



**BlueCross BlueShield  
of Illinois**

300 East Randolph  
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.*  
**CITADEL INVESTMENT GROUP LLC**  
08-12-05

Customer Service: 1-800-458-6024

**TED BAXTER**  
**166 ABINGDON AVENUE**  
**KENILWORTH IL 60043-1202**

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at [www.bcbsil.com](http://www.bcbsil.com).

**Claim Information**

Member Name: **TED BAXTER**  
Group No.: **8374**  
Identification No.: **XOF847627261**  
Claim No.: **522251474900X**  
Patient Name: **TED BAXTER**

**SUMMARY**

**Total Billed: \$2316.00**  
**Total Benefits Approved: \$402.51**  
**Amount You May Owe Provider: \$1531.02**

Blue Cross and Blue Shield has negotiated discounts with this provider. The following shows how the BCBS discount (ADP) is used to help lower your out-of-pocket expenses.

**SERVICE INFORMATION**

	Service Date	Amount Billed	Not Covered	Covered
<b>REHABILITATION INST OF CHICAGO</b>				
Physio/Mech Therapy	07-26-05	264.00		264.00
Therapy	07-26-05	176.00	176.00 (1)	0.00
Speech Therapy	07-26-05	240.00	240.00 (1)	0.00
Physio/Mech Therapy	07-28-05	176.00		176.00
Therapy	07-28-05	176.00	176.00 (1)	0.00
Speech Therapy	07-28-05	120.00	120.00 (1)	0.00
Speech Therapy	07-28-05	64.00	64.00 (1)	0.00
Physio/Mech Therapy	07-29-05	352.00		352.00
Physio/Mech Therapy	07-29-05	264.00	226.31 (1)	37.69
Therapy	07-29-05	244.00	244.00 (1)	0.00
Speech Therapy	07-29-05	240.00	240.00 (1)	0.00
<b>Totals</b>		<b>\$2316.00</b>	<b>\$1486.31</b>	<b>\$829.69</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$2316.00</b>	<b>\$1486.31</b>	<b>\$829.69</b>
Discount (ADP)			<b>-\$382.47</b>
<b>Deductions</b>			
Your Coinsurance Amount		<b>\$44.71</b>	
<b>Total Deductions</b>			<b>-\$44.71</b>
<b>Total Benefits Approved</b>			<b>\$402.51</b>
<b>Amount You May Owe Provider</b>			<b>\$1531.02</b>

*A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Independent Licensee of the Blue Cross and Blue Shield Association*

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Page 1 of 5

133,657

002573



Total covered benefits approved for this claim: \$402.51 to REHABILITATION INST OF CHICAGO on 08-12-05

*Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.*

133,658

002573

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SUN BAXTER 001316



**BlueCross BlueShield  
of Illinois**

300 East Randolph  
Chicago, Illinois 60601-5099



*Explanation of Benefits (EOB). This is not a bill.*  
**CITADEL INVESTMENT GROUP LLC**  
06-14-05

Customer Service: 1-800-458-6024

**TED BAXTER**  
**166 ABINGDON AVENUE**  
**KENILWORTH IL 60043-1202**

To opt out of receiving paper copies of your EOBs, go to Blue Access for Members at [www.bcbsil.com](http://www.bcbsil.com).

**Claim Information**

Member Name: Ted Baxter  
Group No.: 8374  
Identification No.: XOF847627261  
Claim No.: S16451549620X  
Patient Name: TED BAXTER

**SUMMARY**

**Total Billed:** \$696.00  
**Total Benefits Approved:** \$339.22  
**Amount You May Owe Provider:** \$32.46

Blue Cross and Blue Shield has negotiated discounts with this provider. The following shows how the BCBS discount (ADP) is used to help lower your out-of-pocket expenses.

**SERVICE INFORMATION**

	Service Date	Amount Billed	Not Covered	Covered
<b>REHABILITATION INST OF CHICAGO</b>				
Physio/Mech Therapy	05-31-05	260.00		260.00
Therapy	05-31-05	260.00		260.00
Speech Therapy	05-31-05	88.00		88.00
Spec. Medical Visit	05-31-05	88.00		88.00
<b>Totals</b>		<b>\$696.00</b>	<b>\$0.00</b>	<b>\$696.00</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$696.00</b>	<b>\$0.00</b>	<b>\$696.00</b>
Discount (ADP)			\$324.32
Deductions			
Your 10% Coinsurance Amount		\$32.46	
<b>Total Deductions</b>			<b>\$32.46</b>
<b>Total Benefits Approved</b>			<b>\$339.22</b>
<b>Amount You May Owe Provider</b>			<b>\$32.46</b>

Total covered benefits approved for this claim: \$339.22 to REHABILITATION INST OF CHICAGO on 06-14-05.

**Ideas To Help Keep Health Care Affordable**

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(turn over)

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108,875 002573

Choosing a balanced diet - watching what you eat and how much - can help you feel better but can also help prevent or manage diseases and illnesses that can decrease your quality of life and increase the cost of health care for all of us.

**Health Care Fraud Notice:**

**Fraud Hotline at 1-800-543-0867**

Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to [www.bcbsil.com/sid](http://www.bcbsil.com/sid).

**Information About Appeals**

If payment of your claim has been denied in part or in full by your Health Care Plan, the Plan shall notify you of:

- \* The specific reason for adverse determination
- \* The Plan provision on which the determination is based
- \* A description of any additional information necessary for the Claimant to perfect the claim and an explanation why such information is necessary
- \* A description of the Plan's review procedures and applicable time limits, including a statement of the Claimant's right to bring a civil action under 502 (a) of ERISA, if applicable, following an adverse determination of review

The following conditions apply in the case of an adverse benefit determination by a Group Health Plan or a Plan providing disability benefits:

- \* If an internal rule, guideline, protocol or other criterion was used in making the determination, the notification must state the criterion that was relied upon and that a copy will be provided free of charge upon request
- \* If based on medical necessity, experimental treatment or similar exclusion, either an explanation of such exclusion applying the terms of the Plan to the Claimant's medical circumstances or a statement that such explanation will be provided free of charge upon request

If you are not satisfied with the determination, please call Blue Cross and Blue Shield of Illinois (BCBSIL) at the customer service number on the first page of this EOB, or write to the BCBSIL Claim Review Section, P. O. Box 2401, Chicago, Illinois 60690-1364. If after investigation, BCBSIL determines that the claim (or portion of a claim) was correctly denied, you may appeal the denial as detailed here.

Under federal law, you are entitled to a full and fair review of the denied claim. Appeals must be made in writing within 180

days from the date you receive notice that your claim has been denied. You may submit written comments, documents, records and other information related to the claim for benefits with your appeal. You should also include any clinical documentation from your physician that would substantiate coverage of the denied claim.

You will receive a written decision within 60 days of receipt of your appeal request.

Upon request and free of charge, you will be provided reasonable access to and copies of all documents, records and other information relevant to your claim, including:

- \* Information relied upon in making the benefit determination
- \* Information submitted, considered or generated in the course of making the benefit determination, whether or not it was relied upon in making the benefit determination
- \* Descriptions of the administrative processes and safeguards used in making the benefit determination
- \* Records of any independent reviews conducted by the Plan
- \* Medical judgments, including determinations about whether a particular service is experimental, investigational or not medically necessary or appropriate
- \* Expert advice and consultation obtained by the Plan in connection with your denied claim, whether or not the advice was relied upon in making the benefit determination



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www.bcbsil.com.

**Claim Information**

Member Name: Ted Baxter  
Group No.: 8374  
Identification No.: XOF847627261  
Claim No.: 517451649570X  
Patient Name: TED BAXTER

**SUMMARY**

Total Billed: \$4392.00  
Total Benefits Approved: \$1579.84  
Amount You May Owe Provider: \$1236.57

Blue Cross and Blue Shield has negotiated discounts with this provider. The following shows how the BCBS discount (ADP) is used to help lower your out-of-pocket expenses.

**SERVICE INFORMATION**

	Service Date	Amount Billed	Not Covered	Covered
<b>REHABILITATION INST OF CHICAGO</b>				
Therapy	06-14-05	260.00		260.00
Therapy	06-14-05	208.00		208.00
Therapy	06-14-05	176.00		176.00
Speech Therapy	06-14-05	480.00		480.00
Speech Therapy	06-14-05	128.00		128.00
Therapy	06-15-05	176.00		176.00
Speech Therapy	06-15-05	164.00		164.00
Op Psychotherapy	06-15-05	212.00		212.00
Physio/Mech Therapy	06-16-05	204.00		204.00
Therapy	06-16-05	380.00		380.00
Speech Therapy	06-16-05	480.00	238.79 (I)	241.21
Speech Therapy	06-16-05	164.00	164.00 (I)	0.00
Physio/Mech Therapy	06-17-05	264.00		264.00
Therapy	06-17-05	488.00		488.00
Speech Therapy	06-17-05	480.00	480.00 (I)	0.00
Speech Therapy	06-17-05	128.00	128.00 (I)	0.00
<b>Totals</b>		<b>\$4392.00</b>	<b>\$1010.79</b>	<b>\$3381.21</b>

**COVERAGE INFORMATION**

<b>Totals</b>	<b>\$4392.00</b>	<b>\$1010.79</b>	<b>\$3381.21</b>
Discount (ADP)			\$1575.59
<b>Deductions</b>			

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(turn over)

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146,755 002573

Your Coinsurance Amount	\$225.78
Total Deductions	\$225.78
Total Benefits Approved	\$1579.84
Amount You May Owe Provider	\$1236.57
Total covered benefits approved for this claim: \$1,579.84 to REHABILITATION INST OF CHICAGO on 06-27-05	

**Information About Amounts Not Covered**

(1) Your Health Care Plan covers eligible services up to a maximum benefit. Since the maximum benefit has been met, no additional benefit is available.

**Ideas To Help Keep Health Care Affordable**

Emergency room treatment for non-emergency medical conditions is a major contributor to the rising cost of health care. Building a relationship with your doctor and seeking treatment for routine conditions in a doctor's office instead of an emergency room are healthy ways you can help keep health care affordable.

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- \* Medical judgments, including determinations about whether a particular service is experimental, investigational or not medically necessary or appropriate
- \* Expert advice and consultation obtained by the Plan in connection with your denied claim, whether or not the advice was relied upon in making the benefit determination

Patient Financial Services  
PO Box 129  
Lombard, IL 60148  
(800) 770-7925



## Rehabilitation Institute of Chicago

June 30, 2005

Ted Baxter  
166 Abingdon Ave  
Kenilworth IL 60043-1202

Patient: BAXTERED  
Account #: V00016190337-0005  
Service Date: 06-22-2005  
Reference #: 214476  
Balance Due: \$180.00

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Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

6/22/ST

Patient Financial Services  
800-770-7925

PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT  
RETAIN TOP PORTION FOR YOUR RECORDS

006803-PAPCVRI118542854D9

\*\*\* Please detach And Return Bottom Portion With Payment \*\*\*

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW, CHECK CARD USED FOR PAYMENT

Rehabilitation Institute of Chicago  
Patient Financial Services  
PO Box 129  
Lombard, IL 60148  
RETURN SERVICE REQUESTED

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CARD NUMBER						EXP. DATE	
SIGNATURE						AMOUNT PAID	

Patient: BAXTERED  
Account#: V00016190337-0005  
Balance Due: \$180.00

Send All Payments To:

214476 - VRIC1 - 006803  
Ted Baxter  
166 Abingdon Ave  
Kenilworth IL 60043-1202

Rehabilitation Institute of Chicago  
PO Box 6084  
Chicago IL 60678-6084

Patient Financial Services  
 PO Box 129  
 Lombard, IL 60148  
 (800) 770-7925



**Rehabilitation Institute of Chicago**

July 6, 2005

Ted Baxter  
 166 Abingdon Ave  
 Kenilworth IL 60043-1202

Patient: BAXTERED  
 Account #: V00016190337-0006  
 Service Date: 06-27-2005  
 Reference #: 216823  
 Balance Due: \$540.00

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Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

Patient Financial Services  
 800-770-7925

**PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT  
 RETAIN TOP PORTION FOR YOUR RECORDS**

002001-PAPCVR11189C112498

\*\*\* Please detach And Return Bottom Portion With Payment \*\*\*

Rehabilitation Institute of Chicago  
 Patient Financial Services  
 PO Box 129  
 Lombard, IL 60148  
**RETURN SERVICE REQUESTED**

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW. CHECK CARD USED FOR PAYMENT

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
CARD NUMBER						EXP. DATE	
SIGNATURE						AMOUNT PAID	

Patient: BAXTERED  
 Account#: V00016190337-0006  
 Balance Due: \$540.00

Send All Payments To:

216823 - VRIC1 - 002001  
 Ted Baxter  
 166 Abingdon Ave  
 Kenilworth IL 60043-1202

Rehabilitation Institute of Chicago  
 PO Box 6084  
 Chicago IL 60678-6084



Patient Financial Services  
 PO Box 129  
 Lombard, IL 60148  
 (800) 770-7925



**Rehabilitation Institute of Chicago**

June 27, 2005

Ted Baxter  
 166 Abingdon Ave  
 Kenilworth IL 60043-1202

Patient: BAXTERED  
 Account #: V00016190337-0004  
 Service Date: 06-20-2005  
 Reference #: 213004  
 Balance Due: \$375.00

Dear Ted Baxter:

Thank you for choosing Rehabilitation Institute of Chicago for your health care services. This letter is related to your services mentioned above. The balance is determined after your insurance carrier (if any) has made all applicable payments and all required adjustments (if any) have been posted to your account. Please call us and speak to an account representative if you are unable to pay this amount in full today.

Sincerely,

Patient Financial Services  
 800-770-7925

*\$1095<sup>00</sup> balance*

*D.O.S*  
*6/20/05 ST O'Neal \$375*  
*6/22/05 ST \$180*

*Pd Norma  
 Amex  
 over the phone*

**PLEASE INCLUDE YOUR ACCOUNT NUMBER ON YOUR PAYMENT  
 RETAIN TOP PORTION FOR YOUR RECORDS**

000397-PAPCVRI11851087954

**\*\*\* Please detach And Return Bottom Portion With Payment \*\*\***


**IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW, CHECK CARD USED FOR PAYMENT**

Rehabilitation Institute of Chicago  
 Patient Financial Services  
 PO Box 129  
 Lombard, IL 60148  
 RETURN SERVICE REQUESTED

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
CARD NUMBER			EXP. DATE
SIGNATURE		AMOUNT PAID	

Patient: BAXTERED  
 Account#: V00016190337-0004  
 Balance Due: \$375.00

Send All Payments To:

213004 - VRIC1 - 000397  
 Ted Baxter  
 166 Abingdon Ave  
 Kenilworth IL 60043-1202  


Rehabilitation Institute of Chicago  
 PO Box 6084  
 Chicago IL 60678-6084

6/27  
6/29  
6/30 } ST

> \$540<sup>00</sup>

COPY

1 STATE OF ILLINOIS )  
 2 COUNTY OF COOK ) SS  
 3 IN THE CIRCUIT COURT OF THE COOK COUNTY, ILLINOIS  
 COUNTY DEPARTMENT - LAW DIVISION  
 4 TED BAXTER and KELLY BAXTER, )  
 5 ) Plaintiffs, )  
 6 vs. ) No. 06 L 17259  
 7 )  
 8 EVANSTON NORTHWESTERN )  
 9 HEALTHCARE CORPORATION d/b/a )  
 10 EVANSTON HOSPITAL, THE MCGAW )  
 11 MEDICAL CENTER OF NORTHWESTERN )  
 UNIVERSITY, TRN MEDICAL GROUP, )  
 12 INC., DANIEL HOMER, M.D., )  
 JENNIFER STERN, M.D., and )  
 13 SIVARAJA KUPPUSWAMI, M.D., )  
 14 ) Defendants )

15 The discovery deposition of KELLY BAXTER,  
 16 taken under oath on the 5th day of March 2007, at  
 17 Suite 2000, 33 North Dearborn Street, Chicago,  
 18 Illinois, pursuant to the Rules of the Supreme Court  
 19 of Illinois and the Code of Civil Procedure, before  
 20 Michael R. Urbanski, a notary public in and for the  
 21 County of McHenry and State of Illinois, License  
 22 No. 084-001270, pursuant to notice.  
 23  
 24

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WITNESS:	PAGE
KELLY BAXTER	
Examination by:	
Mr. Slovis	4
Mr. Barry	96
Mr. Slovis	98

EXHIBITS

Number	For Identification
None so marked.	

2007-03-05 10:00 AM

1 APPEARANCES:  
 2 CORBOY & DEMETRIO by  
 3 MR. DAVID R. BARRY, JR.  
 4 33 North Dearborn Street, Suite 2000  
 5 Chicago, IL 60602  
 6 312-346-3191  
 7 for the plaintiffs;  
 8  
 9 CUNNINGHAM, MEYER & VEDRINE by  
 10 MR. MICHAEL SLOVIS  
 11 111 West Washington Street, Suite 937  
 12 Chicago, IL 60602  
 13 312-578-0049  
 14 for the defendants.

ALSO PRESENT:

15 Mr. Ted Baxter  
 16 Ms. Christine McCarthy

17  
18  
19  
20  
21  
22  
23  
24

1 (Witness sworn.)  
 2 KELLY BAXTER,  
 3 having been called as a witness herein, after having  
 4 been first duly sworn, was examined and testified as  
 5 follows:  
 6 EXAMINATION  
 7 BY  
 8 MR. SLOVIS:  
 9 Q Ma'am, please state your name, spelling your  
 10 last name for the court reporter.  
 11 A Kelly Baxter, B-a-x-t-e-r.  
 12 MR. SLOVIS: Let the record reflect this is the  
 13 discovery deposition of Kelly Baxter taken pursuant to  
 14 all applicable rules.  
 15 I introduced myself to you. My name is  
 16 Mike Slovis. I represent Evanston Hospital and the  
 17 physicians named in this case.  
 18 May I call you Kelly?  
 19 THE WITNESS: Yes.  
 20 MR. SLOVIS: Feel free to call me Mike.  
 21 THE WITNESS: Yes.  
 22 MR. SLOVIS: I'm sure Chip has explained to you  
 23 this whole process. Really what I'm doing here today  
 24 is going to ask you questions to gather information.

1 If you don't understand my question, if you get tired,  
 2 please let me know, we'll take a break. I will not be  
 3 that long. I don't like to hear myself speak that  
 4 long. Okay.  
 5 MR. BARRY: That makes two of us.  
 6 BY MR. SLOVIS:  
 7 Q What is your date of birth?  
 8 A January  
 9 Q Where did you grow up?  
 10 A Spring Valley, Illinois.  
 11 Q What's your highest level of education?  
 12 A High school.  
 13 Q Where?  
 14 A Lake Elsinore High School in California.  
 15 Q How do you spell that, Elsinore?  
 16 A E-l-s-i-n-o-r-e.  
 17 Q Where do you currently reside?  
 18 A You want the exact address?  
 19 Q Sure.  
 20 A 55 East Erie Street, Unit 2305, Chicago,  
 21 Illinois, 60611.  
 22 Q We're here today to ask you some questions  
 23 about some events that happened with your husband Ted  
 24 who's in the room, correct?

5

1 A Yes.  
 2 Q When did you first meet Ted?  
 3 A Oh, in October of 1990, I believe.  
 4 Q When you graduated high school, what year  
 5 was that?  
 6 A 1987.  
 7 Q And where did you and Ted meet?  
 8 A In Jamaica. We were on vacation.  
 9 Q After you graduated from high school, what  
 10 did you do?  
 11 A My first -- I was basically a secretary. My  
 12 first job was for a satellite HBO-type company. They  
 13 did installations.  
 14 And my second job was at a real estate  
 15 office. I was the office manager.  
 16 Q Was this in California?  
 17 A Uh-huh, yes. Southern California.  
 18 Q You met Ted in Jamaica in 1990.  
 19 Where was Ted living at the time?  
 20 A Ted lived in New Jersey.  
 21 Q Who was he working for in 1990?  
 22 A Price Waterhouse.  
 23 Q I imagine you started dating?  
 24 A Started dating.

6

1 Q Cross-continental romance?  
 2 A Yeah, long distance.  
 3 Q And when were you married?  
 4 A 1992. Yeah, 1992. May of '92.  
 5 Q Did you move out to New Jersey?  
 6 A I did. I moved out before that. Before we  
 7 moved -- before we had gotten engaged, I moved to New  
 8 Jersey.  
 9 Q And when was that?  
 10 A October -- let's see, must have been May, so  
 11 seven months after we met I moved out to New Jersey.  
 12 Q Am I correct, no children?  
 13 A No children.  
 14 Q Did you continue working after you were  
 15 married?  
 16 A Uh-huh. I did.  
 17 Q What did you do?  
 18 A I was the executive secretary for the  
 19 chairman of Sullivan Brothers. Then I changed  
 20 positions and then worked for another investment bank  
 21 as a secretary.  
 22 Q From -- when did you move to Illinois?  
 23 A This last time?  
 24 Q Okay. From 1992 when you were in New

7

1 Jersey, Ted was working for Price Waterhouse, correct?  
 2 A Yes, exactly.  
 3 Q All right.  
 4 A So in 1995, we moved to Tokyo. And from  
 5 1995 to '99, we lived in Japan. We lived in Tokyo.  
 6 Q Still with Price Waterhouse?  
 7 A Still with Price Waterhouse.  
 8 Q Then what happened in '99?  
 9 A In '99 I actually moved back to New York for  
 10 six months to do a culinary program. And during that  
 11 time, Ted took on a new role with Credit Suisse and we  
 12 moved to Hong Kong.  
 13 So when I left New York, after six  
 14 months, I went to Hong Kong.  
 15 Q When was this culinary program?  
 16 A It was six months and --  
 17 Q Within the '95 to '99, what year?  
 18 A '99.  
 19 Q Okay.  
 20 A It was in '99.  
 21 Q So then you moved to Hong Kong sometime  
 22 in '99?  
 23 A Uh-huh. When I was --  
 24 Q Yes.

8

1 A During the program that I was in, Ted moved  
2 us from Tokyo to Hong Kong.  
3 Q Okay. Then how long you were in Hong Kong,  
4 from when to when?  
5 A Two years. So '99 to 2001.  
6 Q Then where did you go?  
7 A We came back to New York. Ted was still  
8 with Credit Suisse.  
9 Q Okay. 2001 to when in New York?  
10 A So let's see, Ted joined Citadel in 2004, so  
11 it would have been -- Ted I believe -- I believe it  
12 was in around May or June of 2004. That's actually  
13 when Ted got the job with Citadel, so he was flying  
14 back and forth.  
15 Q Citadel is here?  
16 A Citadel is here, but we still had our house  
17 in New Jersey.  
18 Q When did you locate to Chicago?  
19 A So -- well, I relocated to Chicago in  
20 October. It was right around Halloween of 2004.  
21 Q Is that about that time when the two of you  
22 got permanent residence here?  
23 A Uh-huh.  
24 Q Yes?

9

1 A Yes. Ted moved into the house in August of  
2 2004. I didn't come until October 2004.  
3 Q What was the address of that house?  
4 A 166 Abingdon, A-b-i-n-g-d-o-n, Avenue, in  
5 Kenilworth.  
6 Q Between the Abingdon home and the house --  
7 and the apartment you're in now on Erie, did you live  
8 anywhere else?  
9 A Uhn-uhn.  
10 Q No?  
11 A No.  
12 Q You just have to keep your answers out loud  
13 because Mike is taking down what you say.  
14 A Okay. No.  
15 Q When did you move to the house on Erie?  
16 A I believe it was August of 2005.  
17 Q And why did you move?  
18 A Well, Ted had the stroke and the house was  
19 just too much responsibility. It was, you know, I  
20 didn't want that responsibility. There were also a  
21 lot of stairs in the house.  
22 Q When Ted was working for Price Waterhouse,  
23 when you first were married, 1992, what was he doing?  
24 A I believe at that point he was the senior

10

1 manager in their consulting group.  
2 Q What does that mean? If you don't know --  
3 A Lawyers never know, right.  
4 Q I'm going to ask you questions. A lot has  
5 to do with Ted. If you don't know or you don't  
6 remember, just tell me. Okay?  
7 A Yeah. Yeah.  
8 I would -- he was in financial  
9 consulting. He did a lot of -- a lot of systems,  
10 trying to set up systems for -- to make things run  
11 more efficiently. I don't know. That's --  
12 Q So I understand --  
13 MR. BARRY: That's a pretty good answer. More  
14 than my wife would give you.  
15 BY MR. SLOVIS:  
16 Q Because Ted is sitting here and I can't ask  
17 him these questions yet.  
18 A Yes.  
19 Q Is Ted able to understand what you and I are  
20 saying to each other?  
21 A Yeah. He's not getting all of it. He's  
22 probably getting -- he's getting a good percentage of  
23 it, but he's not getting all of it. When we're  
24 talking this quickly, he's not getting all of it.

11

1 Q When you went to Tokyo, what was his job  
2 responsibilities there?  
3 A He was with Price Waterhouse still. And he  
4 went over to start -- Price Waterhouse did not have a  
5 consulting practice in Japan. So they wanted to break  
6 into the Japanese market. So he went over to start  
7 the consulting practice.  
8 Q Was he a partner there at that time?  
9 A I believe he made partner when he was there.  
10 Q What aspect of consulting was he involved  
11 in?  
12 A Mostly financial consulting, so mostly to  
13 investment banks. And, again, a lot of it was setting  
14 up systems to just make sure the banks were reporting  
15 what they were supposed to be in the right way.  
16 Q Ted's background is what?  
17 A Went to Hofstra undergrad, got his CPA, I  
18 believe, right around the time he graduated undergrad.  
19 Q Do you know when that was?  
20 A I think it was the same year I -- I want to  
21 say '83.  
22 Q His birthday is when?  
23 A I don't know if that's right. I don't know  
24 if '83 is right.

12

1 Q Ted's birth date?  
2 A No, that's not right.  
3 11,  
4 Q So he graduated Hofstra, obtained his CPA?  
5 A Uh-huh.  
6 Q Any graduate work?  
7 A Well, he -- as soon as he graduated from  
8 Hofstra, he immediately went to Price Waterhouse.  
9 MR. BARRY: The question was did he do any  
10 graduate work?  
11 THE WITNESS: Graduate school? Yes. Yes, he  
12 did. He got his MBA from Wharton.  
13 BY MR. SLOVIS:  
14 Q When, do you know?  
15 A Would have been '93, I think, '93 to '95,  
16 did the executive MBA program.  
17 Q Where did Ted grow up?  
18 A Valley Stream, New York.  
19 Q Brothers and sisters, Ted's?  
20 A Yeah. He has four older brothers and one  
21 younger sister.  
22 Q Any of them live in the Chicago area?  
23 A No.  
24 Q Are his mom and dad still alive?

13

1 A No. Both deceased.  
2 Q Do you have contact -- does he have contact  
3 with his brothers and sisters at this point?  
4 A Yes.  
5 Q Brother and sister at this point?  
6 A Yes. He talks to all of them, yes.  
7 Q I'm jumping around a little bit.  
8 So you were in Japan. He was  
9 consulting -- doing the financial consulting for Price  
10 Waterhouse.  
11 At some point in '99 he then started  
12 with Credit Suisse?  
13 A Yes.  
14 Q Okay. What position?  
15 A I believe when they first brought him in, he  
16 was not a managing director. So whatever -- I don't  
17 know whatever their title is right before that, but  
18 within months he made managing director. They just --  
19 yeah, he made managing director within months.  
20 Q What does a managing director do?  
21 A The equivalent of a partner except it's a  
22 public company, so it's a managing director, the term  
23 used in banking.  
24 Again, he was -- at that point he was

14

1 managing director in charge of global product control  
2 and financial control.  
3 Q The products, were they financial products?  
4 A Yes. They're financial products.  
5 Q Can you give me a little more detail who --  
6 what he would do on a -- in his job duties and  
7 responsibilities?  
8 A A lot of it was managing people, making sure  
9 that they did, you know, what they were supposed to  
10 do.  
11 He, of course, ran the projects. You  
12 know, again, I wasn't there. And it's a tough  
13 business. But basically he would figure out the  
14 strategy and what was the best way to run these  
15 businesses and report the businesses to the SEC and to  
16 make sure that the company didn't get into any trouble  
17 with the SEC.  
18 So it's -- Ted's job was to basically  
19 put systems into place to make sure all of the  
20 businesses were running efficiently, and then he would  
21 have groups of teams around the world that helped him  
22 with that. And a lot of that involved a lot of the  
23 accounting roles also.  
24 Q You went back to New York. Was that a new

15

1 position?  
2 A Credit Suisse had merged with DLJ, and Ted  
3 basically went back to do the restructuring. You  
4 know, they were -- I believe Credit Suisse bought DLJ  
5 so they were basically figuring out what departments  
6 were staying and what departments were leaving and how  
7 to do that the right way.  
8 So Ted's job was kind of to merge the  
9 two companies and the departments and do it without  
10 any big hiccups in the process.  
11 Q And all of this was in the financial --  
12 financial industry basically.  
13 Are you talking about merging  
14 companies? Is that correct? I mean --  
15 A Yeah, he was -- you know, at this point he  
16 was merging, it was the -- you know, his own company  
17 so it was, you know, when Credit Suisse bought out  
18 DLJ, whatever the right terms are for that in banking,  
19 it was basically Ted's job to make sure that  
20 everything went as smoothly as possible and to do all  
21 of the strategic stuff that went with that.  
22 So it was basically, yeah, merging, you  
23 know, his company with the other company.  
24 Q Sometime, you said, in June of 2004, he took

16

1 a new position --  
2 A Uh-huh.  
3 Q -- with Citadel, correct?  
4 A Yes.  
5 Q And what was his job description with  
6 Citadel?  
7 A He was the managing director and he was the  
8 global financial controller.  
9 Q What does that mean?  
10 A Again, he was -- you know, Citadel is a  
11 hedge fund, so he was really making sure things were  
12 reported properly to the SEC.  
13 And Citadel didn't have a lot of  
14 systems in place that really kept track of their  
15 losses or their gains on a daily basis. So big part  
16 of Ted's job was to --  
17 MR. SLOVIS: That's reassuring, huh?  
18 MR. BARRY: Got to make a call.  
19 MR. SLOVIS: Yes.  
20 MR. BARRY: Excuse me.  
21 THE WITNESS: They could do it a monthly basis  
22 but not on a daily, which was very important, so that  
23 was a big part of his job was to basically implement a  
24 system that could do that.

17

1 I mean, that was one little minute  
2 detail.  
3 BY MR. SLOVIS:  
4 Q He didn't, as I understand it, his role was  
5 not for the hedge fund, not to decide where to place  
6 money --  
7 A No.  
8 Q -- and things of that sort; he was more  
9 the --  
10 A Back office.  
11 Q -- structure person?  
12 A Yeah. Yeah.  
13 It's -- in banking it's called the back  
14 office, so Ted was like the back office. He was not  
15 the guy in the front office making the money. He was  
16 basically making sure the money was handled properly.  
17 Q And that -- as we have now talked through  
18 his career, he was -- always has been in the back  
19 office, right?  
20 A No, not at Price Waterhouse. At Price  
21 Waterhouse when he was in financial consulting, he  
22 sold jobs to financial institutions.  
23 Q When you went to the Citadel, do you know  
24 who he reported to?

18

1 A Gerald Beeson. Last name is B-e-e-s-o-n, I  
2 believe.  
3 Q I looked at the tax returns that we have  
4 received. Are you familiar at all with the  
5 compensation packages?  
6 A Yes.  
7 Q Okay. When he went to Citadel, can you tell  
8 me your understanding of his compensation package?  
9 A He had a guarantee, the first two years, of  
10 a minimum of 1.3 million.  
11 Q Okay.  
12 A That was a minimum guarantee and it would --  
13 yeah.  
14 Q Now, if you look at the W-2s even for 2005,  
15 there's a W-2 from Credit Suisse.  
16 A Uh-huh.  
17 Q Is that -- was he still receiving income  
18 from Credit Suisse or is that part of the package when  
19 he left, do you know?  
20 A So in 2005, you're saying the W-2 -- yeah,  
21 so that was -- I mean, I believe -- I'm not looking at  
22 it, I'm obviously not a --  
23 MR. BARRY: I think he started in April, at  
24 Citadel, in '05.

19

1 THE WITNESS: No, that's when he had the stroke  
2 in 2005, so June -- would have been June or July of  
3 '04.  
4 So what that was is -- I'm not looking  
5 at it and, like I said, Ted was always the one that  
6 did all of our taxes.  
7 But what I can guess is they were  
8 different investments that Ted basically had at  
9 Citadel. Okay.  
10 You can -- basically it's -- I don't  
11 know, different investments that he had. I know it  
12 was very complicated and, I mean, it was so  
13 complicated that it would take Ted hours to go through  
14 it.  
15 So I basically think they were  
16 investments, they were probably futures that were  
17 given to Ted and he exercised -- or the options  
18 probably. They were probably options that he  
19 exercised and he got paid out in 2005 would be my  
20 guess.  
21 BY MR. SLOVIS:  
22 Q In June of 2004 when he went to Citadel,  
23 obviously severed ties with Credit Suisse, as far as  
24 working for them, correct?

20

1 A Yes, correct.  
2 Q Now, was he out there looking to change jobs  
3 when he went to Citadel?  
4 A You know, he wasn't actively looking, but  
5 when you're in banking and you're good, you get a lot  
6 of calls from people. So of course some of these  
7 calls sound very flattering and, you know, he was  
8 ready for a change. He wanted something more  
9 exciting.  
10 Q At Citadel, you said the guarantee of 1.3  
11 million for two years.  
12 Was there anything else in the  
13 compensation package that was discussed besides that  
14 salary?  
15 A I know they gave Ted a sign-on bonus of a  
16 hundred thousand dollars. I don't think anything else  
17 in great detail was discussed. I think that was just  
18 the minimum.  
19 Q Now, he worked there for approximately a  
20 year before the stroke?  
21 A Yeah. Ten months.  
22 Q Okay. During that ten months, do you know  
23 if he received any performance reviews?  
24 A I don't know.

21

1 Q In your opinion, did he enjoy working at  
2 Citadel?  
3 A Loved working at Citadel.  
4 Q Why?  
5 A Why? It was exciting. They loved him.  
6 They were constantly complimenting him. And he made  
7 great changes in the ten months he was there.  
8 So he was -- oh, no, it was -- it was  
9 definitely his dream job. Loved it.  
10 Q Some of the changes he implemented, can you  
11 tell me what they were?  
12 A Well, he put systems in place so they could  
13 see their gains and losses every day. He was --  
14 really, he was building teams.  
15 I mean, that was kind of his first  
16 initial goal was to build these teams that worked well  
17 together, that got along, getting rid of a lot of  
18 people that were just sitting around.  
19 And just making -- or -- he actually  
20 didn't get rid of a lot of people. He just put them  
21 into different positions where he thought they would  
22 be a better fit.  
23 Citadel has a lot of great people  
24 working for them, but sometimes they just needed that

22

1 organizational change, so he did a lot of that.  
2 He traveled to London and, was trying to  
3 build the group there and just kind of structure it  
4 better.  
5 I think that was a big part of his  
6 change is just changing the infrastructure of Citadel  
7 and getting them to that next stage of growth.  
8 Q When you talk about that they loved him,  
9 they loved having Ted around, who was it -- if I was  
10 going to talk to these people, who would I talk to?  
11 A Ken Griffin, the owner. Gerald Beeson, who  
12 was Ted's direct boss. I would say Adam Cooper, legal  
13 counsel.  
14 I mean, I would say anybody you spoke  
15 to would probably have good things to say about him,  
16 but those are probably the big guys that he worked  
17 with quite often.  
18 Q During the ten months that he worked for  
19 Citadel before this stroke, did you have occasion to  
20 interact with these people?  
21 A Yes.  
22 Q Socially at social --  
23 A Socially.  
24 Q What I want to do, because it helps me to

23

1 understand where we are today, is start right now.  
2 A Okay.  
3 Q And if you could tell me, Ted is sitting  
4 here with us, if you can tell us today where Ted is at  
5 and how he's different from, you know, the day before  
6 the stroke.  
7 A Okay.  
8 Well, obviously he's not working. His  
9 communication is.  
10 MR. BARRY: Let me stop you for a second.  
11 Would it be easier for you if we had  
12 Ted wait outside for this part?  
13 MR. SLOVIS: Yeah, it might be.  
14 MR. TED BAXTER: Yeah?  
15 MR. BARRY: I'll get you situated. Okay.  
16 (Whereupon, Mr. Baxter exited  
17 the conference room.)  
18 MR. SLOVIS: It was just easier for me, too. It  
19 was uncomfortable talking about him when he's sitting  
20 here.  
21 MR. BARRY: We have actually kind of gone  
22 through this before. It's tough. Even just the three  
23 of us doing it, so it's tough.  
24 THE WITNESS: Yeah.

24



1 MR. SLOVIS: Kelly, take your time.  
2 THE WITNESS: How is he different?  
3 Well, his speech is severely impacted,  
4 different.  
5 MR. BARRY: By the way, I'll let you talk to him  
6 informally, if you guys want to talk to him, so you  
7 can kind of get a feel, ask him some open-ended  
8 questions, let him answer them.  
9 MS. CHRISTINE MCCARTHY: Thank you.  
10 THE WITNESS: I mean, everything really. You  
11 know, he was very confident, extremely intelligent.  
12 BY MR. SLOVIS:  
13 Q Does he understand where he was and where he  
14 is now?  
15 A To a certain extent. You know, I think -- I  
16 think the denial is big. You know, I mean it's  
17 tough -- it's hard to say.  
18 I mean, everything if I -- I mean, his  
19 speech. I mean, he can't, you know, he can't just go  
20 into a party and talk to people. He can't -- you  
21 know, people laugh at him when he orders Starbucks.  
22 Q As far as his ability to communicate to you?  
23 A Yeah. Yeah. It's a struggle. We get  
24 through it. It takes a long time.

25

1 I'm never -- if it's something that's  
2 very detailed, I'm never quite sure it's the right  
3 answer. You know, I sometimes have to go back and  
4 check.  
5 Q I know he's been to different programs and  
6 we'll talk about that a little bit.  
7 Has his speech improved since his  
8 stroke?  
9 A It's certainly improved.  
10 Q Who is treating him now for his speech  
11 problems?  
12 A He -- I don't know if he's still in it or if  
13 he just finished -- I think he's still in the final  
14 testing of a speech research project at Northwestern  
15 in Evanston, Northwestern University, through their  
16 speech pathology group. So he was doing his speech  
17 study through them.  
18 And he also sees another therapist once  
19 a week. I believe she's from Accelerated. That she's  
20 kind of doing it on her own. Her name is Doreen. He  
21 sees her once or twice a week for an hour. That's it.  
22 Q Okay. What about his memory.  
23 A It depends on the day. Some days it's good  
24 and some days he forgets things that I can't believe

26

1 he's forgotten.  
2 Q He knows who he is?  
3 A He knows who he is.  
4 Q Knows his family, things of that sort?  
5 A Yes.  
6 Q Someone calls on the phone, is he able to  
7 identify who they are?  
8 A Yes.  
9 Q When you say he's no longer able to work,  
10 clearly he worked a very high-powered, intellectual  
11 job.  
12 A Uh-huh.  
13 Q And this may sound silly but I want to hear  
14 it from you.  
15 Why can't he do that anymore?  
16 A Well, he can't communicate fully. He can't  
17 say numbers.  
18 If you said to him hundred -- you know  
19 1,342, he would say 2,000? You would have to go  
20 through that and you would have to break it down and  
21 it would take him -- again, depends on the day --  
22 could take him a second to get that number, could take  
23 him a minute to get that number.  
24 So even his numbers are inconsistent.

27

1 His job was number based.  
2 Q Is it speech related or is it cognitive  
3 problems?  
4 A It's both.  
5 Q And when you talk about the cognitive  
6 problems, is he seeing somebody for that aspect of it,  
7 a neurologist, or somebody today?  
8 A I mean, no, he's not.  
9 Q I know he saw Dr. Tabor for a while.  
10 A Uh-huh. Well, he still sees Dr. Tabor every  
11 six months.  
12 Q But when you talk about neurologic damage or  
13 some -- what is your understanding of where he's at  
14 with that?  
15 A Well, he had severe brain damage, so I  
16 mean -- do you mean as far as the progress he will  
17 make or --  
18 Q Let me ask you that question.  
19 Do you see any improvement? Has any  
20 physician told you that he still can improve where his  
21 cognitive deficits are?  
22 A If he makes improvements, they will be so  
23 small, they won't be noticeable.  
24 Q And you talk about his inability to work

28

1 with numbers. Is that because he doesn't hear the  
2 numbers the right way, isn't able to say it or isn't  
3 able to synthesize number problems?  
4 A I think it's all. I think it's all of the  
5 above.  
6 It's hard to -- it's hard to say. I  
7 mean, he can't -- if you asked him that, he would tell  
8 you he hears it, but he can't get it out. But I don't  
9 think he's always hearing it. I think he thinks he's  
10 hearing it but he's not. Like his brain might be  
11 hearing the first number and the last number but maybe  
12 not the middle numbers.  
13 Q Does he read?  
14 A Yes. Not at 100 percent, though.  
15 Q Do you think he understands -- does he read  
16 the newspaper? What does he look at? Books?  
17 A He's in a book club right now that's at the  
18 Rehab Institute for people that have aphasia. He's  
19 reading a novel. He reads the newspaper.  
20 You know, he reads some magazines, but  
21 he's not comprehending all of it and that takes him,  
22 to comprehend as much as he can, takes him reading the  
23 article four or five times and reading it out loud.  
24 Q Does he watch TV?

29

1 A Uh-huh.  
2 Q Does he enjoy --  
3 A Yes.  
4 Q -- watching TV?  
5 A He does enjoy watching TV.  
6 Q Was he a sports guy before?  
7 A Yes.  
8 Q Is he still able to appreciate --  
9 A Uh-huh.  
10 Q -- those things?  
11 A Yeah. I think sports is easier because you  
12 can just watch it. You don't have to listen to what's  
13 being said. Sports is a big plus in our house.  
14 Q When you -- you can see him watching TV,  
15 watching sports, you can tell he's enjoying it. Is he  
16 able to relate to you like, hey, honey, did you see  
17 that great play or the intricacies of what's going on?  
18 A Yeah. He'll say, did you see that, but it  
19 doesn't always come out. He'll say oh, oh, ah, ah,  
20 ah, and I can tell what he's going to say but it  
21 doesn't always come out.  
22 But yes, he is seeing what's going on  
23 and he wants to share it with me.  
24 Q Do the two of you go to dinner and movies

30

1 and things of that sort?  
2 A We do.  
3 Q Clearly your role as wife has changed?  
4 A Yes.  
5 Q Tell us how.  
6 A I'm sorry.  
7 Q Take your time.  
8 A I don't feel like his wife. I feel like his  
9 mother.  
10 I'm constantly teaching him speech.  
11 You know, we can never have a normal conversation  
12 without him saying, what was that word, tell me that  
13 word, spell that word. So I often feel like his  
14 mother.  
15 You know, we can -- I don't know,  
16 sometimes his behaviors are kind of childlike. You  
17 know, yes, we can go to dinner but the conversation  
18 consists of the stroke and what therapy he can get,  
19 what he can do next, so it's not normal conversation  
20 or it's not -- you know, it's always the same topic.  
21 Q Is he able to provide you with support about  
22 what's going on in your life, things like that?  
23 A He is. He is. But the focus goes back to  
24 the stroke very quickly.

31

1 But, I mean, he's very supportive with  
2 me. You know, but in a different way, you know. In a  
3 very -- I can't go to him with questions I have  
4 because he pretends like he knows them, then he gives  
5 me the answer and I'm like, there's no way that's  
6 right, or somebody confirms to me it's wrong. So it's  
7 things like that.  
8 I mean, he was always the one that  
9 would answer questions for me, or if I didn't  
10 understand something, I would say read this and he  
11 would translate it, so, you know, that doesn't happen  
12 anymore.  
13 It's, you know -- and I try to include  
14 him because I don't want to exclude him. However, I  
15 know that the answer is probably not going to be  
16 correct or it might be partially correct or maybe he  
17 didn't even understand my question.  
18 Q Intimacy? I actually don't even need  
19 details because that doesn't bother me as far as it's  
20 not my role here.  
21 I guess my question to you, though, is  
22 he able to be intimate --  
23 A Yes.  
24 Q -- with you?

32

1 A Yes, he is.  
2 Q Are you able to leave him alone?  
3 A Yes.  
4 Q When I was reading some of the -- I know he  
5 went to Florida for treatment?  
6 A Uh-huh.  
7 Q Did you go with him?  
8 A I did.  
9 Q Okay. I wasn't sure. The way some of the  
10 bills were laid out it almost appeared at some point  
11 that he went by himself.  
12 A No, I went with him. I did not stay the  
13 whole time.  
14 There was another guy in the program  
15 and they were kind of able to buddy up. And the  
16 hospital knew the hotel so they obviously watched out  
17 for him.  
18 Q Then did he come back by himself?  
19 A No. I went down there and picked him up.  
20 Q So if I were to ask you what sort of things  
21 do you feel comfortable that he's able to do on his  
22 own, where is he with that?  
23 A You know, I can leave him alone. I'm  
24 comfortable with him for a short amount of time. I'm

33

1 comfortable with him cooking for himself. You know,  
2 I'm comfortable with him walking places on his own.  
3 And I do worry somewhat, but overall I'm comfortable.  
4 Q Does he go outside? Now that you're living  
5 downtown, does he go outside and walk around on his  
6 own?  
7 A He does, yes.  
8 Q What sort of things does he do during the day?  
9 A Well, he just finished the program at  
10 Evanston Northwestern, so he was going up there -- he  
11 was going up there twice a week for three hours. You  
12 know, he reads his novel which one chapter takes him,  
13 you know, all week.  
14 He has several speech books that he  
15 goes through on his own. He watches sports. He'll go  
16 sit at Starbucks and bring a book and just to get out  
17 of the house.  
18 Q What about you? What does your day consist  
19 of?  
20 A Yeah, I just started school this semester so  
21 I'm going full time two days a week and so that keeps  
22 me busy doing that and studying.  
23 I mean, that's pretty much been my  
24 schedule for the past two months, but, I mean,

34

1 basically I have friends. I go to lunch with them.  
2 You know, I mean the past two years  
3 have been kind of crazy with paperwork and stuff like  
4 that. It's taken up a lot of time.  
5 Q What are you studying?  
6 A Social work.  
7 Q Your support structure, obviously you were  
8 living -- it was in Kenilworth and Ted had a  
9 high-profile job and that's now changed.  
10 A Yeah.  
11 Q How has that changed your support structure,  
12 your friends, the people you relate with or hang out  
13 with?  
14 A My friends or Ted's friends?  
15 Q Both.  
16 A Both.  
17 Well, my friends haven't changed a lot.  
18 Ted's friends have changed a lot.  
19 I mean, most of his friends were people  
20 he worked with. And, you know, it's hard for them now  
21 because they don't know what to say to him. And, you  
22 know, since they work so much, that's what they tend  
23 to talk about and they don't have that in common with  
24 Ted as much any more or not at all, so his friends

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1 have definitely changed.  
2 I mean, he doesn't have the social life  
3 he had. He has some close friends that he still stays  
4 in touch with but they don't -- most of them don't  
5 live here.  
6 Q Give me an idea, who are they?  
7 A Who are they? His friend Tony that he went  
8 to elementary and high school with, he lives in Texas.  
9 His friend Andrew, he used to work with  
10 Andrew at Price Waterhouse in Tokyo, and Andrew lives  
11 in London, so once in a while Andrew comes to Chicago  
12 and they go to dinner. That's maybe once every six  
13 months.  
14 His brothers.  
15 Q What about people from work. Does he talk  
16 to -- do they come by at all?  
17 A Citadel?  
18 Q Yeah.  
19 A Gerald Beeson takes him to -- Ted loves the  
20 Lakers so whenever the Bulls play the Lakers, Gerald  
21 takes him to that game, so what is that, once a year.  
22 He doesn't keep in touch that much with Gerald.  
23 He used to keep in touch with a few of  
24 the more junior people at Citadel and I don't know if

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1 he's still doing that.  
 2 Q Okay.  
 3 A Phone calls or -- I know he went out to  
 4 lunch with his secretary once, but, I mean, it's very  
 5 inconsistent and not very often.  
 6 Q Is he able to handle money?  
 7 A Yes. But, again, I watch over it and, yeah.  
 8 And everybody is aware of his situation  
 9 so if anything weird happens, they know to call me.  
 10 You know, if he decides he wants to do something  
 11 crazy, they have their eye out, so. . .  
 12 Q Medication he's taking today, do you know  
 13 what medication?  
 14 A I do.  
 15 Q Can you tell me?  
 16 A Takes Lamictal. It's an anti-seizure  
 17 medication.  
 18 Q Can you spell it.  
 19 A Sure. It's L-a-m-i-c-t-a-l.  
 20 Q Anti-seizure?  
 21 A Anti-seizure.  
 22 Q When was his last seizure?  
 23 A October of 2006.  
 24 Q He's had a total of --

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1 A Two.  
 2 Q -- three, two?  
 3 What is your understanding of what's  
 4 caused the seizures?  
 5 A The stroke, the brain damage. Yeah, scar  
 6 tissue in the brain is what I have heard.  
 7 Q Has there been any talk of any treatment  
 8 other than medication?  
 9 A No.  
 10 Q I'm sorry, I cut you off.  
 11 Other medication.  
 12 A Aricept. It's A-r-i-c-e-p-t. It's used  
 13 for -- its main use is for Alzheimer's patients. Some  
 14 studies have shown it may help speech a little bit.  
 15 Q Dr. Taber prescribed that?  
 16 A Dr. Taber prescribed that.  
 17 He takes -- just drew a blank. It's  
 18 the big cholesterol medication.  
 19 Q Lipitor?  
 20 A Lipitor. Thank you. L-i-p, what, i-t-o-r.  
 21 He never had high cholesterol. It's just something  
 22 they put all stroke patients on apparently after a  
 23 stroke.  
 24 And once in a while he takes Achiphex

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1 which is, A-c-h-i-p-h-e-x, and that is for acid  
 2 reflux.  
 3 Q He was on -- in December Taber had him on  
 4 hydrocodone.  
 5 Do you know what that was for?  
 6 A What is that, hydro?  
 7 Q Codone, h-y-d-r-o-c-o-d-o-n-e?  
 8 A December of what year?  
 9 Q 2006. This past December.  
 10 A I have no idea what that is.  
 11 Q Prior to the stroke, any health problems  
 12 whatsoever?  
 13 A No.  
 14 Q He had a physician in New York, New Jersey,  
 15 correct?  
 16 A In New York City.  
 17 Q In New York City.  
 18 And ever that you're aware of admitted  
 19 to a hospital?  
 20 A No.  
 21 Q No complaints of chest pain or anything  
 22 abnormal that you can think of?  
 23 A No.  
 24 Q Did he have a physician here prior to the

39

1 stroke?  
 2 A No.  
 3 Q April 21, 2005, he had just returned from  
 4 London?  
 5 A Yes, he did.  
 6 Q How long was he in London for?  
 7 A Four days. He went there on Sunday.  
 8 Q When did he get home?  
 9 A Thursday around noon. The 21st around noon.  
 10 Q Did you pick him up at the airport or did he  
 11 have a car?  
 12 A He had a car.  
 13 Q Gets home around noon. Can you take me  
 14 through the day.  
 15 A Uh-huh. I was -- well, I was downtown  
 16 getting my hair cut, so I know he got in and he called  
 17 me and asked me when I would be home, and I told him  
 18 after I got my hair done.  
 19 You know, I know he was at home paying  
 20 bills and unpacking.  
 21 Q When did you get home?  
 22 A 5:30-ish.  
 23 Q You saw him at 5:30. Anything unusual?  
 24 A He was fine. His leg was -- told me his leg

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1 hurt but he was fine.  
2 Q Which leg?  
3 A I'm not positive. But I'm not positive. I  
4 think right, but I'm not positive.  
5 Q When you say he said that it hurt, did he  
6 tell you how it hurt?  
7 A Uh-huh. Ted had varicose veins or has  
8 varicose veins and had them checked out several times,  
9 and sometimes when he flies or when he's stressed out,  
10 they're painful, so he just said my veins hurt.  
11 Q Did he wear stockings or anything?  
12 A Uh-huh. He had compression stockings that  
13 went to his knees.  
14 Q Did he wear them on the plane?  
15 A Yes, he did.  
16 Q Did both legs hurt or just one leg?  
17 A Just one leg hurt.  
18 Q Was that a normal complaint after a long  
19 trip from Ted?  
20 A Normal complaint, no, but he would  
21 occasionally complain of it which is why he had been  
22 to the doctor for it.  
23 You know, he would always ask the  
24 doctors about his varicose veins. So he had mentioned

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1 to me on different occasions that his legs would hurt.  
2 Q And when you talk about going to the doctor,  
3 the last doctor you saw for this was in New York City?  
4 A Yeah -- yes, exactly.  
5 Q So he had said his legs hurt when you got  
6 back about 5:30. Would he take any medication for it?  
7 A No. No. There were -- they were ugly, they  
8 were superficial. We were always told they were never  
9 harmful.  
10 Q Can you describe the pain any better than  
11 just they hurt -- his legs hurt?  
12 A He would say aching. That's -- I mean he  
13 would just say they were aching.  
14 Q When you got home, what did you guys do?  
15 A When I got home at 5:30?  
16 Q Yep.  
17 A We talked for a little while. I basically  
18 changed my clothes and asked him where he wanted to go  
19 for dinner. So we -- at that time, you know, I  
20 changed my clothes, we decided we were going to have  
21 sushi and we drove to the restaurant.  
22 Q Where did you go?  
23 A We went to Kuni in Evanston.  
24 Q Anything unusual at all during dinner?

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1 A No.  
2 Q When did you return?  
3 A We were back by about 8:00 o'clock.  
4 Q Any alcohol to drink?  
5 A No.  
6 Q Ted is not -- was not a smoker; is that  
7 right?  
8 A No, he was not.  
9 Q Social drinker?  
10 A Social drinker. Yeah.  
11 Q You returned about 8:00 o'clock?  
12 A Uh-huh.  
13 Q Still nothing unusual?  
14 A Nothing unusual.  
15 Q What's the first sign that you know  
16 something was wrong?  
17 A We were watching TV. We were sitting in our  
18 sitting room watching TV. We had taped -- we had  
19 something on Tivo and he was laying down watching  
20 that, and I told him to rewind -- there was a funny  
21 commercial on that I thought he would think was funny.  
22 So I asked him if he saw it and he said no, because he  
23 was also reading a magazine. So he rewound the Tivo  
24 to the beginning of the commercial, watched it, and

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1 when the commercial ended, he sat up and looked at me.  
2 And that's when I said, you know,  
3 what's wrong, you didn't think it was funny? And  
4 he -- he just looked at me and kept blinking. I said  
5 it wasn't that bad, was it, and he kept blinking.  
6 Q Do you know what time this was?  
7 A Yeah, it was 8:30.  
8 Q How do you know it was 8:30?  
9 A Because I remember being in the bathroom, we  
10 were putting on our pajamas and we were talking, and  
11 when I walked -- when we walked through the bedroom,  
12 it was 8:20.  
13 We basically turned on Tivo, had a  
14 brief conversation, he was reading the magazine and we  
15 were into at least the first commercial.  
16 Q What show were you watching?  
17 A The Apprentice.  
18 Q So after he had that blank stare and looked  
19 at you, what happened next?  
20 A Within seconds, I knew there was something  
21 wrong and I called 911.  
22 Q Was Ted able to communicate with you at this  
23 point?  
24 A No.

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1 Q Do you know when the paramedics arrived?  
2 A Yeah, within a very short time. Minutes. I  
3 don't know.  
4 Q What happened when the paramedics arrived?  
5 A They started checking him out. I stepped  
6 back because I didn't want to interfere. I didn't  
7 know what was going on so I was letting them do their  
8 job, but I mean they were -- I think his blood  
9 pressure was dropping. I don't know. I mean that's  
10 what I gathered from what they were saying. And they  
11 were just trying to figure out what was going on. I  
12 think they got out the pads. I don't know what  
13 they're called.  
14 Q Afraid it was a heart something?  
15 A Yeah, but they never used -- I don't think  
16 they used the pads on him.  
17 And then they put an I.V. in him and  
18 then they took him downstairs to put him in the  
19 ambulance. They didn't tell me what was wrong.  
20 Q When they were checking him out, was he  
21 sitting in a chair or laying down?  
22 A He was sitting on the couch.  
23 Q At any time was he able to communicate with  
24 you or the paramedics about what was going on?

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1 A No.  
2 Q He was then taken to the hospital, Evanston  
3 Hospital, correct?  
4 A Yes.  
5 Q Did you go in the ambulance with him?  
6 A Yes.  
7 Q When was the first time that you were  
8 actually able to communicate with Ted?  
9 MR. BARRY: When you say communicate, Mike, you  
10 are not talking about him talking; you're talking  
11 about whether he could talk and he could respond, some  
12 sort of response?  
13 MR. SLOVIS: Yeah, some sort of response. I'm  
14 just trying to appreciate what his state was at that  
15 time.  
16 THE WITNESS: Yeah, yeah. Days. Days. I would  
17 say -- I don't know. Maybe three days and I maybe got  
18 an indication that he was hearing me.  
19 BY MR. SLOVIS:  
20 Q When I listen to you explain to us what  
21 happened, I'm picturing Ted with this just blank stare  
22 not realizing what was going on.  
23 Is that sort of a fair assessment?  
24 A Yeah, very fair.

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1 Q Okay. Did you call anybody, family members  
2 or friends while this was going on?  
3 A Uh-huh.  
4 Q Who?  
5 A I called my sister-in-law Jeanette. Tried  
6 calling my friend Christine and left her a voicemail.  
7 I was calling people at Citadel to try to, you know,  
8 just get some help. But I didn't have a lot of their  
9 numbers so I was trying to get numbers and stuff.  
10 Q Jeanette, what's her last name?  
11 A Baxter.  
12 Q Baxter?  
13 A Uh-huh.  
14 Q Where does she live?  
15 A In Searingtown, New York.  
16 Q Your friend Christine?  
17 A Christine lives in Atlanta.  
18 Q What's her last name?  
19 A Davis.  
20 Q You arrive at the hospital. Do you remember  
21 about what time it was that you arrived?  
22 A It was quick.  
23 Q Ted was on a stretcher?  
24 A Yes.

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1 Q They bring Ted into the emergency room. Who  
2 was the first contact that you had conversations with  
3 at the emergency room?  
4 A Dr. Cooper.  
5 Q I imagine you had a series of conversations  
6 with Dr. Cooper?  
7 A Correct. I did, yes.  
8 Q Are you able to split them up into  
9 conversation, one, two or three, or does it all blend  
10 together?  
11 A I can kind of split them up but I'm not -- I  
12 don't really -- they kind of blur together so I'm not  
13 sure which one happened first and which one happened  
14 second.  
15 Q Let's go through it and as best you can take  
16 me progression wise.  
17 When you get there, you have a  
18 conversation with Dr. Cooper. Do they immediately  
19 begin working on Ted?  
20 A They do. They immediately start to examine  
21 him.  
22 Q And are you there watching them do this?  
23 A Uh-huh. I'm watching, yes.  
24 Q Are you talking to Dr. Cooper at that time

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1 or is it after his initial assessment?  
2 A Both. I was talking to him a little bit and  
3 then after he gave his initial assessment we then kind  
4 of stepped to the side and he explained a little bit  
5 more of what could possibly be going on.  
6 Q There's a Dr. Lehmann, a resident, female  
7 resident. Do you remember her?  
8 A I don't remember her.  
9 Q Tell me what you remember Dr. Cooper telling  
10 you.  
11 A I remember him telling me it could be a  
12 stroke or seizure or -- it could be a stroke or  
13 seizure.  
14 And I asked him why he would be  
15 having -- so he wanted -- he told me it could be a  
16 stroke or seizure, told me they were going to do a CT  
17 scan and possibly an MRI and run some tests.  
18 He asked me a lot of questions just  
19 about Ted's medical history.  
20 Q You were still all alone in the hospital,  
21 correct?  
22 A Yeah. You mean --  
23 Q As far as friends or family?  
24 A Yeah, I was alone.

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1 Q What happened next?  
2 A After they examined Ted, they took him to  
3 this -- to get a CT.  
4 Q Did you go with him?  
5 A No. They told me I couldn't.  
6 Q After the CT scan, did anyone tell you the  
7 results?  
8 A Yeah. Dr. -- yeah, I believe it was  
9 Dr. Cooper told me the results of the CT were  
10 negative, and I asked him what that meant, and he said  
11 there was no bleeding.  
12 Q Were you ever present when any physician  
13 actually put the scans up on a computer screen or a  
14 box and looked at them?  
15 A No.  
16 Q So Dr. Cooper told you the CT scan results  
17 were negative which meant no bleeding.  
18 Anything else that you remember in the  
19 conversation with Dr. Cooper?  
20 A Yeah. He told me about TPA. Told me there  
21 was a drug called TPA that can be used if it was a  
22 stroke and he explained a little bit of what TPA does.  
23 Q What did he tell you?  
24 A That it breaks up the blood clot and that it

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1 can restore blood flow to the brain. That it's the  
2 only drug that can be used for that.  
3 Q Why was it that Dr. Cooper is telling you  
4 about TPA?  
5 A Well, they told me it would be -- that it  
6 was either a stroke or a seizure, so I assumed they  
7 were just giving me the two scenarios.  
8 Q Okay. Did any -- did Dr. Cooper tell you  
9 that he was going to utilize TPA or just telling you  
10 about the --  
11 A He told me the basics of it and then he told  
12 me that when the neurologist got there that she would  
13 explain it to me more in detail.  
14 Q Did you have any other conversations with  
15 Dr. Cooper that night that you remember?  
16 A Yes, I did.  
17 Q And when did the next conversation occur?  
18 A I mean, we had little conversations  
19 throughout the night. I mean, I would just -- you  
20 know, he would say, you know, how are you doing, and  
21 little things like that.  
22 I remember the next significant  
23 conversation with him was when Ted was being taken to  
24 CCU.

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1 Q So let's back up then.  
2 They take Ted to get the CT scan, the  
3 results are returned.  
4 Did Ted come back before you talked to  
5 Dr. Cooper or did Dr. Cooper --  
6 A He did.  
7 Q Do you remember approximately what time that  
8 was?  
9 A I don't.  
10 Q Dr. Cooper speaks with you about the results  
11 of the CT scan, told you it's negative.  
12 What's the next plan or what happened  
13 next?  
14 A Well, we're waiting to have the MRI done and  
15 we're waiting for the neurologist who I didn't know  
16 who it was at the time, we're waiting for the  
17 neurologist to arrive.  
18 Q While you were waiting, was Ted undergoing  
19 any treatment at all?  
20 A They -- at one point they brought in some  
21 baby aspirin to give him. You know, before that they  
22 had hooked up a couple I.V.s. I don't know what was  
23 in them but I don't think any -- no, they didn't know  
24 what was going on. They really didn't give him

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1 anything other than to stabilize him.  
2 Q At some point it was -- the next thing that  
3 happened then, he either went for the MRI or was seen  
4 by the neurologist?  
5 A Yeah. I mean there was, you know -- yeah.  
6 He went for the MRI and I don't remember if it was Dr.  
7 Stern arrived and I don't remember if it was during  
8 the MRI or if it was before the MRI.  
9 Q Did you speak with Dr. Stern at any time?  
10 A Yes, I did.  
11 Q Just so we don't miss anything, the CT scan  
12 gets returned --  
13 A Yes.  
14 Q -- the results. You have a conversation  
15 with Dr. Cooper.  
16 A Uh-huh.  
17 Q And then you're waiting for the neurologist  
18 to come or to go -- for him to go to the MRI, correct?  
19 A Yes.  
20 Q How long was it between the CT scan and the  
21 MRI, if you know?  
22 A Not long. I don't know. I can't tell you  
23 exactly. I know it was -- I know the progression was  
24 moving along.

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1 Q So was the next important thing in your mind  
2 that happened was you had a conversation with  
3 Dr. Stern, the neurologist?  
4 A Yes.  
5 Q Can you tell us about that conversation.  
6 A She went through a checklist for TPA. It  
7 looked to me like it was a formal preprinted  
8 checklist.  
9 Q She had a piece of paper?  
10 A She had a piece of paper and she was going  
11 down the questions.  
12 Q Were they questions that you could answer?  
13 A Yes, they were.  
14 Q Like what?  
15 A How old is Ted? Does he smoke? Does he  
16 drink? How much does he drink? Did his mother ever  
17 have a miscarriage? Did he have any previous health  
18 problems? That's what I remember.  
19 Q After you went through the checklist --  
20 A Yeah.  
21 Q -- what else did you and Dr. Stern discuss?  
22 A She told me they would do the MRI and they  
23 would have to go from there.  
24 She told me what TPA is used for.

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1 Q Similar to the explanation given to you by  
2 Dr. Cooper?  
3 A Uh-huh, yeah.  
4 Q What exactly did Dr. Stern tell you?  
5 A She asked -- I told her Dr. Cooper had  
6 explained it but she explained it again. And she  
7 basically said it's used for strokes and it breaks up  
8 the blood clot.  
9 Q Anything else in that initial conversation  
10 with Dr. Stern that you remember?  
11 A I remember asking what would cause a stroke?  
12 Q What did she tell you?  
13 A Various things. She said various things.  
14 If it was a clot, it would have to travel through his  
15 heart to get to his brain.  
16 She said high blood pressure, high  
17 cholesterol. I told them that Ted didn't have either  
18 one of them. That he has excellent cholesterol  
19 levels.  
20 It was a fairly brief and structured  
21 conversation with her. It wasn't --  
22 Q Did anything happen between the time that  
23 you talked to Dr. Stern and Ted was taken from the MRI  
24 that you remember?

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1 A I went out to call my sister-in-law again.  
2 Q Did you get in touch with her?  
3 A Yes, I did.  
4 Q Told her what was going on?  
5 A Told her what was going on.  
6 Q Did she come into -- did she make plans to  
7 come to Chicago?  
8 A Not at that -- at that point nobody really  
9 did. We weren't -- at that point it was kind of  
10 assessing the situation and trying to find out what  
11 was going on.  
12 We weren't planning for the future at  
13 that point. We were just trying to get through the  
14 emergency room.  
15 Q After the conversation with your  
16 sister-in-law, what happened?  
17 A As I was talking to her and telling her that  
18 it might be a stroke, she was giving me some advice.  
19 Then I went inside -- I was talking to her and the  
20 nurse came out and said, Dr. Stern is getting ready to  
21 leave, I think you might want to talk to her before  
22 she leaves.  
23 So I hung up the phone and went in and  
24 she explained to me that the MRI was negative. And I

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1 again asked what does negative mean.  
2 Q What did she tell you?  
3 A She said it wasn't a stroke.  
4 Q What else do you remember about that  
5 conversation?  
6 A I said to her, what would it be, and she  
7 said, we don't know.  
8 I asked her and Dr. Cooper why they  
9 couldn't just give TPA.  
10 Q Did you get an answer?  
11 A Yes. Because if it wasn't a stroke, then  
12 that drug could be very dangerous.  
13 Q And who told you that, Dr. Cooper or  
14 Dr. Stern?  
15 A I believe it was Dr. Cooper.  
16 Q Did Dr. Stern explain in any more detail why  
17 she thought it was not a stroke?  
18 A After the MRI came back?  
19 Q Yes.  
20 A No. I believe she just said nothing showed  
21 up on the MRI.  
22 Q What happened after -- what happened then?  
23 A Dr. Cooper -- you know, Dr. -- well, the  
24 nurses and stuff were getting Ted ready to take him to

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1 CCU, and Dr. Cooper was kind of walking with me and  
2 that's when I said, you know, what do you think it is,  
3 and he said either a stroke or a seizure.  
4 And I said, what do we want it to be?  
5 And he said, a seizure. And then we basically went to  
6 CCU.  
7 Q Was that the last time you saw Dr. Cooper?  
8 A Yes.  
9 Q Have we covered all the conversations with  
10 Dr. Cooper that you remember?  
11 A Yeah.  
12 Q Do you know what time he was admitted to CCU  
13 approximately?  
14 A Yeah. Within a couple -- I don't know,  
15 couple hours after being admitted to the emergency  
16 room.  
17 Q Did you have any further contact with  
18 Dr. Stern after the conversation you have told us  
19 about?  
20 A That night or the next day?  
21 Q That night.  
22 A That night, no. I didn't see her again.  
23 Q Did you talk with any other physicians that  
24 evening once Ted was admitted to CCU?

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1 A Yes.  
2 Q Who?  
3 A I don't know his name.  
4 Q Tell me about the conversation.  
5 A Uh-huh. After Ted was put in his room, he  
6 was touching his right leg with his -- kind of patting  
7 it with his right hand and he was very restless and so  
8 I went to the nurse's station and there was a doctor  
9 sitting there, and I explained to him what Ted was  
10 doing. And I said, we need to have more tests done.  
11 I said, he's telling me something.  
12 And he said, there's nothing we can do  
13 until the morning. We have an EEG scheduled.  
14 But I don't know who he was. His back  
15 was to me when I asked him the question. Then he kind  
16 of turned, but I don't know his name.  
17 Q What exactly was Ted doing that concerned  
18 you?  
19 A Well, he was very restless and I knew he was  
20 trying to tell me something because he was kind of --  
21 he was laying down but he was kind of patting his leg  
22 and he kept lifting it and just hitting his leg and he  
23 was also hitting his chin like this, which he was also  
24 doing that in the emergency room. He was tapping.

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1 Q Has anybody told you since that event what  
2 significance that had?  
3 A Well, from reading everything about stroke,  
4 numbness on a specific side of your body and weakness  
5 on a specific side of your body is a big warning of a  
6 stroke, so that would be my conclusion, but. . .  
7 Q Have you ever have any -- strike that.  
8 After you talked with this physician,  
9 Ted is in CCU, did you talk with any other physicians  
10 that evening?  
11 A Not that I'm aware of.  
12 Q What's the next contact you had with a  
13 physician?  
14 A The next morning.  
15 Q How early?  
16 A You know, I think Dr. Oh came in first, but  
17 I'm not positive, and Dr. Katznelson, but they were  
18 both very close to one another and there were so many  
19 people coming in, I remember the next big conversation  
20 was with Dr. Katznelson.  
21 Q Did you remain in the hospital that evening?  
22 A Yes.  
23 Q When -- just for my point of reference, when  
24 was the next time that you went home?

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1 A I don't think I went home at all on Friday.  
2 Q The 22nd, right?  
3 A Yeah. I don't think I did. If I went home,  
4 it was for 15 minutes. I don't -- I don't remember.  
5 I mean, those next two days were crazy. I mean, I was  
6 basically at the hospital 24 hours sleeping at the  
7 hospital.  
8 Q At any time during this two- to three-day  
9 period, did any friends or family members come to the  
10 hospital?  
11 A My friend Christine Davis from Atlanta flew  
12 up. Doug Butler, one of Ted's friends, he flew in. I  
13 believe he was there Sunday, on Sunday.  
14 Ted's brothers flew in on Sunday. I'm  
15 trying to think if all of them came. I think all of  
16 the brothers came and his sister came.  
17 Q Go through the names with me.  
18 A Tommy, Gary, Jeff, Scott, and Nancy.  
19 Q Where does Tommy live?  
20 A Tommy lives in Searingtown, New York.  
21 Q He's the one married to the sister-in-law  
22 that you talked to?  
23 A Yeah, to Jeanette, exactly.  
24 Q Gary?

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1 A Gary Baxter.  
2 Q Where does he live?  
3 A He lives in Oceanside, New York.  
4 Q Jeff?  
5 A Jeff lives in Valley Stream, New York.  
6 Q Scott?  
7 A Scott lives in Oceanside.  
8 Q And Nancy?  
9 A Nancy lives in -- I don't remember if she's  
10 in -- I don't remember what town, but she's in that  
11 same area. I think she's in Babylon.  
12 Q Any of the family members, people that came  
13 to the hospital, in the health care profession?  
14 A No.  
15 Q Is there anybody that you were talking to  
16 about Ted's condition who has medical -- in the health  
17 care profession that was giving you advice?  
18 A Can you repeat that?  
19 Q Anybody that you were talking to at this  
20 time other than the physicians and the nurses and the  
21 people in the records that was giving you advice?  
22 A So we're talking the next morning?  
23 Q Next couple days. I'm just asking you if  
24 there was a doctor down the street or a friend that

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1 you would call that was sort of --  
2 A Dr. Sullivan.  
3 Q Okay. Who is Dr. Sullivan?  
4 A Dr. Sullivan is -- he's a general  
5 practitioner. He's downtown Chicago. He was put in  
6 touch -- Ken Griffin put us in touch with  
7 Dr. Sullivan.  
8 Q That's Terrence Sullivan, correct?  
9 A Terrence Sullivan, yes.  
10 Q Anybody else that you were talking to at  
11 this time that was not associated with Evanston  
12 Hospital?  
13 A That has medical?  
14 Q Yes.  
15 A No.  
16 Q So now we're at the next morning?  
17 A Yes.  
18 Q Dr. Oh and Dr. Katznelson become involved.  
19 Through the evening hours --  
20 A Yes.  
21 Q -- you said you were staying -- you were in  
22 and out of his room?  
23 A I was -- yeah, the only time I left his room  
24 was to go find nurses.

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1 I was also telling nurses every 30 to  
2 45 minutes, I was telling the two nurses that he was  
3 doing this, that he was patting his leg and that he  
4 was touching his chin. So every, yeah, 30 to 45  
5 minutes I would go and find one, if not both of them,  
6 and say, you have to do something. And they kept  
7 saying, we can't do anything until the morning.  
8 But other than leaving to find either  
9 the nurse or the doctors, I was in his room.  
10 Q Do you know the names of these nurses?  
11 A I do. One -- I might not have them exactly  
12 right, but one was Stella and the other one was like  
13 Dorita or something, something like that.  
14 Q Did you see his condition change at all  
15 during the course of the evening and early morning  
16 hours?  
17 A Yes.  
18 Q Tell me how and when.  
19 A Well, in the emergency room he obviously  
20 still had movement in his right side. By morning that  
21 had disappeared.  
22 He was a lot more alert in the  
23 emergency room and by the morning he was, you know,  
24 certainly not as alert. You know, responding but

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1 barely or not -- I don't know if I should say  
2 responding. He was opening his eyes.  
3 Q Anything else?  
4 A The night in the emergency room, someone  
5 asked him his name and he mumbled something, but it  
6 wasn't his name, and they asked me, was that his name,  
7 and I said no. But by the morning he was completely  
8 nonverbal.  
9 Q When we talked about how Ted is today --  
10 A Yeah.  
11 Q -- you didn't describe any limitations,  
12 numbness, weakness that he has.  
13 Is that because there is none or we  
14 just didn't cover it?  
15 A I mean there is some. There is some.  
16 It's -- when he's tired, he -- definitely see his  
17 right arm start to hang. He holds it differently.  
18 And he kind of walks, you know, when he  
19 walks, you can see that there's an imbalance; that  
20 there's a weakness on his right side. There is  
21 definitely still some weakness there.  
22 Q So Dr. Oh and Dr. Katznelson were the first  
23 two physicians the next morning, Thursday the 22nd, to  
24 examine Ted?

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1 A Yes.  
2 MR. BARRY: Can we take a quick washroom break?  
3 (Whereupon, a brief recess  
4 was taken.)  
5 BY MR. SLOVIS:  
6 Q I think we were at the spot where we were  
7 talking about Dr. Oh and Dr. Katznelson coming in?  
8 A Uh-huh.  
9 Q So I understand, though, what you went  
10 through that evening --  
11 A Yeah.  
12 Q -- you were talking to the nurses trying to  
13 get someone to look at Ted, right?  
14 A Yes.  
15 Q And they said they couldn't get anybody why?  
16 A They didn't give me a reason. We just can't  
17 get anybody. We have his test scheduled in the  
18 morning. There's nobody around right now.  
19 Q Do you remember which doctor you saw first,  
20 Oh or Katznelson?  
21 A No, there were two Dr. Ohs, to complicate it  
22 even more, so I don't.  
23 But I remember when Dr. Oh came in, it  
24 was brief. Well, he did the -- we didn't really have

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1 a conversation. He examined Ted but we didn't really  
2 have a conversation.  
3 Q Take me through that morning. You can look  
4 at the medical records.  
5 Have you seen the medical records?  
6 A Uh-huh.  
7 Q Yes?  
8 A Uh-huh.  
9 MR. BARRY: You have to answer out loud. Mike  
10 can't take down --  
11 THE WITNESS: Sorry. Yes.  
12 BY MR. SLOVIS:  
13 Q I know you've been reading up on strokes and  
14 TPA and things of that sort.  
15 A Yes.  
16 Q In preparation for the deposition today, did  
17 you look again at the medical records?  
18 A Briefly. Briefly. But I can't -- you know,  
19 I can't read all of their terms and notes and numbers  
20 and stuff, but I did briefly read some of that.  
21 Q And you know when you look at the medical  
22 records and you were there that morning --  
23 A Yeah.  
24 Q -- physicians began to appreciate what

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1 happened to Ted?  
2 A Uh-huh, yes.  
3 Q Take me through your conversations with the  
4 physicians and what was going on with Ted that morning  
5 on April 22nd?  
6 A Yeah.  
7 So the first with Dr. Katznelson, he  
8 came in while Ted was having the EEG done and the EEG  
9 was stopped at that point. I don't know if it was  
10 before it was done or Katznelson just stopped it and  
11 at that time he told me it was a seizure and he left  
12 the room. And within a very short time he came back  
13 in and said it was a small stroke.  
14 Q Did Dr. Katznelson examine Ted at any time  
15 during either visit?  
16 A He did. He did. He did the whole touch  
17 your nose, show me two fingers, and Ted was not really  
18 responding.  
19 Q Which time, the first visit or the second  
20 visit did he examine him?  
21 A I believe it was the first visit.  
22 Q Now, did Ted understand certain commands?  
23 A I know he would squeeze their finger with  
24 his left hand but he wasn't really understanding their

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1 verbal commands.  
2 They think he was just, you know,  
3 reacting to their finger in his palm.  
4 Q Now, I know just from sitting here this  
5 short time with you that throughout the night when you  
6 were with Ted, you were obviously talking to him?  
7 A Oh, yeah.  
8 Q Did you get any response at all?  
9 A None.  
10 Q Any sense in his face that he understood or  
11 heard you or knew you were there?  
12 A I know that he was telling me, you need to  
13 help me, there's something going on. I know he was  
14 trying to communicate that to me.  
15 Q Dr. Katznelson returns, tells you it's a  
16 stroke.  
17 Do you know what changed his opinion?  
18 A I assume he looked at the MRI or the CT from  
19 the night before.  
20 Q Did he tell you that or you just assume?  
21 A I don't remember.  
22 Q There's an allegation in this lawsuit that  
23 the CT and the MRI from the night before was read  
24 inappropriately. I think you're aware of that

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1 allegation.  
2 Has any physician told you when you  
3 look at the scans that they were read inappropriately?  
4 A Days later Dr. Taber told me that, you  
5 know -- Dr. Taber said looking back on the situation,  
6 should we have given TPA, yes, without a doubt. And  
7 he -- I don't remember his exact words, but he  
8 indicated to me that they made a mistake.  
9 Q Any other physicians?  
10 A No.  
11 Q I have really asked you two questions so  
12 let's split it up so that we understand.  
13 The first question I said did any other  
14 physicians tell you that the CT and MRI on the 21st  
15 were interpreted incorrectly.  
16 Other than Dr. Taber, were there any  
17 other physicians that told you that?  
18 A Outwardly, no, but I -- I mean, I knew that  
19 Katznelson was getting the information from somewhere,  
20 but no, he didn't tell me that.  
21 Q Any other physicians other than Dr. Taber  
22 tell you that TPA should have been administered on the  
23 21st?  
24 A Yes.

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1 Q Who else?  
2 A His doctor at the Rehab Institute in  
3 Northbrook told me that TPA should have been given.  
4 Q Do you know his name?  
5 A It was a woman. I don't know. I know I  
6 have it written down at home but I don't remember it  
7 off the top of my head, but it's the top doctor at the  
8 Rehab Institute there.  
9 Q Anybody else?  
10 A I know various people along the way asked me  
11 why he wasn't given TPA and they assumed that he  
12 didn't get to the hospital on time.  
13 Q Dr. Katznelson returns and tells you it's a  
14 stroke.  
15 A Uh-huh.  
16 Q What does he then do?  
17 A First he told me it was a small stroke. We  
18 didn't talk in great detail at that time. He told me  
19 he would come back.  
20 Then he came back again within a very  
21 short amount of time and told me it was a massive  
22 stroke. At that point he explained to me what that  
23 meant.  
24 Q What did he say?

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1 A He said he had a massive stroke. His brain  
2 will have -- his brain will swell and because he's so  
3 young and his brain is so plump, that he will probably  
4 have tremendous swelling and it will be devastating.  
5 That when the swelling happens it presses down on the  
6 brainstem and the person dies.  
7 Q Anything else that you remember from that  
8 conversation?  
9 A He told me that we had -- there were  
10 possibly two things we could do, either the surgery to  
11 relieve the pressure or a drug that would hopefully  
12 reduce some of the swelling, but we weren't sure at  
13 that point if we were going to use either one of them  
14 and he had to consult with the neurosurgeon.  
15 Q Do you know the name of the neurosurgeon he  
16 consulted with?  
17 A I believe it was -- well, I saw Dr. Cousins,  
18 so I think it was Dr. Cousins. I think it's Jeffrey  
19 Cousins.  
20 Q Did they recommend either option to you?  
21 A They weren't really recommending it to me.  
22 They were telling me that these were two possible  
23 options that they would discuss with each other and  
24 let me know if they were suited for Ted or not.

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1 Q It wasn't a decision that you were making as  
2 far as options and treatment plans; they were going to  
3 tell you what their treatment plan was going to be?  
4 A At that point, yes.  
5 Q Do you remember anything else from that  
6 conversation with Dr. Katznelson on the 22nd?  
7 A I remember asking, just making sure Ted was  
8 in the best hospital, making sure that Evanston had a  
9 great stroke team that could take care of Ted. That  
10 was my next big concern is should we move him downtown  
11 or is this a good place for him. And he told me that  
12 it was a good place, that he was fine there.  
13 Q Anything else that you remember?  
14 A He told me that a cardiologist would come in  
15 and that they would evaluate Ted. You know, I kept --  
16 I know I kept asking what would have caused it, if it  
17 would have been a blood clot, and nobody would answer  
18 that question.  
19 Q Who was the next doctor -- is that all you  
20 remember of the conversation with Dr. Katznelson?  
21 A Yeah.  
22 Q And so at this time now they're trying to  
23 devise a treatment plan for Ted?  
24 A Yes.

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1 Q Other physicians saw him during that day?  
2 A A lot.  
3 Q Okay. Do you remember specifically -- I  
4 mean, I can look at the medical records and figure out  
5 who was in and out, and I have done that, but I'm more  
6 interested in your perception and your conversations  
7 with the physicians.  
8 A Well, I mean my main thing was what can we  
9 do? If it's a stroke, what can we do? They all told  
10 me at that point there's not a lot that can be done  
11 other than maybe preventing the swelling. But there  
12 was nothing that could change the stroke.  
13 You know, they were just -- I mean it  
14 was all the same -- the same neurological  
15 examinations. You know, show me two fingers, touch  
16 your nose. And, I mean, it was -- I don't even know  
17 how many doctors. It was a day of just doctors coming  
18 and going. And nurses and resident -- or -- what am I  
19 thinking of?  
20 Q The residents?  
21 A The residents.  
22 And at one point during that day he got  
23 moved to ICU also. I mean, I think -- well, it was a  
24 few hours later but he did get moved to ICU. So it

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1 was just me trying to make sure that was the best  
2 hospital and what can we do.  
3 Q In your mind, was there a treatment plan  
4 established?  
5 A At that point, no. They were still trying  
6 to find out, I think, if he -- what was going on with  
7 his heart and what exactly was, you know, being done.  
8 No, I don't think really until the next  
9 day there was a treatment plan established.  
10 Q And who was it the next day that you spoke  
11 with regarding this treatment plan?  
12 A Dr. Taber.  
13 Q What was the plan that Dr. Taber devised?  
14 A Well, he told me again about two options we  
15 had. He actually -- Dr. Taber actually threw in a  
16 third option, I guess, so it was either the medication  
17 to reduce the swelling, it was the surgery to reduce  
18 the pressure, which I think is a craniotomy, right,  
19 and the third was a very drastic surgery where they  
20 could remove part -- the part of the brain that was  
21 damaged, but he told me he needed to speak to the  
22 neurosurgeons to find out if Ted was even a candidate  
23 for either one of those surgeries.  
24 Q Ultimately did he have that conversation

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1 with the neurosurgeons?  
2 A He did.  
3 Q Were you a part?  
4 A Yes. Dr. Cousins came in and examined him  
5 and he told me that Ted was certainly not a candidate  
6 for the surgery that removes part of his brain and  
7 he -- and the other surgery was -- he didn't think he  
8 was a candidate for that either. He didn't think it  
9 would be that helpful.  
10 Q So they placed him on medication to reduce  
11 the swelling?  
12 A I don't think they did. And I asked why.  
13 And they told me because it's a steroid and steroids  
14 can bring down your immune system. So if he was on  
15 anything, it was very small amounts.  
16 Q So throughout the hospitalization, Ted was  
17 monitored by Dr. Taber?  
18 A Yeah. Dr. Taber took over.  
19 Q And the plan was to see how he reacted to  
20 his condition?  
21 A Well, they pretty much told me he would --  
22 chances are he would die. That his stroke was so  
23 severe that he would die.  
24 And, you know, my question was, well,

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1 how will that happen? What will happen and when will  
2 that happen? So that was, you know, that was a big  
3 part of our conversations at that point.

4 Q Is there a point in the hospitalization  
5 where, you know, their outlook or recommendations to  
6 you began to change?

7 A Where I didn't --

8 Q Well, the physicians were telling you to  
9 prepare for the worst?

10 A Yeah, uh-huh.

11 Q Ted wasn't there that long until he was  
12 transferred to RIC, correct?

13 A Yes, right. He was there, I believe,  
14 Thursday through Friday or Thursday through Thursday,  
15 something like a week.

16 Q Without going through the entire week day by  
17 day because I'm not sure that's necessary for our  
18 purposes here, Dr. Taber at some point made the  
19 decision to transfer the patient, correct?

20 A To ICU, you mean?

21 Q To the RIC?

22 A To RIC, yes, yes.

23 Q And the conversation you had with Dr. Taber  
24 about why he wanted to transfer Ted to RIC, can you

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1 tell me about that?

2 A Yeah. I mean, at one point he made a -- he  
3 was starting to really show improvement. I mean,  
4 compared to being, you know, almost nonresponsive. He  
5 started to become a little more alert.

6 And we were trying to get him to sit in  
7 a chair and, you know, obviously with a lot of help he  
8 could sit in the chair for a couple minutes, so they  
9 saw he was making some progress. And that's when they  
10 decided they would transfer him, at least get ready to  
11 transfer him down to RIC.

12 Q I want to get to that point.

13 When his -- when he began to show  
14 progress or his prognosis changed a little bit, that  
15 was three to four days into the hospitalization?

16 A No. I would say maybe Tuesday.

17 Q And you told us earlier that it was a couple  
18 days before you were able -- before Ted was able to  
19 communicate at all?

20 When was the first time that you --  
21 that Ted was able to communicate in any fashion to  
22 you?

23 A In any fashion. When he was in CCU, so  
24 after he left ICU -- actually, sorry, when he was in

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1 ICU, he would, with his left hand, he could kind of  
2 reach out and grab me or try to grab me and I would  
3 come closer. So he was communicating in that way.

4 Q This was day two then, right?

5 A Oh, no, this was probably day --

6 MR. BARRY: He goes -- he goes telemetry, ICU,  
7 telemetry, discharge, so it goes up and back down.

8 This, I think, is when he's --

9 THE WITNESS: This is when he's back in ICU so  
10 it's probably -- it's not Friday. I would say  
11 Sunday-ish.

12 MR. SLOVIS: Okay.

13 THE WITNESS: I mean, he was really  
14 completely -- I don't know. I don't know what the  
15 word is. He wasn't really responding for a good two  
16 days possibly into the third day, but not verbally  
17 talking.

18 BY MR. SLOVIS:

19 Q When was the first time that he was able to  
20 verbally express himself?

21 A And make sense?

22 Q Yeah. Months?

23 A I would say at about the -- I mean, it's  
24 hard. I mean, at three weeks, we can communicate with

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1 various methods, but to actually -- oh, it wasn't  
2 for -- I mean it was months before I said, what do you  
3 want for dinner, and he said, chicken. That was  
4 months.

5 And that was really the first real  
6 appropriate word that came out. He said other words  
7 but they weren't appropriate and sometimes weren't  
8 even real words. But certainly not at Evanston  
9 Hospital.

10 Q He's discharged on the 29th of April from  
11 Evanston to RIC?

12 A Yes.

13 Q At RIC it's my understanding that he went  
14 through real intensive therapy sessions?

15 A Uh-huh.

16 Q Correct?

17 A Yeah. Their standard therapy.

18 Q And he was there for a month?

19 A Yes.

20 Q Would you visit him every day?

21 A Every day.

22 Q Did you see some improvement during the  
23 month at RIC?

24 A Yes.

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1 Q When he was discharged from RIC, did he go  
2 home?

3 A He did.

4 Q At that point, May 27th, 2005, was his  
5 condition different than it is today?

6 A Oh, yeah, definitely.

7 Q How? Tell us how.

8 A He was walking but he was unstable. His  
9 speech was, you know, I mean it was -- it took all day  
10 to have a conversation. He didn't have use of his  
11 right arm at the beginning.

12 Q What about his ability to understand at that  
13 point what had happened. You think he understood?

14 A No.

15 Q When you were discharged from RIC in May of  
16 2005, that's when you started going to Northbrook for  
17 the outpatient therapy?

18 A Exactly.

19 Q Did you ever have somebody come in the home  
20 for therapy?

21 A No, we went there five days a week.

22 Q How long did he go there for five days a  
23 week?

24 A I want to say a month. But during that

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1 month, we were kind of changing the schedule on and  
2 off so there may have been weeks where it wasn't all  
3 day.

4 Q And then did he continue to go to the  
5 outpatient center at RIC or has he just stopped  
6 completely?

7 A He continued until we moved downtown in  
8 August and he stopped and then he was going to RIC  
9 outpatient downtown.

10 Q Then he continued RIC downtown until when?

11 A I would say for maybe three or four months  
12 and it was mostly speech therapy three times a week,  
13 some occupational therapy and some physical therapy.

14 Q Today he's just going to the limited speech  
15 therapy, the woman Doreen, I thought you said?

16 A Yeah, exactly.

17 Q Now, he's attempted some different programs.  
18 There's a program at University of Michigan.

19 Can you tell us -- that was in February  
20 of 2006?

21 A He started in January and it ended in  
22 February.

23 Q Can you tell us about that program.

24 A Sure.

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1 It's called the residential aphasia  
2 program and it's a six-week, basically six hours a  
3 day, all speech therapy. Everybody there has aphasia.  
4 Most of the sessions are one on one but not all of  
5 them.

6 So he stayed at a hotel while he was  
7 going there for six weeks.

8 Q Did you stay with him or were you here?

9 A Both.

10 They highly recommend patients stay on  
11 their own. They have a shuttle bus that takes them  
12 back and forth. The dinners are included at the  
13 hotel. So they strongly advise the family to not stay  
14 with the patients, but I was back and forth.

15 Q Did you think that it helped at all?

16 A I think so.

17 Q Is it a one-time deal or something that you  
18 can go back?

19 A It depends. I mean some people -- some  
20 people go back several times. I mean, it's not a  
21 miracle cure, that's for sure, but some people go back  
22 several times.

23 It's very expensive and most insurance  
24 companies don't pay for it.

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1 Q I saw the price. Is it something you paid  
2 out of pocket?

3 A We initially were going to have to pay for  
4 it but I spoke to Citadel and they gave a one-time  
5 exception and paid for it for us.

6 Q The insurance company or Citadel itself?

7 A Citadel. It looks like it went through the  
8 insurance company. And I'm not sure how Citadel  
9 worked that out.

10 But at the beginning it was going to be  
11 us and I asked them to pay so I don't -- I don't know  
12 how they worked it out. It looks like it's through  
13 insurance, but that's not the standard.

14 Q Ted had a disability policy?

15 A Yes, he did.

16 Q Was that through Citadel?

17 A Yes.

18 Q How much was the policy for?

19 A How much does it pay out?

20 Q Yes.

21 A It pays 60 percent of his base pay.

22 Q And was his base pay the 1.3 then?

23 A Uhn-uhn.

24 Q What was his base pay?

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1 A Base pay, I believe, at Citadel was two --  
2 250 or 350. It must be 350.  
3 Q It was 250 at Credit Suisse.  
4 A I think it was -- I believe it was 350.  
5 Q And is that 60 percent forever?  
6 A Until age 64, 65. As long as they continue  
7 paying -- as long as they don't find any reason not to  
8 pay it, so it's not a guarantee.  
9 Q Has he continued to receive health benefits  
10 then through Citadel?  
11 A We're on COBRA now, and in December that  
12 ends and we have to find a private plan for him.  
13 Q Any other disability policies that he has  
14 other than that one?  
15 A No. I mean he's on Medicare. I mean,  
16 Social Security disability.  
17 Q How much do you get per month from that?  
18 A That -- well, that offsets the long-term  
19 disability. I think Social Security disability is  
20 around 1200 a month.  
21 Q His cardiac condition, at some point they  
22 figured out that he had a PFO was diagnosed?  
23 A Exactly.  
24 Q When was that?

1 A We saw him once when he was at the Rehab  
2 Institute, Dr. Burke came in to see him, and then we  
3 went to his office once after Ted was out of the Rehab  
4 Institute.  
5 Q The program in Florida, the VA speech  
6 program, can you tell us about that again?  
7 A It was just another speech study that we got  
8 him into and it was -- don't remember how long that  
9 one was. I want to say four weeks but I'm not  
10 positive.  
11 And, you know, again, they have -- you  
12 know, this one had a specific theory on what might  
13 help people with aphasia, so it was basically just  
14 intensive speech therapy two to three hours a day, I  
15 believe it was four days a week, depending on the week  
16 because she had to juggle her schedule, but roughly  
17 four days a week, three hours each day with one other  
18 guy.  
19 So it wasn't one on one. There was  
20 another guy that was an equal match to him and they  
21 kind of worked together with the speech therapist.  
22 Q And the program now, is he still in it at  
23 Northwestern or he's completed it?  
24 A Yeah, I believe he's completed it. They

1 A That was April 22nd, Friday.  
2 Q And did they tell you that that was a  
3 long-standing condition that had just never been  
4 diagnosed?  
5 A They told me it's a birth defect and that  
6 one in four people have that.  
7 Q It was repaired, I think, July?  
8 A I think it was July of 2006.  
9 Q Does anybody think that the PFO had any  
10 relationship to the stroke?  
11 A No. They think the PFO allowed the clot to  
12 travel through the heart but it did not cause the  
13 stroke.  
14 Q And it was repaired to prevent other strokes  
15 from migrating that way?  
16 A Yeah.  
17 Q Other clots?  
18 A Or any other complications, yeah. That was  
19 debatable whether it should be done or not.  
20 Q Has -- other than surgical procedure itself,  
21 has he had any cardiac problems whatsoever?  
22 A No.  
23 Q How often do you see Dr. Burke? He's a  
24 neurologist at Northwestern.

1 were doing some final testing and I believe that's  
2 done.  
3 Q Okay. So today besides Doreen, is he  
4 undergoing any treatment, rehabilitation for his  
5 speech?  
6 A No.  
7 Q And physically other than the memory lapses  
8 and some of the problems we have discussed, he has no  
9 physical problems? That's a bad question.  
10 What I'm asking you, other than the  
11 stuff we have talked about, we talked about a little  
12 weakness --  
13 A Yes.  
14 Q -- are there any other physical conditions  
15 that he has that you haven't told us about?  
16 A No.  
17 Q Andrew Robinson was the friend from England,  
18 is that who that is?  
19 A Uh-huh.  
20 Q The first seizure that he had, I know  
21 there's two, so there's one in Ann Arbor and one in  
22 Scottsdale?  
23 A Exactly.  
24 Q I'm not looking at my notes. Which was



1 first?  
2 A The one in Michigan, in Ann Arbor.  
3 Q That was when he was undergoing the speech  
4 program, correct?  
5 A Exactly.  
6 Q Can you tell me what happened?  
7 A I wasn't there so I can tell you what I  
8 heard happened.  
9 Q Thank you.  
10 A He was at the YMCA working out and  
11 apparently he was on an elliptical trainer and he flew  
12 off of it backwards.  
13 He doesn't remember that. And I  
14 actually heard that from the manager of the gym who  
15 heard that from somebody else.  
16 Q He was taken to the hospital?  
17 A Yeah. They called 911. He was taken to the  
18 hospital. And I didn't even know about it until that  
19 night because he couldn't give a phone number and he  
20 didn't have his wallet on him because it was in his  
21 gym locker. So I didn't know about it until that  
22 night when I finally got a call from the hotel and  
23 they said you need to call your husband in the room.  
24 And he told me what happened.

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1 Q Now, when you --  
2 A What he remembers.  
3 Q When you talk to him on the phone --  
4 A Yeah.  
5 Q -- you're able to communicate with him,  
6 understand what he's trying to say?  
7 A Yeah. With me asking a lot of questions, a  
8 lot of clarification, a lot of patience, and again,  
9 there are always things I don't understand.  
10 I mean, that's why I called the health  
11 club afterwards and said, can you give me more  
12 insight.  
13 You know, I called the doctor in the  
14 emergency room that treated him in the emergency room  
15 and said, can you fill me in, because I don't -- you  
16 know, there are bits and pieces missing.  
17 I mean, he -- it's very hard for him to  
18 sequence things together. He leaves words out --  
19 words out. So I had to -- yeah, I have to then call  
20 these people to piece it together as much as I can.  
21 Q The treatment for this seizure, he's under  
22 medication, correct?  
23 A Yes.  
24 Q Are they able to identify where the seizure

90

1 activity came from in the brain?  
2 A Well, they can assume it's in the speech  
3 center, yeah.  
4 Q Is there any treatment that they want to do  
5 other than medication?  
6 A No.  
7 Q Has he had any problems with the medication?  
8 A Yes. He was on Keppra initially, and it's  
9 K-e-p-p-r-a, and his speech declined significantly  
10 when he started taking Keppra and he was very tired.  
11 So when he came back after Ann Arbor,  
12 we went to see Dr. Taber and Dr. Taber wanted to put  
13 him on Lamictal. So that was a big transition. I  
14 mean, it takes months to go off of one seizure  
15 medication and onto another. So he was transitioning  
16 him off of Keppra onto Lamictal and that's when Ted  
17 had his second seizure.  
18 Q That was my question.  
19 During that time period you were down  
20 in Arizona?  
21 A Uh-huh.  
22 Q On some sort of vacation?  
23 A We have a time share so we went down there  
24 for a week.

91

1 Q Were you -- did you witness that event?  
2 A No.  
3 Q Tell me what you learned.  
4 A Yep.  
5 He got up early. Couldn't sleep. And  
6 he said he was going to go walk around the grounds of  
7 the property so he did.  
8 And he went into the gym and he thought  
9 he would lift a few weights, so he went in and lifted  
10 a few weights, walked out, and I guess two women came  
11 out at some point and saw him seizing and they called  
12 911, and that's when I got a phone call from the front  
13 desk saying your husband is having a seizure, so I  
14 threw on my clothes and ran down and found him and he  
15 had just finished convulsing when I got there.  
16 Q It was October 1 of '06, right?  
17 A Yes.  
18 Q Any long-term damage from either seizure  
19 that you're aware of?  
20 A Long-term, no. It definitely takes several  
21 days to recover from a seizure for him.  
22 Q Now that he's on the medication under  
23 Dr. Tabor's direction, he's no -- no seizure activity  
24 since October of '06, correct?

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1 A Yeah, we upped his, at that time, when he  
2 had the seizure, I believe the second seizure, he was  
3 off of Keppra and purely on Lamictal, but Dr. Taber  
4 then increased the Lamictal and now he's been fine.

5 Q Does Dr. Taber expect him to suffer  
6 additional seizures in the future, do you know?

7 A Yes.

8 Q When these occur, is there anything that can  
9 be done?

10 A Can you --

11 Q Yes. Bad question.

12 A -- clarify that?

13 Q If you're standing next to him as he's  
14 having a seizure, is there medication you're supposed  
15 to give him or they just ride the seizures out?

16 A They just ride the seizures out. Just get  
17 him in a safe place and back away and let him have it.

18 Q Is he able to appreciate when he's going to  
19 have a seizure, do you know?

20 A The first time he had no signs of it. The  
21 second one, he felt weird but he didn't know what that  
22 meant. He said he couldn't talk at all. He just felt  
23 like his mouth was stuck open.

24 So I don't know if that's a warning

1 of time or anything like that, if that's what you  
2 mean.

3 I mean, of course he had to sign a  
4 contract saying he would keep everything confidential  
5 and stuff like that, but if it stated -- it didn't  
6 state time periods or dollar amounts or anything like  
7 that.

8 Q That's something do you have, though, the  
9 employment contract?

10 A You know, I think it was just the initial  
11 letter that said this is how much you're going to make  
12 and -- but I probably have something that says that,  
13 yes.

14 Q Now, you talk about -- we talked about the  
15 base salary because that's what the 60 percent is off  
16 of, correct?

17 A Yes, exactly.

18 Q And then in addition to a base salary, he  
19 would be compensated through some form of bonus in  
20 part, I imagine, from looking at the records, cash and  
21 then stock base, stocks, correct?

22 A Exactly.

23 Q Would you have any understanding from a year  
24 to year how much -- how big the bonus would be and how

1 sign to the next one. Nobody knows.

2 Q His next visit with Dr. Taber is -- saw him  
3 last December of '06?

4 A Yes.

5 Q When is it scheduled for?

6 A Doesn't have anything scheduled, but  
7 typically he goes every six months to get his  
8 prescription refilled and just to make sure that he's  
9 fine.

10 Dr. Taber just ordered some blood work  
11 for Ted so Ted went last week to have blood work but  
12 that's just to make sure his liver enzymes and  
13 everything is in check.

14 Q The compensation package, when you talk  
15 about a base salary for two years of 1.3 --

16 A Yes.

17 Q -- was there any guarantees after 2005 what  
18 it would be?

19 A No. I mean, we -- I know from history in  
20 banking that it goes up but there are no guarantees.

21 Q Did he have a contract with Citadel?

22 A Like a --

23 Q An employment contract.

24 A He did. I mean, it wasn't for a set amount

1 much it would be in stock versus cash?

2 A That varied from year to year. I don't know  
3 if they had an exact percentage that was always paid  
4 in dollar amounts.

5 If they did, I'm not aware of that. I  
6 mean, at one point it doesn't matter because you're  
7 always getting paid out from previous years.

8 Q Because of the stocks, you're talking about?

9 A Because of the stock, so really it's, you  
10 know, you keep having all these years that just roll  
11 over.

12 Q Because, as I understand, when you're given  
13 stock options, you're given them at certain years and  
14 certain base prices?

15 A Yes. That's what I understand. I mean,  
16 it's very complicated.

17 MR. SLOVIS: I'll have Chip explain it because  
18 he used to explain it to me a lot. That I know.

19 Chip, do you have any questions?

20 MR. BARRY: I just have one. You want to look  
21 at your notes for a second?

22 MR. SLOVIS: Yeah.

23

24

1 EXAMINATION  
 2 BY  
 3 MR. BARRY:  
 4 Q When we were talking earlier, you told me  
 5 about the initial conversation with Dr. Taber when you  
 6 first met him on Saturday and conversations about  
 7 getting family in and everything.  
 8 Can you share those with Mike and  
 9 Christine?  
 10 A You want me to cry again?  
 11 Q No. I don't want you to cry.  
 12 A I'm teasing.  
 13 When I met with Dr. Taber on Saturday  
 14 morning, I had several meetings with him in a  
 15 conference room off of -- on Ted's floor.  
 16 And one of the things he said to me is,  
 17 does Ted have any family coming out? I said, yeah,  
 18 one or two of his brothers will come out. And he  
 19 said, I would strongly advise that whoever wants to  
 20 see Ted should come out tomorrow.  
 21 Q And was he -- in terms of Ted's prognosis,  
 22 what were you told about that?  
 23 A It was grim. I mean, I had -- at one point  
 24 Ken Griffin came, the chairman of Citadel, and Adam

1 Cooper, the legal counsel, and I had Adam and Ken and  
 2 Dr. Taber sitting in that room and my, you know,  
 3 Dr. Taber was asking me if Ted had -- if he signed a  
 4 living will, and he wanted to see a copy of that, and  
 5 did we have a living will.  
 6 At that point he asked if we had a  
 7 living will. I said I didn't know. So I went around  
 8 and asked all three guys, if they knew they could  
 9 never walk or talk again -- because that's what I was  
 10 being told was the prognosis -- if they could never  
 11 walk or talk again, would they want to live? And I  
 12 made each guy go around and answer that.  
 13 And then -- and I went home that day  
 14 and looked through everything and found our wills  
 15 that -- I knew we had wills but I didn't realize I had  
 16 a living, you know, that I had the do not resuscitate  
 17 on there.  
 18 So when I found it, I was actually  
 19 relieved that we had talked about this and I brought  
 20 that in for Dr. Taber.  
 21 So yes, he was telling me Ted was --  
 22 chances are he was not going to live.  
 23 MR. BARRY: Okay. That's all.  
 24

1 FURTHER EXAMINATION  
 2 BY  
 3 MR. SLOVIS:  
 4 Q Why did -- when you had Katznelson working  
 5 on seeing him, why did Taber take over?  
 6 A I didn't feel confident with Dr. Katznelson.  
 7 Q So it was your choice?  
 8 A It was my choice.  
 9 MR. SLOVIS: That's it.  
 10 MR. BARRY: Okay. Let me go get Ted.  
 11 You want to ask him a couple questions?  
 12 MR. SLOVIS: Sure.  
 13 MR. BARRY: We'll read it.  
 14 FURTHER DEPONENT SAITH NOT.  
 15  
 16  
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 24

1 STATE OF ILLINOIS )  
 ) SS:  
 2 COUNTY OF COOK )  
 3 IN THE CIRCUIT COURT OF THE COOK COUNTY, ILLINOIS  
 COUNTY DEPARTMENT - LAW DIVISION  
 4 TED BAXTER and KELLY BAXTER, )  
 5 Plaintiffs, )  
 6 vs. ) No. 06 L 12259  
 7 )  
 8 EVANSTON NORTHWESTERN )  
 HEALTHCARE CORPORATION et al., )  
 9 Defendants. )  
 10 I hereby certify that I have read the  
 11 foregoing transcript of my deposition given at the  
 12 time and place aforesaid, consisting of Pages 1 to  
 13 104, inclusive, and I do subscribe and make oath that  
 14 the same is a true, correct and complete transcript of  
 15 my deposition so given as aforesaid, and includes  
 16 changes, if any, so made by me.  
 17 \_\_\_\_\_ Correction Sheet(s) Attached  
 18  
 19 \_\_\_\_\_  
 KELLY BAXTER  
 20  
 21 SUBSCRIBED AND SWORN TO  
 before me this \_\_\_\_ day  
 22 of \_\_\_\_\_, AD, 2007.  
 23 \_\_\_\_\_  
 24 Notary Public

1 ERRATA SHEET

2 I hereby make the following changes to my deposition:

3 PAGE LINE

4 CHANGE: -----

5 REASON: -----

6 CHANGE: -----

7 REASON: -----

8 CHANGE: -----

9 REASON: -----

10 CHANGE: -----

11 REASON: -----

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18

19

20 KELLY BAXTER DATE

21

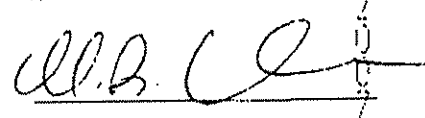
22 Correction Sheet Page \_\_\_\_\_ of \_\_\_\_\_

23

24

1 corrections, shall be thereon noted.

2

3 

4 Certified Shorthand Reporter

5

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1 STATE OF ILLINOIS )

) SS.

2 COUNTY OF MC HENRY )

3

4 Michael R. Urbanski, being first duly sworn, on

5 oath says that he is a Certified Shorthand Reporter,

6 that he reported in shorthand the testimony given at

7 the taking of said deposition, and that the foregoing

8 is a true and correct transcript of his shorthand

9 notes so taken as aforesaid, and contains all the

10 testimony given by KELLY BAXTER at said deposition.

11

12 And further, that he is not connected by blood

13 or marriage with any of the parties to this action,

14 nor is he a relative or employee or attorney or

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17 controversy.

18

19 That the preceding deposition shall be read by

20 said deponent, and any and all corrections which the

21 deponent desires to make shall be duly made by the

22 deponent on the enclosed errata sheet(s), indicating

23 page and line to be corrected, and that the

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6 March 19, 2007

7

8 CORBOY & DEMETRIO

9 MR. DAVID BARRY, JR.

10 33 North Dearborn Street, Suite 2000

11 Chicago, IL 60602

12 Dear Mr. Barry:

13

14 Re: Baxter v. Evanston, et al.

15 Deposition of Kelly Baxter

16

17 It is our understanding that you will arrange for the

18 review of the above-entitled transcript by the

19 witness. Accordingly, we are enclosing errata sheets

20 and the original signature page with your copy of the

21 deposition transcript.

22

23 Please note that Amended Rule 207(a) of the Illinois

24 Supreme Court provides that depositions may be used

fully as if signed if they remain unsigned for more

than 28 days after having been made available to the

deponent. We, therefore, would appreciate your

handling this matter within the 28-day limit.

25

26 Please return the executed signature page and errata

27 sheets, if any, to the above address.

28

29 Sincerely,

30 URBANSKI REPORTING COMPANY

31

32 Michael R. Urbanski

33

34 enclosures: Transcript, signature page, errata

sheet(s)

ccs: Attorneys of Record

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**WITNESS** [12] - 4:19, 4:21, 13:11, 17:21, 20:1, 24:24, 25:2, 25:10, 46:16, 67:11, 79:9, 79:13

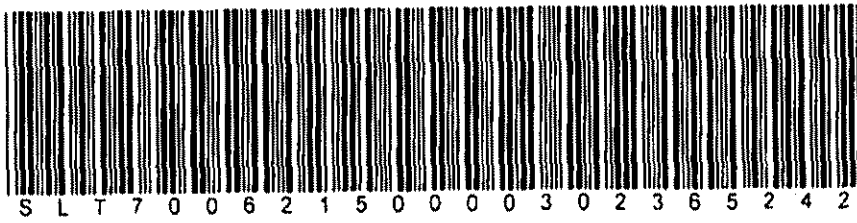
**woman** [2] - 71:5, 82:15  
**women** [1] - 92:10  
**word** [5] - 31:12, 31:13, 79:15, 80:6  
**words** [5] - 70:7, 80:6, 80:8, 90:18, 90:19  
**world** [1] - 15:21  
**worry** [1] - 34:3  
**worst** [1] - 77:9  
**written** [1] - 71:6

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**years** [8] - 9:5, 19:9, 21:11, 35:2, 94:15, 96:7, 96:10, 96:13  
**YMCA** [1] - 89:10  
**York** [14] - 8:9, 8:13, 9:7, 9:9, 13:18, 15:24, 39:14, 39:16, 39:17, 42:3, 47:15, 61:20, 62:3, 62:5  
**young** [1] - 72:3  
**younger** [1] - 13:21

# Tracking Number

2007111514255





Personally Prepped By: Jeanette C.

This Document Was Received With:

- Original Death Certificate
- Raised Seal Present On:  
\_\_\_\_\_
- Certified Document:  
\_\_\_\_\_
- No Raised Seals
- No Certified Documents
- EMSI Best Copy available  
(Please Index)
- Original Policy
- Prepaid Envelope For:
- Non Scannable Document
- Referenced Enclosure Was Not Found:  
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Returned Post Office Mail:

- Not Deliverable
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Notes:

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### Adjustments

- COLA
- FICA
- General Cal Worksheet
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- Partial Cal Worksheet
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- Salary Adjustment
- SLF Check
- SLF Check Undeliverable
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- SS Award
- SS Calc Worksheet
- SS Reimbursement
- WCB

### General Docs

- Authorizations
- Change of Address
- Complaints
- Correspondence
- EFT Forms
- E-Mail
- FML
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- Surveillance Bill
- Unassigned Doc Type  
(Personal Profiles)

### General Worksheet

- Telephone Template

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- Appeal
- Court Order
- Demand
- Full and Final Release
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- Subrogation

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- APS Supplementary
- Clinical Notes
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### New Claim Docs

- Attending Physician Statement
- Complete Claim Package
- Employee Statement
- Enrollment Card
- Employer Statement
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- Telephonic
- Transitional Claim Form
- Unassigned Doc Type

### Rehab Docs

- Rehab Bills
- External Vendor Corresp
- FCE Report
- Other
- Rehab Correspondence
- TSA / LMS

Updated: October 18, 2007

SUN BAXTER 001363



Sun Life Assurance  
Company of Canada  
SC 3208  
One Sun Life Executive Park  
Wellesley Hills, MA 02481-5699

1-800-247-6875

December 14, 2007

Mark D. DeBofsky  
Law Offices of Daley, DeBofsky & Bryant  
55 W Monroe St., Ste 2440  
Chicago, IL 60603

Re: Policy No. 067534-GD-Long Term Disability  
Control # 230605-00981-00  
Claimant: Ted Baxter

Dear Mr. DeBofsky:

This is to acknowledge receipt of your December 5 correspondence with requested legal documents and a copy Mr. Baxter's November 14 exam enclosed.

We are currently reviewing the matter regarding the proceeds of the settlement to be considered an offset as an Other Income Benefit under the policy and will continue to provide Mr. Baxter the net monthly benefit while we assess this matter, pending a final determination in the near future.

The benefit payments are made as a good faith effort to avoid any financial hardship during this continuing review process. We do reserve the right to decline benefits if our further determination fails to support the claim within the terms of the policy.

Additionally, we appreciate your providing us with the copy of Dr. Wicklund's report of his November 14 exam of Mr. Baxter. However, in order for our consulting Neuropsychologist to opine regarding Dr. Wicklund's findings, our consultant will require a copy of the raw data from the exam. Please forward this documentation to my attention on behalf of our consultant. Once received, this documentation will be forwarded to our consulting Neuropsychologist for review.

Should you have any questions regarding this matter in the interim, please feel free to call me at 1-877-260-9778, extension 7107.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Goodall".

Robert Goodall  
Claim Consultant  
Group Long Term Disability  
SC 3208



Sun Life Assurance  
Company of Canada  
SC 3208  
One Sun Life Executive Park  
Wellesley Hills, MA 02481-5699

1-800-247-6875

January 29, 2008

Mark D. DeBofsky  
Law Offices of Daley, DeBofsky & Bryant  
55 W Monroe St., Ste 2440  
Chicago, IL 60603

Re: Policy No. 067534-GD-Long Term Disability  
Control # 230605-00981-00  
Claimant: Ted Baxter

Dear Mr. DeBofsky:

This is in follow up to my previous correspondence of December 14 regarding our review of the proceeds of the settlement and the request for the raw data from Mr. Baxter's exam with Dr. Wicklund.

We continue to review the matter regarding the proceeds of the settlement to be considered an offset as an Other Income Benefit under the policy and will continue to provide Mr. Baxter the net monthly benefit while we assess this matter, pending a final determination as previously explained.

As of this date, we have not received a response from you concerning the request for a copy of the raw data from Dr. Wicklund. We are requesting that you forward this documentation to my attention on behalf of our consultant within the next 30 days. If you are unable to provide us with the documentation within this period of time, please advise the reason for the delay and when we might expect to receive this documentation.

Should you have any questions regarding this matter in the interim, please feel free to call me at 1-877-260-9778, extension 7107.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Goodall".

Robert Goodall  
Claim Consultant  
Group Long Term Disability  
SC 3208

LAW OFFICES

Daley, DeBofsky & Bryant

February 4, 2008

55 W Monroe St  
Ste 2440  
Chicago, Illinois 60603

VOICE (312) 372-5200  
FAX (312) 372-2778  
WEB ddbchicago.com

Frederick J. Daley Jr.  
Mark D. DeBofsky  
David A. Bryant  
Marcie E. Goldbloom  
James R. Comerford  
Violet H. Borowski  
Sandra M. Dye  
Gregory A. Benker

Of Counsel  
Heather F. Aloe

Robert Goodall  
Claim Consultant  
SunLife Financial  
SC 3208  
One Sun Life Executive Park  
Wellesley Park, MA 02481-5699

RE: Ted Baxter  
Control #: 230605-00981-00  
Policy No.: 067534-GD-LTD

Dear Mr. Goodall:

We are writing in response to your letter of January 29, 2008, regarding your request for the raw data from our client Ted Baxter's examination with Dr. Wicklund. As we previously informed you, Dr. Wicklund will only release this information to another psychologist. Please have your medical consultant contact Dr. Wicklund directly; there is nothing we can do to assist you in that regard beyond what we have already done, which is to notify Dr. Wicklund and request her to forward the data to your consultant.

If you have any questions, please contact us. Thank you for your attention to this matter.

Very truly yours,



Mark D. DeBofsky

MDD/ccm

cc: Ted and Kelly Baxter

1980  
1981

Personally Prepped By: Ernie

This Document Was Received With:

- Original Death Certificate
- Raised Seal Present On:  
\_\_\_\_\_
- Certified Document:  
\_\_\_\_\_
- No Raised Seals
- No Certified Documents
- EMSI Best Copy available  
(Please Index)
- Original Policy
- Prepaid Envelope For:
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- Rehab Bills
- External Vendor Corresp
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- TSA / LMS

Updated: September 24, 2007



Sun Life Assurance  
Company of Canada  
SC 3208  
One Sun Life Executive Park  
Wellesley Hills, MA 02481-5699

1-800-247-6875

February 11, 2008

Mark D. DeBofsky  
Law Offices of Daley, DeBofsky & Bryant  
55 W Monroe St., Ste 2440  
Chicago, IL 60603

Re: Policy No. 067534-GD-Long Term Disability  
Control # 230605-00981-00  
Claimant: Ted Baxter

Dear Mr. DeBofsky:

This is in response to your letter of February 4 and to advise you of the status of our review of the proceeds of Mr. Baxter's settlement with Evanston Northwest Health Care.

We have submitted a request to Dr. Wicklund that the raw data from the November 14, 2007 exam office be sent to our consulting neuropsychologist.

In the interim, we continue to review the matter regarding the proceeds of the settlement to be considered an offset as an Other Income Benefit under the policy and will continue to provide Mr. Baxter the net monthly benefit while we assess this matter, pending a final determination as previously explained.

Should you have any questions regarding this matter in the interim, please feel free to call me at 1-877-260-9778, extension 7107.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Goodall".

Robert Goodall  
Claim Consultant  
Group Long Term Disability  
SC 3208



Bonnie Bray, MSW,  
LICSW, C-ASWCM  
Senior Psychiatric Case  
Coordinator  
Employee Benefits Group

Sun Life Assurance  
Company of Canada  
SC 3208  
One Sun Life Executive Park  
Wellesley Hills, MA 02481-5699  
1-800-432-1102 ext 1051

February 11, 2008

Alissa Wicklund, PhD  
Chicago Neuropsychology Group  
333 North Michigan Ave., Ste 1801  
Chicago, IL 60601.

Re: Ted Baxter  
DOB: 11  
Policy #: 67534  
Control #: 230605-00981-00

Dear Dr. Wicklund:

Our records indicate that you performed a neuropsychological evaluation of our claimant, Ted Baxter on 11/14/07. I need to obtain from you any and all reports, treatment notes, or other raw data (e.g., all test notes and observation notes) associated with your evaluation in order to evaluate the claim. I have enclosed authorizations signed by Ted Baxter.

For your convenience, you may send the records directly to Margaret O'Connor, Ph.D. C/O Bonnie Bray, MSW, LICSW (SC 3208) at Sun Life Financial, One Sun Life Executive Park, Wellesley Hills, MA 02481. Dr. O'Connor, a licensed Massachusetts neuropsychologist, will review and maintain the records, which will be kept in a file cabinet under her control.

We are willing to pay a reasonable and customary fee for the records. Please complete the enclosed W-9 form so that we may pay you and return it to us with the records. Please mark the records **Do Not Scan/Personal and Confidential Data** when you send them to us.

Thank you for your cooperation. If you have any questions or concerns, please feel free to contact me at (800) 432-1102 ext. 1051.

Sincerely,

A handwritten signature in cursive that reads "Bonnie Bray, MSW, LICSW".

Bonnie Bray, MSW, LICSW, C-ASWCM  
Senior Psychiatric Case Coordinator  
Employee Benefits Group  
SC3208



Personally Prepped By: Carol C.

This Document Was Received With:

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- Raised Seal Present On:  
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