

IN THE CHANCERY COURT OF LAFAYETTE COUNTY MISSISSIPPI

Robert Sullivant Sr.,
Plaintiff

v.

Robert Sullivant Jr.,
Defendant.

Case No. 2021-612(W)

Robert Sullivant Jr.,
Third-Party Plaintiff,

**INTERROGATORIES TO DR. FRANK
PERKINS PURSUANT TO
M.R.C.P 26(a)(A)(ii)**

v.

Robert Sullivant Sr. and
Evelyn Stevens,
Third-Party Defendants

Defendant and Third-Party Plaintiff Robert Sullivant Jr., (“JR”) requests that Dr. Frank Perkins respond to the following set of interrogatories pursuant to Miss. R. Civ. Proc. 26(a)(A)(ii), within 30-days of the date of service.

Counsel for Robert Sullivant Sr., Mr. Alford, as well as Mr. Freeland, have both asserted that Dr. Perkins is an expert witness pursuant to Miss. R. Civ. Proc. 26(a)(A)(ii), and not a court-appointed expert witness pursuant to Miss. R. Civ. Proc. 35, and Miss. R. Evid. 706, JR disagrees. However, since this is the position of both attorneys, than they must also agree that Rule 26(a)(A)(ii) applies to Dr. Perkins. It is either one or the other, Mr. Alford and Mr. Freeland do not dictate new rules for Dr. Perkins.

Therefore, JR is requesting responses to the following interrogatories per the proceeding instructions.

INSTRUCTIONS

1. If any of these interrogatories is not substantively answered due to a claim of privilege or exemption, you are to identify with particularity the privilege or other reason for refusing to answer and to produce all information necessary to evaluate the claim of privilege, including the date of the communication or document and the subject matter thereof and the identity of all persons to whom any portion of the communication or document has been disclosed. *See* Miss. R. Civ. Proc. 26(a)(6)(A)).

2. If you do not know the answer to the interrogatory or to any portion thereof, state the reason or reasons that you do not have the information requested, all efforts which you have made to obtain the information, and further state the identity of any person or entity in possession of, or any location where, the desired information may or might be obtained.

3. If any parts of the interrogatory cannot be answered in full, please answer to the extent possible and specify the reason for your inability to answer the remainder. If the interrogatory is only partly objectionable, answer the remainder of the questions as required by these instructions.

4. The singular of all definitions and terms also includes the plural of such definitions and terms whenever such a change would result in any additional information being responsive to a request.

5. “And” and “or” should be construed either disjunctively or conjunctively as necessary to bring within the scope of these discovery requests any response that otherwise might be construed to be outside their scope.

DEFINITIONS

1. “**Testamentary Capacity**” refers to the ability of a person to make a valid Will.
2. “**Report**” refers to the medical examination report issued by you, Dr. Frank Perkins, on January 27, 2023, and attached hereto as Exhibit 1.
3. “**IME**” refers to the Independent Medical Exam of Robert Sullivant Sr.

4. **“Plaintiff”** refers to Plaintiff Robert Sullivant Sr.
5. **“Testing”** refers to any medical testing or procedure.

INTERROGATORIES

1. Please state how many times (other than this case), that you have testified as an expert witness.
RESPONSE:

2. Please list any publications you have authored in the past ten years.
RESPONSE:

3. Please state the hourly rate you charge as a medical doctor.
RESPONSE:

4. Please state the number of patients currently under your care.
RESPONSE:

5. Please identify anyone who assisted in responding to these interrogatories.
RESPONSE:

6. Did you examine the Plaintiff in this matter for “testamentary capacity” at his examination on January 17, 2023?
RESPONSE:

7. If the answer to Interrogatory No. 6 is “Yes”, please state why you did not include this information in your report. (Exhibit 3).
RESPONSE:

8. If the answer to Interrogatory No. 3 is “Yes”, please state when you communicated your opinion to Sr’s testamentary capacity to Sr’s counsel.

RESPONSE:

9. If the answer to Interrogatory No. 6 is “No”, please state why you informed the court that you did examine him for such, as evidenced by the attached transcripts.

RESPONSE:

10. Please state the physical location where you allegedly examined the Plaintiff on the morning of and just prior to the May 9, 2023, hearing.

RESPONSE:

11. Are you aware that the court’s order of appointment does **not** instruct you to examine the plaintiff for testamentary capacity? (*Exhibit 2*).

RESPONSE:

12. Have you examined any patient for “testamentary capacity” and formally expressed an opinion of your examination at any point in the past five years?

RESPONSE:

13. Please provide your exact policy on being deposed as an expert witness that you stated you have in your testimony. (*Exhibit 1 Pg numbered 31-33*).

RESPONSE:

14. Please state when you created these policies on being deposed.

RESPONSE:

15. Please state whether or not you have retained J. Hale Freeland to represent your interests in this matter.

RESPONSE:

16. If the answer to question 15 is yes, please state what day, time of day and by what communication medium did you engage Mr. Freeland's legal representation.

RESPONSE:

17. When (date & time of day) did you contact Swayze Alford concerning the Deposition Subpoena you received on 06/05/2023?

RESPONSE:

18. In your report dated 01/27/2023, in the "Comments on Mental Health" you state in reference to SR that "He has an awareness and ability to voice his wishes but due to his impaired cognitive function does not have the capacity to consistently execute those wishes and needs. There are lucid intervals of his illness that enable him to inform those assisting with his affairs of his wishes, but due to the nature of his illness ne cannot consistently provide that direction nor appropriately engage or execute contracts." Did you mean for any part of this statement to interpreted as SR having testamentary capacity? (Exhibit 3)

RESPONSE:

19. In your report, in the Evaluation section titled "other family", you checked the box noting that the relationships were "close". Please state how you concluded that the plaintiff was "close" with "other family". (Exhibit 3)

RESPONSE:

20. Your report concludes that the plaintiff is "functionally limited" in the following areas: managing money, taking medications, managing his property, making daily living decisions; and that he struggles with both short- and long-term memory impairments, as well as being "unable to consistently provide direction off his wishes." (Exhibit 3)

Please state which, if any of these factors were considered by you, when you concluded that the plaintiff had the capacity to change his Will.

RESPONSE:

21. Pursuant to Miss. R. Civ. Proc. 26(a)(4)(i), please provide a detailed by transaction statement for all compensation you will receive and have received in this case. This disclosure is mandatory.

RESPONSE:

22. Do you consider yourself an independent witness in this case? (*Exhibit 2*)

RESPONSE:

23. What was the purpose of your appointment to this case according to the Court's Order? (*Exhibit 2*)

RESPONSE:

DOCUMENT REQUESTS/REQUESTS FOR EVIDENCE

Miss. R. Civ. Proc. 26(a)(4)(A)(i), states that a requesting party may, *through interrogatories*, require any other party to identify any witness whom the responding party expects to call as a witness at trial *to present evidence* under Mississippi Rule of Evidence 702, 703, or 705.

Please note that pursuant to Miss. R. Civ. Proc. 26(a)(4)(A)(ii), the following information is discoverable from Dr. Frank Perkins; a summary of the grounds for each opinion; the facts or data considered by Dr. Perkins in forming the opinions, regardless of when and how the facts or data were made known to the him; any exhibits that will be used to summarize or support the opinions; Dr. Perkins' qualifications, including a list of all publications authored by the him in the previous ten years; a list of cases in which, during the previous ten years, the Dr. Perkins testified as an expert at trial or by deposition; and, for retained experts, a statement of the compensation to be paid for the study and testimony in the case.

Please also note that pursuant to Miss. R. Civ. Proc. 26(a)(4)(B), a party may discover facts known or opinions held by an expert who has been retained or specially employed by another party in anticipation of litigation or preparation for trial and who is not expected to be called as a witness at trial only upon a showing of exceptional circumstances *under which it is impracticable for the party seeking discovery to obtain facts or opinions on the same subject by*

other means. Dr. Perkins refusal to be deposed or communicate with JR has led these interrogatories to be the only option he has to obtain the relevant documents.

All instructions and definitions assigned to the Interrogatories remain in full force for these requests for evidence.

REQUESTS FOR THE PRODUCTION OF EVIDENCE

1. Provide any and all billing records submitted to SR or his counsel regarding the IME, the alleged examination of SR on May 9, 2023, your expert testimony, and any other efforts you have put forth in this matter.

RESPONSE:

2. Provide receipts for the payment of said billing described in Request No. 1.

RESPONSE:

3. Provide all of your notes in reference to the IME of SR on January 17, 2023.

RESPONSE:


4. Provide all of your notes in reference to the alleged examination of SR on May 9, 2023.

RESPONSE:

5. Provide any written or email communications between yourself and Mr. Alford and/or his law firm.

RESPONSE:

Dated: September 15, 2023

/s/ 
Robert Sullivan JR.
1002 Crawford Cir.
Oxford, MS 38655.
robert@steelandbarn.com.
(512) 739-9915

1 going on five years.

2 Q. All right. Have you been qualified as an
3 expert before in the state courts of Mississippi?

4 A. Yes, sir.

5 MR. SWAYZE ALFORD: All right. Your
6 Honor, we would offer Dr. Perkins as an
7 expert in his stated specialty of
8 psychiatry.

9 HONORABLE ROBERT Q. WHITWELL: Any
10 objection to that, Mr. Sullivant, Jr.?

11 MR. ROBERT SULLIVANT, JR.: I'm
12 sorry, I was reading the report.

13 HONORABLE ROBERT Q. WHITWELL: All
14 right. He's asked to offer him as a
15 forensic psychiatrist and --

16 MR. ROBERT SULLIVANT, JR.: No, I
17 have no objection to that.

18 HONORABLE ROBERT Q. WHITWELL: You
19 have no objection to the stipulation of
20 his qualifications?

21 MR. ROBERT SULLIVANT, JR.: No, I do
22 not.

23 HONORABLE ROBERT Q. WHITWELL: All
24 right. He will be -- Dr. Perkins will be
25 stipulated as a board certified
26 psychiatrist, a forensic psychiatrist.

27 Is that correct?

28 THE WITNESS: Yes, sir.

29 HONORABLE ROBERT Q. WHITWELL: All

1 right.

2 BY MR. SWAYZE ALFORD:

3 Q. Dr. Perkins, were you appointed by court
4 order in this matter to do an Independent Medical
5 Examination on Mr. Robert Sullivant, Sr.?

6 A. I was.

7 Q. And did you do that?

8 A. I did.

9 Q. Do you remember when that occurred?

10 A. I evaluated him on the 17th of January of
11 this year, and then I finalized a report on I
12 believe it was the 27th.

13 Q. All right. Let me hand you a medical
14 affidavit and ask you if you recognize that.

15 A. Yes, this is my report that I formulated
16 in this matter.

17 Q. And so when you are court ordered to do
18 the Independent Medical Examination for an
19 individual under the GAP Act, can you tell the Court
20 how you go about doing that?

21 A. So I begin off with having just a verbal
22 conversation with the individual and doing what is
23 considered a psychiatric evaluation, which is a
24 standardized process for which that we do.

25 And then I follow that with any
26 appropriate testing that would be necessary to help
27 clarify diagnosis and level of impairment that
28 someone might have.

29 If that individual -- if either the court

1 order or the individual raises other issues during
2 my interview, such as testamentary capacity, I may
3 ask those questions at that time as well.

4 Q. So in that evaluation of Mr. Sullivant in
5 January, did you make those determinations or
6 evaluations on testamentary capacity then?

7 A. I did.

8 Q. And what was your opinion about his
9 testamentary capacity?

10 A. That at that time he did -- he did retain
11 the capacity to form testament.

12 Q. And what were the reasons that you went
13 into that with Mr. Sullivant, Sr.?

14 A. So from a forensic psychiatric standpoint,
15 which is where mental health and the law interact,
16 where we have been trained and where I have been
17 taught is the things that we pay attention to is due
18 to mental illness or dementia or any cognitive
19 impairment is there an impairment in the ability to
20 know who ones natural heirs are, what the assets
21 that they hold are, what would happen without a will
22 in place, and who they want to formulate the will.

23 It is less important about the why that
24 they want to formulate the will, as long as they
25 don't have a psychotic disorder that would make
26 their reasonings outside of reality.

27 So it is most important that they have the
28 capacity to know the facts of what a testament or a
29 will would be, and then have -- do they have the

1 ability to manipulate that information to formulate
2 however they want their will to be made.

3 Q. Did Mr. Sullivant, Sr. express that to
4 you?

5 A. He did.

6 Q. In what context? How did that come up, as
7 far as devising his estate or will?

8 A. So during our interview, during the --
9 before I did any of the testing when we were just
10 having a conversation, we were talking about his
11 family, he spontaneously raised that he wanted to
12 change his will.

13 And so that then sparked the conversation
14 with me to asking him, well, you know, do you
15 currently have a will? Which, at that time, he did.

16 Who is in your will? Without a will, who
17 would that flow to? Which would be his son, and in
18 the will it did flow to his son. And what assets he
19 had.

20 He's not able to provide the exact numbers
21 to the assets, but he is able to say, *These are*
22 *where the assets are held.* So with cognitive aids,
23 he is able to identify what his assets are.

24 When it's concerning to me is when someone
25 would identify assets as I either have \$5,000.00
26 when they have more than that, or they identify that
27 they have large wealth and they do not have it.

28 So he's able to appropriately gauge his
29 assets, and then he's able to gauge who he wanted

1 his assets to flow to. And then -- so at that time,
2 he had it intact.

3 Q. He informed you that he had a will in
4 place at the time that had his son as the heir?

5 A. Correct.

6 Q. So what did he tell you about that?

7 A. He said he didn't want his son to be his
8 heir anymore.

9 Q. Did y'all go into that at all, or where he
10 wanted to leave it?

11 A. He raised some issues regarding a property
12 sale and some money, but I did not get into the
13 depths of that.

14 I just -- because when it comes to
15 testamentary capacity, as I said, it's less
16 important the why for me and more important the, you
17 know, being able to meet those prongs of
18 testamentary capacity.

19 Q. And did he at that time disclose to you
20 what his desires were or how he wanted to direct his
21 estate?

22 A. At that time, he said that he had a church
23 that he had identified, but he didn't have it
24 formally planned out as to who all he wanted -- or
25 how he wanted it devised. He just said that he
26 wanted to change it.

27 Q. All right. I think you said a moment ago
28 that this was a spontaneous comment by Mr.
29 Sullivant, Jr. (sic.) when you were doing your IME

1 in January?

2 A. Correct.

3 Q. And just to be clear, this is not
4 something you and I even talked about?

5 A. Correct.

6 Q. Now, coming forward to today and talking
7 about Mr. Sullivant and his testamentary capacity,
8 have you had a chance to talk with him again today?

9 A. Yes. We met for 20 to 30 minutes this
10 morning before coming over to the courthouse.

11 Q. And, again, in your opinion, he has the
12 testamentary capacity to execute a will to devise
13 his property where he wants it to go?

14 A. He does. He does. He'll -- if given
15 freeform speech, he will spiral off and kind of go
16 down rabbit holes and kind of miss the topic of the
17 conversation.

18 But with redirection, he is still able to
19 demonstrate capacity and retention of the ability to
20 identify those prongs of testamentary capacity.

21 Q. And, again, in your opinion, he is aware
22 of what his estate is?

23 A. Yes. Yes.

24 Q. And he can articulate and express to you
25 how he wants that estate to be devised by a will?

26 A. Yes.

27 Q. You put in your report, I believe, you
28 know, that he does have an awareness and an ability
29 to voice his wishes and needs, I think, was

1 something you stated?

2 A. I did.

3 Q. So in terms of knowing what he wants and
4 how to express that, he can do that?

5 A. Yes.

6 Q. What you said was that he needs --
7 sometimes he needs somebody to help carry out what
8 he wants to do?

9 A. Correct. Correct.

10 Q. And as it relates to his will, he was able
11 to express that awareness and that desire? He was
12 able to express that to you?

13 A. Yes, sir.

14 Q. Do I understand, it's in your report --
15 and Judge Whitwell has already appointed a
16 conservator.

17 But your opinion was a conservator but one
18 that was independent?

19 A. Correct.

20 Q. And someone that would be neutral?

21 A. Correct.

22 Q. I think you heard Judge Whitwell appoint
23 Chancery Clerk, Sherry Wall, in that capacity.

24 And I'm assuming you would agree that that
25 is somebody who is neutral and independent and they
26 could do --

27 A. Very common appointee, the chancery clerk.
28 Very common.

29 MR. SWAYZE ALFORD: Tender the

1 witness, Your Honor.

2 HONORABLE ROBERT Q. WHITWELL: Okay.
3 Cross-examination, Mr. Sullivant, Jr.?

4 MR. ROBERT SULLIVANT, JR.: Excuse
5 me, sir?

6 HONORABLE ROBERT Q. WHITWELL: I
7 said, cross-examination --

8 MR. ROBERT SULLIVANT, JR.: All
9 right. Thank you.

10 HONORABLE ROBERT Q. WHITWELL: -- Mr.
11 Sullivant, Jr.

12 That's the only way I know how to
13 distinguish you.

14 MR. ROBERT SULLIVANT, JR.: I know.
15 I just couldn't hear you. I'm sorry.

16 Well, first, I would like to say that
17 having Dr. Perkins here as a witness was a
18 complete surprise to me.

19 It wasn't mentioned anywhere in the
20 motion that he would be a witness, so I
21 haven't really had a chance to prepare to
22 cross-examine him, but I did have some
23 questions I did want to ask him.

24 As a matter of fact, I tried to
25 depose Dr. Perkins, but he was very
26 uncooperative in the -- in the deposition
27 process.

28 And that was one of the other things
29 I was going to amend or wanted to postpone

1 the trial was for the conservatorship, but
2 since I had filed that emergency petition,
3 I didn't think that would be needed.

4 But I have attempted to depose
5 Dr. Perkins because I found his report to
6 be a little bit unusual, and I wanted to
7 ask him some more about it. And I was
8 denied that opportunity.

9 He did contact Mr. Alford, and he
10 would not contact me but said I had to
11 contact Mr. Alford in order to depose him,
12 which I think that is improper.

13 So I'm really caught today without
14 any basis to ask these questions.

15 HONORABLE ROBERT Q. WHITWELL: You've
16 had his report; have you not?

17 MR. ROBERT SULLIVANT, JR.: I have
18 his report right here.

19 HONORABLE ROBERT Q. WHITWELL: And
20 you have had it for some time?

21 MR. ROBERT SULLIVANT, JR.: I have
22 had it for some time, but I didn't come
23 prepared today knowing that he would be
24 here.

25 I wanted to ask him questions about
26 it, but I didn't come here today -- it
27 wasn't in a motion, and this was a
28 complete surprise to me.

29 But I will go ahead and ask some

1 questions.

2 HONORABLE ROBERT Q. WHITWELL: If you
3 want to, you can cross-examine him.

4 MR. ROBERT SULLIVANT, JR.: Okay.
5 Thank you.

6 CROSS-EXAMINATION

7 BY MR. ROBERT SULLIVANT, JR.:

8 Q. First thing in your report, you go to the
9 fact that -- if I can turn to the report that -- if
10 I can find it here again.

11 As I said, this has really caught me by
12 surprise.

13 HONORABLE ROBERT Q. WHITWELL: All
14 right. I have heard enough of that, Mr.
15 Sullivant --

16 MR. ROBERT SULLIVANT, JR.: I'm
17 sorry.

18 HONORABLE ROBERT Q. WHITWELL: --
19 just proceed to ask your questions.

20 BY MR. ROBERT SULLIVANT, JR.:

21 Q. Well, you mentioned that my father would
22 need an independent conservator; is that correct, in
23 your opinion?

24 A. It was my opinion that he needed a
25 conservator, and that an independent, neutral
26 conservator would be the most appropriate.

27 Q. Why would that be opposed as to the
28 conservatorship code? It prefers somebody of his
29 family to be his conservator.

1 Why would that be better?

2 A. Because when both the individual and the
3 family member are in the same lane and in agreement
4 with how things should move forward, it works well.

5 But when they're opposed on issues about
6 how things should move forward, a lot of times it
7 can lead to a lot more difficulty and has a lot more
8 stress on the elderly individual that needs the
9 conservator.

10 And so it is better for their care if it's
11 just an independent person to do the financial
12 things.

13 Q. Okay. Good enough. In your experience of
14 doing this when a family member does petition the
15 court or goes forward with the process of putting
16 their parents into a conservatorship, do you find it
17 common that the parent becomes angry with the child?

18 A. Not all. All sorts of different things
19 happen.

20 Q. Does that ever happen?

21 A. It does, but not all the time.

22 Q. Okay. How often?

23 Let's say on a percentage basis, how often
24 would a parent be upset that their child is going to
25 put them into a conservatorship?

26 A. Less than half the time in my experience.

27 Q. How much less than half?

28 A. I don't know. I can't provide a specific
29 number.

1 Q. So you would say about half?

2 A. I said less than half.

3 Q. Okay. But you didn't say how much less
4 than half?

5 HONORABLE ROBERT Q. WHITWELL: He
6 said he didn't know.

7 MR. ROBERT SULLIVANT, JR.: Okay. I
8 just want to be clear that it was -- he
9 said a half, but somewhere below that but
10 wasn't sure because that's a very wide
11 range of percentages.

12 BY MR. ROBERT SULLIVANT, JR.:

13 Q. Now, you also stated when it came to his
14 testamentary capacity that you didn't ask, you know,
15 why would you want to change your will. You were
16 just concerned that he was able to change his will?

17 A. I was concerned that he met the bar for
18 capacity to have testamentary capacity.

19 Testamentary capacity doesn't look at why
20 someone is doing it. It's just whether they can.

21 Q. Okay. Would that not conflict with the
22 rest of the report that you said that he needs a
23 conservatorship, that he cannot handle his own
24 financial choices?

25 A. So capacity is a fluid assessment that
26 changes based on time and based on the level of
27 functioning and the decision at that time.

28 So, for example, somebody can have
29 capacity to decide whether they want to be DNR,

1 whether they want to have chest compressions, but
2 they can't decide whether they want to have cancer
3 treatment because those are two very difficult
4 conversations.

5 One being more a simplistic if you're in
6 the throes of death, do you want to die, or do you
7 want us to try to keep you alive, or here is all of
8 these risks, here's these benefits, here's the
9 chances that it will work. It's a very much more
10 difficult idea to understand treatment versus just
11 do you want chest compressions.

12 In a similar way, when it comes to
13 financial things, you know, there's a lot of
14 contracts, a lot of opportunities that people can
15 take advantage of adults that they need assistance
16 with.

17 But when it comes to testamentary
18 capacity, that's not as complex of an issue as
19 signing a, you know, contract for a lease or buying
20 a house, or something like that where there is a lot
21 more that goes into it that you have to be aware to
22 protect yourself.

23 Q. I see. But you said there was an
24 exception to you don't wonder why, and that is if
25 his reasoning was outside of reality?

26 A. So if you had a psychotic illness. He
27 does not have a psychotic illness in my opinion.

28 Q. Did you receive the information that I
29 sent to you prior to his examination of him?

1 A. No.

2 Q. You did not receive that?

3 A. (Nodding head negatively).

4 Q. I did send some information to your
5 office, and it was the same exact information that I
6 had sent to a Dr. Thomas, who did the first IME.

7 And just -- so, therefore, you did not get
8 that information?

9 A. (Nodding head negatively).

10 Q. All right. So in that --

11 HONORABLE ROBERT Q. WHITWELL: The
12 answer was no?

13 THE WITNESS: No. No. I apologize,
14 Judge. I know, I just --

15 BY MR. ROBERT SULLIVANT, JR.:

16 Q. Okay. I believe in -- I'm sorry. That
17 information that I would have sent I think did show
18 that his reasoning was outside of reality, and I
19 wish you would have gotten it and were aware of that
20 before you had examined him.

21 And just to clarify, he just spontaneously
22 said in the meeting in your examination he wanted to
23 change his will?

24 A. While we were talking about his family and
25 things like that, yes.

26 Q. And he just -- and he just -- he mentioned
27 that first?

28 A. Yeah. Yes, sir.

29 Q. What is your thoughts if my father is

1 under undue influence of somebody else?

2 Would he have the testamentary capacity if
3 he is under undue influence of another person?

4 A. So undue influence is a very, very
5 large -- a very different area, okay, and I would
6 need a lot more information as to whether someone
7 was in -- under undue influence.

8 Having reviewed the will that -- or having
9 had him tell me, you know, who he intends to have
10 profit from his will, it would seem like it would be
11 the church that would be the most -- the person that
12 would be the cause of it, because that seems to be
13 where most of his assets are flowing.

14 So I don't understand how undue influence
15 has anything to do with it.

16 Q. Well, he has not done a new will yet, so
17 we're not certain that the church will be that
18 person -- well, will be the entity that receives all
19 of his assets.

20 A. Okay. I mean, I have no information that
21 he's under undue influence in my interview with him.
22 There is usually -- during an IME if someone is
23 exerting undue influence on someone, there is
24 typically signs of it.

25 Q. Right.

26 A. I did not get any of those while I was
27 there talking to him.

28 Q. But you are stating that undue influence
29 could affect his testamentary capacity?

1 A. I'm not going to say one way or the other
2 because that is a very loaded statement, and I would
3 need more specifics before I say whether it can or
4 can't in his situation.

5 Q. Okay. Have you ever ran into that case
6 before when a person, say, a caregiver was close to
7 the person and had exerted undue influence upon a
8 person, did you find that in those cases it would
9 affect their testamentary capacity?

10 HONORABLE ROBERT Q. WHITWELL: Well,
11 first of all, you asked two questions.

12 MR. ROBERT SULLIVANT, JR.: Okay.

13 HONORABLE ROBERT Q. WHITWELL: He
14 asked you first had you ever run into that
15 before?

16 THE WITNESS: I have had cases that
17 I've been involved in that undue influence
18 was an issue.

19 HONORABLE ROBERT Q. WHITWELL: All
20 right. Now, go to your second question.

21 BY MR. ROBERT SULLIVANT, JR.:

22 Q. Okay. And in those cases, was it your
23 opinion that that undue influence affected their
24 testamentary capacity?

25 A. There is a lot of nuance to undue
26 influence and undue influence evaluations. And in
27 some cases it has, and in some cases it has not.

28 But, typically, in those situations when
29 those wills have been drawn up, those wills were

1 drawn up outside of the setting of a courtroom where
2 a judge had not ruled one way or the other whether a
3 will could be exercised.

4 Q. When did you first see my father's will?

5 A. I have never seen his current will because
6 testamentary capacity is not determined by past
7 wills.

8 Q. Right. But you had said you -- I might
9 have misunderstood you, but I thought you said that
10 you had reviewed his will?

11 A. Today he told me, he was able to tell me
12 what his plans were for the will --

13 Q. Today?

14 A. -- for his new will when I assessed him.

15 Q. Good enough. But he did not indicate to
16 you just -- although, it's not important, but he did
17 not indicate to you why he wanted to change his
18 will?

19 A. He started going down a road about some
20 money over the proceeds of some property sale or
21 something, but I did not explore that and I didn't
22 care to explore it.

23 Q. Did you take notes to that effect?

24 A. No, I don't think so.

25 Q. And you didn't -- you don't -- is that the
26 only thing that you recall about that?

27 That's the only specifics that you recall
28 that he said?

29 A. I steered the conversation in a different

1 direction when he started going down that road
2 because that was not important to me to know.

3 Q. So it wasn't -- so you decided at that
4 point that his reason why just wasn't important, so
5 you steered the conversation or the examination in a
6 different direction?

7 A. I steered the examination towards the
8 prongs of testamentary capacity because he doesn't
9 have a psychotic illness, so I wasn't concerned
10 about his reasonings why. It was just a matter of
11 whether he could.

12 Q. And how did you reach the conclusion that
13 he did not have a psychotic disease or illness?

14 A. During my IME.

15 Q. All right. When I did contact you, do you
16 recall me trying to call you and -- at all to --

17 A. My staff was sending me messages. And the
18 way that I have interacted in all courts was having
19 the other party go through the retaining attorney
20 that retained me to schedule things.

21 Q. Really?

22 A. Uh-huh (Indicating yes).

23 Q. Okay. So, therefore, you just didn't feel
24 the need to respond to me at all?

25 A. I did not. It was not that I didn't need
26 to respond to you, it was that the most appropriate
27 road by which to schedule a deposition with me was
28 through Mr. Alford.

29 Q. Okay. So is that, as you understand it,

1 the Rules of Civil Procedure, or is this a
2 medical -- a medical standard?

3 MR. SWAYZE ALFORD: Your Honor, I've
4 tried to let Mr. Sullivant, Jr. ask
5 whatever questions he wants to ask, but I
6 think we are getting pretty far abroad
7 here, so I object to this line of
8 questioning.

9 HONORABLE ROBERT Q. WHITWELL: Well,
10 it seems to me that that's the policy of
11 Dr. Perkins, and he hasn't quoted any rule
12 or anything else. That's just been his
13 policy and his ways that developed through
14 the years of people scheduling
15 depositions.

16 I'm going to sustain the objection.
17 You're going down the wrong path here with
18 that.

19 MR. ROBERT SULLIVANT, JR.: Okay.
20 Yes, Your Honor.

21 HONORABLE ROBERT Q. WHITWELL: He
22 told you he didn't get back to you because
23 he thought you should go through Mr.
24 Alford.

25 That was his policy, so that's what
26 he did.

27 MR. ROBERT SULLIVANT, JR.: I
28 understand.

29 HONORABLE ROBERT Q. WHITWELL: If you

1 were having trouble with Mr. Alford
2 getting a date, you would come to me and
3 file a motion to require it if you wanted
4 a deposition and if he wasn't cooperative.

5 We're here today, and that's where we
6 are. Let's move on.

7 BY MR. ROBERT SULLIVANT, JR.:

8 Q. Okay. So what pronouncements do you
9 follow on the medical side when you issue one of
10 these opinions?

11 Is there pronouncements that you follow
12 like I had to follow as a CPA? When I issued an
13 opinion, I had to follow certain pronouncements and
14 guidance from my professional body?

15 A. I don't understand what you mean when you
16 say *pronouncement*.

17 Q. Okay. Is there any guidance that you get
18 from the entities that accredit you as an expert, do
19 they give you any guidance saying what you can issue
20 an opinion on and what you cannot issue an opinion
21 on?

22 A. So there is no accrediting body for expert
23 witness, expert testimony, you know, it's basically
24 a court-by-court basis where you're either tendered
25 an expert or not as to whether you can weigh an
26 expert witness.

27 Q. Right.

28 A. As to this document and this affidavit and
29 report, you know, this is the product of the GAP

1 Act. This was created by, basically, a workgroup
2 from the legislature after the legislature
3 created -- passed the GAP Act Law.

4 And so even though there are, you know,
5 templates for IMEs for evaluations for
6 conservatorships and things like that, you know,
7 this is created by our state. So it is kind of a
8 this is what you're supposed to use in our state.

9 Q. In the GAP Act, does it state that the
10 physician or medical professional should exert an
11 opinion on what type of conservator should be
12 appointed, be it independent or a family member?

13 A. I don't think it gives any steering one
14 way or the other.

15 Q. So does the GAP Act rely upon professional
16 expert opinion on what type of conservator to
17 appoint?

18 A. So to my understanding -- which I'm not an
19 attorney. But to my understanding, it's the judge's
20 choice as to who the conservator is.

21 My role in this is not to be the one
22 picking the conservator, not to be the one picking
23 anything. I'm just trying to help the court with
24 this information.

25 And so if there is information that I feel
26 is helpful the court, I include it in my affidavit.
27 And if the court doesn't want to listen to me, they
28 don't have to.

29 Q. Okay. I understand.

1 MR. ROBERT SULLIVANT, JR.: All
2 right. That's all the questions I have.

3 HONORABLE ROBERT Q. WHITWELL: Okay.
4 Any redirect?

5 MR. SWAYZE ALFORD: Just quickly,
6 Your Honor.

7 REDIRECT EXAMINATION

8 BY MR. SWAYZE ALFORD:

9 Q. Just to be clear, I think we said this,
10 Dr. Perkins, but Mr. Sullivant, Jr. asked you a lot
11 of questions about undue influence.

12 Just to be clear in Mr. Sullivant, Sr.'s
13 case, you didn't detect or observe any presence of
14 undue influence by anyone?

15 A. I had -- had, have no inkling, no
16 suspicion of undue influence in this case at all.

17 MR. SWAYZE ALFORD: And, Your Honor,
18 I think Dr. Perkins -- I think his report
19 is probably already in the court record,
20 but I guess I will just out of an
21 abundance of caution make it -- offer it
22 as an exhibit.

23 HONORABLE ROBERT Q. WHITWELL: I have
24 seen it, I think, in the attachments, but
25 it's not a part of this record.

26 MR. SWAYZE ALFORD: I think I will
27 just go ahead and make it --

28 HONORABLE ROBERT Q. WHITWELL: Any
29 objection to it?

1 MR. ROBERT SULLIVANT, JR.: No, Your
2 Honor.

3 HONORABLE ROBERT Q. WHITWELL: It
4 will be marked as Exhibit 1 and admitted
5 into evidence.

6 (WHEREUPON, THE SAME, DR. PERKINS'S
7 REPORT, WAS MARKED AND ADMITTED AS EXHIBIT
8 NUMBER 1.)

9 HONORABLE ROBERT Q. WHITWELL: Are
10 you done with Dr. Perkins?

11 MR. SWAYZE ALFORD: Yes, Your Honor.

12 HONORABLE ROBERT Q. WHITWELL: You
13 are free to go.

14 THE WITNESS: Thank you, sir.

15 HONORABLE ROBERT Q. WHITWELL: Do you
16 need to retain him? He's not under
17 subpoena, is he?

18 MR. SWAYZE ALFORD: No, sir.

19 HONORABLE ROBERT Q. WHITWELL: You're
20 free to go whenever you get ready.

21 THE WITNESS: All right.

22 HONORABLE ROBERT Q. WHITWELL: Thank
23 you for your time.

24 THE WITNESS: You're welcome.

25 (WHEREUPON, THE WITNESS WAS EXCUSED
26 FROM THE WITNESS STAND.)

27 MR. SWAYZE ALFORD: I call Robert
28 Sullivant, Sr. to the stand.

29 THE WITNESS: I get around slow.

Exhibit 2

IN THE CHANCERY COURT OF LAFAYETTE COUNTY, MISSISSIPPI

ROBERT SULLIVANT, SR.

PLAINTIFF

VS.

2021 JAN 10 A 10:35

CAUSE NO.: 2021-612(W)

ROBERT SULLIVANT, JR.

DEFENDANT

CHANCERY CLERK
R

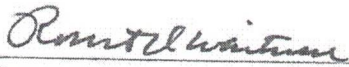
AGREED ORDER FOR INDEPENDENT MEDICAL EXAM

THIS COURT, having been made aware of an agreement of the parties, now enters this *Agreed Order for Independent Medical Exam*:

1. Pending before this Court is the Counterclaim of the Defendant and a part of the Counterclaim raised the issue of capacity. Plaintiff disputes the allegation that he lacks capacity.
2. On account of this issue of capacity, the parties agreed that two IMEs under Rule 35 shall take place. Two examinations were conducted pursuant to this Court's order. However, the parties subsequently agreed to strike one of the expert's opinion and further agreed to seek an additional IME.
3. The examination will be conducted by Dr. Frank Perkins and must be completed within 30 days of the date of this Order.
4. Pursuant to Section 93-20-401(2), the conservatorship statute, the examinations will also address whether Plaintiff is "unable to manage property or financial affairs because of a limitation in the adult's ability to receive and evaluate information or make or communicate decisions, even with the use of appropriate supportive services or technological assistance" and whether appointment is necessary to "avoid harm to the adult or significant dissipation of the property of the adult."

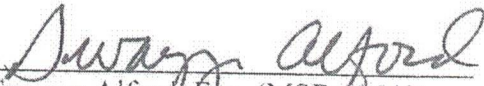
SCANNED

SO ORDERED, this the 10 day of January, 2023.




CHANCELLOR

AGREED:



Swayze Alford, Esq. (MSB #8642)
Kayla Ware, Esq. (MSB #104241)
Counsel for Plaintiff




Robert Sullivan, Jr.
Pro Se

Exhibit 3

MEDICAL AFFIDAVIT

Please complete this form to the best of your knowledge and ability.

Today's Date: 1/27/2023		Referring Court: Lafayette	
EXAMINER INFORMATION			
Examiner's Last Name: Perkins		First: Frank	Middle: N
Hospital / Medical Group Affiliation: Precise Forensic Services, PLLC		Years Practicing: 7	State of Licensure: MS
Address: 3531 Lakeland Drive, Suite 1060 Flowood, MS 39232		Designation: M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> N.P. <input type="checkbox"/> P.A. <input type="checkbox"/> Ph.D. <input type="checkbox"/>	
§§ 93-20-305 & 407			
Professional evaluation			
<p>The chancery court must conduct a hearing to determine whether a guardian/conservator is needed for the respondent. Before the hearing, the court, in its discretion, may appoint a guardian ad litem to look after the interest of the person in question; the guardian ad litem must be present at the hearing and present the interests of the respondent.</p> <p>The chancery judge shall be the judge of the number and character of the witnesses and proof to be presented, except that the proof must include certificates made after a personal examination of the respondent by the following professionals, each of whom shall make in writing a certificate of the results of that examination to be filed with the clerk of the court and become a part of the record of the case, two (2) licensed physicians; or one (1) licensed physician and either one (1) licensed psychologist, nurse practitioner, or physician's assistant.</p> <p>The personal examination may occur face-to-face or via telemedicine, but any telemedicine examination must be made using an audio-visual connection by a physician licensed in this state and as defined in Section 83-9-351. A nurse practitioner or physician assistant conducting an examination shall not also be in a collaborative or supervisory relationship, as the law may otherwise require, with the physician conducting the examination. A professional conducting an examination under this section may also be called to testify at the hearing.</p>			
§ 93-20-301			
Basis for appointment of guardian			
<p>The court may appoint a guardian for an adult when the respondent lacks the ability to meet essential requirements for physical health, safety or self-care because the adult is unable to receive and evaluate information or make or communicate decisions, even with appropriate supportive services or technological assistance; or the adult is found to be a person with mental illness or a person with an intellectual disability as defined in Section 41-21-61 who is also incapable of taking care of his or her person.</p>			
§ 93-20-401			
Basis for appointment of conservator			
<p>The court may appoint a conservator for the property or financial affairs of an adult if the court finds by clear and convincing evidence that the adult is unable to manage property or financial affairs because of a limitation in the adult's ability to receive and evaluate information or make or communicate decisions, even with the use of appropriate supportive services or technological assistance; the adult is missing, detained, incarcerated, or unable to return to the United States.</p>			
Signature			
Date		<u>1/27/2023</u>	
PATIENT INFORMATION			
Patient's Last Name: Sullivant		First: Robert	M: Burnell
Marital Status: Divorced			
Is this the patient's legal name?	If not, what is his / her legal name?	Former name:	Birth date:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			11/19/1933
		Age:	Sex:
		89	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
Address: 100 Azaela Drive Apt 153 Oxford, MS 38655			
Have you treated this patient in the past for his / her medical needs, whether related or unrelated to this exam?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate the dates and circumstances within the last year, and / or reference if you have been the patient's personal physician for a period of time and the time frame:	
Did a friend or family member accompany the patient during your examination?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name / Relationship to Patient:	Is this the patient's primary caretaker?
		Phone Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the above named individual is not the patient's primary caretaker, who is? (Name / Phone / Relationship to Patient):

EVALUATION

MEDICAL HISTORY – Physical

Has the patient experienced	Physical Impairments or Chronic Pain:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	Chronic Diseases or Illnesses:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Are there any physical limitations affecting the patient's	Surgery within the past year	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	Activities of Daily Living	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	Cognitive / Memory Abilities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
In the last six months, has the patient had:	Hospitalizations	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	Therapy or Treatment	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	Psychological or Psychiatric Testing	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
Patient's Current Condition / Status of Physical Illnesses: Mr. Sullivant appears to have stable impairments in mobility requiring a walker and chronic medical condition of hypertension which he takes medications for.		
History of Substance Abuse / Use	<input checked="" type="checkbox"/> Denies Substance Use <input type="checkbox"/> Prescribed Medications Only	
Drug(s) of Choice and Age of Onset:	Has the Patient Previously Sought Addiction Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patterns of Substance Use / Abuse	How Much:	How Often:
	Methods of Use: <input type="checkbox"/> Oral <input type="checkbox"/> Snort <input type="checkbox"/> Inject <input type="checkbox"/> Insert <input type="checkbox"/> Inhale <input type="checkbox"/> Other: _____	

MEDICAL HISTORY – Mental

Previous Psychiatric Issues:
Patient denies any past psychiatric issues.

Do these psychiatric / mental illnesses affect the patient's ability to take care of him / herself? Yes No

Does the patient suffer from a developmental and / or intellectual disability? Yes No

Previous In-Patient or Out-Patient Psychiatric Treatment (with dates and location):
Patient denies and past inpatient or outpatient psychiatric treatment.

Does the Patient Indicate Homicidal Ideation or Behavior? Yes No Does the Patient Indicate Suicidal Ideation or Behavior? Yes No

Describe Other Counseling and / or Therapeutic Experiences:
None known

Set forth the results of any tests which bear on the issue of incapacity and date of test (attach results if necessary):
MOCA (1/17/2023) - 20/30, Clock Drawing Impaired, Trail A 73 seconds, Trail B 300 sec (did not complete)

Traumatic Event Exposure / History (Where applicable, identify type and date of event):	Social / Cultural History (Note / Describe Relationships as Appropriate):
<input type="checkbox"/> Serious Accidents: _____	Parents: <input type="checkbox"/> Close <input type="checkbox"/> Amicable <input type="checkbox"/> Estranged <input checked="" type="checkbox"/> Other: Deceased
<input type="checkbox"/> Natural Disaster: _____	Spouse / Partner: <input type="checkbox"/> Close <input type="checkbox"/> Amicable <input type="checkbox"/> Estranged <input checked="" type="checkbox"/> Other: Deceased
<input type="checkbox"/> Witness to Traumatic Event: _____	Children: <input type="checkbox"/> Close <input type="checkbox"/> Amicable <input checked="" type="checkbox"/> Estranged <input type="checkbox"/> Other: _____
<input type="checkbox"/> Sexual Assault: _____	Siblings: <input type="checkbox"/> Close <input type="checkbox"/> Amicable <input type="checkbox"/> Estranged <input checked="" type="checkbox"/> Other: N/A
<input type="checkbox"/> Physical Assault: _____	Other Family: <input checked="" type="checkbox"/> Close <input type="checkbox"/> Amicable <input type="checkbox"/> Estranged <input type="checkbox"/> Other: _____
<input type="checkbox"/> Childhood Molestation: _____	Friends / Colleagues: <input checked="" type="checkbox"/> Close <input type="checkbox"/> Amicable <input type="checkbox"/> Estranged <input type="checkbox"/> Other: _____
<input type="checkbox"/> Close Family / Friend Murdered: _____	
<input type="checkbox"/> Homelessness: _____	
<input type="checkbox"/> Victim of Stalking / Bullying: _____	
<input checked="" type="checkbox"/> N / A	
<input type="checkbox"/> Other (Specify): _____	

Indication of Functional Limitations (Check Major Life Areas Affected)	<input type="checkbox"/> Basic Living Skills (eating, bathing, dressing, etc.)	
	<input checked="" type="checkbox"/> Instrumental Living Skills (maintaining a home, managing money, local travel, taking medications, etc.)	
	<input checked="" type="checkbox"/> Social Functioning (ability to function within the family, vocational or educational settings, other social contexts)	
Does the patient have the mental or physical capacity to effectively manage his / her property?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Undetermined
Does the patient have the mental or physical capacity to make necessary daily living and health care decisions?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Undetermined
Initial Behavioral Observations	Speech	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Slowed <input type="checkbox"/> Mechanical <input type="checkbox"/> Rapid <input type="checkbox"/> Other: _____
	Behavior	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Withdrawn <input type="checkbox"/> Bizarre <input type="checkbox"/> Volatile <input type="checkbox"/> Other: _____
	Appearance	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Disheveled <input type="checkbox"/> Unclean <input type="checkbox"/> Inappropriately Dressed <input type="checkbox"/> Other: _____
	Mood	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Manic <input type="checkbox"/> Depressed <input type="checkbox"/> Labile <input type="checkbox"/> Irritable <input type="checkbox"/> Other: _____
	Affect	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Other: _____
	Oriented To	<input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Situation <input type="checkbox"/> Other: _____
	Thought Content	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Incoherent <input type="checkbox"/> Obsessive <input type="checkbox"/> Other: _____
	Memory	<input type="checkbox"/> Appropriate <input type="checkbox"/> Repressed <input checked="" type="checkbox"/> Confused <input checked="" type="checkbox"/> Other: Impaired in Short Term and Long Term
	Judgment / Insight	<input type="checkbox"/> Appropriate <input checked="" type="checkbox"/> Impaired <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Other: _____
Comments on Mental / Physical Health: Mr. Sullivan's presentation is most consistent with a Major Vascular Neurocognitive Disorder without Behavioral Disturbance. This is evidenced by impairments in memory, language, and visiospatial/executive function as demonstrated in testing and clinical impression during his interview. He has an awareness and ability to voice his wishes and needs but due to his impaired cognitive function does not have the capacity to consistently execute those wishes and needs. There are lucid intervals in his illness that enable him to inform those assisting with his affairs of his wishes, but due to the nature of his illness he cannot consistently provide that direction nor appropriately engage or execute contracts. He will be best served by a neutral, independent conservator to manage his finances with his direction and a family member or concerned party who he is agreeable with helping to manage his person.		
SUMMARY / RECOMMENDATION		
This Evaluation was Conducted (Check all that Apply):	<input checked="" type="checkbox"/> In Person <input type="checkbox"/> Via Audiovisual Telemedicine <input type="checkbox"/> At Hospital / Medical Office <input type="checkbox"/> At the Patient's Residence	
	<input type="checkbox"/> Other: _____	
	If via Telemedicine, who assisted you with the evaluation? (Name, Designation)	Your Mississippi License Number: 25109
Diagnosis	Did you perform a physical exam on the patient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Did any concerns result from the physical exam? <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No <input type="checkbox"/> N/A
	Based on the foregoing evaluation:	<input checked="" type="checkbox"/> I DO believe this patient is a person incapable of managing his / her own person under § 93-20-301 or financial affairs under §93-20-401, and is in need of a Guardian and / or Conservator (check all that apply): <input type="checkbox"/> Guardian (Person) <input type="checkbox"/> Conservator (Financial Affairs) <input checked="" type="checkbox"/> Both
		<input checked="" type="checkbox"/> I DO NOT
	I recommend the Court require re-evaluation in:	I find that the patient is in need of treatment <input type="checkbox"/> Temporarily <input checked="" type="checkbox"/> Permanently <input type="checkbox"/> Other: _____
	<input type="checkbox"/> 60 days <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other: _____	
Summary of Diagnosis: Major Vascular Neurocognitive Disorder without Behavioral Disturbance		

I, Frank Perkins, MD, the above named examiner, certify that this patient's **examination** was completed on (date) 01/17/2023
at (time) 1400, and that this **evaluation and recommendation** was completed on (date) 01/27/2023 at (time) 1500.

I hereby certify that that the facts stated above, and the information contained in this report, are true to the best of my knowledge and belief.

Signature



Printed Name

Frank Perkins MD

Date

1/27/2023