93 286	Date 02/21/2020 02/21/2020 02/21/2020 02/21/2020 02/21/2020
Lab Results	•	•
Component	5. 5. 48 days.	
ALT	Value	Date (4.13.)
AST	12 (L)	02/12/2020
ALKPHOS	<u>14 (L)</u>	02/12/2020
BILITOT	67	02/12/2020
DILITOI	1.3 (H)	02/12/2020
CALCIUM NA K CO2 CL BUN CREATININE	85 9.0 132 (L) 4.6 30 98 14 0.94	Date 02/21/2020 02/21/2020 02/21/2020 02/21/2020 02/21/2020 02/21/2020 02/21/2020 02/21/2020 02/21/2020 02/21/2020
Lab Results Component HGBA1C	* 15 4 \	Date
Lab Results		
Component	Value	Name of the Control o
INR	1.1	Date 4400-000 to the total of t
INR	1.1	02/12/2020
INR		06/25/2015
-771 %	1.0	04/25/2012

A. KASMIA, M.D.

Electronically signed by Abdel H Kasmia, MD at 2/21/2020 3:23 PM

Admission (Discharged) on 2/20/2020

Nix, James P

MRN: E630879

Encounter Date: 02/20/2020

Abdel H Kasmia, MD

Progress Notes

Date of Service: 2/22/2020 1:23 PM

Physician

Signed

Neurology

NEUROLOGY:

IMPRESSION:

· Consents disease with secondary dystonia

- Hypersalivation due to Parkinson's disease
- Cervical dystonia difficult secondary cervicalgia, seems to be improving with current intervention.
- Disturbance
- · Mallory-Weiss tear.
- Mild hyponatremia.
- Anemia

PLANS:

· I have discussed options with the patient regarding his sialorrhea.

- Glycopyrrolate milligrams twice daily as tolerated. Potential adverse effects discussed with the patient.
- · Sinemet 25/100 two three times a day
- Ropinirole 6 mg 3 times daily.
- Follow clinically. We will observe for possible anticholinergic adverse effects and adjust medications accordingly.

Subjective:

Mr. Nix feels better this morning. He participated in physical therapy did relatively well. His neck pain and muscle spasm appear to be improving. He has mild resting upper extremity tremor mostly on the left side. He has no significant rigidity. He continues to have gait disturbance requiring assistance. No headaches, change in mental status, or cranial dysfunction reported. He continues to complain of hypersalivation seems to interfere with his speech.

Objective:

BP 136/84 | Pulse 55 | Temp 98 °F (36.7 °C) | Resp 18 | Ht 6' (1.829 m) | Wt 195 lb (88.5 kg) | SpO2 95% | BMI 26.45 kg/m²

Patient is alert and oriented times three. He seems to be very relaxed this morning. Seems to be aware of current events, time, and date etc.

Neck is supple

The extraocular movements are full.

Facial expressions are symmetrical. Facial asymmetry noted.

Speech seems to be stronger. His language is normal.

Motor exam reveals no abnormalities.

Left distal upper extremity resting tremor is noted without significant rigidity or dyskinesia.

Significant tremor noted in the right side.

Sensory functions are at baseline

Chest is clear, the heart is regular

The abdomen is soft

Gait: patient is able to ambulate with assistance /seated physical therapy notes/Occupational Therapy notes.

Nix, James P (MRN E630879) Printed by Margaret C Meyers, MD [DR00846] at 6/29/20... Page 1 of 3

Medications

Scheduled

Medicato	Pose/Rate Arequency,	
atorvaSTATin (LIPITOR) tablet 20 mg	20 mg, HS, Oral	Given: 02/21
carbidopa-levodopa (SINEMET) 25-100 mg per tablet 2 Tab	2 Tab, TID, Oral	2139 Given: 02/22
levothyroxine (SYNTHROID) tablet 75 mcg	75 mcg, Daily 6, Oral	0700 Given: 02/22
oxymetazoline (AFRIN) 0.05 % nasal spray 2 Spray	2 Spray, BID, Nasl	0701 Given: 02/21
pantoprazole (PROTONIX) tablet 40 mg	40 mg, BID AC, Oral	2139 Given: 02/22
rOPINIRole (REQUIP) tablet 6 mg	6 mg, TID, Oral	0701 Given: 02/22
sodium chloride tablet 2 g	2 g, TID, Orel	0701 Given: 02/22
sucralfate (CARAFATE) tablet 1 g	1 g, Q6H, Oral	0702 Given: 02/22
		1239

PRN

and I should be a second		
alum-mag hydrox-simeth (MAALOX PLUS EXTRA STRENGTH) 400-400-40 mg/6 mL suspension 30 mL	30 mL, Q6H-PRN, Oral	Ordered
benzocalne-menthol 15-3.6 mg 1 Each	1 Each, Q2H-PRN, MT	Ordered ·
bisacodyi (DULCOLAX) suppository 10 mg	10 mg, Q48H-PRN, Rect	Given: 02/21 1928
HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet 1 Tab	1 Tab, Q4H-PRN, Oral	Given: 02/21 2140
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 Tab	1 Tab, Q4H-PRN, Oral	Ordered
LORazepam (ATIVAN) tablet 0.5 mg	0.5 mg, Q12H-PRN, Oral	Given: 02/22 0940
magnesium hydroxide (MILK OF MAGNESIA) suspension 30 mL	30 mL, Daily-PRN, Oral	Ordered
ondansetron (ZÖFRAN-ODT) disintegrating tablet 4 mg	4 mg, Q6H-PRN, Oral	Given: 02/22 0659
polyethylene glycol (GLYCOLAX/MIRALAX) powder packet 17	17 g, Daily-PRN, Oral	Ordered
g tiZANidine (ZANAFLEX) tablet 2 mg	2 mg, Q8H-PRN, Oral	Given: 02/21 1550

DATA:

Lab Results Component WBC HGB PLT	Value 4.6 (L) 9.9 (L) 286	Date 02/21/2020 02/21/2020 02/21/2020
Lab Results		
Component	Value	Date
ALT	12 (L)	02/12/2020
AST	14 (L)	02/12/2020
ALKPHOS	67	02/12/2020
BILITOT	1.3 (H)	02/12/2020
Lab Results		
Component	√ Value '`	and the Qate Assessment of Section 19
GLUCOSE	85	02/21/2020
CALCIUM	9.0	02/21/2020
NA	132 (L)	02/21/2020
K	4.6	02/21/2020
CO2	30	02/21/2020
CL	98	02/21/2020
BUN	14	02/21/2020
CREATININE	0.94	02/21/2020

Abdel H. Kasmia, M.D.

Electronically signed by Abdel H Kasmia, MD at 2/22/2020 1:35 PM

Admission (Discharged) on 2/20/2020 Nix, James P

MRN: E630879

Encounter Date: 02/20/2020

Abdel H Kasmia, MD

Progress Notes

Date of Service: 2/24/2020 8:24 PM

Physician

Signed

Neurology

NEUROLOGY:

IMPRESSION:

- · Parkinson's disease
- Hypersalivation
- Cervical dystonia
- Cervicalgia due to degenerative disc disease and parkinson"s
- M-W treat.
- Galt disturbance

PLANS:

- Sinemet 25/100 two three times a day
- Ropinirole 6 mg three times a day
- · May reduce benzodiazepine
- Continue Tizanidine PRN
- NSAIDS: would select a long-acting agent if OK with GI

Subjective:

Mr. Nix continues to report improvement in neck pain and general strength. He has complained of some intermittent cervicalgia but much improved compared to last week. He has reported mild tremor in the distal upper extremities. He continues to have gait disturbance and some weakness. He did not complain of hypersalivation today. He has no significant speech or language change and his mental status is at baseline

Objective:

BP 126/71 | Pulse 64 | Temp 97.9 °F (36.6 °C) | Resp 16 | Ht 6' (1.829 m) | Wt 195 lb (88.5 kg) | SpO2 94% | BMI 26.45 kg/m²

Patient is alert and oriented. He is very pleasant and cooperative.

He recalls date, month, year, place, and some recent events.

Neck muscles seem to be less dystonic or tender.

The extraocular movements are full

The pupils are equal and reactive to light.

Face is symmetrical.

Speech and language are at baseline

Motor exam reveals no new changes.

Sensory functions are same.

Medications

Scheduled

Medication Dose/Rate, Frequency,
Route Last Action
atorvaSTATin (LIPITOR) tablet 20 mg 20 mg, HS, Oral Given: 02/23
2137

carbidopa-levodopa (SINEMET) 25-100 mg per tablet 2 Tab	2 Tab, TID, Oral	Given: 02/24 1345
glycopyrrolate (ROBINUL) tablet 1 mg	1 mg, BID, Oral	Given: 02/24 0855
levothyroxine (SYNTHROID) tablet 75 mcg	75 mcg, Daily 6, Oral	Given: 02/24 0530
oxymetazoline (AFRIN) 0.05 % nasal spray 2 Spray	2 Spray, BID, Nasi	Given: 02/24 0856
pantoprazole (PROTONIX) tablet 40 mg	40 mg, BID AC, Oral	Given: 02/24 1539
rOPINIRole (REQUIP) tablet 6 mg	6 mg, TID, Oral	Given: 02/24 1539
sodium chioride tablet 2 g	2 g, TID, Oral	Given: 02/24 1345
sucreifate (CARAFATE) tablet 1 g	1 a. Q6H. Oral	Given: 02/24

PRN

Panjadisaljanja		ranizitati Villost.
alum-mag hydrox-simeth (MAALOX PLUS EXTRA STRENGTH) 400-400-40 mg/5 mL suspension 30 mL	30 mL, Q6H-PRN, Oral	Ördered
benzocalne-menthol 15-3.6 mg 1 Each	1 Each, Q2H-PRN, MT	Ordered
bisacodyl (DULCOLAX) suppository 10 mg	10 mg, Q48H-PRN, Rect	Gíven: 02/21 1928
HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet 1 Tab	1 Tab, Q4H-PRN, Oral	Given: 02/24 1428
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1 Tab	1 Tab, Q4H-PRN, Oral	Ordered
LORazepam (ATIVAN) tablet 0.5 mg	0.5 mg, Q12H-PRN, Oral	Given: 02/23 1943
magnesium hydroxide (MILK OF MAGNESIA) suspension 30 mL	30 mL, Dally-PRN, Oral	Given: 02/23 1144
ondansetron (ZOFRAN-ODT) disintegrating tablet 4 mg	4 mg, Q6H-PRN, Oral	Given: 02/24 1345
polyethylene glycol (GLYCOLAX/MIRALAX) powder packet 17	17 g, Daily-PRN, Oral	Given: 02/23 0859
tiZANidine (ZANAFLEX) tablet 2 mg	2 mg, Q8H-PRN, Oral	Given: 02/24 1802

DATA:

Lab Results			
Component	Value	Date · · ·	
WBC	4.6 (L)	02/21/2020	
HGB	9.9 (L)	02/21/2020	
PLT	286	02/21/2020	
Lab Results		•	
Component	Value	Date	

.);;;;

Encounter Date: 02/20/2020

1728

Nix, James F (MRN E630879)

Encounter Date: 02/20/2020

ALT AST ALKPHOS BILITOT	12 (L) 14 (L) 67 1.3 (H)	02/12/2020 02/12/2020 02/12/2020 02/12/2020
Lab Results		
Component Att	Value	
GLUCOSE		Date AND AND
CALCIUM	85	02/21/2020
NA	9.0	02/21/2020
ĸ	132 (L)	02/21/2020
CO2	4.6	02/21/2020
CL	30	02/21/2020
BUN	98	02/21/2020
	14	02/21/2020
CREATININE	0.94	02/21/2020

Abdel H. Kasmia, M.D.

Electronically signed by Abdel H Kasmia, MD at 2/24/2020 8:41 PM

Admission (Discharged) on 2/20/2020

Nix, James P

MRN: E630879

Beverly Swofford, RN

CM-Case Management

Date of Service: 2/25/2020 4:40 PM

Registered Nurse

Signed

Case Management

Planned discharge was for today, however yesterday pt decided he wanted to go home. Pt discharged home with significant other yesterday per private vehicle. Out patient PT/OT and Speak Out program was arranged through Thomas Out Patient Services. PCP Dr Snellgrove was notified of pts discharge. Home equipment of bed side commode delivered per Express. All follow up appointments will be made today, due to doctors offices being closed on Monday and Tuesday this week for holiday, and pt will be notified when those are.

Electronically signed by Beverly Swofford, RN at 2/26/2020 9:36 AM

Admission (Discharged) on 2/20/2020 07/08/2020 10:10 BALDWIN NEUROLOGY Page 2/4

7/8/2020

Patient chart - Patient: JAMES NIX DOR:

PRN: NJ593236

PATIENT JAMES NIX

AGE 82 yrs
SEX Male
PRN NJ593236

FACILITY
Baldwin Neurology
T (251) 990-1910

F (251) 990-1911 188 Hospital Drive Sulte 300 Fairhope, AL 36532 ENCOUNTER Office Visit

NOTE TYPE SOAP Note SEEN BY Abdel Kasmia Neurology

DATE 03/19/2020 AGE AT DOS 82 yrs

Electronically signed by Abdel Kasmia Neurology at 04/03/2020 07:03 am

Chief complaint

hafu

Vitals for this encounter	
	09/19/20 10:20 AM
Helght	70 ln
Weight	173 lb
Pulse	78 bpm
BMI	24,82
Blood pressure	137/63 mmHg `

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:

This is an 82-year-old right-handed white male with a history of Parkinson's disease and cervical dystonia who returned to the office following Botox injection. He reports significant improvement in his neck pain and muscle spasm. He participated in a course of physical therapy which was also helpful. Mr. Nix continues to have gait disturbance and he uses assistive devices including a walker. He reports no recent falls of injuries. He came in today accompanied by his daughter who recalls his history. He admitted to Thomas hospital because of a Mallory-Wise tear which has improved. He is currently taking dopamine agonists which appear to be effective without side effects. He has no significant cognitive impairment or hallucinations. He does report moderate distal upper extremity resting tremor, more pronounced on the right side.

PCP is Dr. Snellgrove

REVIEW OF SYSTEMS:

CONSTITUTIONAL: (-) weight loss, (-) fever, (-) Fatigué

OPHTHALMOLOGICAL (-) loss of vision, (-) blurred vision, (-) diplopla

GENITOURINARY: (-) urinary incontinence, (-) urinary retention.

MUSCULOSKELETAL: (+) neck pain, (-) Back pain,

NEUROLOGICAL: (-) memory loss, (-) motor weakness (-) numbness, (-) seizures, (-) headaches, (-) dizziness, (+) tremor.

PSYCHIATRIC: (-) anxiety, (-) agitation, (-) depression, (-) mood fluctuations

All other systems are negative..

PAST MEDICAL HISTORY:

- Depression/anxiety
- Hypertension
- Hyperlipidemia
- Obstructive sleep apnea
- GERD
- Head Injury with MVA 1998
- Osteoarthritis

EXHIBIT C

FAMILY MEDICAL HISTORY:

https://stattc.practicefusion.com/apps/ehr/index.html#/PF/charts/patients/2bb4804b-0c66-455e-8668-27d5107503a5/summary

7/8/2020

Patient chart - Patient: JAMES NIX DOB:

PRN: NJ593236

- Father: deceased at the age of 92.
- Mother: deceased at the age of 89. History: COLON CANCER
- · Brothers: 2 living and none deceased.
- Sisters: 1 deceased. History: PARKINSON'S DISEASE

SOCIAL HISTORY:

- . EDUCATION: College
- WORK: Retired
- MARITAL STATUS: Married
- TOBACCO USE: Never
- ALCOHOL: Drinks socially

OBJECTIVE

PHYSICAL EXAMINATION:

GENERAL:

The patient is pleasant and cooperative

COGNITION:

Alert and oriented.

His memory functions are well-preserved.

Attention span and concentration are normal.

Fund of knowledge is normal including awareness of current events.

Hypophonia

CRANIAL NERVES:

Visual fields are full in all planes

The pupils are equal and reactive to light

Slow facial expressions

Some hearing loss

MOTOR

No atrophy, fasciculations or dystonic postures noted

No spasticity noted.

DTRS; symmetrical and normoactive

MOVEMENTS:

Resting tremor

SENSORY:

No thermal, pinprick/light touch abnormalities.

GAIT:

The patient is currently a walker. He walks slowly without further assistance. Some shuffling noted.

AUSCULTATION:

The heart is regular.

The lungs are clear.

Carotid arteries are clear bilaterally.

DATA:

REcords from Thomas Hospital

Medications

Previous workup

ASSESSMENT

- Cervicalgia with dystonia likely secondary to PD and degenerative disc disease
- · Parkinson's disease
- Slow gait, likely multifactorial including early Parkinson's disease.
- Recent GI bleed due to MW.

PLAN

- Botox for cervical dystonia. The patient or family will call for an appointment.
- Sinemet 25/100 two TID
- · Potential adverse effects were discussed.
- Fall precautions.

* 7/8/2020

Patient chart - Patient: JAMES NIX DOB: PRN: NJ593236

- Call if symptoms fall to improve.
- Assistive devices
- RTC in 3 months

A. Kasmla, M.D.

practice fusion

EDUCATION

Southern Methodist University, 1994 B.A. in Psychology and Sociology, Cum Laude, Departmental Distinction in Psychology

University of Texas Southwestern Medical Center at Dallas, 1998 Ph.D. in Clinical Psychology (APA-Approved)

LICENSURE/BOARD CERTIFICATION

Licensed Psychologist, State of Alabama (08/2000-Present) License # 1108

Board Certified in Clinical Neuropsychology by the American Board of Professional Psychology (11/2002 - Present)

CLINICAL POSITIONS

10/2000-Present	Private Practice-Clinical Psychology & Neuropsychology Mobile, Alabama
10/2010-Present	Adjunct Assistant Professor University of South Alabama, Department of Neurology-Mobile, Alabama
10/2000-01/2015	Consulting Neuropsychologist Rotary Rehabilitation Hospital-Mobile, Alabama
11/1998-09/2000	Post-Doctoral Fellowship in Neuropsychology UT Southwestern Medical Center Neuropsychology Service—Dallas, Texas
08/1996–11/1998	APA Approved Internship in Clinical Neuropsychology & Child Psychology UT Southwestern Medical Center Neuropsychology Service-Dallas, Texas Carrollton Independent School District-Carrollton, Texas
05/1995–08/1996	Practicum in Clinical Psychology & Neuropsychology Terrell State Hospital—Terrell, Texas
05/1995-08/1998	Practicum in Adult Outpatient Psychotherapy UT Southwestern Outpatient Psychotherapy Clinic—Dallas, Texas
05/1995-08/1997	Psychiatric Emergency Room Practicum Parkland Health and Hospital Systems—Dallas, Texas
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RESEARCH EXPERIENCE

09/1998-09/2000 Post-Doctoral Fellowship Research

UT Southwestern Medical Center Neuropsychology Service-Dallas, Texas

12/1996-11/1998 Dissertation Research

UT Southwestern Neuropsychology Service-Dallas, Texas

Dissertation Chair: C. Munro Cullum, Ph.D., ABPP/ABCN

Dissertation Title: A Comparison of Methods to Localize the Seizure

Focus: Determining the Most Effective Predictors

of Seizure Laterality

08/1996-08/1998 Research Practicum

UT Southwestern Medical Center Neuropsychology Service-Dallas, Texas

09/1993-01/1994 Research Assistant

Southern Methodist University-Dallas, Texas

11/1993-05/1994 Research Apprenticeship/Undergraduate Honors Research

Southern Methodist University-Dallas, Texas

TEACHING & SUPERVISION EXPERIENCE

01/2011-present Neurology Resident Training Rotation

University of South Alabama- Mobile, Alabama

08/2009-08/2010 Supervision of Psychotherapy Cases for Psychiatry Residents

University of South Alabama-Mobile, Alabama

08/2002-08/2006 Supervision of Psychology Graduate Student Internship

University of South Alabama-Mobile, Alabama

08/1998-09/2000 Lab Instructor, Clinical Neuropsychology Course

UT Southwestern Medical Center Graduate Clinical Psychology Program

08/1998-09/2000 Guest Lecturer, Clinical Neuropsychology Course

UT Southwestern Medical Center Graduate Clinical Psychology Program

08/1999-09/2000 Supervision of Psychology Doctoral Students

UT Southwestern Medical Center Neuropsychology Service

08/1993-01/1994 Teaching Assistant

Southern Methodist University, Dallas, Texas

ADDITIONAL EXPERIENCE

10/2015-present Regional Board of Directors, Alabama Head Injury Foundation

Mobile, Alabama

10/2000-10/2005 Board of Directors, Epilepsy Foundation of South Alabama

Mobile, Alabama

08/1998-present Ad Hoc Reviewer

Review of articles submitted to various neuropsychological journals, including Archives of Clinical Neuropsychology, Neuropsychology Review, Brain Injury, and Journal of International Neuropsychological Society

02/2000-08/2000 Adjustment to Living with a Brain Tumor

UT Southwestern Center for Neuro-Oncology: Designed and implemented a six-week psychoeducational program for patients with brain tumors and

their family members.

01/1997-01/1998 Family Resiliency Project

UT Southwestern Medical Center/Dallas County MHMR: Served as part of a multi-disciplinary team conducting six-week interventions with families in which an adult member has a mental illness. Led psychotherapy groups for children and adolescents, focusing on the development of skills to cope with

difficulties associated with their family member's illness.

PUBLISHED ABSTRACTS & MANUSCRIPTS

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Cooper, D.B., Epker, M.O., & Cullum, C.M. (1999). Lions, tigers, and bears, oh no! Differential effects of demographic variables of category fluency in Alzheimer's disease. *Archives of Clinical Neuropsychology*, 14, 624.

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Epker, M.O., Lacritz, L., & Cullum, C.M. (1999). A comparative analysis of qualitative verbal fluency performance in normal elderly and demented populations. *Journal of Clinical and Experimental Neuropsychology*, 21, 425–434.

- Kaltreider, L.B., **Epker, M.O.**, & Cullum, C.M. (1999). Memory functioning in Spanish-speaking patient with temporal lobe epilepsy. *Archives of Clinical Neuropsychology*, 14, 655.
- **Ogden, M.**, Lacritz, L., & Cullum, C.M. (1999). The Hopkins Verbal Learning Test as a brief measure of learning and memory in psychiatric patients. *Archives of Clinical Neuropsychology*, 14 (1), 138.
- **Ogden, M.**, Saine, K., & Cullum, C.M. (1999). Quantitative and qualitative Rey-Osterrieth Complex Figure performance before and after temporal lobectomy in patients with good seizure control. *Archives of Clinical Neuropsychology*, 14 (1), 118.
- Epker, M.O., Lacritz, L.H., Ringe, W.K., VanNess, P.V., Agostini, M., & Cullum, C.M. (2000). Wada difference a Wada makes: Comparison of two Wada memory tests. *Epilepsia*, 41 (suppl. 7), 94.
- **Epker, M.O.**, Mathews, D., Agostini, M., Lacritz, L., & Cullum, C.M. (2000). Gender as a mediator in the identification of seizure foci in temporal lobectomy candidates. *Journal of the International Neuropsychological Society*, 6, 199.
- Lacritz, L.H., **Epker, M.O.**, VanNess, P.V., Agostini, M., & Cullum, C.M. (2000). Psychological functioning and seizure outcome following temporal lobectomy. *Archives of Clinical Neuropsychology*, 15, 712.
- Pappolla, M.A. & Ogden-Epker, M. (2000). Oxidative stress and the amyloid conundrum. What is the connection? *Journal of Alzheimer's Disease*, 2, 79–82.
- Cooper, D.B., **Epker, M.O.**, Lacritz, L.H., Rosenburg, R.N., Honig, L., Weiner, M., & Cullum, C.M. (2001). Effects of practice on category fluency performance in demented and nondemented subjects. *The Clinical Neuropsychologist*, 15, 125–128.
- Epker, M.O., Agnostini, M., Mathews, D., Lacritz, L., & Cullum, C.M. (2001). A comparison of methods to localize the epileptic focus. *Journal of the International Neuropsychological Society*, 7, 211.
- **Epker, M.O.** & Cullum, C.M. (2001). Quanitative and qualitative interpretation of neuropsychological data in the assessment of temporal lobectomy candidates. *The Clinical Neuropsychologist*, 15, 183-195.
- **Epker, M.O.**, Smernoff, E., Marquez, C., & Cullum, C.M. (2001). Semantic recognition errors in Alzheimer's disease. *Journal of the International Neuropsychological Society*.
- Smernoff, E., **Epker, M.O.**, & Cullum, C.M. (2001). Cognitive functions in healthy adults with parental history of Alzheimer's disease. *Journal of the International Neuropsychological Society*.

- **Ogden, M.** (2012). The Neuropsychology of Emotion: Introducing emotion into clinical practice. A review of <u>Clinical Neuropsychology of Emotion</u> by Yana Suchy. *Brain Injury, 26,* 199-200.
- Epker, J. & Ogden, M. (2012). The Impact of Pain and Pain-Related Factors on Cognitive Functioning. In Arnett, P. (Ed.), Secondary Influences on Neuropsychological Test Performance: Research Findings and Practical Applications (pp. 142-162). Oxford Press.
- Williamson, D.J., **Ogden**, M.L., & Drane, D. (2015). Psychogenic Non-Epileptic Seizures: An Update. In Koffler, S., Morgan, J., Marcopulos, B., Greiffenstein, M.F. (Eds.), *Neuropsychology: A Review of Science and Practice, II* (pp. 1-25). Oxford Press.

PRESENTATIONS

- Cullum, C.M. & Epker, M.O. (1999). Cognitive Profiles in Epilepsy and Dementia. UT Southwestern Medical Center Department of Neurology Grand Rounds.
- Epker, M.O. (1999). Verbal Fluency in Aging and Dementia. UT Southwestern Medical Center Alzheimer's Disease Research Center.
- Epker, M.O. (1999–2000). *Neuropsychology in a Neuropsychiatric Setting*. Monthly presentation to psychiatry residents, physician assistants, and nursing students. UT Southwestern Medical Center, Department of Psychiatry.
- **Epker, M.O.** (2000). Coping with Depression. UT Southwestern Medical Center Epilepsy Center.
- **Ogden, M.** (2001-2005). *The Brain and Behavior*. Yearly presentation to medical students. University of South Alabama Medical Center.
- Ogden, M. (2004 and 2015) Who Needs a Neuropsychologist Anyway? Spanning the Challenges of Brain Injury, Mobile, Alabama (2004) and University of South Alabama Neuroscience Symposium (2015).

REFERENCES AVAILABLE UPON REQUEST

IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA

IN RE: ESTATE OF

JAMES P. NIX, SR.,

CASE NO. 38246

AN ALLEGED INCAPACITATED PERSON

ORDER

On the Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator made by JAMES P. NIX, SR., by and through his attorneys of record, ALLAN R. CHASON and JESSICA M. MCDILL, in the above styled cause, it is hereby ORDERED, ADJUDGED and DECREED that the same is hereby DENIED.

. Witness my hand and seal this 9th day of July, 2020.



Adams to Olingung Of PROBATE

IN RE: THE MATTER OF X IN THE PROBATE COURT OF

JAMES P. NIX, SR., X BALDWIN COUNTY ATLABAMA
allegedly non compos mentis. X CASE NO. 38,246

JUL 14 A 12: 40

MOTION TO RECONSIDER JAMES P. NIX, SR.'S MOTION IN COUNT OF TEMPORARY ORDERS AND DISMISS EMERGENCY OF PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN AND CONSERVATOR

Comes now James P. Nix, Sr. ("Nix"), by and through his attorneys, and moves this Court to reconsider his motion to vacate its orders appointing a temporary guardian and temporary conservator over his person and property and, further, to dismiss the Emergency Petition for Appointment of Temporary Guardian and Temporary Conservator ("the Emergency Petition") and as grounds therefor would show as follows, to-wit:

- 1. That filed simultaneously herewith is an updated curriculum vitae and report of Dr. Melissa Ogden, Ph.D., ABPP, opining after an extensive evaluation that is documented in her report that Nix is capable of caring for himself and capable of managing his financial affairs.
- 2. That filed herewith are affidavits of William L. Meck, II, Sally Weeks and James P. Nix, Sr. in further support of this motion.
- 3. That all of the grounds, authority, and exhibits as set out in the Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator previously filed by James P. Nix, Sr. are incorporated herein.

WHEREFORE, based upon the foregoing, James P. Nix, Sr., moves this Court to reconsider his motion to vacate the orders granting temporary guardianship and conservatorship for Nix;

MOTION TO RECONSIDER
JAMES P. NIX, SR.'S MOTION TO VACATE
TEMPORARY ORDERS AND DISMISS EMERGENCY
PETITION FOR APPOINTMENT OF TEMPORARY
GUARDIAN AND CONSERVATOR
No. 38,246
Page 1 of 3

dismissing the Emergency Petition with costs taxed to Cook; and setting the Petition for Appointment of Guardianship and Conservatorship for final hearing on the merits at the earliest practical date.

Jessica M. McDill (THO131) Attorney for James P. Nix, Sr.

OF COUNSEL:

CHASON & CHASON, P.C. P. O. Box 100 Bay Minette, Alabama 36507 (251) 937-2191

CERTIFICATE OF SERVICE

I, Jessica M. McDill, attorney for James P. Nix, Sr., hereby certify that on the 14th day of July, 2020, I served the foregoing Motion to Reconsider James P. Nix, Sr.'s Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator on William Daniel Calhoun, Duck, Calhoun & Megginson, P. O. Box 1188, Fairhope, Alabama 36532, dctlaw@bellsouth.net; Leah E. Megginson, Duck, Calhoun & Megginson, P. O. Box 1188, Fairhope, Alabama 36532, leah@megglaw.com; Daniel P. Mitchell, Attorney at Law, P. O. Box 1555, Bay Minette, Alabama 36507, dmitchell0101@att.net; Harold A. Koons, III, Attorney at Law, P. O. Box 1234, Bay Minette, Alabama 36507, hkoonsiii@aol.com, and Patricia Wood, Attorney at Law, P. O. Box 664, Elberta, Alabama 36530-0664, attypatwood@gmail.com; by electronic mail, addressed to each of them at their respective electronic mailing addresses; and I further certify I have mailed the same to Anne P. Nix, 415 Myrtle Avenue, Fairhope, Alabama 36532; Susan Nix Tillman, 17105 Stillwood Lane, Fairhope, Alabama 36532; and James P. Nix, Jr.,

MOTION TO RECONSIDER.

JAMES P. NIX, SR.'S MOTION TO VACATE
TEMPORARY ORDERS AND DISMISS EMERGENCY
PETITION FOR APPOINTMENT OF TEMPORARY
GUARDIAN AND CONSERVATOR
No. 38,246
Page 2 of 3

342 Majestic Beauty, Fairhope, Alabama 36532, as parties interested in said Estate, by depositing a copy of the same in the United States mail, postpaid, addressed to them at their respective addresses.

Jessica M. McDill (TH0131) Attorney for James P. Nix, Sr.

00033542.WPD

MOTION TO RECONSIDER
JAMES P. NIX, SR.'S MOTION TO VACATE
TEMPORARY ORDERS AND DISMISS EMERGENCY
PETITION FOR APPOINTMENT OF TEMPORARY
GUARDIAN AND CONSERVATOR
No. 38,246
Page 3 of 3

Melissa Ogden Epker

2450-A Old Shell Road Mobile, Alabama 36607 (251) 478-3044

Fax: (251) 476-9055

melissa.ogden@ogdenandepker.com

EDUCATION

Southern Methodist University, 1994 B.A. in Psychology and Sociology, Cum Laude, Departmental Distinction in Psychology

University of Texas Southwestern Medical Center at Dallas, 1998 Ph.D. in Clinical Psychology (APA-Approved)

LICENSURE AND CERTIFICATIONS

Licensed Psychologist, State of Alabama (08/2000-Present) License # 1108

Board Certified in Clinical Neuropsychology by the American Board of Professional Psychology (11/2002 - Present)

Certified Forensic Examiner (3/2017-10/2019) -Issued by the Alabama Department of Mental Health

CLINICAL POSITIONS

10/2000-Present Private Practice-Clinical Psychology & Neuropsychology

Mobile, Alabama

10/2010-Present Adjunct Assistant Professor

Department of Neurology, University of South Alabama-Mobile, Alabama

10/2000-01/2015 Consulting Neuropsychologist

Rotary Rehabilitation Hospital-Mobile, Alabama

11/1998-09/2000 Post-Doctoral Fellowship in Neuropsychology

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Parkland Health and Hospital Systems-Dallas, Texas

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ADDITIONAL EXPERIENCE

2018-present American Academy of Clinical Neuropsychology Scientific Program **Review Committee**

9/2016 &03/2017 Basic and Advanced HIMS Trainings for FAA compliant

neuropsychological assessment of pilots and aircrew

10/2015-present Regional Board of Directors, Alabama Head Injury Foundation

Mobile, Alabama

10/2000-10/2005 Board of Directors, Epilepsy Foundation of South Alabama

Mobile. Alabama

08/1998--present Ad Hoc Reviewer

> Review of articles submitted to various neuropsychological journals, including Archives of Clinical Neuropsychology, Neuropsychology Review, Brain Injury, and Journal of International Neuropsychological Society

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- Epker, M.O., Mathews, D., Agostini, M., Lacritz, L., & Cullum, C.M. (2000). Gender as a mediator in the identification of seizure foci in temporal lobectomy candidates. *Journal of the International Neuropsychological Society*, 6, 199.
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- Epker, M.O., Smemoff, E., Marquez, C., & Cullum, C.M. (2001). Semantic recognition errors in Alzheimer's disease. *Journal of the International Neuropsychological Society*.
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- Epker, J. & Ogden, M. (2012). The Impact of Pain and Pain-Related Factors on Cognitive Functioning. In Amett, P. (Ed.), Secondary Influences on Neuropsychological Test Performance: Research Findings and Practical Applications (pp. 142-162). Oxford Press.
- Williamson, D.J., Ogden, M.L., & Drane, D. (2015). Psychogenic Non-Epileptic Seizures: An Update. In Koffler, S., Morgan, J., Marcopulos, B., Greiffenstein, M.F. (Eds.), Neuropsychology: A Review of Science and Practice, II (pp. 1-25). Oxford Press.
- Ochoa, J.G., Hentgarden, D., Paulzak, A., Ogden, M., Pryson, R., Lamle, M., & Rusyniak, W.G. (2017). Subtle pathological changes in neocortical temporal lobe epilepsy. *Epilepsy & Behavior*, 71, 17-22.
- Aita, S.L., Borgogna, N.C., Aita, L.J., Ogden, M.L., & Hill, B.D. (2020). Comparison of Clinical Psychologist and Physician Beliefs and Practices Concerning Malingering: Results from a Mixed Methods Study. *Psychological Injury and Law*, Published Online.

PRESENTATIONS

- Cullum, C.M. & Epker, M.O. (1999). Cognitive Profiles in Epilepsy and Dementia. UT Southwestern Medical Center Department of Neurology Grand Rounds.
- Epker, M.O. (1999). Verbal Fluency in Aging and Dementia. UT Southwestern Medical Center Alzheimer's Disease Research Center.
- Epker, M.O. (1999-2000). Neuropsychology in a Neuropsychiatric Setting. Monthly presentation to psychiatry residents, physician assistants, and nursing students. UT Southwestem Medical Center, Department of Psychiatry.
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- Ogden, M. (2001-2005). The Brain and Behavior. Yearly presentation to medical students. University of South Alabama Medical Center.
- Ogden, M. (2004 and 2015). Who Needs a Neuropsychologist Anyway? Spanning the Challenges of Brain Injury, Mobile, Alabama (2004) and University of South Alabama Neuroscience Symposium (2015).
- Ogden, M. (2013 and 2016). Psychogenic Nonepileptic Seizures: Current Understanding, Assessment, and treatment. Grand Rounds Presentations: USA Departments of Psychiatry and Neurology.

Report of Neuropsychological and Capacity Evaluation

Name:

James P. Nix

Date of Birth:

Education:

12 years

Handedness:

Right

Date of Evaluation: 07/02/2020

Date of Report:

07/08/2020

Identifying Information and Reason for Evaluation: Mr. James Nix is an 82-year-old male who was referred for neuropsychological evaluation by his attorney, Jessica McDill, Esq. He reported he is "here to prove I'm competent" and said his daughter has recently alleged he is unable to competently manage his finances and other aspects of his affairs. He believes a petition for guardianship and conservatorship has been filed and has procured the counsel of Ms. McDill in defense of the petition. This assessment was requested to assess his current capabilities and help determine his capacity to make financial decisions and care for himself. At the onset of this evaluation, Mr. Nix was provided informed consent, including limits of confidentiality. He expressed understanding and agreed to proceed.

Evaluation Techniques Utilized: Clinical interview with Mr. Nix, clinical interview with Mr. Nix's significant other (Dr. Margaret Myers), review of available medical records, and administration of the following standardized neuropsychological assessment measures: Montreal Cognitive Assessment (MoCA), Test of Premorbid Functioning (TOPF), Controlled Oral Word Association, Category Fluency, Clox Executive Clock Drawing Task (CLOX), Digit Span, Weehsler Memory Scale-Fourth Edition (WMS-IV Logical Memory subtest), California Verbal Learning Test-III (CVLT-III, Brief Form), Neuropsychological Assessment Battery (NAB; Bill Paying and Everyday Memory subtests), Dementia Rating Scale II (DRS-2), Selected items from the Measure of Awareness of Financial Skills (MAFS), and Geriatric Depression Scale (GDS). Tests were administered with assistance from a board-certified psychometrist, Chrystal Minor, BA.

Relevant Background Information: Unless otherwise noted, information in this section was obtained through clinical interview with Mr. Nix.

Developmental and Educational History: Mr. Nix was born and raised in Robertsdale, Alabama and moved to nearby Fairhope, Alabama as a teenager. He graduated high school in Robertsdale and reported he was an A/B student. He denied history of learning difficulty, grade retention, or attention problems during childhood. After high school graduation, he began taking college courses, but stopped within the first semester because his then girlfriend and future wife became pregnant.

Vocational History: Mr. Nix worked at International Paper for 18 years as a storage and equipment supervisor. He also owned three funeral homes that he sold approximately 10 years ago. In 1972 he was elected Mayor of Fairhope, AL and stopped working at International Paper at that time. He retired from his mayoral position in 2000. He also served on the Board of Trustees for the University of South Alabama for a total of 12 years and was Chairman of the Board for two terms.

CLINICAL PSYCHOLOGY NEUROPSYCHOLOGY MEDICAL PSYCHOLOGY RESEARCH - ASSESSMENT - INTERVENTION - FORENSIC CONSULTATION - REHABILITATION

Medical History: Mr. Nix reported he was in good health until he developed Parkinson's disease (PD) approximately two years ago. He reported PD has mostly resulted in symptoms of lower extremity weakness and tremor in his hands. In 1974, he fractured his ankle in a motor vehicle accident and has developed arthritis in his ankle since. He also reported he underwent cholecystectomy approximately four years ago and has undergone several esophageal "stretching" procedures in the past. He reported he was recently hospitalized when he "swallowed something and it got stuck in my esophagus." This occurred approximately six months ago. He also reported a history of hyponatremia, GERD, and thyroid disease. He also has sleep apnea and reported he uses a C-PAP machine nightly, but has not had access to his machine recently, so is "staying propped up in bed" as a substitute.

When asked about his current medication regimen, Mr. Nix reported that he takes "six salt pills per day, something for Parkinson's disease, something for cholesterol, something for thyroid, baby aspirin, and one for acid reflux." He was able to describe his typical routine of morning, noon, and nighttime medications, with accurate recall of which medications are taken at what times throughout the day.

Substance Use: Mr. Nix reported he consumes approximately one alcoholic beverage several days per week and denied any history of chemical dependency problems.

Relationship History: Mr. Nix and his wife married approximately 67 years ago and have three adult children. He reported the last 30 years of his marriage have "lacked a sexual and personal relationship." Within the last six years, he has developed an additional relationship with Dr. Myers. He said his wife and children are aware of his relationship with Dr. Meyers, but "don't approve of it." Until recently, he lived in his home with his wife and stayed at Dr. Myers' home "intermittently."

Activities of Daily Living: Mr. Nix reported he is able to ambulate independently with use of a rolling walker. He has historically managed his own medications, but reported his daughter "wanted to take it over" and recently began placing his medications in a pillbox for him. He dresses himself and maintains adequate personal hygiene. He stopped driving approximately four months ago after backing into a column in a parking lot. He interacts regularly with friends, mostly via telephone conversation. He enjoys going out to eat lunch or dinner. He spends most of his time "piddling around" the house. He also enjoys watching news reports and checking his stock portfolio. He loves flowers and enjoys keeping his potted plants healthy.

Background to Current Legal Situation: Mr. Nix reported his wife was recently diagnosed with pancreatic cancer. Around that time, his oldest daughter told him he "needed a power of attorney" and she would "draw one up" for him to sign. He said she "brought it by" his house and asked him to "sign it real quick." He said he trusted his daughter and therefore signed and initialed the document without reading it. He now sees this action as a "big mistake."

Shortly after he signed the power of attorney document, he said his daughter "started asking questions about [his] finances and raised suspicion." This prompted him to read the document for the first time, at which time he realized it gave her permission to "take control of [his] life."

He realized he signed something with which he was not in agreement and thought, "My Lord, I didn't mean to give her all this." He said the power of attorney was "effective immediately and gave her permission to redraw [his] will and finances even when [he] was not incapacitated." He sought help from a lawyer to revoke the document and have a new power of attorney drafted. He elected to assign power of attorney to Dr. Myers and said the second document states Dr. Myers can act on his behalf only if he is incapacitated.

Sometime after this occurred, his wife asked him to make an appointment to be seen by Dr. Snellgrove, who was previously his primary care physician. Mr. Nix elected not to see Dr. Snellgrove, and family members reportedly arranged for the physician to come to his home around 5:30 or 6 pm one evening. Mr. Nix reported Dr. Snellgrove took his blood pressure, listened to his heart, and talked to his daughter and wife. Mr. Nix described the situation as "more like a friendly visit."

The week before this evaluation, he reported his daughters and son came to his home and "pressured him" to return power of attorney to his oldest daughter. He said he explained that the original document "gave too much authorization" and declined to do so. He said the meeting "didn't go well." Two days later, Dr. Myers informed him that his children's attorney called her and said "if she would relinquish her power of attorney and let the old power of attorney take effect, that would be the end of it." He declined. He became concerned about his family members' motives, prompting him to pack basic items (e.g., medications, clothing) and seek refuge at Dr. Meyer's home. He contacted a private transportation service, at which time he became aware his credit card had been cancelled. He was nevertheless able to negotiate transportation to Dr. Myers' home and has been staying with her since that time.

Collateral Information: As part of this evaluation, collateral information was elicited from Dr. Myers. She reported she first noticed Mr. Nix exhibited signs of Parkinson's disease approximately six years ago. He initially developed a gait disturbance and began walking with a cane and then with a walker. She said he has developed progressively worsening muscle weakness and has required increasing doses of medication to treat PD (Sinemet). She also reported his motor speeds are significantly slowed. From a mental/cognitive perspective, she reported his hearing has been a problem over the years. He would often "tune out" during conversation and then later have difficulty recalling information that was presented. He agreed to order a hearing aid from the internet, but was reluctant to see an audiologist. The day before this evaluation, he underwent an audiological examination and was issued a hearing aid that has reportedly "made a world of difference." He is now better able to hear and recalls more information. She reported he has "always been concrete" in his thinking and she has often had to explain analogies to him over the years. She has not noticed a significant decline in his cognitive capabilities.

Dr. Myers reported she has traditionally seen Mr. Nix 1-2 times each week. She prepares food for him and helps him obtain cash from an ATM so he can "pay the guy who fertilizes his flowers." She said he spends most of his time at home sitting in his office on his computer. He enjoys following stocks and politics.

Record Review: In preparation for this report, medical records from Thomas Hospital were reviewed. These documents indicate he was admitted on 02/12/20 after vomiting "bright red blood." On the day of admission, he choked on a piece of chicken and later began bleeding. A lower esophageal tear was identified, as was a hiatal hernia. He was seen by his outpatient neurologist (A. H. Kasmia, M.D.) while hospitalized and neurology notes indicated the presence of Parkinson's disease and cervical dystonia with significant cervicalgia. He required muscle relaxers and hydrocodone to address cervicalgia. Dr. Kasmia's note indicated "no changes in mental status or significant tremor." A note signed by Dr. Kasmia on 02/21/20 indicated "he has no significant memory deficits." On 02/24/20, Dr. Kasmia noted, "He has no significant speech or language change and his mental status is at baseline."

While hospitalized, he was taking the following medication: Lipitor, Sinemet, Flonase, Synthroid, Afrin, protonix, Requip, and Carafate. Additional diagnoses included mild hyponatremia and he was noted to have a history of COPD, hypothyroidism, and hypertension. After discharge, he was admitted to inpatient rehabilitation by Dr. Matt Hasley and returned home on 02/25/20. After discharge, participation in outpatient physical, occupational, and Speak Out programs were arranged through Thomas Outpatient Services.

I was also provided a list of Mr. Nix's current medications. This indicated he takes levothyroxine, celecoxib, ropinirole (tid), carbidopa/levodopa (tid), omeprazole, pravastatin, and temazepam (qhs). He is also prescribed several "as-needed" medications, including Aleve, docusate sodium, lorazepam, glycopyrrolate, tizanidine, and sildenafil citrate.

Behavioral Observations: Mr. Nix was neatly groomed and dressed in casual clothing. He was in a wheelchair and no ambulation or transfers were observed while he was in the office. However, at the conclusion of the evaluation, he ambulated down a set of stairs in the front of the building, slowly and with assistance from Dr. Myers. CDC COVID-19 guidelines were followed, including use of PPE, distancing when possible, and sanitization of test materials. He wore glasses and hearing aids and his vision and hearing were adequate for testing. He was accompanied to the office by Dr. Myers who provided assistance with toileting. His speech was fluent and coherent, but slightly hypophonic and dysarthric. The rate and tone of his verbal output was intact and he provided an articulate and organized account of history information. He sometimes repeated himself. Word finding problems were noted during testing. He understood conversation and standardized test instructions without difficulty, but sometimes had trouble hearing test instructions and required occasional repetition of information. He tended to work, speak, and move slowly. His affect was somewhat flat, although he also laughed and smiled at times. There was no indication of abnormal mental content such as hallucinations or delusions. His recall of remote and recent events was generally intact during interview. He was friendly and cooperative with the evaluation.

At the onset of this evaluation, Mr. Nix underwent clinical interview with this examiner. This began around 11 am and lasted until approximately 1:30 pm. He then participated in two hours of standardized testing. His attention was consistent and he demonstrated adequate frustration tolerance during the evaluation. He was friendly and cooperative with testing.

Assessment of Neuropsychological Functioning:

Premorbid Intellectual Functioning: Mr. Nix was administered the TOPF, a sight-word reading test used to estimate premorbid intellectual skills. His TOPF standard score of 86 fell in the low average range and was significantly below his predicted standard score of 96, although the base rate of the difference between his actual and predicted scores was 25% in the normative population. Overall, it appears his premorbid intellectual abilities fell in the average range.

Global Cognitive Functioning: Mr. Nix was oriented to person, place, time, date, year, address of this office, city, state, and purpose of this evaluation. He knew his age, date of birth, and address and was able to engage in discussion of current new events. He obtained a total score of 23/30 on the MoCA, a relatively simple cognitive screening test. Scores of 26 and above are generally considered "normal" by the test's publisher. However, when applying age and education-corrected normative references, his score of 23 falls within normal limits. One point was added for education correction and he missed 2/5 visuospatial/executive points, 2/3 language points, 1/2 abstraction point, and 3/5 delayed recall points.

Mr. Nix's age and education-adjusted Dementia Rating Scale-2 total score placed his performance in the low average range (DRS-2 Total=123/144; 6th-10th percentile).

Attention: Mr. Nix produced an above average score on a simple measure of attention (DRS-2 Attention 72nd 81st percentile). His simple attention to auditory stimuli was average (50th percentile), with repetition of up to 6 digits forward and 4 digits in reverse. On the MoCA, he serially subtracted 7s from 100, with only one error.

Expressive Language: Verbal fluency for letters was above average (75th percentile) and verbal fluency for categories was low average for someone of his age and education level (18th percentile). Apart from mild dysarthria and hypophonia (which are common in individuals with PD), his verbal output was qualitatively normal.

Memory: Mr. Nix's score on simple verbal and visual memory items from the DRS-2 were below average overall for someone of his age (DRS-2 Memory Index=3rd-5th percentile). In contrast, immediate and delayed recall of structured verbal material in the form of short stories were average (Logical Memory I/II=27th/38th percentile, respectively). After a delay, he retained 75% of the initially learned information, which represents an average retention rate for someone of his age.

On the Brief Form of the CVLT-3, his overall learning was average for someone of his age (34th percentile). After the initial learning trial, he recalled only 3/9 words, which was low average (16th percentile). He benefitted from repetition of information, recalling 6/9 words at the second learning trial, which was above average (83rd percentile). He recalled 7 and 5/9 words at the third and fourth learning trials. He made a total of 8 intrusion errors in his recall attempts, which was low average (10th percentile). After a delay, he spontaneously recalled 3/9 words, which was below average (8th percentile). His recall did not improve significantly following provision of semantic cues. However, he produced average scores on recognition testing, with correct identification of 6/9 target words and 2 false positive errors.

Mr. Nix was administered the Daily Living Memory subtest from the NAB. His immediate recall was below average (7th percentile) and delayed recall was low average (12th percentile). His recall of mock medication instructions was below average (6th percentile), as was his recall of newly presented information such as the name, address, and phone number of a mock acquaintance (8th percentile).

Abstraction: Mr. Nix's general abstraction was below average (DRS-2 Conceptualization=3rd-5th percentile). On the CLOX, a measure of executive functioning, he produced scores that were intact for someone of his age (CLOX 1 raw score=13/16, CLOX 2 raw score=15/16).

Visuospatial Skills: Mr. Nix's clock copy was grossly intact. He drew a circle and spaced the numbers evenly along the exterior of the circle. When setting the hands to reflect "10 past 11" on the MoCA clock drawing task, he placed the short hand at the 11 and the long hand around the 1. On the CLOX task, he set the hands correctly for the designated time. His attempt to copy a three-dimensional cube was slightly inaccurate and he performed in the low average range on the Construction subtest from the DRS-2 (11th-18th percentile), although his drawings were negatively affected by his tremor.

Emotional Functioning: When asked to describe his mood during interview, Mr. Nix stated, "I'm normally a happy-go-lucky person. I enjoy my life." However, he reported that the last few weeks have been difficult due to ongoing family discord and associated legal difficulties. He said he is worried about the outcome of his situation and indicated his mood is "not the best in the world right now with all this going on." He denied suicidal or homicidal ideation and reported he generally sleeps well for approximately six hours each night. He denied symptoms of depression on a self-report measure (GDS total score=0).

Assessment of Capacity to Manage Financial Affairs:

Financial capacity represents a broad continuum of skills. Neuropsychological research has conceptualized specific domains of activities that comprise financial capacity and Mr. Nix's competency to manage financial affairs was assessed according to an accepted conceptual model of financial capacity that includes nine domains (Marson, Triebel, & Knight, 2012). Assessment of tasks that characterize Mr. Nix's functioning in each of these domains was completed through administration of the Bill Paying subtest from the NAB and portions of the MAFS, as well as clinical interview questions designed to assess his understanding of his financial assets and the practicality and soundness of logic underlying his financial planning.

The first domain of financial capacity is Basic Monetary Skills. Tasks included in this domain include identifying specific coins and currency, understanding relative monetary values, and accurately counting groups of coins and currency. These abilities were assessed through administration of MAFS items and Mr. Nix was able to accurately identify coins and bills and understood their relative monetary values. He answered correctly to some of items assessing his ability to count change and incorrectly to others. He understood the nature of a cash transaction and recognized an error when one was intentionally made by the examiner.

The second domain pertains to Financial Conceptual Knowledge. Mr. Nix's knowledge of simple financial concepts was assessed through clinical interview and he demonstrated adequate understanding of concepts such as debt, budgeting, bill paying and other reasons for monetary exchange. He also demonstrated adequate understanding of more complex financial information such as interest rates and investments. He also demonstrated the ability to apply financial concepts, as assessed through the MAFS and NAB.

The third domain includes Cash Transactions. In this area, Mr. Nix expressed basic understanding of cash exchanges. He also expressed understanding of nuances of cash transactions such as tipping in a restaurant. When engaging in a mock cash transaction in which he was given incorrect change, he recognized the error.

Checkbook Management represents the fourth domain. This area was assessed through the MAFS and the Bill Paying portion of the NAB. Mr. Nix was able to identify and explain parts of a check and check register. When asked to pretend to balance a checkbook, he was slow to make calculations and did so with a pen/paper, but generated correct responses. He accurately wrote a check to pay a mock bill and produced an average score on the NAB Bill Paying section (42nd percentile). He was able to accurately read a checkbook register and enter information for the check he had written. However, he entered an inaccurate date and the new balance was also inaccurate on the NAB subtest.

Mr. Nix answered correctly to questions concerning Bank Statement Management, representing the fifth domain of financial capacity. He was able to identify and explain parts of a bank statement. He understood the concept of a bank statement, why he would receive bank statements, and information that would typically be contained in a bank statement.

With regard to Financial Judgment (the sixth domain), he expressed understanding of risks associated with mail and telephone solicitation.

Bill Payment represents the seventh domain. As noted, he performed well on this particular portion of the NAB. He understood the meaning and purpose of bills and prepared a simulated check and envelope for mailing. When presented with two mock credit card bills, he was able to identify specific items such as amount due, minimal payment, and interest rates. When asked which bill he would pay first, he reported he would ideally pay the one with the higher interest rate first to reduce his overall interest payments over time (MAFS).

Domain eight involves Knowledge of Assets and Estate and was assessed through clinical interview with Mr. Nix. He reported he currently has three sources of income that come in the form of monthly checks from Social Security, RSA retirement, and an International Paper pension. He reported these checks are deposited into a joint account owned by him and his wife. He said his son "took over this account" when his wife became ill. He also reported he has a "stock account" with Charles Schwab in which he buys and monitors stocks. He reported this account is "doing great." He does not "day trade," but enjoys making decisions about how best to proceed with his investments. During this portion of the evaluation, he opened this account via his smartphone and was able to engage in informed discussion about the stocks he owns and his account's overall performance. He was able to read the account information adequately,

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accurately identifying his balance and recent change in account value. He showed the examiner these items and paid special attention to a line item indicating his account was up 59% in the last month. He reported his favorite stock is Amazon because "it's doing great and was up over 100 points yesterday." He named several other stocks that have produced good performance in his portfolio. He spontaneously expressed knowledge that the stock market closed early on the day of the evaluation in advance of the July 4th holiday.

Mr. Nix also reported he has a savings account that is jointly owned by him and his wife. He said he is "not sure what's in it" because his wife has always maintained this account.

When asked if he has any other income, Mr. Nix reported he recently received a stimulus check from the government. However, he said his son "shredded it." He was aware he should have received this money and when it did not come, he independently "googled" which government agency to contact and arranged to have a second one sent. Pertaining to additional assets, Mr. Nix reported he owns his home and provided an estimated value of the home. He said he still "owes a small amount" on that property.

When asked about financial liabilities, he reported he currently pays approximately \$25,000 per month for his wife's 24-hour medical care. He said his mortgage payment is around \$1000 per month. He also understood he is financially responsible for paying household bills, but reported his son has been paying those for the past several months and he did not know their exact amounts. His wife paid the bills before his son took over and he has "never been one to pay bills." Thus, his baseline knowledge of this aspect of his finances was low, as well. Mr. Nix also said he has monthly liabilities of insurance (e.g., homeowner's, automobile) and said he has a credit card bill that he has sent to a P.O. Box.

Domain nine covers Investment Decision Making. As noted above, Mr. Nix maintains individual stock investments independently. He understood his returns and options for buying and selling. There was no indication of impaired judgment or money loss in the information he shared during this evaluation.

Mr. Nix's understanding of other relevant concepts was assessed during clinical interview. When asked to define a power of attorney, he reported it is "something giving someone the power to act on your behalf if you become incapacitated." He then indicated that "the one my daughter had gave power to do everything, including change my will." He expressed desire to have a power of attorney that is enacted only when he is unable to make adaptive decisions on his own behalf. He understood a will is a "document that says where you want to leave money" and other assets. He reported his plan has historically been "to leave 1/3 to each child" and expressed a belief his children are "afraid I'm going to leave everything to Margaret and I'm not."

Diagnostic Impression:

Mild Neurocognitive Disorder, likely due to Parkinson's disease (PD)

On neuropsychological testing, there was evidence of mild memory impairment. While his ability to learn and remember structured verbal information (i.e., stories) was average for

someone of his age and education level, his recall of more complex material (i.e., unstructured list of words) was mildly below expectation for someone of his age and education level. There were also some difficulties with aspects of initiation/planning, as measured by the DRS-2. However, he performed within normal limits on other executive measures (e.g., CLOX, phonemic verbal fluency). According to available information, he remains capable of completing activities of daily living from a cognitive perspective (although physical limitations clearly interfere with his ability to function effectively in some areas).

Overall, the finding of mild cognitive difficulties, in conjunction with the lack of functional impairment associated with cognitive decline, is consistent with a diagnosis of Mild Cognitive Impairment (MCI), which is also known as Mild Neurocognitive Disorder. Given his slowed motor movements, hypophonia (i.e., soft speech), and slightly dysarthric (i.e., slurred) speech, Mr. Nix may, at times, appear to have more cognitive impairment than is actually the case. Some individuals with MCI eventually progress to develop a full dementia and these findings may reflect the early stages of a progressive neurodegenerative process. Between 50 and 80% of individuals with PD will eventually develop a dementia; however, 10 years is the average time of dementia onset following PD diagnosis.

Opinion Concerning Financial Capacity: Family members have reportedly alleged Mr. Nix is incapacitated due to dementia and is therefore in need of financial conservatorship. While some cognitive difficulties are evident, he does not currently meet full diagnostic criteria for a dementia. Mr. Nix's baseline financial capacity appears to include overseeing of a stock portfolio and ancillary involvement in household finances. He reported his wife historically paid household bills and he was not involved in those types of financial tasks. During this evaluation, he demonstrated what appears to be accurate knowledge of his financial affairs and adequate decision-making capabilities concerning his finances. There was not clear indication that he has made poor financial decision or misused his assets. Direct performance testing revealed intact financial skills and adequate conceptual understanding of finances. He was able to write a check, identify and prioritize bills, and accurately discuss personal financial activities. His current expressed desires for his finances are consistent with wishes he has reportedly held for many years and there was no indication he has been subject to undue influence from others over his financial decision making.

Overall, it is this examiner's opinion that Mr. Nix is currently capable of managing his financial affairs, despite the presence of mild cognitive impairment. The least restrictive method to help compensate for difficulties with aspects of memory and conceptualization is provision of any needed assistance with recall of financial details and possible consultation with trusted individuals concerning any important financial matters.

Opinion Concerning Need for Guardianship: Based on these findings, Mr. Nix is also considered capable of caring for himself from a cognitive perspective. He reportedly carries out most activities of daily living independently and without significant difficulty. Dr. Meyers is currently providing assistance with medication management, although his knowledge of his medication regimen was accurate. He understands his medical conditions and the care he needs to maximize his physical health. He has some physical limitations associated with PD (e.g., gait instability) that appear to impact his daily functioning to some extent. Nevertheless, he is not

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considered a vulnerable adult from a cognitive perspective. Instead, he appears able to advocate for himself and defend his beliefs and wishes.

These conclusions are based on information available to me at the time of this report and provision of additional information could alter opinions contained herein. One potential limitation of this evaluation is a lack of collateral information from interested parties who reportedly have concerns about Mr. Nix's capabilities. While this would potentially provide additional insight into his functional capabilities, additional collateral information would not change findings concerning his cognitive abilities or current knowledge of and reasoning about financial matters.

As a mental health professional, I recognize the determination of an individual's competency is a matter for the Court to determine. If there are any questions about this report, please do not hesitate to contact me.

Melissa Ogden, Ph.D., ABPP

Board Certified in Clinical Neuropsychology

References:

Marson, D.C., Triebel, K., & Knight, A. (2012). Financial Capacity. In Demakis, G. (Ed) *Civil Capacities in Clinical Neuropsychology: Research Findings and Practical Applications*, (pp. 39-68). Oxford Press.

IN RE: THE MATTER OF X IN THE PROBATE COURT OF JAMES P. NIX, SR., X BALDWIN COUNTY, ALABAMA allegedly non compos mentis. X CASE NO. 38,246

AFFIDAVIT OF SALLY WEEKS

BEFORE ME, the undersigned authority, personally appeared Sally Weeks, who, after being duly sworn, did state and depose as follows:

That my name is Sally Weeks. I make this affidavit in support of my personal knowledge of Mr. James P. Nix, Sr. ("Jim"). I have lived in Fairhope and been a member of the Fairhope Yacht Club for 30 years.

Before my retirement, I worked at Mercy Medical in

Daphne, Alabama which has memory care and assisted living

facilities. I am trained professionally to determine the ability

of a person to live independently. I know and have spent time

with Jim.

For example, approximately three weeks ago, I had lunch with Margaret and Jim in Fairhope. Jim was able to participate in the conversation actively, expressing his own thoughts and opinions. He selected his own meal and interacted with the staff independently and appropriately. Jim was clear and alert, as he normally has been over the years. In my more recent conversations and interactions with Jim, I have found him to

AFFIDAVIT OF SALLY WEEKS No. 38,246 Page 1 of 2 clear minded, able to engage in conversation and have a good memory.

My assessment of Jim is that his memory is good, he is lively and gregarious with an ability to engage in conversation. Due to his physical limitations from Parkinson's disease, he is unable to live independently.

I have no personal relationship with the Nix family, other than Jim, and I do not feel positively or negatively towards any member of the Nix family.

Further deponent sayeth not.

Sally Weeks

SWORN TO and subscribed before me this 104 day of

, 2020.

NOTARY PUBLIC

My Commission Expires: 6/12/2024

00033546.WPD

CORINNA L. HALLFORD Notary Public Alabama State at Large

AFFIDAVIT OF SALLY WEEKS No. 38,246 Page 2 of 2 IN RE: THE MATTER OF X IN THE PROBATE COURT OF JAMES P. NIX, SR., X BALDWIN COUNTY, ALABAMA allegedly non compos mentis. X CASE NO. 38,246

AFFIDAVIT OF WILLIAM L. MECK, II

BEFORE ME, the undersigned authority, personally appeared William L. Meck, II, who, after being duly sworn, did state and depose as follows:

That my name is William L. Meck, II. I make this affidavit in support of my personal knowledge of Mr. James P. Nix, Sr. ("Jim"). I am an attorney who has lived and worked in Fairhope since 2013. My practice is mostly transactional and estate planning.

After moving to Fairhope with my wife, Kit Robinson, we developed a friendship with Jim and Anne Nix (Jim's wife, hereafter "Anne"), as well as Dr. Margaret Myers ("Margaret"). We are all members of the Fairhope Yacht Club.

Over the last couple of years, it has became known publicly that Jim and Margaret have a relationship. I do not judge that relationship either way.

My wife and I have spent time in the Nix home and socialized with Jim, Anne, and Margaret, both separately and in group settings.

AFFIDAVIT OF WILLIAM L. MECK, II No. 38,246 Page 1 of 3 In all my interactions with him, I have found him to be clear and able to engage and maintain conversation on a variety of complex subjects ranging from politics to financial markets. I enjoy Jim's company and do not believe that there is any basis to question Jim's mental status. I recognize that Jim has some physical limitations, but those do not go to the quality of his thinking.

A few months ago, Jim contacted me about how to revoke a power of attorney. I was not retained by Jim at that time to provide legal services. I was merely answering the questions of a friend. Jim expressed to me that he was disappointed with his daughter, Vicky Cook, meddling in his affairs via a recent power of attorney that he had executed in favor of Ms. Cook. I talked with Jim about the difference between a sprung and springing power of attorney and that a power of attorney could be revoked. At some point after that conversation, Jim came to my office in Fairhope with forms to revoke the power of attorney given to Ms. Cook, as well as to grant a springing power of attorney to Margaret.

I witnessed and notarized the execution of the revocation of the power of attorney in favor of Ms. Cook and the new, springing power of attorney in favor of Margaret in May of

AFFIDAVIT OF WILLIAM L. MECK, II No. 38,246 Page 2 of 3 2020. I have no concern or question of Jim's competency at the time of execution of those documents or at any time since then.

In my opinion, the springing power of attorney executed in favor of Margaret was a "defensive" action by Jim because he expressed fear that Ms. Cook might attempt to take over his affairs after her power of attorney was revoked.

In my recent communications with Jim, he has seemed clear and understanding of events going on and in his legal troubles. Further, he was well familiar with his financial accounts recalling balances and account numbers in my presence. I have not had an interaction with Jim where he did not appear to comprehend the conversation or be able to make decisions for himself.

Further deponent sayeth not.

William L. Meck, II

SWORN TO and subscribed before me this 10 day of

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NOTARY PUBLIC

My Commission Expires: 61212024

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CORINNA L. HALLFORD Notary Public Alabama State at Large

AFFIDAVIT OF WILLIAM L. MECK, II No. 38,246 Page 3 of 3 IN RE: THE MATTER OF X IN THE PROBATE COURT OF JAMES P. NIX, SR., X BALDWIN COUNTY, ALABAMA allegedly non compos mentis. X CASE NO. 38,246

AFFIDAVIT OF JAMES P. NIX, SR.

BEFORE ME, the undersigned authority, personally appeared James P. Nix, Sr., who, after being duly sworn, did state and depose as follows:

That my name is James P. Nix, Sr. I make this affidavit in support of my efforts to have the Probate Court of Baldwin County, Alabama vacate its temporary orders appointing a guardian and conservator over me.

I have been married to Anne Nix for 67 years and we have three adult children: Vicky Nix Cook, James P. Nix, Jr. (Phil), and Susan Nix Tillman. My wife and I have not had a traditional marital relationship for the last 30 years of our marriage. In late 2013, I began a romantic relationship with Margaret Meyers. I had known Margaret for over 20 years prior to 2013. Vicky had lunch with Margaret and myself in 2013/2014 and I disclosed to Vicky the nature of my relationship with Margaret. My wife has known about my relationship with Margaret since no later than May of 2018 when Margaret and I went to Seattle together. My other children have been aware of my relationship with Margaret for years as well. Since the middle of 2018,

Margaret and I have not hidden our relationship from anyone. We socialize as a couple. I have stayed at Margaret's home for periods of time over the last two years. My family has given me rides back and forth from her home to mine after I had to stop driving earlier this year because of the impact of my Parkinson's disease on my physical abilities. My family has communicated with Margaret about me and vice versa.

In the spring of this year, Vicky, my oldest daughter came to me and suggested that I give her a "power of attorney" so she could help me in the event that I needed help handling my affairs. She brought the attached power of attorney she had prepared to my house and pointed where I was to sign it. I trusted my daughter and signed the document attached hereto as Exhibit A without reading it.

In the weeks after I signed the power of attorney for Vicky, she began to inject herself into all aspects of my life and question my personal and financial decisions. I expressed to her that I did not want her using the power of attorney now or interfering in my life. She disregarded my wishes. I then consulted a friend who is an attorney, William A. Meck, II, about how to "undo" the power of attorney I had given to Vicky and that there was a type of power of attorney that only authorized action in the event a person was incompetent. Because of the conduct of Vicky after I had given her the power of attorney, I was

concerned that if I revoked her power of attorney Vicky would take some type of other action to take control of my finances. I obtained forms to revoke the power of attorney I gave to Vicky and to grant a new power of attorney that would only become effective in the event I ever became incompetent. I took these forms to Meck's office and signed them in his presence; true and correct copies of those documents are attached hereto as Exhibits B and C.

I named Margaret as my power of attorney and Vicky as my alternate power of attorney in my new power of attorney, attached as Exhibit C. My new power of attorney authorizes action by my agent only in the event that I was deemed incompetent. I then told Vicky that her power of attorney had been revoked.

On June 25, 2020, I was made aware that I was the subject of this action filed by Vicky alleging that I was incompetent for the purpose of appointing a guardian and conservator. I later learned that same day that Vicky had been appointed as guardian over me and somebody named Harold Koons had been appointed conservator over me without any notice to me or an opportunity to defend myself. I hired an attorney to represent me, Chason & Chason, P.C., in this matter. I also subjected myself to four hours of testing by Dr. Melissa Ogden to demonstrate to anyone who might be in doubt that I am competent.

AFFIDAVIT OF JAMES P. NIX, SR. No. 38,246 Page 3 of 4

I avoided being served with the petition filed by Vicky and sought help from the court to have those orders vacated to give me a chance to defend myself. The orders were not vacated. Against my own wishes and desires I went back to the home I have shared with my wife on July 10, 2020 where I understand I am forced to live at the direction of Vicky.

Further deponent sayeth not.

James P. Nix, Sr.

subscribed before day of July, 2020.

omnission Expires: 9/16/33

Copy

Baldwin county)

Durable Power of Attorney and Authority to Access Health Information

OF ·
James P. Nix, SR.
KNOW ALL MEN BY THESE PRESENTS that I, Tomes P. Mi) of Fairnage Alabaman Balawin County, Alabama, do hereby make, constitute and appoint Vicky Nix Cook of Dochne, Alabama, phone number 35/591-/762 as my Attorney-in-Fact, for me and in my name, place and stead, and on my behalf, to do, perform and execute the acts I have authorized, and I grant to him/her every power necessary to carry out the purposes for which this power is granted, including the powers of revocation and substitution, hereby ratifying and affirming that which (s)he or his/her substitute shall lawfully do or cause to be done by virtue of the rights and powers herein granted.
This power of attorney shall not be affected by disability, incompetency, or incapacity of the principal.
GRANT OF GENERAL AUTHORITY
I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:
If you wish to grant general authority over all of the subjects enumerated in this section you may SIGN here:
Prof So
(Signature of Principal)

If you wish to grant specific authority over less than all subjects enumerated in this section you must INITIAL by each subject you want to include in the agent's authority:

Real Property as defined in Section 26-1A-204 Tangible Personal Property as defined in Section 26-1A-205 Stocks and Bonds as defined in Section 26-1A-206 Commodities and Options as defined in Section 26-1A-207 Backs and Other Financial Institutions as defined in Section 26-1A-208 Operation of Entity or Business as defined in Section 26-1A-209 Insurance and Annuities as defined in Section 26-1A-210 Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211 Glaims and Litigation as defined in Section 26-1A-212 Personal and Family Maintenance as defined in Section 26-1A-213 Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214 Retirement Plans as defined in Section 26-1A-215 Taxes as defined in Section 26-1A-216 Gifts as defined in Section 26-1A-217

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how

AUTHORITY TO ACCESS HEALTH INFORMATION

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

Arrange for my care at home or by admitting me to an appropriate pracility, and, effective immediately, to serve as my personal representative as that term is used in 45 CFR 164.502 (commonly known as "HIPAA privacy regulations"), and to have the same access to my personal health information as I have myself, including, but not limited to, viewing and obtaining copies of any and all of my personally identifiable medical records of any kind whatever, and consulting with medical providers; and I authorize covered medical Entities to provide such access and to cooperate with my agent under this document [as well as any health care agent or proxy I may appoint]; [further, my agent appointed herein may make medical decisions for me, consistent with applicable law and with any health care directive I may have in effect at the time decisions may be needed.] [I do not intend, by this appointment, to prohibit other family members from access to my

otherwise private health care information, and I authorize covered entities to provide to James PNA provol, the same access to them and cooperation with them to which I am entitled myself.]

Susan Nix Tillman

LIMITATIONS ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a per-son to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

Limitation of Power. Except for any special instructions given herein to the agent to make gifts, the following shall apply:

- (a) Any power or authority granted to my Agent herein shall be limited so as to prevent this Power of Attorney from causing any Agent to be taxed on my income or from causing my assets to be subject to a "general power of appointment" by my Agent as defined in 26 U.S.C. Section 2041 and 26 U.S.C. Section 2514 of the Internal Revenue Code of 1986, as amended.
- (b) My Agent shall have no power or authority whatsoever with respect to any policy of insurance owned by me on the life of my Agent, or any trust created by my Agent as to which I am a trustee.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines. For your protection, if there are no special instructions write NONE in this section.

NOMINATION OF [CONSERVATOR OR GUARDIAN] (OPTIONAL)

If it becomes necessary for a court to appoint a [conservator or guardian] of my estate or [guardian] of my person, I nominate the following person(s) for appointment:

Name of Nominee for [conservator or guardian] of my estate:
Nominee's Address: 23055 So. River Road Daphne, AL 36526
Nominee's Telephone Number: 351-591-1762
Name of Nominee for [guardian] of my person:
Nominee's Address:
Nominee's Telephone Number:
This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.
RELIANCE ON THIS POWER OF ATTORNEY
Any person, including my apopto maximally deponsition palidity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.
Fnglish (United States)
SIGNATURE AND ACKNOWLEDGMENT
Patimate_237.pdf

QUALITY SPRINKLER SYSTEM LLC | Estimate #237

Exhibit 9, pg. 33_{0202/LZ/9}

medit
(Signature of Principal)
Your Signature Date: 3/12/2020
Your Name Printed: 130 m & P. 1011
Your Name Printed: Jane F. My Your Address: 418 My Le & Ranker, M
Your Telephone Number: 231-404 [965]
STATE OF ALABAMA Boldwin COUNTY
I, Live A. Theolog a Notary Public, In and for the County in this State, hereby certify that Lames V. Lix Swhose name is signed to the foregoing document, and who is known to me, acknowledged before me on this day that, being informed of the contents of the document, he or she executed the same voluntarily on the day the same bears date.
Given under my hand this the 12th day of MARCH, 20 26. GOAU (Seal, if any)
Signature of Notary EDWARD ALLEN THEODORO JR. Notary Public Alabama State at Large
My commission expires:

AGENT'S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY AND AGENT'S AUTHORITY

STATE OF ALABAMA
COUNTY OF Baldwin
I, Vicky Nix Cook (Name of Agent), certify under penalty of perjury that <u>Journes P. Nix, Se.</u>
certify under pehalty of perjury that <u>James P. Nix, Se.</u>
granted me authority as an agent or successor agent in a power of attorney dated <u>Morch 12,2020</u> .
I further certify that to my knowledge:
(1) the Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;
(2) if the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and
(4) <u>N/A</u>
SIGNATURE AND ACKNOWLEDGMENT
Agent's Signature Date: Hocks No Cook Mar. 12,2020
Agent's Name Printed: Vicky Nix Cook

Agent's Address: 23055 South River ROAD
Agent's Address: 23055 South River ROAD Daphne AL 36526
Agent's Telephone Number: 351-591-1762
This document was acknowledged before me on
3/12/2020
(Date)
by Vicky Nix Cook
(Name of Agent)
500 All 1/
(Seal, If any) Signature of Notary
EDWARD ALLEN THEODORO JR. Notary Public Alabama State at Large My Commission Expires Jul 8, 2023
My commission expires:

DURABLE POWER OF ATTORNEY AND AUTHORITY TO ACCESS HEALTH INFORMATION REVOCATION

STATE OF ALABAMA

BALDWIN COUNTY

THE UNDERSIGNED HEREBY DECLARES THAT

I, James P. Nix, Sr, presently residing at 415 Myrtle St., Fairhope, Alabama hereby revoke all Powers of Attorney executed prior to this date, made by me.

James P. Nix, Sr.

Date: 5/31 / 20 20

Acknowledge ment

Before me appeared Tames P. Nix, Ir, who bong tension to me and duly sworm, deduct that the fore going instrument was signed by hem Voluntouly and that the declarations Therein are true and connect.

1

My Commission Expires 12/21/21

EXHIBIT B

Exhibit 9, pg. 37

Copy

State of Alabama

Baldwin County

Durable Power of Attorney and Authority to Access Health Information

<u>of</u>

Mr. James P. Nix, Sr

Know all men by these presents that I, <u>James P. Nix, Sr.</u> presently residing at 415 Myrtle St., Fairhope, Alabama in Baldwin County, Alabama, do hereby Revoke all prior declarations of Durable Power of Attorney and Authority to Access Health Information predating this document.

I do hereby make, constitute and appoint <u>Margaret C. Mevers</u>, presently residing at 135 Cypress Lane, Fairhope, Alabama in Baldwin County, Alabama, phone number: <u>(251)</u> 604-1842 as my Attorney-in-Fact, for me and in my name, place, and stead, and on my behalf, to do, perform and execute the acts I have authorized, and I grant to her every power necessary to carry out the purposes for which this power is granted, including the powers of revocation and substitution, hereby ratifying and affirming that which she shall lawfully do or cause to be done by virtue of the rights and powers herein granted.

EFFECTIVE DATES

This durable power is only granted and to take affect on the condition that I am no longer able to act on my own behalf because of disability, incompetency, or incapacity.

The authority to access health information is effective immediately.

GRANT OF GENERAL AUTHORITY

I grant this agent authority to act for me with respect to the following subjects as defined in the Alabama Uniform Power of Attorney Act, Chapter 1A, Title 26, Code of Alabama 1975:

Real Property as defined in Section 26-1A-204

Tangible Personal Property as defined in Section 26-1A-205

Stocks and Bonds as defined in Section 26-1A-206

Commodities and Options as defined in Section 26-1A-207

1

EXHIBIT C

Exhibit 9, pg. 38

Banks and Other Financial Institutions as defined in Section 26-1A-208

Operations of Entity or Business as defined in Section 26-1A 209

Insurance and Annuities as defined in Section 26-1A-210

Estates, Trusts, and Other Beneficial Interests as defined in Section 26-1A-211

Claims and Litigation as defined in Section 26-1A-212

Personal and Family Mainenance as defined in Section 26-1A-213

Benefits from Governmental Programs or Civil or Military Service as defined in Section 26-1A-214

Retirement Plans as defined in Section 26-1A-215

Taxes as defined in Section 26-1A-216

Gifts as defined in Section 26-1A-217

James P. Nix. Sr.

AUTHORITY TO ACCESS HEALTH INFORMATION AND PROVIDE CARE

My agent may arrange for my care at home or, if necessary, admission to an acute care facility or temporary inpatient rehabilitation facility after acute care and, effective immediately, to serve as my personal representative as that term is used in 45 CFR 164.502 (commonly known as "HIPAA privacy regulations"), and to have the same access to my personal health information as I have myself, including, but not limited to, viewing and obtaining copies of any and all of my personally identifiable medical records of any kind whatever, and consulting with medical providers; and I authorize covered medical entities to provide such access and to cooperate with my agent under this document. Further, my agent appointed herein may make medical decisions for me, consistent with applicable law and with nay health care directive I have in effect at the time decisions may be needed. My agent may share with my daughters, Vicky Nix Cook and Susan Nix Tillman and with my son, James P. Nix, Jr any health information she deems necessary.

2

LIMITATIONS ON AGENT'S AUTHORITY

Limitation of Power. Except for any special instructions given herein to the agent to make gifts, the following shall apply:

Any power or authority granted to my agent herein shall be limited so as to prevent this Power of Attorney from causing any Agent to be taxed on my income or from causing my assets to be subject to a "general power of appointment" by my Agent as defined in 26 U.S.C. Section 2041 and 26 U.S.C. Section 2514 of the Internal Revenue Code of 1986, as amended.

NOMINATION OF CONSERVATOR OR GUARDIAN

If it becomes necessary for a court to appoint a conservator or guardian of my estate or guardian of my person, I nominate the following person for appointment over both the estate and over my person:

Margaret Meyers

135 Cypress Lane

Fairhope, Ala. 36531

Phone Number: (251) 604-1842

If this person is unable to perform the appropriate duties my alternate nomination is:

Ms. Vicky Nix Cook

23055 South River Road

Daphne, Al. 36526

Telephone Number: (251)591-1762

RELIANCE ON THE POWER OF ATTORNEY and AUTHORITY TO ACCESS HEALTH INFORMATION

Any person, including my agent, may rely upon the validity of this power of attorney and

A

authority to access health information or a copy of it unless that person knows it has terminated or is invalid

Jams Paril, &

James P. Nix, Sr.

Signature Date: 5/3/1/2020

Address: 415 Myrtle St. Fairhope, Al., 36532

Telephone Number: (251) 454-1905

STATE OF ALABAMA
BALDWIN COUNTY

Acknowledge ment

Before me, appeared James P. Nix, Sr, who being known to me and duly sworn, declared that the fore going instrument was signed by him as his voluntary act and that the declarations are trave and accounted.

this 31st day May 2020.

MOTARY PUBLIC

My Commission Expires 12/21/21

IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA

IN RE: THE ESTATE OF

*

JAMES PNIX, SR.,

CASE NO:

38246

(Alleged Incapacitated Person)

MOTION REQUESTING ORDER FOR PAYMENT FROM CHARLES SCHWAB

TO THE HONORABLE HARRY D'OLIVE, JUDGE OF PROBATE, BALDWIN COUNTY, ALABAMA

COMES NOW HAROLD A. KOONS, III, the Temporary Conservator for James P. Nix, Sr., an incapacitated person, and files this Motion Requesting Order for Payment From Charles Schwab and shows unto Your Honor the following:

- 1. Undersigned was appointed by this Honorable Court as Temporary Conservator for James P. Nix, Sr. by Order dated June 25, 2020.
- 2. Upon information and belief, the majority of James P. Nix, Sr.'s financial assets were being held in two (2) accounts with Charles Schwab.
- 3. A copy of the Temporary Letters of Conservatorship were faxed to the local Charles Schwab office on June 26, 2020, requesting that all accounts in Mr. Nix's name be frozen.
- 4. By email dated July 10, 2020, the required paperwork was sent to Charles Schwab requesting that \$50,000.00 be sent overnight to undersigned. These funds are needed in order to pay some family bills.
- 5. When the funds were not received by July 15, 2020, undersigned was in contact with the local Charles Schwab office who, while being very helpful, stating that the main office

in Birmingham, Alabama, required a court order setting out that \$50,000.00 was to be withdrawn from Mr. Nix's account and sent to undersigned.

WHEREFORE, undersigned requests that this Court issue an order requiring Charles Schwab to send a check in the amount of \$50,000.00 to undersigned.

Respectfully submitted this day of July, 2020.

HAROLD A KOONS, III (KOO001)
Conservator for James P. Nix, Sr.

Post Office Box 1234

Bay Minette, Alabama 36507

(251) 239-5550

CERTIFICATE OF SERVICE

I do hereby certify that I have on this the 17th day of July, 2020, served a copy of the forgoing pleading was served via email as follows:

Leah Megginson, Esquire Jessica McDill, Esquire

Harold A. Koons, III

IN RE: THE MATTER OF

X

IN THE PROBATE COURT OF

JAMES P. NIX, SR.,

BALDWIN COUNTY, ALABAMA

allegedly non compos mentis. X

CASE NO. 38,246 STATE OF ALABAMA

REQUEST FOR ORAL ARGUMENT

2020 JUL 19 P 7: 40 PALOWIN COUNTY

Comes now James P. Nix, Sr. ("Nix"), by and through his counsel, and moves this Court for oral argument of his Motion to Reconsider James P. Nix, Sr.'s Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator filed with this Court on July 14, 2020.

> Jessica M. McDill (THO131) Attorney for James P. Nix, Sr.

OF COUNSEL:

CHASON & CHASON, P.C. P. O. Box 100 Bay Minette, Alabama 36507 (251) 937-2191

CERTIFICATE OF SERVICE

I, Jessica M. McDill, attorney for James P. Nix, Sr., hereby certify that on the 20th day of July, 2020, I served the foregoing Request for Oral Argument on William Daniel Calhoun, Duck, Calhoun & Megginson, P. O. Box 1188, Fairhope, Alabama 36532, dctlaw@bellsouth.net; Leah E. Megginson, Duck, Calhoun & Megginson, P. O. Box 1188, Fairhope, Alabama 36532, leah@megglaw.com; Daniel P. Mitchell, Attorney at Law, P. O. Box 1555, Bay Minette, Alabama 36507, dmitchell0101@att.net; Harold A. Koons, III, Attorney at Law, P. O. Box 1234, Bay Minette, Alabama 36507, hkoonsiii@aol.com, and Patricia Wood, Attorney at Law, P. O. Box 664, Elberta, Alabama 36530-0664, attypatwood@gmail.com; by electronic mail, addressed to each of them at their respective electronic mailing addresses; and I further certify I have mailed the same to Anne P. Nix, 415 Myrtle Avenue, Fairhope, Alabama 36532; Susan Nix Tillman, 17105

REQUEST FOR ORAL ARGUMENT No. 38,246 Page 1 of 2

Stillwood Lane, Fairhope, Alabama 36532; and James P. Nix, Jr., 342 Majestic Beauty, Fairhope, Alabama 36532, as parties interested in said Estate, by depositing a copy of the same in the United States mail, postpaid, addressed to them at their respective addresses.

Versica M. McDill (THO131) Attorney for James P. Nix, Sr.

00033594.WPD

REQUEST FOR ORAL ARGUMENT No. 38,246 Page 2 of 2

IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA

IN RE: THE MATTER OF)	
JAMES P. NIX, SR.,))	
An alleged incapacitated person)	CASE NO: 38246
	j	

RESPONSE TO MOTION TO VACATE TEMPORARY ORDERS AND DISMISS EMERGENCY PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN AND CONSERVATOR

COMES NOW, the temporary Guardian, by and through the undersigned counsel, and responds to the Motion to Vacate filed by Allan R. Chason and Jessica M. McDill, as attorneys for JAMES P. NIX, SR., an alleged incapacitated person, and states as follows:

- Petitioner, VICKY NIX COOK, filed an Emergency Petition for Appointment of Temporary Guardian and Temporary Conservator on or about the 25th day of June, 2020, regarding the alleged incapacitated person, JAMES P. NIX, SR.
- 2. That said Temporary Letters of Guardianship were granted to Petitioner, and Temporary Letters of Conservatorship were granted to Harold A. Koons, III, in his capacity as County Conservator of Baldwin County, Alabama, on or about the 25th day of June, 2020, after an emergency hearing was held on the merits.
- 3. That attorneys Allan R. Chason and Jessica M. McDill have been retained to represent Mr. Nix and have filed a Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator on or about the 8th day of July, 2020.
- That this Court entered an Order on July 9, 2020, denying Mr. Nix's Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator.

- That Mr. Nix filed a Motion to Reconsider James P. Nix, Sr.'s Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator on or about the 14th day of July, 2020.
- 6. Mr. Nix alleges in these filings that no emergency existed as to the Emergency Petition for Appointment of Temporary Guardian and Temporary Conservator, that no notice was given to the alleged incapacitated person, and that there was another person with authority to act, referring to Dr. Margaret C. Meyers and the Power of Attorney that Mr. Nix executed to Dr. Meyers on May 31, 2020. These issues will be addressed below.

EMERGENCY

- 7. That according to Alabama Code §26-2A-107(a) (1975), "If an incapacitated person has no guardian, an emergency exists, and no other person appears to have authority to act in the circumstances, on appropriate petition the court, without notice, may appoint a temporary guardian whose authority may not extend beyond 30 days and who may exercise those powers granted in the order."
- 8. That according to Alabama Code §26-2A-136(b)(1) (1975), the Court has the authority to preserve and apply the property of the person to be protected as may be required for the support of the person or the dependents of the person while a petition for appointment of a conservator or other protective order is pending and after a preliminary hearing and without notice.
- The Code of Alabama specifically states that the Court has the power to grant this relief if it finds sufficient evidence to grant a temporary Guardianship and Conservatorship.
- 10. Mr. Nix references the case of Ex Parte Bashinsky (Ala. S. Ct. July 2, 2020) to state that no emergency existed in the case at bar. An emergency is the

Bashinsky case is defined as "a sudden unexpected happening; an unforeseen occurrence or condition; perplexing contingency or complication of circumstances; a sudden or unexpected occasion for action; exigency; pressing necessity. Emergency is an unforeseen combination of circumstances that calls for immediate action." Black's Law Dictionary defines emergency as "a sudden and serious event or an unforeseen change in circumstances that calls for immediate action to avert, control or remedy harm."

- The emergency existed and was pleaded to in the original Emergency Petition for Appointment of Temporary Guardian and Temporary Conservator as to the irrational and unreasonable behaviors that Mr. Nix has exhibited to his family and friends in recent years and months. Mr. Nix's inability to make rational and reasonable decisions for himself is clearly exemplified by executing the Power of Attorney, attached in the original pleading, which gave his physician and paramour, Dr. Margaret C. Meyers, complete control of Mr. Nix's assets, including his entire stock portfolio, all banking accounts, and even his real property that he jointly owns with his wife of sixty-three (63) years.
- 12. Mr. Nix has been diagnosed with Parkinson's Disease, Alzheimer's Dementia and Dementia related to other issues by Dr. Richard Snellgrove. (Dr. Snellgrove's Affidavit was already submitted to this Court). Dr. Snellgrove placed him on home health care through Kindred Home Health and was cited by Kindred Home Health as having Alzheimer's and cognitive deficits. (A copy of Kindred Home Health's record is attached hereto as Exhibit A).
- 13. Mr. Nix has exhibited the inability to make appropriate and rational decisions for several years, which has included losing a significant sum of money through the stock market and day trading, and his open relationship with Dr. Meyers. Both Mr. Nix and Dr. Meyers have admitted to being in a sexual relationship for a

period of time. While the relationship started out as a doctor/patient relationship with Dr. Meyers treating him for several different medical conditions, the relationship turned into a physical one, which has included her prescribing him testosterone injections and erectile dysfunction medication in order to perform sexual acts together. While having an extramarital affair does not equate incompetency, the manner in which Mr. Nix has gone about having this affair is a is a clear indicator of his incapacity. Mr. Nix's spouse, Mrs. Anne Nix, was recently diagnosed with Stage IV Pancreatic Cancer and has been on hospice for the last several months. It is not rational that Mr. Nix would give total control of all of the joint assets of he and his wife to Dr. Meyers through his Power of Attorney, while his wife and three (3) children are clearly able to assist him.

- 14. While Mr. Nix's Motion to Vacate mentions that Dr. Meyers Power of Attorney given to her by Mr. Nix is a springing Power of Attorney, which only becomes effective upon Mr. Nix being declared incompetent, the family is aware that Dr. Meyers has been managing and controlling Mr. Nix's finances. Between May 31, 2020, when the Power of Attorney was executed, and July 10, 2020, when an Elder Abuse Protection Order was entered against Dr. Margaret C. Meyers, Dr. Meyers had complete access and control to Mr. and Mrs. Nix's entire estate of assets. Dr. Meyers has no priority or reasoning to be Mr. Nix's Power of Attorney, other than to control his assets and his estate.
- 15. Furthermore, the emergency that existed for Mr. Nix at the time of filing the Emergency Petition for Appointment of Temporary Guardian and Conservator goes way beyond the bad decisions of having an affair or even losing money through the stock market. Dr. Meyers is currently a licensed physician in the State of Alabama and can control his mental and medical conditions with any kind of prescription drug of her choosing. Not only is Dr. Meyers the agent and

power of attorney under the most recent Power of Attorney executed by Mr. Nix, but she is also able to make medical decisions for him and place him in a facility should he need it. Given the fact that Mr. Nix is an eighty-three (83) year old man, who has Parkinson's Disease, along with Alzheimer's and Dementia, his medical condition could change at any moment. Dr. Meyers, by and through this document, had the power and authority to make any kind of decision she wanted for Mr. Nix, over and above his wife and children, without any kind of consultation from his family.

- 16. An emergency also existed as to the fact that once Dr. Meyers found out about the family's dismay as to the newly executed Power of Attorney, Dr. Meyers immediately notified Mr. Nix who left his marital home with just a few clothes and his pillbox, and was picked up on his front lawn by an Uber driver. Mr. Nix was not seen again until fifteen (15) days later when he returned home, as a result of the Protective Order entered against Dr. Meyers. Mr. Nix left the house abruptly without letting anyone know where he was going. This occurred even before the filing of the Emergency Petition for Appointment of Temporary Guardian and Conservator. It was because he left so abruptly without communicating his whereabouts or even his needs with his immediate family, that the emergency existed. He took only a small amount of his medication with him and he is someone that needs an extraordinary amount of care and assistance during the day. The family of Mr. Nix were concerned about his whereabouts and his needs during this time. In the state that Mr. Nix is in physically and mentally, he put himself in a position to be taken advantage of or hurt by someone. Petitioner felt this was the only appropriate recourse to protect her father.
- 17. It was during this time that the family had hoped that Mr. Nix would return home, however, during this time, Mr. Nix and Dr. Meyers left town and evaded being

served with legal documents and admitted to such in his Affidavit filed with this Court. At no point did Dr. Meyers as his "power of attorney" let the family know that he was safe and being taken care of. Instead, the family was left wandering about his well-being, whether he was getting his appropriate medication, and whether he would ever return home. That both Dr. Meyers and Mr. Nix evaded law enforcement and had no concern for his family or his gravely ill wife, for over two weeks' time, shows that they both could be a flight risk and a temporary guardianship is needed to make sure that Mr. Nix is unable to leave town again with Dr. Meyers.

- 18. In his condition, Mr. Nix needs daily care and assistance for daily living activities, such as using the restroom, eating, and drinking, and taking his medication. He has been set up with home health care at his marital residence with his wife and needs this in order to continue getting appropriate care.
- 19. Once Mr. Nix returned home on July 10, 2020, the family attempted to get him in to see Dr. Snellgrove and Mr. Nix refused. He has refused to see any other doctor suggested, as well. Petitioner was notified on July 14, 2020, that if Mr. Nix does not return to see Dr. Snellgrove that he would lose his care with Kindred Home Health, which Mr. Nix desperately needs. This has been communicated to Mr. Nix, however, he states he does not care. There again, the need for a temporary guardian is emergent because he is refusing medical care, which he needs daily.
- 20. This case can be distinguished from *Bashinsky* due to the fact that an Emergency Petition was filed in the *Bashinsky* case in order to prevent the alleged incapacitated person from transferring a large sum of money to her grandson. However, in this case, an emergency guardianship and conservatorship was granted because the alleged incapacitated person was

actually in danger. He had left the marital home and not told one person where he was going or when he was coming home. Mr. Nix is not able to care for himself and needs assistance with daily activities. It was by filing the Emergency Petition for Appointment of Temporary Guardian and Conservator that the Petitioner was trying to "avert, control or remedy harm" from taking place to Mr. Nix. In addition, Mr. Nix's financial woes go way beyond making a bad financial decision, as was the case in *Bashinsky*. He has lost almost \$3,000,000.00 by "playing" in the stock market. A reasonable and prudent person would be able to recognize that by his actions he was accruing significant losses and would take reasonable actions to prevent any further losses. Mr. Nix was continuing to lose money every day by day trading, and Petitioner needed to intervene on an emergency basis to circumvent additional losses of income for Mr. and Mrs. Nix.

AUTHORITY TO ACT

- 21. Mr. Nix also states in his Motion to Vacate the Temporary Orders that the Temporary Guardianship and Conservatorship was not needed due to there being another person with authority to act for Nix. He states that the most recent Power of Attorney appointed Dr. Meyers as the attorney-in-fact, authorizing her to act for Nix if he becomes incompetent. Dr. Meyers has no priority to serve or act as Power of Attorney over his wife and three (3) adult children who are fully capable to serve.
- 22. In addition to treating him as a patient, Dr. Meyers is also engaged in a public romantic and intimate relationship with Mr. Nix, which is highly unethical given her position as a medical doctor who was still currently treating Mr. Nix for his Parkinson's disease and other medical related conditions.
- 23. The Alabama Board of Medical Examiners & Medical Licensure Commission of Alabama states that "The prohibition against sexual contact between a physician

and a patient is well established and is embodied in the oath taken by physicians, the Hippocratic Oath. Further, a patient has a right to trust and believe that a physician is dedicated solely to the patient's best interests. Introduction of sexual behavior into the professional relationship violates this trust because the physician's own personal interests compete with the interests of the patient. This violation of trust produces not only serious negative psychological consequences for the individual patient but also destroys the trust of the public in the profession." (Alabama Board of Medical Examiners Administrative Code 540-X-9-.08).

- 24. Dr. Meyers has blurred the lines between a professional, medical relationship and a romantic, intimate one. It is her responsibility as a physician to place appropriate boundaries between herself and her patient.
- 25. Dr. Meyers has means to medical treatment and prescription drugs that a lay person would not. As such, she is a threat to his well-being.
- 26. After a Petition for Elder Abuse Protection Order was filed by the Petitioner in the Circuit Court of Baldwin County (CV-2020-900773), Judge Joseph Norton granted said Petition and entered an Order for Protection from Abuse against Dr. Meyers and ordered that she have no contact with Mr. Nix, or his wife, along with ordering her to stay away from the Nix residence, transferring or concealing any property owned by Mr. or Mrs. Nix, restrained from using her Power of Attorney, and is ordered to comply with the Temporary or Permanent Guardian of Mr. Nix. In addition, she also must provide an accounting of any assets that she disposed of using Mr. Nix's Power of Attorney. (A Copy of the Ex Parte Elder Abuse Protection Order granted in that matter is attached hereto as Exhibit B).

- 27. Due to the Protection Order now in place, Dr. Meyers is the last person that should have authority to speak or act on behalf of Mr. Nix, based on her actions and the Protection Order that is now in place.
- 28. Mr. Nix has a loving wife of sixty-three (63) years who can speak for him, along with three (3) adult children, who all love and adore their father. Each would have been happy to serve as Power of Attorney and assist their father in whatever he wanted, however, due to the undue influence of Dr. Meyers and his incapacity, he chose Dr. Meyers and showed the family just how unwell he is at this time.
- 29. In addition, the whole Nix family, including his spouse, children, grandchildren, inlaws and other family members can see that this is not the Mr. Nix that they have
 loved for their entire lives. Before these diagnoses, Mr. Nix would have never
 acted so irrationally as to give his authority and control over to someone other
 than his wife and children and be so blatant about an affair while his wife is
 suffering from Stage IV Pancreatic Cancer.

MEDICAL EVALUATION

- 30. Mr. Nix has offered the opinion of Dr. Melissa Ogden, who evaluated Mr. Nix on or about the 2nd day of July, 2020. This evaluation was set up by Mr. Nix's lawyer and was attended by Mr. Nix and Dr. Meyers only. Dr. Meyers is the only person that could give collateral information to Dr. Ogden, which is purely prejudicial based on Mr. Nix and Dr. Meyer's relationship.
- 31. Furthermore, the report clearly indicates that Mr. Nix has a mild cognitive impairment, also known as Mild Neurocognitive Disorder. He fell below average on most exams that were performed on him and his background information is filled with historical inaccuracies.
- 32. Mr. Nix states in his Affidavit and through the medical evaluation with Dr. Ogden that he has been married to his wife for sixty-seven (67) years. Mr. and Mrs. Nix

were married on August 10, 1956, making them married for sixty-four (64) years next month. Secondly, the Petitioner in this case, never forced him to sign the original Power of Attorney. Mr. Nix approached his daughter about needing assistance with financial aspects and daily living situations. He asked her to serve as Power of Attorney at that time. Furthermore, Mr. Nix communicated to his Certified Public Accountant, Mr. Jim Lowery, that he had his daughter, the Petitioner, appointed as his Power of Attorney and that she had his full authority to act and speak on his behalf.

- 33. Mr. Nix also states in his Affidavit that "against my own wishes and desires I went back to the home I have shared with my wife." However, Mr. Nix has told his family several times since returning home that he did indeed want to come back home.
- 34. Lastly, Mr. James P. Nix has continued to make poor financial decisions, including losing almost \$3,000,000.00 due to day trading and betting against the margins of his stock portfolio. (An Affidavit from Mr. Jim Lowery, Certified Public Accountant and owner of Lowery Financial Services, is attached hereto as Exhibit C).
- 35. An emergency temporary Conservatorship was needed to prevent the loss of anymore money due to Mr. Nix day trading and making poor financial decisions.
- 36. That Mr. Nix is not the same man that he once was due to these diagnoses and the relationship with Dr. Meyers. His entire family and closest friends are concerned about his behavior and his ability to make rational decisions at his time.
- 37. That filed herewith is also an Affidavit from Ms. Sherry Sullivan, a previous employee and close friend of Mr. and Mrs. Nix. (Attached hereto as Exhibit D).

38. That filed herewith is also an Affidavit from Ms. Kuby Berry, current housekeeper and close friend of Mr. and Mrs. Nix. (Attached hereto as Exhibit E).

WHEREFORE, your temporary Guardian, by and through counsel, would pray that this Honorable Court would again deny the Motion to Reconsider the Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator, as evidence has been given to the alleged incapacitated person's incompetence and inability to make rational and reasonable decisions for himself and the temporary guardianship and conservator was based on a pure emergent need to protect Mr. Nix.

Respectfully submitted,

WM. DANIEL CALHOUN Attorney for Petitioner

DUCK, CALHOUN & MEGGINSON

Post Office Box 1188 Fairhope, AL 36533 (251) 928-2191

(2\$1) 928-2940 Facsimile -

LEAH E. MEGGINSON Attorney for Peritioner

DUCK, CALHOUN & MEGGINSON

Post Office Box 1188 Fairhope, AL 36533 (251) 928-2191

(251) 928-2940 Facsimile

CERTIFICATE OF SERVICE

I hereby certify that I have this date served a copy of the foregoing pleading upon all counsel of record in this cause by electronic copy or U.S. Mail on this the 21^{st} day of July, 2020:

Mr. Allan R. Chason, Esq. Chason & Chason, P.C. P.O. Box 100 Bay Minette, Alabama 36507

Ms. Jessica M. McDill, Esq. Chason & Chason, P.C. P.O. Box 100 Bay Minette, Alabama 36507

Ms. Patricia Wood, Esq. P. O. Box 664 Elberta, Alabama 36530

Mr. Daniel P. Mitchell, Esq. P.O. Box 1555
Bay Minette, Alabama 36507

Mr. Harold A. Koons, III, Esq. P.O. Box 1234
Bay Minette, Alabama 36507

WM. DANIEL CALHOUN

LEAH E. MEGGINSON





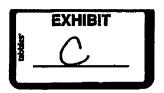
Client: MR No: Legacy MR No	NIX, JAMES P C7200034380501 :	Insured ID:	3JP7QC9DW76	Primary Payor:	MEDICARE PDGM
DOB	07/31/1937				
	sician E, RICHARD L. MD	Phone (251)990-17	770		Fax (251)990-1771
Note Date 03/06/2020	Note Type NARRATIVE Last Update	AM	ered By Y YOUNGBLADE, It Updated By	RN	Note Status Active

Note

82 YO MALE LIVING IN HIS OWN HOME WITH HIS WIFE. PATIENT IS A REFERRAL FOR HH SERVICES FROM HIS PCP DR. SNELLGROVE. PATIENT HAS DIAGNOSIS OF PARKINSON'S, ALZHEIMERS, A RECENT ESOPHAGEAL TEAR AND OBSTRUCTIVE SLEEP APNEA REQUIRING CPAP (WITH OXYGEN). PATIENT IS GOINT TO BE HAVING A PROCEDURE TO DILATE HIS ESOPHAGUS IN THE NEXT WEEK OR TWO. PATIENT EXHIBITS WITH HIGH FUNCTIONAL DEFICITS. PT TO EVALUATE AND TREAT FOR STRENGTHENING AND SAFETY WITH ALL ADLS, AS WELL AS SUGGESTIONS TO IMPROVE HIS SAFETY IN THE HOME ENVIRONMENT. OT TO EVALUATE NEEDS AND SUGGEST SAFETY MODIFICATIONS FOR THE HOME AND MAY COME BACK IN LATER IF NEEDED. ST TO EVALUATE AND TREAT FOR SWALLOWING DIFFICULTIES AS WELL AS COGNITIVE DEFICITS. HHA TO ASSIST IN ACHIEVING GOOD HYGIENE SAFELY. THERAPY WILL PROPOSE THEIR POC AND SUBMIT TO MD FOR APPROVAL. ENTIRE POC INCLUDING DIAGNOSIS LISTED ABOVE ALL DISCUSSED WITH DR. SNELLGROVE AND ALL APPROVED. EXPLAINED PATIENT'S RIGHTS AND RESPONSIBILITIES TO PATIENT AND HIS WIFE AND DAUGHTER, VERBALIZED UNDERSTANDING AND ALL CONSENTS SIGNED. PATIENT IS AAO BUT TIRES EASILY AND FALLS ASLEEP A FEW MINUTES AFTER VISIT STARTED. HE HAD JUST CLEANED HIMSELF UP AND GOT DRESSED FOR SN VISIT AND IS NOW EXHAUSTED. HE DOES ANSWER APPROPRIATELY WHEN QUESTIONS DIRECTED TO HIM BUT SOME FORGETFULNESS NOTED. VITAL SIGNS ALL WNL PER ASSESSMENT, BILAT BREATH SOUNDS ESSENTIALLY CLEAR PER AUSCULTATION. ABDOMEN SOFT WITH POSITIVE BOWEL SOUNDS. 2+ EDEMA NOTED TO BLE. INSTRUCTED PATIENT AND HIS LOVED ONES ON THE NEED FOR HIM TO CHANGE HIS POSITION AT LEAST EVERY 2 HOURS TO PREVENT PRESSURE ULCER DEVELOPMENT. ALSO ENCOURAGED THE PATIENT TO ALWAYS USE HIS WALKER FOR ALL AMBULATION TO PREVENT ANY FALLS. COMPLETE MEDICATION REVIEW PERFORMED INSTRUCTED PATIENT'S DAUGHTER AND HIS WIFE ON ALL MEDICATIONS. INSTRUCTED ON UPCOMING VISIT SCHEDULE. ALSO INSTRUCTED THAT KAH ALWAYS HAS A NURSE ON CALL AND THEY CAN CALL AT ANY TIME FOR ANY QUESTIONS OR CONCERNS. PATIENT AND HIS FAMILY VERBALIZED UNDERSTANDING OF ALL TEACHING AND AGREE WITH POC.

DOCUMENT 33

Tibe to a state of the state of	
EX PARTE ELDER ABUSE PROTECTION ORDER	State of Alabama Unified Judicial System Form C-91 (Page 2 of 3) Rev. 12.18
(Elder Abuse Protection Onier and Enforcement Act) \$4 38-9F-1 to 38-9F-12, Ala, Code 1975	Court Case Number: 05-CV-2020-900773
≅Amended Order	In the Circu t Court of BALDWIN Courty, Alaxana //www.eof.Courty.
THE COURT HEREBY ORDERS THAT (Check at	I that apply):
James P. Nix, Sr. and Anne P. Nix	
Naue of Pa	
(2) The Defendant is restrained and enjoined from: onumunicating with: the Plaintiff, OR	- Connecting
A AND COURSE PARTIES OF THE PARTIES AND TAKEN THE TAKEN THE PARTIES OF THE	place the following in reasonable fear of bodily injury: the Planniff; and or Anne P. Nix of Person
	to Plansist a 17 miduses 17 ml
	Places
(4) The Defendant is removed and excluded from the re	sidence of the Plaintiff, regardless of ownership of the residence.
	f possession and use of an: automobile and or other essential personal effects regardless of
(6) The Defendant is prohibited from: transferring: owned or leased by the parties or in which the Plai Real Property individually jointly owned by James	concerning: concumbering, or otherwise disposing of specified property mutually cilff had an ownership interest within the last 12 months, to-wit: Personal or
the Plaintiff, UNCIVOING OIN SUCH ORAS (ACIES MI. This Power of Attorney (C.O.A.)
exponses. (Within 14 CVM2 Of the CV-the	r the dispusition of the Plaintiff's income and other resources, and of the Plaintiff's debts and
(11) The Defendant is ordered to comply with the instr	uctions fithe Plaintiffer graniform agreement Stagent under power of attorney.
person, to-wit:	Sary to provide for the safety and welfare of the: 2 Plaintiff; and/or any designated (vam of person) as follows:
	Describe relief)
This matter is set for a final hearing on Upon with	then request by either party or James P. Nix, Sr.
The Defendant is advised that he or site has the right t	o counsel at this final hearing at his or her expense, but not counsel appointed by the court.
7/10/2020	02/A
Date	Judge
Original - Coun Record Copy - Law Enforcement	nt Copy Pla nuff Copy - Defendant Copy - Probate Court (if applicable)



IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA

IN RE: THE MATTER OF	}	
JAMES P. NIX, SR.,)	
An alleged incapacitated person) CASE NO: 3824	16

AFFIDAVIT OF JIM LOWERY, CPA

STATE OF ALABAMA

COUNTY OF BALDWIN

Before me, the undersigned authority, personally appeared JIM LOWERY, who first being duly and legally sworn, deposes and says the following:

My name is JIM LOWERY, and I am over nineteen (19) years of age and a resident of Baldwin County, Alabama. I am a Certified Public Accountant and own Lowery Tax & Financial Services located in Fairhope, Alabama. This Affidavit is being submitted for the purpose of stating my relationship with Mr. and Mrs. Nix, along with my experiences with them recently.

I met Mr. and Mrs. Nix at the Fairhope Yacht Club approximately 10 years ago. In early 2016 Mr. and Mrs. Nix retained my services to prepare their 2015 Federal and State of Alabama income tax returns and I have done so every year since. While preparing Mr. and Mrs. Nix's 2018 tax returns, I became aware that they had suffered a substantial loss (approximate \$2,151,005) in what appeared to me to be the day trading of stocks. At that time, I called Mrs. Nix, who was my primary contact, and requested a meeting with her and Mr. Nix to discuss their tax return, my concern for the stock loss and to ascertain if someone else was making the trades in their brokerage account. I met with Mr. and Mrs. Nix on the 23rd of February, 2019 where I expressed my concerns for their financial well-being and the over \$2 million dollar loss in the stock market as well as the dangers of day trading and the use of margin to trade stocks. Mr. Nix stated that he was making the trades on his home computer and that he knew what he was doing, or words to that effect, and he did not seem concerned. Mrs. Nix at that time agreed with his explanation.

in early 2020, I began the preparation of the Nix's 2019 tax returns and found several items missing that I needed to complete the 2019 tax returns. I called the Nix residence on April 14th and Mr. Nix answered the phone. I asked to speak to Mrs. Nix and Mr. Nix said that she was gravely ill with stage 4 Pancreatic Cancer and he would get me the missing information. Their daughter Vicky Cook brought the tax information

to my office and provided me with a copy of her Durable Power of Attorney dated March 12th, 2020. While preparing the 2019 tax returns, I discovered that Mr. and Mrs. Nix had lost an additional \$928,529 while stock trading: bringing the 2-year total to over \$3 million. During this time, I shared with Vicky my concerns for her parents' financial wellbeing.

As a CPA and based on my experience, it is concerning that someone of retirement age would be increasing investment risks by day trading stocks as an apparent hobby and seemingly not concerned over the magnitude of the losses he has accumulated and the impact of such activities on his personal financial position.

Further, the Affiant saith not.

JIM LOWERY
CERTIFIED PUBLIC ACCOUNTANT

Sworn to and subscribed before me On this the day of July 2020.

Notary Public

My Commission Expires:

(SEAL)

CAROL L. NIELSEN
My Commission Expires
July 30, 2022

	EXHIBIT
tribbles	D

IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA

IN RE: THE MATTER OF	}	
JAMES P. NIX, SR.,)	
An alleged incapacitated person)	CASE NO: 38246

AFFIDAVIT OF SHERRY SULLIVAN

STATE OF ALABAMA

COUNTY OF BALDWIN

Before me, the undersigned authority, personally appeared SHERRY SULLIVAN, who first being duly and legally sworn, deposes and says the following:

My name is SHERRY SULLIVAN, and I am over nineteen (19) years of age and a resident of Baldwin County, Alabama. This Affidavit is being submitted for the purpose of stating my relationship with James P. Nix, Sr., along with my experiences with him recently.

Mr. James P. Nix, Sr. personally hired me in April 2000 as the Director of the James P. Nix Center located in Fairhope, Alabama. Mr. Nix retired as Mayor of the City of Fairhope, Alabama, in August 2000, and left office in November 2000. I worked closely with him during that time that he remained in office. Mr. Nix continued to work with the League of Municipalities, and therefore, we continued working together even after his retirement.

Since Mr. Nix retired, I have maintained a close, personal relationship with both Mr. Nix and Mrs. Anne Nix. I have traveled with Mr. and Mrs. Nix and have spent a great deal of time with them over the years, including social events, along with events with his family.

I have personally seen a decline in Mr. James P. Nix, Sr. over the last several years. He gets confused very easily and his behavior has been very unusual regarding his relationship with Dr. Margaret Meyers. I have always known Mr. Nix to be a family-oriented man. He has always been very mindful of his public image, and never did anything in the past to tarnish his reputation in Fairhope. At this time, he is not hiding his relationship with Dr. Meyers. His behavior with Dr. Meyers and the conduct that I have seen recently from him is not the same James P. Nix, Sr. that I have known for many years.

I have spent time with him in recent months and he is not exhibiting the same normal behavior that I have seen in the past twenty (20) years of knowing him. I most recently met with him to check on him and all he wanted to discuss was the fact that his children had taken away his Viagra and how upset he was that he was not able to take Viagra. He has never been inappropriate or discussed such things with me before. I found this behavior most disturbing and unusual for him.

In addition, I have personal knowledge that his wife, Anne Nix, is suffering from Stage IV Pancreatic Cancer and it has been my experience that Mr. Nix has always taken care of his wife in her time of need. To my knowledge, he has been a very attentive husband and treated her well. The fact that he has not cared for her during this time and is more worried about Viagra and his relationship with Dr. Meyers, is more of an indication to me that something is wrong.

In all of our years of working together, I have never seen Mr. Nix behave or act in such a way. It is not normal behavior for him. I do not believe that he is able to make rational or reasonable decisions for himself.

Further, the Affiant saith not.

SHERRY SULLIVAN

CAROL L. NIELSEN My Commission Expires July 30, 2022

Sworn to and subscribed before me

On this the ZDD day of July, 2020.

Notary Public

My Commission Expires:

(SEAL)



IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA

IN RE: THE MATTER OF	}	
)	
JAMES P. NIX, SR.,)	
)	CASE NO: 38246
An alleged incapacitated person)	

AFFIDAVIT OF KUBY BERRY

STATE OF ALABAMA COUNTY OF BALDWIN

Before me, the undersigned authority, personally appeared KUBY BERRY, who first being duly and legally sworn, deposes and says the following:

My name is KUBY BERRY, and I am over nineteen (19) years of age and a resident of Baldwin County, Alabama. This Affidavit is being submitted for the purpose of stating my relationship with Mr. and Mrs. Nix, along with my experiences with both of them over the years.

I have been Mr. and Mrs. Nix's housekeeper for approximately twenty (20) years. I come to their home 2-3 times a month and do general cleaning, along with assisting them with daily tasks. I have also been personal friends with the Nix's for many years.

I have noticed a change in Mr. Nix's demeanor and behavior in the last 6-7 years. Before that time, he was a very loving husband and father. However, in the last few years, he has grown increasingly aggressive with his wife and children. In the time that I have known Mr. Nix, I have never seen him act this way before.

It has been my experience that he gets confused very easily and is very forgetful about daily tasks, such as taking his medication and eating. I have personally witnessed him repeating tasks or requests several times in a row. I have also personally witnessed Mr. Nix grow increasingly inappropriate and unaware of indiscreet behaviors.

I have personally witnessed Mr. Nix's health and mental status decline over the past few years and it continues to grow worse. I believe that Mr. Nix is not capable of making rational and reasonable decisions for himself at this time and believe he is incapacitated to the extent that he needs assistance in his daily activities.

Further, the Affiant saith not.

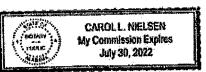
Sworn to and subscribed before me

On this the May of July, 2020.

Notary Public

My Commission Expires:

(SEAL)



IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA

IN RE: THE MATTER OF	
JAMES P. NIX, SR.,	}
An alleged incapacitated person) CASE NO: 3824)

MOTION TO EXTEND TEMPORARY GUARDIANSHIP AND CONSERVATORSHIP

COMES NOW, the Petitioner for Guardianship and Conservatorship in the above-styled matter, VICKY NIX COOK, and hereby moves this Honorable Court to enter an Order extending the Temporary Letters of Guardianship and Conservatorship issued by this Court, and as for grounds would state as follows:

- The Petitioner was previously granted Temporary Letters of Guardianship on or about the 25th day of June, 2020. Temporary Letters of Conservatorship were granted to HAROLD A. KOONS, III, as County Conservator also on or about the 25th day of June, 2020.
- Petitioner would adopt and incorporate the facts and allegations made in the Petition for said Temporary Letters into this Motion.
- 3. The Temporary Letters of Guardianship and Conservatorship are set to expire.
- 4. That the alleged incapacitated person, JAMES P. NIX, SR., has recently had additional medical and physical issues that continue to require daily assistance for such.
- 5. The Temporary Guardianship and Conservatorship are still needed at this point to ensure the Ward's safety, well-being and preservation of income.

WHEREFORE, premises considered, the Petitioner would pray that this Honorable Court enter an Order extending the grant of Temporary Letters of Guardianship to Petitioner and Temporary Letters of Conservatorship to HAROLD A. KOONS, III, until the final hearing or adjudication of the Petitioner's Petition for Guardianship and Conservatorship.

Respectfully submitted,

WM. DANIEL CALHOUN

Attorney for Petitioner

DUCK, CALHOUN & MEGGINSON

Post Office Box 1188 Fairhope, AL 36533

(251) 928-2191

(251) 928-2940 Facsimile_

LEAH E. MEGGINSON Attorney for Petitioner

DUCK, CALHOUN & MEGGINSON

Post Office Box 1188 Fairhope, AL. 36533

(251) 928-2191

(251) 928-2940 Facsimile

CERTIFICATE OF SERVICE

I hereby certify that I have this date served a copy of the foregoing pleading upon all counsel of record in this cause by electronic copy or U.S. Mail on this the 21st day of July, 2020:

Mr. Allan R. Chason, Esq. Chason & Chason, P.C. P.O. Box 100 Bay Minette, Alabama 36507

Ms. Jessica M. McDill, Esq. Chason & Chason, P.C. P.O. Box 100 Bay Minette, Alabama 36507

Ms. Patricia Wood, Esq. P. O. Box 664 Elberta, Alabama 36530

Mr. Daniel P. Mitchell, Esq. P.O. Box 1555 Bay Minette, Alabama 36507

Mr. Harold A. Koons, III, Esq. P.O. Box 1234
Bay Minette, Alabama 36507

WM. DANIEL CALHOUN

3

IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA

IN RE: ESTATE OF

JAMES P. NIX, SR.,

CASE NO. 38246

an alleged incapacitated person

ORDER APPOINTING PHYSICIAN

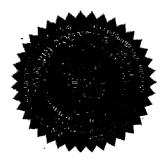
Now comes this Court, after the review of medical reports submitted by both parties, and finds it necessary to appoint a physician for an independent medical evaluation of the said JAMES P. NIX, SR., in accordance to Statute 26-2A-102.

It is therefore **ORDERED** by the Court that **DR. WILLIAM**C. WILKERSON, MD be appointed to make a medical evaluation of the said **JAMES P. NIX,** SR. and render a report in writing as to such evaluation.

It is further ORDERED that NO personal contact be made between the parties and the said physician.

It is further **ORDERED** that **VICKY NIX COOK** submit a retainer to this Court, in the amount of one-thousand dollars (\$1000.00), to be applied to final costs of said medical evaluation.

DONE this 21st day of July, 2020.



Hang D'Olini

Appointment is set for: Thursday, July 23, 2020 at 9:30 a.m. Location: 3475 Springhill Ave., Suite C

Mobile Al, 36608 251-380-2054 IN RE: THE MATTER OF Y IN THE PROBATE COURT OF BALDWIN COUNTY, ALABAMA JAMES P. NIX, SR., X CASE NO. 38,26TATE OF ALABAMA allegedly non compos mentis. X

> · 2020 JUL 20 P 11: 19 OPPOSITION TO MOTION TO EXTEND

TEMPORARY GUARDIANSHIP AND CONSERVATORSHIP

BALDWIN COUNTY

Comes now James P. Nix, Sr. ("Nix"), by and through his attorneys, and opposes the Motion to Extend Temporary Guardianship and Conservatorship filed by Vicky Nix Cook, and as grounds therefor adopts and incorporates the grounds set forth in the previously filed Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator and the Motion to Reconsider James P. Nix, Sr.'s Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator.

WHEREFORE, Nix requests that your Honor deny the Motion to Extend Temporary Guardianship and Conservatorship filed by Vicky Nix Cook.

> Justice Mines Jessica M. McDill (THO131) Attorney for James P. Nix, Sr.

OF COUNSEL:

CHASON & CHASON, P.C. P. O. Box 100 Bay Minette, Alabama 36507 (251) 937-2191

CERTIFICATE OF SERVICE

I, Jessica M. McDill, attorney for James P. Nix, Sr., hereby certify that on the 21st day of July, 2020, I served the foregoing Opposition to Motion to Extend Temporary Guardianship and Conservatorship on William Daniel Calhoun, Duck, Calhoun & Megginson, P. O. Box 1188, Fairhope, Alabama 36532, dctlaw@bellsouth.net; Leah E. Megginson, Duck, Calhoun &

OPPOSITION TO MOTION TO EXTEND TEMPORARY GUARDIANSHIP AND CONSERVATORSHIP No. 38,246 Page 1 of 2

Megginson, P. O. Box 1188, Fairhope, Alabama 36532, leah@megglaw.com; Daniel P. Mitchell, Attorney at Law, P. O. Box 1555, Bay Minette, Alabama 36507, dmitchell0101@att.net; Harold A. Koons, III, Attorney at Law, P. O. Box 1234, Bay Minette, Alabama 36507, hkoonsiii@aol.com, and Patricia Wood, Attorney at Law, P. O. Box 664, Elberta, Alabama 36530-0664, attypatwood@gmail.com; by electronic mail, addressed to each of them at their respective electronic mailing addresses; and I further certify I have mailed the same to Anne P. Nix, 415 Myrtle Avenue, Fairhope, Alabama 36532; Susan Nix Tillman, 17105
Stillwood Lane, Fairhope, Alabama 36532; and James P. Nix, Jr., 342 Majestic Beauty, Fairhope, Alabama 36532, as parties interested in said Estate, by depositing a copy of the same in the United States mail, postpaid, addressed to them at their respective addresses.

Jessica M. McDill (THO131) Attorney for James P. Nix, Sr.

00033607.WPD

OPPOSITION TO MOTION TO EXTEND TEMPORARY GUARDIANSHIP AND CONSERVATORSHIP No. 38,246 Page 2 of 2 IN RE: THE MATTER OF X IN THE PROBATE COURT OF

JAMES P. NIX, SR., X BALDWIN COUNTY, ALABAMA

allegedly non compos mentis. X CASE NO. 38,246 PM: 19

EALDWIN COUNTY

NOTICE OF FILING

James P. Nix, Sr. ("Nix"), by and through his attorneys, and gives notice of the filing of the attached care and treatment records pertaining to James P. Nix, Sr., produced in response to the attached subpoena directed to Eastern Shore Internal Medicine (Dr. Richard Snellgrove) for the period of time from January 1, 2017 through date.

Jessica M. McDill (THO131)
Attorney for James P. Nix, Sr.

OF COUNSEL:

CHASON & CHASON, P.C. P. O. Box 100 Bay Minette, Alabama 36507 (251) 937-2191

CERTIFICATE OF SERVICE

I, Jessica M. McDill, attorney for James P. Nix, Sr., hereby certify that on the 21st day of July, 2020, I served the foregoing Notice of Filing on William Daniel Calhoun, Duck, Calhoun & Megginson, P. O. Box 1188, Fairhope, Alabama 36532, dctlaw@bellsouth.net; Leah E. Megginson, Duck, Calhoun &

NOTICE OF FILING Case No. 38,246 Page 1 of 2 Megginson, P. O. Box 1188, Fairhope, Alabama 36532, leah@megglaw.com; Daniel P. Mitchell, Attorney at Law, P. O. Box 1555, Bay Minette, Alabama 36507, dmitchell0101@att.net; Harold A. Koons, III, Attorney at Law, P. O. Box 1234, Bay Minette, Alabama 36507, hkoonsiii@aol.com, and Patricia Wood, Attorney at Law, P. O. Box 664, Elberta, Alabama 36530-0664, attypatwood@gmail.com; by electronic mail, addressed to each of them at their respective electronic mailing addresses; and I further certify I have mailed the same to Anne P. Nix, 415 Myrtle Avenue, Fairhope, Alabama 36532; Susan Nix Tillman, 17105
Stillwood Lane, Fairhope, Alabama 36532; and James P. Nix, Jr., 342 Majestic Beauty, Fairhope, Alabama 36532, as parties interested in said Estate, by depositing a copy of the same in the United States mail, postpaid, addressed to them at their respective addresses.

Jessica M. McDill (THO131) Attorney for James P. Nix, Sr.

00033608.WPD

NOTICE OF FILING Case No. 38,246 Page 2 of 2

State of Alabam	18	ORDER TO A	PPFAR	Cas	
ad Judicial System		(SUBPOENA)		· · · · · · · · · · · · · · · · · · ·	
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☐State of Ala	bama				
	/ of				
☑VICKY NIX	COOK V. MARGARET	C MEYERS			
	e cases only):				
☐In the Matte	r of		······		
-			A. Issued at	the request of:	
			1. ☐ Plaintiff/S	State	
FASTERN S	HORE INTERNAL MED	NOINE	2. ☑ Defendar	nt	
LAG I LIVIN O	HORE INTERNAL MEL	NOINE	3. Grand Ju	ту	
DE0.000.0			B. Special In:	structions	
RECORDS C			You are or	rdered to:	
	O RD N SUITE C		1.☑Appear a	t trial	
FAIRHOPE,	AL 36532		2. Produce i	records or documents-See attached schedule(s)	
			3.∐Appear at	t deposition	
<u> </u>			4. Other		
You may contac	t: MEGAN HOGGARD D	OGGETT 1605 Main Stree			

YOU ARE ORDE	RED TO APPEAR to give	testimony before the co	urt or by depositio	n; and/or produce and permit inspection and	
Failure to obey	this subpoena mav be de	e things; and/or permit in emed a contempt of cour	spection of premi t from which the s	ses as stated below until otherwise excused.	
- (*)					
			Amel	ADDITIONAL INSTRUCTIONS respection or production of documents or records	
DATE:	07/10/2020 09:00 AM		must	be completed within 15 days	
ROOM:	4		Diagon produce	a mamon assure at all the strends	
ADDRESS:	312 COURTHOUSE SQL	JARE	and reports for:	a paper copy of all medical records, labs, charts, JAMES P. NIX, SR. (Date of Birth:	
•	SUITE 10		and Social Secu	rity Number: XXX-XX-0691): Date range: January	
	BAY MINETTE, AL 36507	,	1, 2017 through	date.	
DATE ISSUED:				•	
/s/ JODY L. WISI	=				
Signature of Court (Deputy Clerk Initials			
TO ANY SHERIF	F OF THE STATE OF ALA		serve this order on	the above named person and make return to this	
OR ANY AUTHO	RIZED PERSON:	court.			
Loortify that Loor		RETURN O	N SERVICE		
to	sonally delivered a copy of	uns order	(For Criminal cas	ses only)	
	on		Served By Mali		
	- · · · · · · · · · · · · · · · · · · ·			,	
			Date Mailed	•	
Signature and Title	of Server				
		•			
1			Sheriff	Deputy Sheriff	
	•				

ORDER TO APPEAR (SUBPOENA)

TICE

th respect to a subpoena which seeks only a production of documents or tangible things or an inspection of premises, as provided in Ala.R.Civ.P 45(a) (3) (C), production of documents or tangible things or the inspection of premises pursuant to this subpoena shall take place where the documents or tangible things are jularly kept or at some other reasonable place designated by the recipient of this subpoena. As recipient of this subpoena, you have the option to deliver or mail lible copies of the documents or things to the party causing issuance of this subpoena, and the preparation of copies may be conditioned in the payment in vance of the reasonable cost of making such copies. Other parties involved in this lawsuit have the right to be present at the time of the production or inspection. e recipient of this subpoena has the right to object to the production or inspection at any time prior to the date of production or inspection set forth in this opponent. See Ala. R.Civ.P. 45(c) (2) (B), which is set out below.

le 45, Ala. R.Civ.P., Paragraphs (c) & (d)

Protection of person subject to subpoenas.

- (1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court from which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty on appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney fee.
- (2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, document or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.
 - (B) Subject to paragraph (d)(2) of this rule, a person commanded to produce and permit inspection and copying at any time before the time specified for compilance may serve upon the party or attorney designed in the subpoena written objection to inspection or copying of any or all of the designated materials or of the premises. "Serve" as used herein means mailing to the party or attorney. If objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel production shall protect any person who is not a party or an officer of a party from significant expenses resulting from the inspection and copying commanded.
- (3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it
 - (i) falls to allow reasonable time for compliance:
 - (ii) requires a resident of this state who is not a party or an officer of a party to travel to a place more than one hundred (100) miles form the place where that person resides, is employed or regularly transacts business in person, or requires a nonresident of this state who is not a party or an officer of a party to travel to a place within this state more than one hundred (100) miles from the place of service or, where separate from the place of service, more than one hundred (100) miles from the place where that person is employed or regularly transacts business in person, except that, subject to the provision of clause (c)(3)(B)(iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held, or
 - (iii) requires disclosure of privileged or other protected matter and no exception or waiver applies, or
 - (iv) subjects a person to undue burden.
 - (B) If a subpoena
 - (i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or
 - (ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or
 - (III) requires a person who is not a party or an officer of a party to incur substantial expenses to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.
-) Duties in responding to subpoena.
- (1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.
- (2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.
- (3) If a subpoena does not specify the form or forms for producing electronically stored information, a person responding to a subpoena must produce the information in a form or forms in which the person ordinarily maintains it or in a form or forms that are reasonably usable.
- (4) A person responding to a subpoena need not produce the same electronically stored information in more than one form.
- (5) A person responding to a subpoena need not provide discovery of electronically stored information from sources the person identifies to the requesting party as not reasonably accessible because of undue burden or cost. On motion to compel discovery or to quash, the person from whom discovery is sought must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(B). The court may specify conditions regarding the production of the discovery.
- (6) If information is produced in discovery that is subject to a claim of privilege or of protection as trial-preparation material, the person or party making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has and may not use or disclose the information until the claim is resolved. Any party or the producing person may promptly present the information to the court under seal for a determination of the claim. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

William Street Sec. 1986

IN THE CIRCUIT COURT OF BALDWIN COUN

COOK, VICKY NIX,

Plaintiff,

VS.

CV-2020-900773

MEYERS MARGARET C,

Defendant,

SUBPOENA REQUEST FORM

Court Date: FRIDAY, JULY 10, 2020

Court Time: 9:00 a.m.

Date Requested: JULY 9, 2020

The Clerk/Register is requested to Order a paper copy of all medical records, labs, charts, and reports for: JAMES P. NIX, SR. (Date of Birth: and Social Security Number: XXX-XX-0691); Date range: January 1, 2017 through date.

To: Eastern Shore Internal Medicine (Dr. Richard Snellgrove) 341 Greeno Road North Suite C
Fairhope, Alabama 36532
Phone: 251-990-1770

_X	Personal	Servi	œ
(Other Cer	tified	Mail

/s/ MEGAN DOGGETT MEGAN DOGGETT Attorney for Defendant HOGo12

BECKDEFENSE.COM, INC 1605 Main Street Daphne, Alabama 36536 (251) 307-5562 Office Email: BECKDEFENSE@ME.COM

Tos	DOGGETT (LAWYER), ME	GA From:	Garner, Erica	
Paxs	1251307557	2	Pages	5	
Res			Date:	Jul 13, 2020	
					•
Urgent	X For Review	Please Commo	nt Please Re	ply For Informat	len
- Comm	reserta:	The state of the s			

Confidential Health Information Enclosed IMPORTANT WARNING: These documents are intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent respeciable to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this communication in error, please immediately notify us by telephone and return this original message or destroy it.

Faxed by MediTouchEHR

Patient:

NIX, JAMES P(Male) 415 MYRTLE AVE FAIRHOPE AL 36632 (251)928-8830* JPNIXSR@YAHOO.COM

DOB : Race: Language: Ethnielty:

White English Not Hispanic or

Encounter ID:

Locations

Eastern Shore Internal Medicine, LLC 2-1 Green Rd N Suite C 2-1 GHOPE, AL, 3-6532-2976 (251)990-1770

Provider:

DR. RICHARD

Bubjective

Chief Complaint: Choiseterol, Hypertension, Hypothyreld History of Present lilness - Choiseterol Quality

Reported: elevated

Beverity

Reported: elevated
3everity
Severity
Severity
Severity
Severity
Reported: chronic
Responsed Signs and Symptoms
Deniest circulation problems, chest pain
History of Present lilness - Hypertension
Severity
Reported: moderate
Duration
Reported: moderate
Duration
Reported: daily
Reported: daily
Reported: daily
Reported: daily
Reported: daily
Reported: signs and Symptoms
Deniest Signs and Symptoms
Deniest CP, HA, SOS
History of Present lilness - Hypertension
Reported: level of the thyroid
Quality
Reported: level of the thyroid
Quality
Reported: replaced
Severity
Reported: replaced
Severity
Reported: replaced
Severity
Reported: in mid
Duration
Reported: in mid
Duration
Reported: in mid
Reported: in mid
Duration
Reported: in mid medication
Associated Signs and Symptoms
HeatTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 38832-2979 | Phone (251)990-1770
Page 1 of 4

Exhibit 16, pg. 7

Denied: weight loss, helr or skin changes

Medication List
Temifiu 75 mg capsule - 1 capsule by mouth daily
doxepin 25 mg capsule - 1 capsule by mouth at bedtime
irbasartan 300 mg tablet - 1 tablet by mouth daily
ievothyroxine 75 mcg tablet - 1 tablet by mouth daily
pravestatin 40 mg tablet - 1 tablet by mouth daily
Pravestatin 40 mg tablet - 1 tablet by mouth daily
Requip XL 6 mg tablet, extended release - 3 tablet by mouth daily
Celebrax 200 mg capsule - 1 capsule by mouth daily
gabapentin 300 mg capsule - 1 capsule by mouth three times a day
testesterone cypionate 200 mg/mL intramuscular oil - 1 mL intramuscular inject every 2 weeks

Allergies Codeino - Activo, Lexapro - Activo

Social HX Tobacca: Cigarottes (Never emoked) Alcohol: Wine (Heavy)

Medical Hx
The patient reports a history of Cholesterol High, Thyrold Dz. Hyponatremia/ electrolyte imbalance; Low T.

Family Hx
Pather: (Decessed) reports Stroke.
Mether: (Occessed) reports Arthritis, Diabetes, Hypertension.

Review of Systems

Comprehensive systems reviewed by me were negative except as noted in the HPI

Assessment

Diagnosia
E039 Hypothyroldiem, Unspecified
E782 Mixed Hyporlipidemia
F5101 Primary insomnia
G2821 Restless Lege Syndrome
I10 Essential (primary) Hyporlension
K226 Gastro-Esophagesi Leceration-Hemorrhage Syndrome

Plan

Procedures 99214 Office/outpetient Visit Est (1 UN)

Follow-Up Follow-Up (As Needed) with SNELLGROVE, RICHARD

Care Plan STERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770 Page 2 of 4

```
Discussed physical activity of walking in driveway and around yard and in house several times a day to increase strength
    >50% of 30 minutes spent in face to face counseling and coordination of care Discussed his increasing physical activity around the house Pts wife and daughters were present for visit.

mily Member Consultation
```

care plan reviewed with patient and family member. Voiced understanding. Follow up as recommended

Home Health
Kindred at home was seeing but family has put them on hold secondary to COVID - 19

Hyperipidemia

- LDL = pending

- Diet and exercise discussed

- Medication reviewed:

Hypertension medication reviewed

Hypertansion
Incidiosition reviewed
Hypertansion
Incidiosition reviewed
Hypertansion
Incidiosition reviewed
Hypertansion
Incidiosition pending
Labe method
Incidiosition our office next week
Mediestrion Updated
Reviewed, updated and reconciled

Objective
Problem Liet
Hyperthyroid (Onset: 02/04/2013 - Active, Type: Acute)
Hyperthyroid (Onset: 02/04/2013 - Active, Type: Acute)
Hyperthyroid (Onset: 02/04/2013 - Active, Type: Acute)
Hypermolality (Onset: 02/04/2013 - Active, Type: Acute)
Hypermolality (Onset: 02/04/2013 - Active, Type: Acute)
Ostocarthrosis Local Primary Oth (Onset: 02/04/2013 - Active, Type: Acute)
Ostocarthrosis Local Primary Oth (Onset: 02/04/2013 - Active, Type: Acute)
Defin Joint Annice & Fact (Onset: 02/04/2013 - Active, Type: Acute)
Permicious Anemia (Onset: 02/04/2013 - Active, Type: Acute)
Permicious Anemia (Onset: 02/04/2013 - Active, Type: Acute)
Anxicty State Unap (Onset: 02/04/2013 - Active, Type: Acute)
Impotance Org (Onset: 02/04/2013 - Active, Type: Acute)
Impotance Org (Onset: 02/04/2013 - Active, Type: Acute)
Impotance Org (Onset: 02/04/2013 - Active, Type: Acute)
Oth (Onset: 02/04/2013 - Active, Type: Acute)
Impotance Org (Onset: 02/04/2013 - Active, Type: Acute)
Oth (Onset: 02/04/2013 - Active, Type: Acute)
Maculiar Degeneration Unap (Onset: 02/04/2013 - Active, Type: Acute)
Oth Treaticular Hypofunotion (Onset: 02/04/2013 - Active, Type: Acute)
Maculiar Degeneration Unap (Onset: 02/04/2013 - Active, Type: Acute)
Oth Treaticular Hypofunotion (Onset: 02/04/2013 - Active, Type: Acute)
Hypoemolality (Onset: 02/04/2013 - Active, Type: Acute)
Edema Lege (Onset: 02/04/2013 - Active, Type: Onronio)
Benign Easential Hypofunotion (Glacoder) (Onset: 02/04/2013 - Active, Type: Onronio)
Benign Easential Hyporteneon (disorder) (Onset: 02/04/2013 - Active, Type: Onronio)
Benign Easential Hypofunotion (Glacoder) (Onset: 02/04/2013 - Active, Type: Onronio)
Benign Easential Hypofunotion (Glacoder) (Onset: 02/04/2013 - Active, Type: Onronio)
Benign Easential Hypofunotion (Glacoder) (Onset: 02/04/20

Mixed Hyperlipidemia (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)
Hypothyroldism (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)
Insomnia (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)
Hypo-Osmolality And Or Hyponatremia (disorder) (Onset: 08/30/2015 - Active, Type: Chronic)
Disorder Of Electrolytes (disorder) (Onset: 07/27/2016 - Active, Type: Chronic)

	t X For Review Please Comment	Please Re	ply For Information
NO:	NEOONOO NEEDED	Date:	Jul 20, 2020
Ro:	RECORDS NEEDED	D-4	Jul 20, 2020
Fax:	12513075572	Pages:	21
To:	DOGGETT (LAWYER), MEGA	From:	Garner, Erica

PATIENT ONLY HAS TWO ENCOUNTERS FROM 2017. IF YOU NEED ANYTHING ELSE PLEASE LET US KNOW, THANK YOU.

Confidential Health Information Enclosed

IMPORTANT WARNING: These documents are intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this communication in error, please immediately notify us by telephone and return this original message or destroy it.

Faxed by MediTouchEHR

#1428 NIX, JAMES

Encounter DOS: 03/24/2020

Patient:

NIX, JAMES P(Male) 415 MYRTLE AVE

FAIRHOPE AL 36532 (251)928-8830*

JPNIXSR@YAHOO.COM

DOB: Race: Language:

(82) White English

Not Hispanic or Latino

Encounter ID: Primary Ins:

97058829 Medicare Part B Alabama *

Location: Eastern Shore Internal

Medicine, LLC 341 Greeno Rd N Suite C

FAIRHOPE, AL, 36532-2979 (251)990-1770

Provider:

Ethnicity:

DR. RICHARD SNELLGROVE, MD

Subjective

Chief Complaint: Cholesterol, Hypertension, Hypothyroid

History of Present Illness - Cholesterol

Quality

Reported: elevated

Severity

Reported: moderate

Duration

Reported: chronic **Modifying Factors**

Reported: prescription meds,

Associated Signs and Symptoms

Denled: circulation problems, chest pain

History of Present Illness - Hypertension

Severity

Reported: moderate

Duration

Reported: ongoing

Timing

Reported: daily **Modifying Factors**

Reported: medication, diet Associated Signs and Symptoms

Denied: CP, HA, SOB

History of Present Illness - Hypothyrold

Location

Reported: level of the thyroid

Quality

Reported: replaced

Severity

Reported: mild

Duration

Reported: long term

Modifying Factors

Reported: treated with medication **Associated Signs and Symptoms**

EASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770 Page 1 of 4

17:11 07/20/20 ET Pg 3-21

Encounter DOS: 03/24/2020

Denled: weight loss, hair or skin changes

Medication List

Tamiflu 75 mg capsule - 1 capsule by mouth daily
doxepin 25 mg capsule - 1 capsule by mouth at bedtime
irbesartan 300 mg tablet - 1 tablet by mouth daily
levothyroxine 75 mcg tablet - 1 tablet by mouth daily
pravastatin 40 mg tablet - 1 tablet by mouth daily
Requip XL 6 mg tablet, extended release - 3 tablet by mouth daily
Celebrex 200 mg capsule - 1 capsule by mouth daily
gabapentin 300 mg capsule - 1 capsule by mouth three times a day
testosterone cyplonate 200 mg/mL intramuscular oil - 1 mL intramuscular inject every 2 weeks

Allergies

Codelne - Active, Lexapro - Active

Social Hx

Tobacco: Cigarettes (Never smoked)

Alcohol: Wine (Heavy)

Medical Hx

3/2020 11:27:45

ronically Signed and Reviewed by SNELLGROVE, RICHARD

The patient reports a history of Cholesterol High, Thyroid Dz, Hyponatremia/ electrolyte imbalance; Low T.

Family Hx

Father: (Deceased) reports Stroke.

Mother: (Deceased) reports Arthritis, Diabetes, Hypertension.

Review of Systems

Comprehensive systems reviewed by me were negative except as noted in the HPI

Assessment

Diagnosis

E039 Hypothyroldism, Unspecified
E782 Mixed Hyperlipidemia
F5101 Primary Insomnia
G2581 Restless Legs Syndrome
I10 Essential (primary) Hypertension
K226 Gastro-Esophageal Laceration-Hemorrhage Syndrome

Plan

Procedures

99214 Office/outpatient Visit Est (1 UN)

Follow-Up

Follow-Up (As Needed) with SNELLGROVE, RICHARD

Care Plan

EASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770 Page 2 of 4

Discussed physical activity of walking in driveway and around yard and in house several times a day to increase strength

Face To Face

>50% of 30 minutes spent in face to face counseling and coordination of care

Discussed his increasing physical activity around the house

Pts wife and daughters were present for visit.

Family Member Consultation

care plan reviewed with patient and family member. Voiced understanding. Follow up as recommended

Home Health

Kindred at home was seeing but family has put them on hold secondary to COVID - 19 Hyperlipidemla

- LDL = pending
- Diet and exercise discussed
- Medication reviewed:

Hypertension

medication reviewed

Hypothyroid

TSH level = pending

Labs Pending

to be drawn in our office next week

Medication Updated

Reviewed, updated and reconciled

Objective

Problem List

ectronically Signed and Reviewed by SNELLGROVE, RICHARD 07/13/2020 11:27:45

Hypothyroid (Onset: 02/04/2013 - Active, Type: Acute)

Mixed Hyperlipidemia (Onset: 02/04/2013 - Active, Type: Acute)

Hyposmolality (Onset: 02/04/2013 - Active, Type: Acute)

Benign Htn (Onset: 02/04/2013 - Active, Type: Acute)

Osteoarthrosis Local Primary Oth (Onset: 02/04/2013 - Active, Type: Acute)

Oth Malaise & Fatigue (Onset: 02/04/2013 - Active, Type: Acute)

Depression (Onset: 02/04/2013 - Active, Type: Acute)

Pernicious Anemia (Onset: 02/04/2013 - Active, Type: Acute)

Pain Joint Ankle & Foot (Onset: 02/04/2013 - Active, Type: Acute)

Anxiety State Unsp (Onset: 02/04/2013 - Active, Type: Acute)

Impotence Org (Onset: 02/04/2013 - Active, Type: Acute)

Tremor Oth (Onset: 02/04/2013 - Active, Type: Acute)

Macular Degeneration Unsp (Onset: 02/04/2013 - Active, Type: Acute)

Oth Testicular Hypofunction (Onset: 02/04/2013 - Active, Type: Acute)

Pemicious Anemia (Onset: 02/04/2013 - Active, Type: Acute)

Restless Legs Syndrome (Onset: 02/04/2013 - Active, Type: Acute)

Macular Degeneration Unsp (Onset: 02/24/2013 - Active, Type: Acute)

Hyposmolality (Onset: 02/24/2013 - Active, Type: Acute)

Edema Legs (Onset: 02/25/2013 - Active, Type: Chronic)

Oth Malaise & Fatigue (Onset: 11/11/2013 - Active, Type: Chronic)

Benign Essential Hypertension (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)

EASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770 Page 3 of 4

Encounter DOS: 03/24/2020

Mixed Hyperlipidemia (disorder) (Onset: 02/20/2015 - Active, Type: Chronic) Hypothyroidism (disorder) (Onset: 02/20/2015 - Active, Type: Chronic) Insomnia (disorder) (Onset: 02/20/2015 - Active, Type: Chronic) Hypo-Osmolality And Or Hyponatremia (disorder) (Onset: 08/30/2015 - Active, Type: Chronic) Disorder Of Electrolytes (disorder) (Onset: 07/27/2015 - Active, Type: Chronic)

Rendering Provider Signature

NIX, JAMES P(Male) 415 MYRTLE AVE Patient:

FAIRHOPE AL 36532 (251)928-8830*

ÌPNÍXSR@YAHOO.COM

DOB: Race:

White English Not Hispanic or Language: Ethnicity:

Latino

Encounter ID: Primary Ins:

48002879 Medicare Part B Alabama

Location:

Eastern Shore Internal Medicine, LLC

341 Greeno Rd N Suite C FAIRHOPE, AL, 36532-

2979 (251)990-1770 Provider:

DR. RICHARD SNELLGROVE, MD

Subjective

Chief Complaint: Hypothyroid, Hypertension, Cholesterol, Low T History of Present Illness - Hypothyroid

Location

Reported: level of the thyroid

Quality

Reported: level of the thyroid
Quality
Reported: replaced
Severity
Reported: mild
Duration
Reported: long term
Modifying Factors
Reported: weight loss, hair or skin changes
History of Present Illness - Hypertension
Severity
Reported: moderate
Duration
Reported: ongoing
Timing
Reported: ongoing
Timing
Reported: daily
Modifying Factors
Reported: medication, diet
Associated Signs and Symptome
Denied: CP, HA, SOB
History of Present Illness - Cholesterol
Quality
Reported: elevated
Severity
Reported: elevated
Severity
Reported: medication, diet
Associated Signs and Symptome
Denied: CP, HA, SOB
History of Present Illness - Cholesterol
Quality
Reported: moderate
Duration
Reported: moderate
Duration
Reported: chronic
Modifying Factors
Reported: prescription meds,
Associated Signs and Symptoms

Reported: prescription meds,
Associated Signs and Symptoms

Reported: prescription meds,
Associated Signs and Symptoms

Associated Signs and Symptoms

Reported: prescription meds,
Associated Signs and Symptoms

Reported: prescription meds,
Associated Signs and Symptoms

Associated Signs a Page 1 of 5

17:13 07/20/20 ET Pg 7-21

Encounter DOS: 08/27/2017

Denied: circulation problems, chest pain

History of Present Illness - Low T

Location

Reported: gonads

Severity

Reported: significant

Timing

Reported: constant,

Context

Reported: labs drawn 2 days after injection

Modifying Factors

Reported: replacement

Associated Signs and Symptoms

Reported: weakness, fatigue

Medication List

Requip XL 6 mg tablet, extended release - 1 tablet(s) by mouth daily; TAKE ONE TABLET BY MOUTH EVERY DAY

pravastatin 40 mg tablet - 1 tablet(s) by mouth daily

Celebrex 200 mg capsule - 1 capsule(s) by mouth daily

levothyroxine 75 mcg tablet - 1 tablet(s) by mouth daily

gabapentin 300 mg tablet - 1 tablet(s) by mouth three times a day; needs appt before next refill

Tektuma 300 mg tablet - 1 tablet(s) by mouth daily

Ativan 1 mg tablet - 1 tablet(s) by mouth every 12 hours around the clock

Bystolic 2.5 mg tablet - 1 tablet(s) by mouth daily

Ranexa 500 mg tablet, extended release - 1 tablet(s) by mouth twice a day

testosterone cyplonate 200 mg/ml. intramuscular oil - 1 mL intramuscular inject every 2 weeks

Allergies

Codeine - Active, Lexapro - Active

Social Hx

tranically Signed and Reviewed by SNELLGROVE, RICHARD 7/2017 21:38:39

Tobacco: Cigarettes (Never smoked)

Alcohol: Wine (Heavy)

Medical Hx

The patient reports a history of Cholesterol High, Thyroid Dz, Hyponatremia/ electrolyte imbalance; Low T.

Family Hx

Father: (Deceased) reports Stroke.

Mother: (Deceased) reports Arthritis, Diabetes, Hypertension.

Review of Systems

Comprehensive systems reviewed by me were negative except as noted in the HPI today, 6/27/17. (KS)

Objective

Vitai Signs

Blood Pressure: 140/70 (Left Brachial, Sitting, Standard, Normal)

ASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770
Page 2 of 5

17:13 97/20/20 ET Pg 8-21

Encounter DOS: 06/27/2017

Pulse: 87 (Left Radial, REGULAR rhythm, Normal quality, Normal)

Respirations: 16 (Normal quality, NORMAL rhythm, Normal) Pulse Ox: 91 % (RoomAir)

Weight: 198 lb Height: 6' 1" BMI Flag: Overweight (26.1)

Physical Exam

Constitutional

The patient is well nourished, well developed and in no acute distress.

Head

Inspection

The skull is normocephalic, the head is atraumatic and without masses

Eyes

The patient's conjunctiva and eyelids show overall clear conjunctiva, clear comea, and normal eyelids. Pupils are overall equal, round,

ENT

Inspection

Ear Normal: External inspection of ears and nose is without scars, lesions or masses

Respiratory

Effort

The patient is relaxed and breathes without effort. The patient is not cyanotic and does not use the accessory muscles of respiration.

Auscultation

Adventitious Sounds: There are no crackles, wheezes, rhonchi, stridor or pleural rubs.

Cardiovascular

Heart Auscultation

The rate is normal, the rhythm is regular, S1 and S2 are normal, there are no murmurs, no gallops, and there are no rubs.

Carotid Artery

Carotid artery upstrokes are 2+ brisk. There are no thrills or bruits.

Peripheral Pulses

Radial Artery: Radial artery pulses are 2+ brisk.

Neurologic

Cerebelium

Involuntary Movements: There are no tics, tremors or other involuntary movements

Psychiatric

ectronically Signed and Reviewed by SNELLGROVE, RICHARD 06/27/2017 21:38:39

Overall oriented to person, place and time. Level of consciousness is alert. Normal mood and normal affect. Appearance is well groomed, good eye contact. Speech with normal quality and no aphasia.

Assessment

Diagnosis

E782 Mixed Hyperlipidemia

110 Essential (primary) Hypertension

E039 Hypothyroidism, Unspecified

F5101 Primary insomnia

G2581 Restless legs syndrome

Z6826 Body mass index (BMI) 26.0-26.9, adult

Plan

EASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770
Page 3 of 5

Encounter DOS: 06/27/2017

Procedures

99214 Office/outpatient Visit Est (1 UN)

) #1428

Prescribe

Ranexa 500 mg tablet, extended release - 1 BID for 30 Days (Discontinued) Bystolic 2.5 mg tablet - TAKE ONE TABLET BY MOUTH EVERY DAY (Discontinued) Ativan 1 mg tablet - 1 Q12h for 30 Days (Discontinued) Tekturna 300 mg tablet - 1 DAILY for 30 Days (Discontinued)

Care Plan

Hyperlipidemia

- Diet and exercise discussed
- medication discussed

Hypertension

- Goal BP <130/80mmHg
- Decrease salt in diet

Hypothyroid

TSH 1.40

TSH goal of 1.0 - 2.0

Take medication on an empty stomach and don't eat for 1-2 hours

Pmh, Fh, Sh Update

PMH, FH, SH reviewed with patient today and updated as needed

Problem List

ronically Signed and Reviewed by SNELLGROVE, RICHARD 7/2017 21:38:39

Hypothyroid (Onset: 02/04/2013 - Active, Type: Acute)

Mixed Hyperlipidemia (Onset: 02/04/2013 - Active, Type: Acute)

Hyposmolality (Onset: 02/04/2013 - Active, Type: Acute)

Benign Htn (Onset: 02/04/2013 - Active, Type: Acute)

Osteoarthrosis Local Primary Oth (Onset: 02/04/2013 - Active, Type: Acute)

Oth Malaise & Fatigue (Onset: 02/04/2013 - Active, Type: Acute)

Depression (Onset: 02/04/2013 - Active, Type: Acute)

Pemicious Anemia (Onset: 02/04/2013 - Active, Type: Acute)

Pain Joint Ankle & Foot (Onset: 02/04/2013 - Active, Type: Acute)

Anxiety State Unsp (Onset: 02/04/2013 - Active, Type: Acute)

Impotence Org (Onset: 02/04/2013 - Active, Type: Acute)

Tremor Oth (Onset: 02/04/2013 - Active, Type: Acute)

Macular Degeneration Unsp (Onset: 02/04/2013 - Active, Type: Acute)

Oth Testicular Hypofunction (Onset: 02/04/2013 - Active, Type: Acute)

Pernicious Anemia (Onset: 02/04/2013 - Active, Type: Acute)

Restless Legs Syndrome (Onset: 02/04/2013 - Active, Type: Acute)

Macular Degeneration Unsp (Onset: 02/24/2013 - Active, Type: Acute)

Hyposmolality (Onset: 02/24/2013 - Active, Type: Acute)

Edema Legs (Onset: 02/25/2013 - Active, Type: Chronic)

Oth Malaise & Fatigue (Onset: 11/11/2013 - Active, Type: Chronic)

Benign Essential Hypertension (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)

Mixed Hyperlipidemia (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)

Hypothyroidism (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)

EASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770 Page 4 of 5

Encounter DOS: 06/27/2017

Insomnia (disorder) (Onset: 02/20/2015 - Active, Type: Chronic) Hypo-Osmolality And Or Hyponatremia (disorder) (Onset: 06/30/2015 - Active, Type: Chronic) Disorder Of Electrolytes (disorder) (Onset: 07/27/2015 - Active, Type: Chronic)

Rendering Provider Signature

WELLGROVE, RICHARD 0602772017 21:38:39

REPRESENS SHORE INTERNAL WEDICINE, FITC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 38532-2879 | Phone (251)980-1770
Page 5 of 5 Page 5 of 5

Encounter DOS: 01/03/2017

Patient:

NIX, JAMES P(Male) 415 MYRTLE AVE

FAIRHOPE AL 36532 (251)928-8830* JPNIXSR@YAHOO.COM

DOB: Race: Language: Ethnicity:

(79) White English Not Hispanic or

Latino

Encounter ID: Primary Ins:

40027152 Medicare Part B Alabama

Location: Eastern Shore Internal

Medicine, LLC

341 Greeno Rd N Suite C FAIRHOPE, AL, 36532-

(251)990-1770

Provider:

DR. RICHARD SNELLGROVE, MD

Subjective

Chief Complaint: Hypertension, Hypothyroid, Cholesterol History of Present Illness - Hypertension

Severity

Reported: moderate

Duration

Reported: ongoing

Timing

Reported: daily **Modifying Factors**

Reported: medication, diet **Associated Signs and Symptoms**

Denled: CP, HA, SOB

History of Present Illness - Hypothyroid

Reported: level of the thyroid

Quality

Reported: replaced

Severity

Reported: mild

Duration

Reported: long term

Modifying Factors

Reported: treated with medicaton

Associated Signs and Symptoms

Denled: weight loss, hair or skin changes

History of Present Illness - Cholesterol

Quality

Reported: mixed hyperlipidemia,

Severity

Reported: moderate

Duration

Reported: years (a few),

Modifying Factors

Reported: prescription meds,

Associated Signs and Symptoms

EASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)980-1770 Page 1 of 5

17:15 07/20/20 ET Pg 12-21

Encounter DOS: 01/03/2017

Denied: circulation problems, chest pain

Medication List

gabapentin 300 mg tablet - 1 tablet(s) by mouth three times a day; needs appt before next refill

Requip XL 6 mg tablet, extended release - 1 tablet(s) by mouth daily; TAKE ONE TABLET BY MOUTH EVERY DAY

levothyroxine 75 mcg tablet - 1 tablet(s) by mouth daily

pravastatin 40 mg tablet - 1 tablet(s) by mouth daily

Tekturna 300 mg tablet - 1 tablet(s) by mouth daily

Ativan 1 mg tablet - 1 tablet(s) by mouth every 12 hours around the clock

Bystolic 2.5 mg tablet - 1 tablet(s) by mouth daily

Celebrex 200 mg capsule - 1 capsule(s) by mouth daily

Ranexa 500 mg tablet, extended release - 1 tablet(s) by mouth twice a day

Lasix 20 mg tablet - 1 tablet(s) by mouth daily

testosterone cypionate 200 mg/ml. intramuscular oil - 1 ml. intramuscular inject every 2 weeks

ferrous sulfate 325 mg (65 mg iron) tablet - 1 tablet(s) by mouth daily

Allergies

Codeine - Active, Lexapro - Active

Social Hx

Tobacco: Cigarettes (Never smoked)

Alcohol: Wine (Heavy)

Medical Hx

The patient reports a history of Cholesterol High, Thyroid Dz, Hyponatremia/ electrolyte imbalance; Low T.

Family Hx

Father: (Deceased) reports Stroke.

Mother: (Deceased) reports Arthritis, Diabetes, Hypertension.

Review of Systems

Comprehensive systems reviewed by me were negative except as noted in the HPI today, 1/3/17.

Musculoskeletal - reported: RLS,

Objective

Vital Signs

Blood Pressure: 160/90 (Left Brachial, Sitting, Standard, High) Blood Pressure: 140/80 (Left Brachial, Sitting, Standard, Normal) Pulse: 67 (Left Radial, REGULAR rhythm, Normal quality, Normal)

Respirations: 16 (Normal quality, NORMAL rhythm, Normal) Pulse Ox: 96 % (RoomAir)

Weight: 196 lb 6 cz Height: 6' 1" BMI Flag: Overweight (25.9)

Physical Exam

Constitutional

The patient is well nourished, well developed and in no acute distress.

Head

Inspection

EASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770 Page 2 of 5

Exhibit 16, pg. 22

ectronically Signed and Reviewed by SNELLGROVE, RICHARD 01/03/2017 22:16:16

Encounter DOS: 01/03/2017

The skull is normocephalic, the head is atraumatic and without masses

Eyes

Conjunctiva clear, comea clear, eyelids normal, pupils equal, round and reactive to light and accommodation.

ENT

Inspection

Ear Normal: External inspection of ears and nose is without scars, lesions or masses

Respiratory

Effort

The patient is relaxed and breathes without effort. The patient is not cyanotic and does not use the accessory muscles of respiration.

Auscultation

Adventitious Sounds: There are no crackles, wheezes, rhonchi, stridor or pleural rubs.

Cardiovascular

Heart Auscultation

The rate is normal, the rhythm is regular, S1 and S2 are normal, there are no murmurs, no gallops, and there are no rubs.

Carotid Artery

Carotid artery upstrokes are 2+ brisk. There are no thrills or bruits.

Peripheral Pulses

Radial Artery: Radial artery pulses are 2+ brisk.

Dorsalis Pedis Artery: Dorsalis pedis artery pulses are 2+ brisk. **Posterior Tibial Artery:** Posterior tibial artery pulses are 2+ brisk.

Musculoskeletal

Right Ankle Foot

Upon inspection there is a chronic deformity right ankle

Extremities

Rheumatoid Arthritis Findings Hands: There are symmetrical effusions and soft tissue swelling around the proximal interphalangeal joints.

Neurologic

Cerebellum

Involuntary Movements: There are no tics, tremors or other involuntary movements

Psychiatric

Overall oriented to person, place and time. Level of consciousness is alert. Normal mood and normal affect. Appearance is well groomed, good eye contact. Speech with normal quality and no aphasia.

Assessment

Diagnosis

ronically Signed and Reviewed by SNELLGROVE, RICHARD

110 Essential (primary) Hypertension

E782 Mixed Hyperlipidemia

E039 Hypothyroidism, Unspecified

G2581 Restless Legs Syndrome

Z6825 Body Mass Index (bmi) 25.0-25.9, Adult

Plan

Procedures

99214 Office/outpatient Visit Est (1 UN)

-EASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770
Page 3 of 5

Prescribe

Requip XL 6 mg tablet, extended release - TAKE ONE TABLET BY MOUTH EVERY DAY (Completed) levothyroxine 75 mcg tablet - 1 DAILY for 90 Days (Completed)

Follow-Up

Follow-Up (6 Months) with SNELLGROVE, RICHARD Notes: labs

Care Plan **Hyperlipidemia**

- · Diet and exercise discussed
- medication discussed

- Goal BP <130/80mmHq
- Decrease salt in diet

Hypothyroid

Replacement therapy as directed

TSH goal of 1.0

Take medication on an empty stomach and don't eat for 1-2 hours

Labs Reviewed

Abnormal Iron: 41 (low)

Problem List

ectronically Signed and Reviewed by SNELLGROVE, RICHARD 01/03/2017 22:16:16

Hypothyroid (Onset: 02/04/2013 - Active, Type: Acute)

Mixed Hyperlipidemia (Onset: 02/04/2013 - Active, Type: Acute)

Hyposmolality (Onset: 02/04/2013 - Active, Type: Acute)

Benign Htn (Onset: 02/04/2013 - Active, Type: Acute)

Osteoarthrosis Local Primary Oth (Onset: 02/04/2013 - Active, Type: Acute)

Oth Malaise & Fatigue (Onset: 02/04/2013 - Active, Type: Acute)

Depression (Onset: 02/04/2013 - Active, Type: Acute)

Pernicious Anemia (Onset: 02/04/2013 - Active, Type: Acute)

Pain Joint Ankle & Foot (Onset: 02/04/2013 - Active, Type: Acute)

Anxiety State Unsp (Onset: 02/04/2013 - Active, Type: Acute)

Impotence Org (Onset: 02/04/2013 - Active, Type: Acute)

Tremor Oth (Onset: 02/04/2013 - Active, Type: Acute)

Macular Degeneration Unsp (Onset: 02/04/2013 - Active, Type: Acute)

Oth Testicular Hypofunction (Onset: 02/04/2013 - Active, Type: Acute)

Pernicious Anemia (Onset: 02/04/2013 - Active, Type: Acute)

Restless Legs Syndrome (Onset: 02/04/2013 - Active, Type: Acute)

Macular Degeneration Unsp (Onset: 02/24/2013 - Active, Type: Acute)

Hyposmolality (Onset: 02/24/2013 - Active, Type: Acute)

Edema Legs (Onset: 02/25/2013 - Active, Type: Chronic)

Oth Malaise & Fatigue (Onset: 11/11/2013 - Active, Type: Chronic)

Benign Essential Hypertension (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)

Mixed HyperlipIdemia (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)

Hypothyroidism (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)

Insomnia (disorder) (Onset: 02/20/2015 - Active, Type: Chronic)

EASTERN SHORE INTERNAL MEDICINE, LLC | 341 Greeno Rd N, Suite C, FAIRHOPE, AL 36532-2979 | Phone (251)990-1770 Page 4 of 5

Encounter DOS: 01/03/2017

Hypo-Osmolality And Or Hyponatremia (disorder) (Onset: 06/30/2015 - Active, Type: Chronic) Disorder Of Electrolytes (disorder) (Onset: 07/27/2015 - Active, Type: Chronic)

Rendering Provider Signature



FINAL_REPORT_DR_SNELLGROVE Thomas Hospital 750 Morphy Ave, Fairhope, AL 36532

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

Location: THOMAS OUTPATIENT Adm.date: 06/21/17 Surg.date: Att.physician: SNELLGROVE, RICHARD Age: 79

Order Id

: T4211655

FINAL

Date&Time Ordered: 06/21/17 09:22

Req.physician

: enellgrove, richard

SNELLGROVE, RICHARD 374 S GREENO RD Ste 202 PAIRHOPE AL 36532

CHEMISTRY

Test-name	ABN.	RESULT	nrml-range	units	SITE
COLLECTED 06/21/17 09:19					
ENERAL CHEMISTRY					
GLUCOSE		97	70-99	mg/dL	M
Bun		18	5-25	mg/dL	M
CREAT		1.0	0.7-1.5	mg/dL	M
BUN/CREAT RATIO		18	5-24	ratio	M
GFR		>60.00	>60.00	nL/min/	
SODIUM		139	135-145	mEq/L	M
MUTERATOR		4.2	3.5-5.0	mEq/L	M
CHLORIDE		99	95-110	mBq/L	M
CO2		24	23-31	mEq/L	M
anion gap	K	16	5-15	mEq/L	M
CALCIUM		9.3	8.5-10.5	mg/đL	M
BILI, TOTAL		1.3	0.2-1.2	mg/dL	M
ALK PHOS		63	30-115	υŹĿ	M
AST (SGOT)		19	0-40	υ/L	M
ALT (SGPT)		9	0-45	υ/L	M
T.PROTEIN		7.1	6.0-8.0	-	M
ALBUMIN		4.6	3.5-5.0	g/dL	M
GLOBULINS		2.5	2.0-4.2	g/al.	M
	_	next page		J,	
			Marked I as - NY.		
i: Mobile Infirmary Nedical Center			Mobile, AL		

* - new results

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

44 of 63

Report Print Date and Time: 06/28/2017 10:59

Page: 1 of 3



PINAL_REPORT DR SNELLGROVE Thomas Hospital 750 Morphy Ave, Fairhope, AL 36532

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

Location: THOMAS OUTPATIENT Adm.date: 06/21/17 Surg.date:

Att. physician: SNELLGROVE, RICHARD DOB: Age: 79 Sex: M

FINAL

Order Id

: T4211655

Date&Time Ordered: 06/21/17 09:22

Req.physician : SNELLGROVE, RICHARD

SNELLGROVE, RICHARD 374 S GREENO RD Ste 202 FAIRHOPE AL 36532

	continued			
A/G RATIO	1.84	1.00-2.20	ratio	M
CALCULATED OSMO	279	267-291	mosm/kg	M
LDL	59	< 100	mg/dl	M
HDL-CHOLESTEROL	63	>= 40	mg/dl	M
CHOLESTEROL	138	100-199	mg/đL	M
TRIG	80	25-149	mg/đl	M
LIPIDS/CARDIAC RISK				
LDL	59	< 100	mg/dl	M
TRIG	80	25-149	mg/đL	M
CHOLESTEROL	138	100-199	mg/dL	M
HDL-CHOLESTEROL	63	>= 40	mg/dl	M
FACTORS:	*		<u> </u>	M
Positive: * Age Male	>= 45 vears			

Female >= 55 years or premature menopause

- * Family history of premature CHD
- * Smoking
- * Hypertension * HDL cholesterol < 40 mg/dl
- * Diabetes

Negative: * HDL cholesterol >= 60 mg/dl

continued on next page

M: Mobile Infirmary Medical Center, 5 Mobile Infirmary Circle, Mobile, AL

* - new results

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

45 of 63

Report Frint Date and Time: 06/20/2017 10:59 Page: 2 of 3

FINAL_REPORT_DR_SNELLGROVE Thomas Hospital 750 Morphy Ave, Pairhope, AL 36532

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

Location: THOMAS OUTPATIENT

Att.physician: SNELLGROVE, RICHARD

Adm.date: 06/21/17 Surg.date:

DOB:

Age: 79 Sex: M

Order Id

FINAL

Date&Time Ordered: 06/21/17 09:22 Req.physician

: T4211655

: ENELLGROVE, RICHARD

SNELLGROVE, RICHARD 374 S GRBENO RD Ste 202 FAIRHOPE AL 36532

continued

COLLECTED 06/21/17 09:19

VITAMIN D 25 (OH)

30.1

25.0-80.0

ng/ml

M

DIAGNOSTIC IMMUNOLOGY

VITAMIN B 12

851.6 FOLATE 16.7

243.0-894.0 4.2-19.9

pg/ml ng/ml M M

M: Mobile Infirmary Medical Center, 5 Mobile Infirmary Circle, Mobile, AL

* - new results

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

46 ot 53

Report Print Date and Time: 06/29/2017 10:59

Page: 3 of 3



FINAL_REPORT_DR_SNELLGROVE Thomas Hospital 750 Morphy Ave, Fairhope, AL 36532

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room: .

Location: THOMAS OUTPATIENT Adm.date: 06/21/17 Surg.date:

Att.physician: SNELLGROVE, RICHARD Age: 79 DOB: Sex: M

Order Id

: T4211659

PINAL

Date&Time Ordered: 06/21/17 09:25

Req.physician

: SNELLGROVE, RICHARD

SNELLGROVE, RICHARD 374 S GRHENO RD Ste 202 FAIRHOPE AL 36532

CHEMISTRY

	Test-name	ABN.	RESULT	nrml-range	UNITS	SITE
COLLECTED	06/21/17 09:19				<u> </u>	······································
	•					
TPN/CORONA	RY RISK					
	Magnesium		2.1	1.8-2.9	mg/đL	T
			IMMUNOLOGY	·		
	TEST-NAME	ABN.	RESULT	nrml-range	UNITS	SITE
COLLECTED	06/21/17 09:19					
				•		
THYROID TE	STING			•		
	Teh		1.40	0.27-4.20	mIU/ml	T

continued on next page T: Thomas Hospital, 750 Morphy Ave, Fairhope, &L 36532

* - new results

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

Report Print Date and Time: 06/27/2017 10:59

Page: 1 of 3



FINAL REPORT DR SNELLGROVE Thomas Hospital 750 Morphy Ave, Fairhope, AL 36532

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

Location: THOMAS OUTPATIENT Adm.date: 06/21/17 Surg.date:

Att.physician: SNELLGROVE, RICHARD Age: 79 Sex: M DOB:

Order Id

: T4211659

PINAL

DatesTime Ordered: 06/21/17 09:25

Req.physician

: SNELLGROVE, RICHARD

SNELLGROVE, RICHARD 374 S GREENO RD Ste 202 PAIRHOPE AL 36532

continued

REFERENCE TESTS

TESTOSTERONE, TOTAL H 1112 250-1100

ng/dL

AMD

Men with clinically significant hypogonadal symptoms and testosterone values repeatedly in the range of the 200-300 ng/dL or less, may benefit from testosterone treatment after adequate risk and benefits counseling.

For more information on this test, go to http://education.questdiagnostics.com/faq/ Total Testosterone LCMSMS

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLTA regulations and is used for clinical purposes.

continued on next page T: Thomas Hospital, 750 Morphy Ave, Pairhope, Al. 36533

* - new results

Patient name: NIX, JAMES P

HOBD No: JOKH042

Room:

4 of 7 Report Print Date and Time: 06/27/2017 10:59 Page: 2 of 3



FINAL REPORT DR SNELLGROVE Thomas Hospital 750 Norphy Ave, Fairhope, AL 36532

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

Location: THOMAS OUTPATIENT Adm.date: 06/21/17 Surg.date:

Att.physician: SNELLGROVE, RICHARD DOB: Age: 79

Sex: M

Order Id

: T4211659

PINAL

Date&Time Ordered: 06/21/17 09:25 Req.physician : SMELLGROVE, RICHARD

> SNELLGROVE, RICHARD 374 S GREENO RD Ste 202 FAIRHOPE AL 36532

> > continued

TESTOSTERONE FREE H

296.9

pg/mL AMD

Reference Range: 30.0-135.0

is test was developed and its analytical performance laracteristics have been determined by Quest Diagnostics Nichols Institute Chantilly, VA. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

TEST PERFORMED AT: QUEST DIAGNOSTICS/NICHOLS CHANTILLY 14225 NEWBROOK DRIVE CHANTILLY, VA 20151-2228 PATRICK W. MASON, MD, PHD

T: Thomas Hospital, 750 Morphy Ave, Fairhope, AL 36533

* - new results

Patient name: NIX, JAMES P

Hosp No: JOKH042

Room:

Report Print Date and Time: 06/27/2017 10:59

IN RE: THE MATTER OF X IN THE PROBATE COURT OF

JAMES P. NIX, SR., X BALDWIN COUNTY, ALABAMA

allegedly non compos mentis. X CASE NO.238,240 P II: 19

BALDWIN COUNTY

NOTICE OF INTENT TO SERVE SUBPOENA ON NON-PARTY

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice shall operate as written notice that protected health information is being sought by the undersigned attorney pursuant to 45 C.F.R., Section 164.512(e) and the Alabama Rules of Civil Procedure; and that upon the expiration of fifteen (15) days from the date of service of this notice, James P. Nix, Sr. will apply to the Clerk of this Court for issuance of the attached subpoena directed to KINDRED AT HOME, also known as Kindred Hospice and/or SouthernCare — Daphne, which is not a party, its address being 9037 Independence Avenue, Suite B, Daphne, Alabama 36526, to produce the documents or things at the time and place specified in the subpoena.

Jessica M. McDill (THO131) Attorney for James P. Nix, Sr. CHASON & CHASON, P.C.

P. O. Box 100

Bay Minette, Alabama 36507

Phone: (251) 937-2191
Facsimile: (251) 937-2101
E-Mail: jmm@chasonlaw.com

NOTICE OF INTENT Case No. 38,246 Page 1 of 2

CERTIFICATE OF SERVICE

I, Jessica M. McDill, attorney for James P. Nix, Sr., in the foregoing styled cause, hereby certify that on the 21st day of July, 2020, I served the foregoing Notice of Intent to Serve Subpoena on Non-Party on William Daniel Calhoun, Duck, Calhoun & Megginson, P. O. Box 1188, Fairhope, Alabama 36532, dctlaw@bellsouth.net; Leah E. Megginson, Duck, Calhoun & Megginson, P. O. Box 1188, Fairhope, Alabama 36532, leah@megglaw.com; Daniel P. Mitchell, Attorney at Law, P. O. Box 1555, Bay Minette, Alabama 36507, dmitchell0101@att.net; Harold A. Koons, III, Attorney at Law, P. O. Box 1234, Bay Minette, Alabama 36507, hkoonsiii@aol.com, and Patricia Wood, Attorney at Law, P. O. Box 664, Elberta, Alabama 36530-0664, attypatwood@gmail.com; by electronic mail, addressed to each of them at their respective electronic mailing addresses; and I further certify I have mailed the same to Anne P. Nix, 415 Myrtle Avenue, Fairhope, Alabama 36532; Susan Nix Tillman, 17105 Stillwood Lane, Fairhope, Alabama 36532; and James P. Nix, Jr., 342 Majestic Beauty, Fairhope, Alabama 36532, as parties interested in said Estate, by depositing a copy of the same in the United States mail, postpaid, addressed to them at their respective addresses.

> Jessica M. McDill (THO131) Attorney for James P. Nix, Sr.

00033604.WPD

NOTICE OF INTENT Case No. 38,246 Page 2 of 2 IN RE: THE MATTER OF X IN THE PROBATE COURT OF JAMES P. NIX, SR., X BALDWIN COUNTY, ALABAMA allegedly non compos mentis. X CASE NO. 38,246

CIVIL SUBPOENA FOR PRODUCTION OF DOCUMENTS, ETC., UNDER RULE 45(a)(3)

TO: KINDRED AT HOME
a.k.a Kindred Hospice and/or
SouthernCare - Daphne
9037 Independence Avenue, Suite B
Daphne, Alabama 36526

That proper notice having been given pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and no objection having been asserted, or if any objection was asserted, it has been properly resolved by the Court, you are hereby commanded to do each of the following acts at the instance of James P. Nix, Sr. within fifteen (15) days after service of this subpoena:

That KINDRED AT HOME produce and provide to Chason & Chason, P.C., as attorneys for James P. Nix, Sr., to inspect and to copy each of the following documents:

Any and all medical records, radiology and reports pertaining to your care and treatment of JAMES P. NIX, SR., (Social Security No.: XXX-XX-0691; Date of Birth:

Such production and inspection is to take place at the place where the documents or things are regularly kept or at some other reasonable place designated by you.

CIVIL SUBPOENA Case No. 38,246 Page 1 of 3 You are further advised that other parties to the action in which this subpoena has been issued have the right to be present at the time of such production or inspection.

You have the option to deliver or mail legible copies of documents or things to the party causing the issuance of this subpoena, but you may condition such activity on your part upon the payment in advance by the party causing the issuance of this subpoena of the reasonable costs of the making of such copies.

James P. Nix, Sr., agrees to pay all reasonable expenses incurred by KINDRED AT HOME at the aforementioned time and place.

You have the right to object at any time prior to the date set forth in this subpoena for compliance. Should you choose to object, you should communicate such objection in writing to the party causing the issuance of this subpoena and stating, with respect to any item or category to which objection is made, your reasons for such objection.

There is attached to this subpoena a form Certificate to be executed by the custodian of your records, which you should have properly executed and attached to the records supplied pursuant to this subpoena.

DATED	this	succession was federal and referred	day	of				2020.	
·				•					
					Clerk	of	Probate	e Court	***

CIVIL SUBPOENA Case No. 38,246 Page 2 of 3

Exhibit 17, pg. 4

Attorney for James P. Nix, Sr.:

JESSICA M. MCDILL CHASON & CHASON, P.C. P. O. Box 100 Bay Minette, Alabama 36507 (251) 937-2191

00033604.WPD

CIVIL SUBPOENA Case No. 38,246 Page 3 of 3

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IN RE: THE MATTER OF	X IN THE PROBATE COURT OF
JAMES P. NIX, SR.,	X BALDWIN COUNTY, ALABAMA
allegedly non compos menti	.s. X CASE NO. 38,246
CH	ERTIFICATE
I hereby certify	the attached is a true and complete
copy of the records pertai	ning to JAMES P. NIX, SR., (Social
Security No.: XXX-XX-0691;	Date of Birth: () kept in
the offices of KINDRED AT	HOME in my custody, and that I am the
legal custodian and keeper	of said records.
I further certif	y that said records were made in the
regular course of business	of this office and that it was in the
regular course of business	for such records to be made at the
time of the events, transactions	ctions, or occurrences to which they
refer, or within a reasonal	ble time thereafter.
SIGNED this	day of, 2020.
	Custodian of Records
SWORN TO and subscribed betthis day of	
NOTARY PUBLIC My Commission Expires:	

00033604.WPD

IN RE: ESTATE OF

JAMES P. NIX, SR.,

CASE NO. 38246

an alleged incapacitated person

ORDER

And now comes **HAROLD A. KOONS, III,** as Temporary Conservator of the estate of **JAMES P. NIX, SR.,** an alleged incapacitated person, and files his Motion Requesting Order for Payment from Charles Schwab.

It is therefore, ORDERED, ADJUDGED and DECREED that CHARLES SCHWAB withdraw and send to HAROLD A. KOONS, III, as Temporary Conservator, the sum of fifty-thousand dollars (\$50,000.00) from the account of JAMES P. NIX, SR. to be used for the payment of family bills.

DONE this. 22nd day of July, 2020.

Hang D'Olive,

IN RE: ESTATE OF

JAMES P. NIX, SR.,

CASE NO. 38246

AN ALLEGED INCAPACITATED PERSON

ORDER

On July 14, 2020 a Motion to Reconsider James P. Nix, Sr's Motion to Vacate Temporary Orders and Dismiss Emergency Petition for Appointment of Temporary Guardian and Conservator was filed in this Court by JAMES P. NIX, SR., by and through his attorney of record, JESSICA M. MCDILL; On July 20, 2020 a Response to said Motion was filed by VICKY NIX COOK, by and through her attorneys of record, WILLIAM DANIEL CALHOUN and LEAH E. MEGGINSON; after extensive review of said Motion and Response by this Court, as well as all exhibits and reports;

It is therefore **ORDERED** by this Court that the Motion to Reconsider, is hereby, **DENIED** and the original Orders are to remain in place.

Witness my hand and seal this 24th day of July, 2020.



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IN RE: ESTATE OF

JAMES P. NIX, SR.,

CASE NO. 38246

an alleged incapacitated person

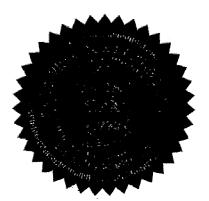
ORDER REAPPOINTING TEMPORARY GUARDIAN

The Court having this day considered the petition of VICKY NIX COOK for reappointment of a temporary guardian for JAMES P. NIX, SR., and the Court having taken testimony in support thereof, is of the opinion that same is due to be, and hereby is, GRANTED.

It is ORDERED, ADJUDGED and DECREED that VICKY NIX COOK be, and hereby is, reappointed as temporary guardian for JAMES P. NIX, SR., pursuant to §26-2A-107; that the authority of said guardian does not authorize the expenditure of any funds of said ward.

That the authority granted by this Order shall be in effect for a period of thirty (30) days from the date of this Order.

DONE this 24th day of July, 2020.



Hang Doling of JODGE OF PROBATE

THE STATE OF ALABAMA
COUNTY OF BALDWIN

PROBATE COURT

Case No. 38246

TEMPORARY LETTERS OF GUARDIANSHIP

Temporary Letters of Guardianship over the estate of JAMES P. NIX, SR., an alleged incapacitated person, are hereby granted to VICKY NIX COOK, who has duly qualified as required by law, and is authorized to discharge all the functions attached to said guardianship, pursuant to \$26-2A-107, for a period of thirty (30) days from this date, with the exception that said guardian does not have authority to expend any funds of said ward.

Dated this 24th day of July, 2020.

/s/	Harry	D'Olive, Jr.
	JUDGE	OF PROBATE

THE STATE OF ALABAMA }
COUNTY OF BALDWIN }

I, HARRY D'OLIVE, JR., Judge of Probate in and for said County and State, hereby certify that the within and foregoing is a true, correct and complete copy of the Temporary Letters of Guardianship issued to VICKY NIX COOK as Temporary Guardian of JAMES P. NIX, SR., an alleged incapacitated person, as same appears of record in my office and same are in full force and effect.

Given under my hand and seal of office, this the 24th day of July, 2020.



IN RE: ESTATE OF

JAMES P. NIX, SR.,

CASE NO. 38246

an alleged incapacitated person

ORDER REAPPOINTING TEMPORARY CONSERVATOR

The Court having this day considered the petition of VICKY NIX COOK for reappointment of HAROLD A. KOONS, III, County Conservator, to serve as Temporary Conservator for JAMES P. NIX, SR., an alleged incapacitated person, and the Court having taken testimony in support thereof, is of the opinion that same is due to be, and hereby is, GRANTED.

And now comes **HAROLD A. KOONS, III** and files with this Court his General Conservators Bond in the amount of \$50,000.00, which has been taken and approved by the Judge of this Court; and upon due consideration:

It is ORDERED by the Court that HAROLD A. KOONS, III be and is hereby appointed as Temporary Conservator over the estate of JAMES P. NIX, SR., an alleged incapacitated person, and is granted the powers and duties as set forth in Sections 26-2A-152 and 153, Code of Alabama 1975, except for the sale and lease of real or personal property may not be made by the Temporary Conservator without first obtaining Court approval. The said Temporary Conservator shall not enter into any settlement of any litigation or receive any assets from such litigation without approval of this Court and under such conditions as the Court may require.

That the authority granted by this Order shall be in effect for a period of thirty (30) days from the date of this Order.

DONE this 24th day of July, 2020.