

THE STATE OF SOUTH CAROLINA
In The Supreme Court

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MAY 03 2018
S.C. SUPREME COURT

APPEAL FROM HORRY COUNTY
Court of Common Pleas

Larry B. Hyman, Jr., Circuit Court Judge

Case No. 2014-CP-26-1665
Appellate Case No. 2018-000765

Ex parte Emily Carlson and Alice Preyer, ... Petitioners,

v.

John C. Dockery, III, ...

In Re Emily Cheshire Dockery, an Alleged Incapacitated Person, Respondent

APPENDIX
Volume IV

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Post Office Box 3939 (29578-3939)
Myrtle Beach, SC 29577-6412
(843) 448-3500
Attorneys for Petitioners

Thomas C. Brittain
SC Bar No. 00893
Mary Madison Brittain Langway
SC Bar No. 73722
4614 Oleander Drive
Myrtle Beach, SC 29577
(843) 449-8562
Attorney for Respondent

V. Lee Moore, Esq.
SC Bar No. 009777
P.O. Box 14737
Surfside Beach, SC 29587
(843) 650-9757
Guardian ad Litem for Respondent

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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM HORRY COUNTY
Court of Common Pleas

Larry B. Hyman, Jr., Circuit Court Judge

RECEIVED

MAR 07 2016

SC Court of Appeals

Case No. 2014-CP-26-1665
Appellate Case No. 2015-000680

Emily Carlson and Alice Preyer, ... Petitioners,

v.

John C. Dockery, III, ... Respondent.

In re Emily Cheshire Dockery,

Of whom Emily Carlson and Alice Preyer are the Respondents,

and

Emily Cheshire Dockery is the Appellant.

RECORD ON APPEAL
VOLUME III

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(843) 650-9757
Guardian Ad Litem for Appellant

STATE OF SOUTH CAROLINA)
COUNTY OF HORRY)

SETTLEMENT AGREEMENT

IN THE MATTER OF EMILY CHESHIRE DOCKERY

CASE NUMBERS: 2010-GC-26-68 and 69

THIS AGREEMENT is made and entered into this 22nd day of July, 2011, by the undersigned parties and their counsel who are all of the interested parties in the above referenced actions except Emily Cheshire Dockery ("Ms. Dockery").

RECITALS:

WHEREAS, prior to a hearing on the merits in the two above referenced actions, the undersigned parties have participated in mediation and arrived at an agreement with respect to all issues raised in the foregoing two petitions and believe that the resolution of all issues as arrived at in said agreement will be in the best interest of Ms. Dockery.

NOW, THEREFORE, in consideration of the premises the parties hereto agree as follows:

1. Ms. Dockery is incapacitated and in need of a Guardian and a Conservator pursuant to SC Code Sections 62-5-304 and 62-5-401(2).
2. John C. Dockery, III ("John Dockery") shall serve as Guardian for Ms. Dockery subject to the following terms and conditions (and any additional terms and conditions imposed by the Horry County Probate Court):

(a) John Dockery will keep Emily Carlson and Alice Preyer advised on a timely basis of any changes to Ms. Dockery's mental, emotional or medical condition including

but not limited to (i) providing a monthly email summary of Ms. Dockery's social activities and all routine doctor, dentist or other medical provider visits and the outcomes of such visits, and (ii) calling Emily Carlson and Alice Preyer in the event Ms. Dockery has any non-routine medical visit or treatment, emergency treatment, hospitalization or change of medical provider;

(b) John Dockery will arrange for reasonable and necessary in-home care, including but not limited to assistance with bathing and other personal hygiene care, for Ms. Dockery with the emphasis being on maintaining consistency and continuity so that she can remain in her home as long as reasonably possible, and provide contact information on all caregivers to Emily Carlson and Alice Preyer;

(c) John Dockery will provide reasonable phone access so all parties can communicate with Ms. Dockery on a regular basis;

(d) John Dockery will provide reasonable access for visitation by all parties;

3. Within thirty (30) days of the execution of this Agreement, each of John Dockery on one hand and Emily Carlson and Alice Preyer on the other shall provide the names of three possible conservators together with such proposed conservator's fee schedule or structure. John Dockery, Emily Carlson and Alice Preyer will use their best efforts to agree to one of the six (6) proposed conservators. Each proposed conservator shall be a bank, trust company, accountant or attorney that conducts business on a regular basis in the Myrtle Beach area. If for any reason the parties are unable to agree on a conservator, the Court shall choose the conservator. The conservator shall serve subject to any terms and conditions set forth by the Court. The appointment of the conservator shall terminate any previous Power of Attorney executed by Ms. Dockery.

4. Each of the parties will refrain from making any disparaging comment or allowing third parties to make disparaging comments about any other party.

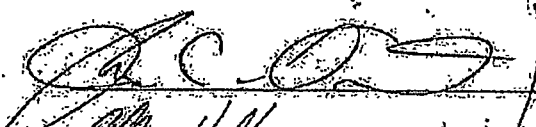
5. The parties agree that the Guardian ad Litem's fees, the visitor's fee, and all physicians' fees will be paid out of Ms. Dockery's conservatorship estate. Each of the parties shall pay their own attorney's fees.

6. The parties hereby confirm that this agreement will be submitted to the Court for adoption by the Court as part of the Court's order appointing the Guardian and Conservator so that its provisions can be enforced as an order of the Court.

IN WITNESS WHEREOF, the undersigned have set their hands and seals.

WITNESSES:

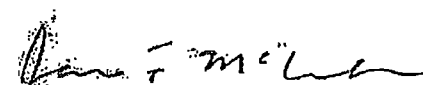

Knowlton James

Knowlton James

Ellen Helman

PARTIES:


Emily Carlson


Alice Preyer


James F. McCrackin, Esquire
Attorney for Emily Carlson and Alice Preyer

John C. Dockery, III

William H. Monckton, VI, Esquire
Attorney for John C. Dockery, III

Barbara A. Moore
Clara Carter

Chas. Moore
V. Lee Moore, Esquire
Guardian *ad Litem* for Emily Cheshire
Dockery

Jim McCrackin

From: WILLIAMMONCKTON@aol.com
Sent: Tuesday, August 02, 2011 8:47 AM
To: Jim McCrackin; marymadison@brittainlawfirm.com; moore@grandstrandlawyers.com
Subject: Re: In Re Emily C. Dockery

Jim, Lee, Mary Madison,

I do not have any objection to the new amended agreement.

Billy

In a message dated 8/1/2011 5:22:04 P.M. Eastern Daylight Time, jim.mccrackin@nelsonmullins.com writes:

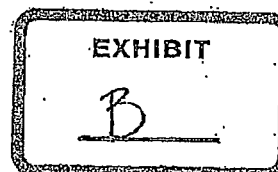
Mary Madison, Lee and Billy,

I have attached a revised Settlement Agreement which includes a couple of minor comments from Lee, and my additions regarding the payment of various fees. I understand that Ms. Dockery may not be willing to sign the Settlement Agreement. Accordingly, I have prepared the Settlement Agreement with only John, Emily, Alice and Lee as the parties. If Ms. Dockery decides to agree, we can prepare a short addendum adding her as a party. If she does not agree, Judge Edmonds can make a ruling based on the Settlement Agreement, the physicians' reports, the visitor's report, and any additional testimony at the hearing.

If the Settlement Agreement is ok with Billy and Lee, I will circulate a hard copy for execution by everyone. Although the Settlement Agreement provides for thirty days for the parties to propose possible conservators, I see no reason that we cannot go ahead and request a hearing sooner (perhaps mid to late August) if Judge Edmonds has time available. I believe Emily and Alice will be able to propose their three possible conservators later this week or early next week.

Please let me know your thoughts as soon as possible.

Kind regards,



Jim

Nelson Mullins

James F. McCrackin

Attorney at Law
jim.mccrackin@nelsonmullins.com

Nelson Mullins Riley & Scarborough LLP

BNC Bank Corporate Center, Suite 300
3751 Robert M. Grissom Parkway
Myrtle Beach, SC 29577
Tel: 843.946.5659 Fax: 843.946.5632

www.nelsonmullins.com
(View Bio)

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If you are not the named addressee, you are not authorized to read, print, retain, copy or disseminate this message or any part of it. If you have received this message in error, please notify the sender immediately either by phone (800-237-2000) or reply to this e-mail and delete all copies of this message.

To ensure compliance with the requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained in this communication (including the attachments) is not intended or written to be used, for the purpose of (a) avoiding penalties under the Internal Revenue Code or (b) promoting, marketing or recommending to another party any transaction or tax-related matter[s]. To provide you with a communication that could be used to avoid penalties under the Internal Revenue Code will necessarily entail additional investigations, analysis and conclusions on our part.

Janice Morreale

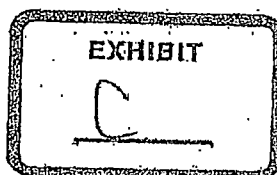
From: Edmonds, Deirdre [EdmondsD@HorryCounty.org]
Sent: Wednesday, August 03, 2011 2:13 PM
To: Jim McCrackin; 'tommy@brittainlawfirm.com'; 'marymadison@brittainlawfirm.com'; 'V. Lee Moore'; 'williammonckton@aol.com'
Cc: Janice Morreale; 'Michelle Glover'
Subject: Matter of Emily Cheshire Dockery - 2010-GC-26-68 and 69
Importance: High

Counsel, this is to follow-up my email to you in the above matters on July 26, 2011 confirming my understanding that the matters have been settled by the parties. As previously mentioned, I have left the hearing in these matters on the calendar for September 15th and 16th. I assume that since the matters have been settled, the hearing will not take very long. Therefore, unless I hear otherwise from counsel by 5:00 PM tomorrow, I propose removing these matters from the court's calendar on the 16th in its entirety and retaining the hearing on the 15th in these matters for 8:30 AM until 10:00 PM. Please contact me no later than 5:00 PM tomorrow if there is an objection to my proposal. Otherwise, I will proceed as I have proposed. Thank you.

Deirdre W. Edmonds

Probate Judge
Horry County Probate Court

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Jim McCrackin

From: WILLIAMMONCKTON@aol.com
Sent: Tuesday, August 23, 2011 8:41 AM
To: Jim McCrackin
Subject: Re: Dockery

Jim,

I have not been ignoring you so please do not take my non responses as that. I hope to have the Agreement signed on Wed and forwarded over to you by Wed afternoon and I will get you the additional information at that time as well. Sorry for the delay.

Billy

In a message dated 8/22/2011 10:27:13 A.M. Eastern Daylight Time, jim.mccrackin@nelsonmullins.com writes:

Billy,

Can I get a signed original of the Settlement Agreement from you this week? Do you have names and billing information for your suggested conservators?

Kind regards,

Jim

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Jim

Nelson Mullins

James F. McCrackin

Attorney at Law

jim.mccrackin@nelsonmullins.com

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www.nelsonmullins.com

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Jim McCrackin

From: WILLIAMMONCKTON@aol.com
Sent: Thursday, August 25, 2011 1:23 PM
To: Jim McCrackin
Cc: marymadison@brittainlawfirm.com; moore@grandstrandlawyers.com
Subject: Re: Dockery

Jim,

I apologize for the delay in responding to you in this matter. When we met at mediation I thought that we had this matter resolved. Since that time my client has informed me that he will agree to everything in the Settlement Agreement except the appointment of a conservator to handle Mrs. Dockery's affairs. I have discussed this with Mary Madison and Tommy and they are not in a position to consent and in fact it may be Mrs. Dockery's position that only John Dockery should manage her affairs.

This has been an extremely difficult matter to resolve. I would suggest that we litigate the conservator issue in that we have agreed to all other issues. Let me know your thoughts.

Billy

In a message dated 8/25/2011 11:29:20 A.M. Eastern Daylight Time, jim.mccrackin@nelsonmullins.com writes:

Please let me know if John has signed the Settlement Agreement.

Kind regards,

Jim

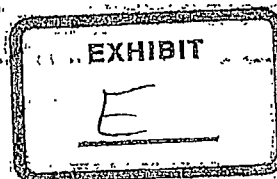
Nelson Mullins

James F. McCrackin

Attorney at Law
jim.mccrackin@nelsonmullins.com

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3751 Robert M. Grissom Parkway
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Janice Morreale

From: Edmonds, Deirdre [EdmondsD@HorryCounty.org]
Sent: Friday, August 26, 2011 9:14 AM
To: Jim McCrackin; tommy@brittainlawfirm.com; marymadison@brittainlawfirm.com; V. Lee Moore; williammonckton@aol.com
Cc: Janice Morreale; Michelle Glover
Subject: RE: Matter of Emily Cheshire Dockery - 2010-GC-26-68 and 69

Importance: High

Jim, pursuant to your request below in the above matters, I have rescheduled the short hearing in these matters previously reserved for the morning of September 15th to approve the parties' settlement to a two day contested trial commencing November 2, 2011 at 8:30 AM and continuing through November 3rd. As I previously advised counsel, once the parties reached a settlement and I received no objection to my proposed plan, I only left a short time on the 15th for these matters and scheduled other hearings the remainder of that day and the 16th. My first available time for a two-day trial are the dates scheduled above. We will use the time on September 15th at 8:30 AM for the requested status conference. Please provide all interested persons with formal notice of the status conference and the hearing in these matters. Best regards,

Deirdre W. Edmonds

Probate Judge
Horry County Probate Court

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From: Jim McCrackin [mailto:jim.mccrackin@nelsonmullins.com]
Sent: Thursday, August 25, 2011 2:43 PM
To: Edmonds, Deirdre; tommy@brittainlawfirm.com; marymadison@brittainlawfirm.com; V. Lee Moore; williammonckton@aol.com
Cc: Janice Morreale; Michelle Glover
Subject: RE: Matter of Emily Cheshire Dockery - 2010-GC-26-68 and 69

Judge Edmonds,

Billy informed me today that his client, John Dockery, was no longer in agreement in regard to the above referenced matter. Please advise all counsel at your earliest convenience if the court time in September is still available. I would also appreciate you providing us with several dates and times for a status conference to discuss the options for moving this case forward.

Kind regards,
Jim



Nelson Mullins

James F. McCrackin

Attorney at Law

jim.mccrackin@nelsonmullins.com

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www.nelsonmullins.com

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STATE OF SOUTH CAROLINA
COUNTY OF HORRY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Emily C. Dockery, have made, constituted and appointed and by these presents do make, constitute and appoint, John C. Dockery, III, as my true and lawful attorney-in-fact, or should he at any time become either unable or unwilling to so serve, I nominate and appoint Emily D. Carlson and Alice Dockery Preyer, as my true and lawful first co-alternate attorneys-in-fact, for me and in my name, place and stead and on my behalf, to do and perform for me anything of any character which I might do or perform for myself if personally present and acting.

Without in any way diminishing the broad general powers just conferred, which are believed and intended to include all of the following, as well as other acts not mentioned, I do specifically authorize my attorney-in-fact, in my name and on my behalf:

(1) To make, claim for, execute proofs of claim and otherwise take all steps necessary to collect any insurance to which I am entitled, particularly any health, accident, disability or hospital insurance; and in connection therewith to give receipts and, where deemed proper, to give releases and other acquittances.

(2) To sell or lease real estate or personal property, tangible and intangible, including automobiles, stocks, bonds or other evidences of ownership or debt in which I have or may hereafter have any interest whatever, and to endorse, sign, or assign said stock certificates or bonds or other instruments in connection therewith.

(3) To sell, exchange or dispose of any real estate to which I am now or shall hereafter become seized and possessed in fee simple, or for any lease estate, to any person or persons, for any price, or in any manner whatsoever, and for these purposes to execute and acknowledge any deed or deeds, lease or leases or other assurance or assurances, with general covenants of warranty against all persons, or any covenant whatsoever, as they may deem expedient.

Instrument#: 2007000175038, DEED BK:
3299 PG: 832 DOCTYPE: 063 12/11/2007 at
11:11:45 AM, 1 OF 6 BALLERY V.
SKIPPER, HORRY COUNTY, SC
REGISTRAR OF DEEDS

(4) To purchase any real estate on my account in fee simple or otherwise, and also any personal property (including intangibles), at any price or exchange whatsoever, in the sole discretion of my attorney-in-fact.

(5) To endorse negotiable instruments of any character made payable to me and to cash the same or deposit to my account or otherwise utilize the proceeds at the discretion of my attorney-in-fact.

(6) To make deposits to, withdraw from, and to draw checks upon any checking account or savings account in any bank where I maintain an account, or may hereafter open an account, or my attorney-in-fact may open an account, whether said accounts be in my own name or jointly with another, and in general to deal with the said bank accounts to the same extent that I might do if personally present and acting.

(7) To execute for me and in my name, and as my act and deed, to sign, seal, execute, deliver and acknowledge such deeds, covenants, indentures, agreements, mortgages, bonds, notes, receipts, evidences of debt, releases and satisfactions of debts, and other instruments conveying or encumbering real estate or personal property and generally to deal with such property as fully as I might if personally present and acting.

(8) To collect all sums due me from any sources, particularly any sums which are now due or may become due from the Government of the United States or any branch thereof, and to execute such instruments, endorsements or signatures thereto in my name as may be requisite or proper to facilitate the collection thereof.

(9) To be responsible for the make up and filing of any income tax returns, intangible tax returns, or tax returns of any other character and, as my agent, to sign and affirm such returns, my attorney-in-fact being fully informed as to all facts necessary to make such returns.

(10) To enter any safe deposit box standing in my name or to which I have the right of access and to deal with the contents thereof at the discretion of my attorney-in-fact.

(11) To make contracts on my behalf with respect to any property owned by me and with respect to my care and upkeep, including employment of a nurse or nurses, physicians or any other person whose services should be needed for my care and upkeep, and specifically, this shall include authorization to request and receive all information about my financial, as well as my personal health status, in specific recognition of HIPPA and other laws which may address my right to privacy.

(12) To pay and settle any and all claims of debts which may be due and owing by me at any time.

(13) To enter into leases on any property owned by me or for any property to be leased by me, including an apartment, rooming accommodations or nursing home accommodations.

(14) To borrow in my behalf and in my name any funds needed by me and to pledge for the payment thereof any stocks, bonds or securities or other property owned by me.

(15) To purchase medicine, clothes, food or other supplies for my benefit.

(16) To make distributions which may assist in tax and/or estate planning for my estate, such as gifts to my issue in such amounts and in such manner as will qualify for the annual exclusion from federal gift taxes, and contributions to one or more Living Trusts.

And in general, the said John C. Dockery, III (or Emily D. Carlson and Alice Dockery Preyer) as attorney-in-fact, is given full power and authority to do and to perform all and every act or thing whatsoever requisite or necessary to be done for my upkeep, care and maintenance and for the management of any property owned by me, as fully to all intents and purposes as I might or could do if personally present, and I hereby ratify and confirm all that the said John C. Dockery, III (or alternatively Emily D. Carlson and Alice Dockery Preyer) as my attorney-in-fact, shall lawfully do or cause to be done by virtue hereof, it being my intent and purpose to confer upon my said attorney-in-fact the broadest possible powers to be used and exercised in the discretion of my attorney-in-fact for my use and benefit.

The powers herein granted shall be deemed continuing and relate as fully to any property which I may hereafter acquire as to any property which I may now own, and the powers herein conferred may be exercised repeatedly.

It is my intention that this power of attorney shall not be affected by my physical disability or my mental incompetence, which renders me incapable of managing my own estate; and my attorney-in-fact shall keep full and accurate records of all transactions for me as my agents and of all my property and the disposition thereof, and shall render to me, if competent, or to my nearest living relative if I shall be incompetent or incapacitated, at least annually, inventories and accounts of all transactions of my attorney-in-fact done in my behalf; and to the extent that I am able to do so, I hereby relieve my attorney-in-fact of the responsibility and duty of filing any reports with any court.

It is my further intention that my said attorney-in-fact (or alternate) shall serve as such and shall continue to exercise the authority granted herein in spite of any attempt to appoint a guardian or conservator on my behalf, it being my specific intent that my said attorney-in-fact (or alternate) shall fulfill the obligations ordinarily reserved for a guardian and conservator, and that no application to court for the appointment of any other person(s) in either capacity shall be effective while my said attorney-in-fact (or alternate) is willing and able to so serve.

Giving and Granting unto my said attorney-in-fact by these presents full and whole power, strength and authority for me and in my name to make, seal and deliver, and generally to accomplish all and every other act and acts, thing and things, device and devices, in law whatsoever needful and necessary to be done for me and in my name to do, execute and perform, as fully, largely and amply, to all intents and purposes; as I might or could do, if I were personally present, hereby ratifying all and whatsoever my said attorney-in-fact shall lawfully do in and about the premises, by virtue hereof.

IN WITNESS WHEREOF, I have hereunto set my Hand and Seal, dated at Myrtle Beach, South Carolina the 1st day of November, 2007.

Emily C. Dockery
Emily C. Dockery

SIGNED, SEALED, PUBLISHED AND DECLARED by Emily C. Dockery, as and for her Durable Power of Attorney, in our presence, who, in her presence and in the presence of each other, and at her request, have hereunto subscribed our names as witnesses.

Cynthia H. [Signature]
Witness

Rosario [Signature]
Witness

I, Emily C. Dockery, the Principal, sign my name to this instrument this 1st day of November, 2007, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Durable Power of Attorney and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Emily C. Dockery (S)
Emily C. Dockery

We, CLIFFORD H. TALL and ROSARIO DAHLKE, the witnesses,
sign our names to this instrument, and at least one of us, being first duly sworn, does hereby
declare, generally and to the undersigned authority, that the Principal signs and executes this
instrument as her Durable Power of Attorney, and that she signs it willingly, and that each of
us, in the presence and hearing of the Principal, hereby signs this Durable Power of Attorney
as witness to the Principal's signing, and that to the best of our knowledge, the Principal is
eighteen years of age or older, of sound mind, and under no constraint or undue influence.

Clifford H. Tall
Witness

Rosario Dahlke
Witness

STATE OF SOUTH CAROLINA)

COUNTY OF HORRY)

PERSONALLY appeared before me ROSARIO DAHLKE and
made oath that (s)he saw the within named Emily C. Dockery, sign, seal, and as her act and
deed deliver the within written Power of Attorney, and that (s)he with CLIFFORD H.
TALL witnessed the execution thereof.

Rosario Dahlke

SWORN TO BEFORE ME THIS
1st day of November, 2007.

[Signature] (SEAL)

Notary Public for South Carolina

My Commission Expires: 5-14-2017

STATE OF SOUTH CAROLINA)
COUNTY OF HORRY)

HEALTH CARE POWER OF ATTORNEY
OF
EMILY C. DOCKERY

INFORMATION ABOUT THIS DOCUMENT

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

1. THIS DOCUMENT GIVES THE PERSON YOU NAME AS YOUR AGENT THE POWER TO MAKE HEALTH CARE DECISIONS FOR YOU IF YOU CANNOT MAKE THE DECISION FOR YOURSELF. THIS POWER INCLUDES THE POWER TO MAKE DECISIONS ABOUT LIFE-SUSTAINING TREATMENT. UNLESS YOU STATE OTHERWISE, YOUR AGENT WILL HAVE THE SAME AUTHORITY TO MAKE DECISIONS ABOUT YOUR HEALTH CARE AS YOU WOULD HAVE.

2. THIS POWER IS SUBJECT TO ANY LIMITATIONS OR STATEMENTS OF YOUR DESIRES THAT YOU INCLUDE IN THIS DOCUMENT. YOU MAY STATE IN THIS DOCUMENT ANY TREATMENT YOU DO NOT DESIRE OR TREATMENT YOU WANT TO BE SURE YOU RECEIVE. YOUR AGENT WILL BE OBLIGATED TO FOLLOW YOUR INSTRUCTIONS WHEN MAKING DECISIONS ON YOUR BEHALF. YOU MAY ATTACH ADDITIONAL PAGES IF YOU NEED MORE SPACE TO COMPLETE THE STATEMENT.

3. AFTER YOU HAVE SIGNED THIS DOCUMENT, YOU HAVE THE RIGHT TO MAKE HEALTH CARE DECISIONS FOR YOURSELF IF YOU ARE MENTALLY COMPETENT TO DO SO. AFTER YOU HAVE SIGNED THIS DOCUMENT, NO TREATMENT MAY BE GIVEN TO YOU OR STOPPED OVER YOUR OBJECTION IF YOU ARE MENTALLY COMPETENT TO MAKE THAT DECISION.

4. YOU HAVE THE RIGHT TO REVOKE THIS DOCUMENT, AND TERMINATE YOUR AGENT'S AUTHORITY, BY INFORMING EITHER YOUR AGENT OR YOUR HEALTH CARE PROVIDER ORALLY OR IN WRITING.

5. IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A SOCIAL WORKER, LAWYER, OR OTHER PERSON TO EXPLAIN IT TO YOU.

6. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS TWO PERSONS SIGN AS WITNESSES. EACH OF THESE PERSONS MUST EITHER WITNESS YOUR SIGNING OF THE POWER OF ATTORNEY OR WITNESS YOUR ACKNOWLEDGMENT THAT THE SIGNATURE ON THE POWER OF ATTORNEY IS YOURS.

THE FOLLOWING PERSONS MAY NOT ACT AS WITNESSES:

A. YOUR SPOUSE, YOUR CHILDREN, GRANDCHILDREN, AND OTHER LINEAL DESCENDANTS; YOUR PARENTS, GRANDPARENTS, AND OTHER LINEAL ANCESTORS; YOUR SIBLINGS AND THEIR LINEAL DESCENDANTS; OR A SPOUSE OF ANY OF THESE PERSONS.

B. A PERSON WHO IS DIRECTLY FINANCIALLY RESPONSIBLE FOR YOUR MEDICAL CARE.

C. A PERSON WHO IS NAMED IN YOUR WILL, OR, IF YOU HAVE NO WILL, WHO WOULD INHERIT YOUR PROPERTY BY INTESTATE SUCCESSION.

D. A BENEFICIARY OF A LIFE INSURANCE POLICY ON YOUR LIFE.

E. THE PERSONS NAMED IN THE HEALTH CARE POWER OF ATTORNEY AS YOUR AGENT OR SUCCESSOR AGENT.

F. YOUR PHYSICIAN OR AN EMPLOYEE OF YOUR PHYSICIAN.

G. ANY PERSON WHO WOULD HAVE A CLAIM AGAINST ANY PORTION OF YOUR ESTATE (PERSONS TO WHOM YOU OWE MONEY).

IF YOU ARE A PATIENT IN A HEALTH FACILITY, NO MORE THAN ONE WITNESS MAY BE AN EMPLOYEE OF THAT FACILITY.

7. YOUR AGENT MUST BE A PERSON WHO IS 18 YEARS OLD OR OLDER AND OF SOUND MIND. IT MAY NOT BE YOUR DOCTOR OR ANY OTHER HEALTH CARE PROVIDER THAT IS NOW PROVIDING YOU WITH TREATMENT; OR AN EMPLOYEE OF YOUR DOCTOR OR PROVIDER; OR A SPOUSE OF THE DOCTOR, PROVIDER, OR EMPLOYEE; UNLESS THE PERSON IS A RELATIVE OF YOURS.

8. YOU SHOULD INFORM THE PERSON THAT YOU WANT HIM OR HER TO BE YOUR HEALTH CARE AGENT. YOU SHOULD DISCUSS THIS DOCUMENT WITH YOUR AGENT AND YOUR PHYSICIAN AND GIVE EACH A SIGNED COPY. IF YOU ARE IN A HEALTH CARE FACILITY OR A NURSING CARE FACILITY, A COPY OF THIS DOCUMENT SHOULD BE INCLUDED IN YOUR MEDICAL RECORD.

HEALTH CARE POWER OF ATTORNEY
(S.C. STATUTORY FORM)

1. DESIGNATION OF HEALTH CARE AGENT

I, Emily C. Dockery, hereby appoint:

Name: John C. Dockery, III

Address: 6300 N. Ocean Blvd., Myrtle Beach, SC 29572

Telephone: (843) 449-5206

as my agent to make health care decisions for me as authorized in this document.

Successor Agent: If an agent named by me dies, becomes legally disabled, resigns, refuses to act, becomes unavailable, or if an agent who is my spouse is divorced or separated from me, I name the following as co-successors to my agent.

Alternate Co-Agents: Emily D. Carlson &
Address: 2011 Lafayette Place
Greensboro, NC 27408
Telephone:

Alice Dockery Preyer
510 Country Club Drive
Greensboro, NC 27408

Unavailability of Agent(s): If at any relevant time the agent or successor agents named here are unable or unwilling to make decisions concerning my health care, and those decisions are to be made by a guardian, by the Probate Court, or by a surrogate pursuant to the Adult Health Care Consent Act, it is my intention that the guardian, Probate Court, or surrogate make those decisions in accordance with my directions as stated in this document.

2. EFFECTIVE DATE AND DURABILITY

By this document I intend to create a durable power of attorney effective upon, and only during, any period of mental incompetence, except as provided in Paragraph 3 below.

3. HIPAA AUTHORIZATION

When considering or making health care decisions for me, all individually identifiable health information and medical records shall be released without restriction to my health care agent(s) and/or my alternate health care agent(s) named above including, but not limited to, (i) diagnostic, treatment, other health care, and related insurance and financial records and information associated with any past, present, or future physical or mental health condition including, but not limited to, diagnosis or treatment of HIV/AIDS, sexually transmitted disease(s), mental illness, and/or drug or alcohol abuse and (ii) any written opinion relating to my health that such health care agent(s) and/or alternate health care agent(s) may have requested. Without limiting the generality of the foregoing, this release authority applies to all health information and medical records governed by the Health Information Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR 160-164, is effective whether or not I am mentally competent; has no expiration date; and shall terminate only in the event that I revoke the authority in writing and deliver it to my health care provider.

4. AGENT'S POWERS

I grant to my agent full authority to make decisions for me regarding my health care. In exercising this authority, my agent shall follow my desires as stated in this document or otherwise expressed by me or known to my agent. In making any decision, my agent shall attempt to discuss the proposed decision with me to determine my desires if I am able to communicate in any way. If my agent cannot determine the choice I would want made, then my agent shall make a choice for me based upon what my agent believes to be in my best interests. My agent's authority to interpret my desires is intended to be as broad as possible, except for any limitations I may state below.

Accordingly, unless specifically limited by the provisions specified below, my agent is authorized as follows:

A. To consent, refuse, or withdraw consent to any and all types of medical care, treatment, surgical procedures, diagnostic procedures, medication, and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, nutritional support and hydration, and cardiopulmonary resuscitation.

B. To authorize, or refuse to authorize, any medication or procedure intended to relieve pain, even though such use may lead to physical damage, addiction, or hasten the moment of, but not intentionally cause, my death;

C. To authorize my admission to or discharge, even against medical advice, from any hospital, nursing care facility, or similar facility or service;

D. To take any other action necessary to making, documenting, and assuring implementation of decisions concerning my health care, including, but not limited to, granting any waiver or release from liability required by any hospital, physician, nursing care provider, or other health care provider; signing any documents relating to refusals of treatment or the leaving of a facility against medical advice, and pursuing any legal action in my name, and at the expense of my estate to force compliance with my wishes as determined by my agent, or to seek actual or punitive damages for the failure to comply.

B. The powers granted above do not include the following powers or are subject to the following rules or limitations:

5. ORGAN DONATION (INITIAL ONLY ONE)

My agent may ____; may not 2 ~~4~~ consent to the donation of all or any of my tissue or organs for purposes of transplantation.

6. EFFECT ON DECLARATION OF A DESIRE FOR A NATURAL DEATH (LIVING WILL)

I understand that if I have a valid Declaration of a Desire for a Natural Death, the instructions contained in the Declaration will be given effect in any situation to which they are applicable. My agent will have authority to make decisions concerning my health care only in situations to which the Declaration does not apply.

7. STATEMENT OF DESIRES CONCERNING LIFE-SUSTAINING TREATMENT

With respect to any Life-Sustaining Treatment, I direct the following:

(INITIAL ONLY ONE OF THE FOLLOWING 3 PARAGRAPHS)

(1) 2 ~~4~~ GRANT OF DISCRETION TO AGENT. I do not want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, my personal beliefs, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

OR

(2) ____ DIRECTIVE TO WITHHOLD OR WITHDRAW TREATMENT. I do not want my life to be prolonged and I do not want life-sustaining treatment:

a. if I have a condition that is incurable or irreversible and, without the administration of life-sustaining procedures, expected to result in death within a relatively short period of time;

or

b. if I am in a state of permanent unconsciousness.

OR

(3) ____ DIRECTIVE FOR MAXIMUM TREATMENT. I want my life to be prolonged to the greatest extent possible, within the standards of accepted medical practice, without regard to my condition, the chances I have for recovery, or the cost of the procedures.

8. STATEMENT OF DESIRES REGARDING TUBE FEEDING

With respect to Nutrition and Hydration provided by means of a nasogastric tube or tube into the stomach, intestines, or veins, I wish to make clear that in situations where life-sustaining treatment is being withheld or withdrawn pursuant to Item 7,

(INITIAL ONLY ONE OF THE FOLLOWING THREE PARAGRAPHS):

(a) GRANT OF DISCRETION TO AGENT. I do not want my life to be prolonged by tube feeding if my agent believes the burdens of tube feeding outweigh the expected benefits. I want my agent to consider the relief of suffering, my personal beliefs, the expense involved, and the quality as well as the possible extension of my life in making this decision.

OR

(b) DIRECTIVE TO WITHHOLD OR WITHDRAW TUBE FEEDING. I do not want my life prolonged by tube feeding.

OR

(c) DIRECTIVE FOR PROVISION OF TUBE FEEDING. I want tube feeding to be provided within the standards of accepted medical practice, without regard to my condition, the chances I have for recovery, or the cost of the procedure, and without regard to whether other forms of life-sustaining treatment are being withheld or withdrawn.

IF YOU DO NOT INITIAL ANY OF THE STATEMENTS IN ITEM 8, YOUR AGENT WILL NOT HAVE AUTHORITY TO DIRECT THAT NUTRITION AND HYDRATION NECESSARY FOR COMFORT CARE OR ALLEVIATION OF PAIN BE WITHDRAWN.

9. ADMINISTRATIVE PROVISIONS

A. I revoke any prior Health Care Power of Attorney and any provisions relating to health care of any other prior power of attorney.

B. This power of attorney is intended to be valid in any jurisdiction in which it is presented.

BY SIGNING HERE I INDICATE THAT I UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND THE EFFECT OF THIS GRANT OF POWERS TO MY AGENT.

I, Client Name, sign my name to this Health Care Power of Attorney on the 1st day of November, 2007. My current home address is: 6300 N. Ocean Blvd., Myrtle Beach, SC 29572.

Principal's Signature:

Emily C. Dackery

Print Name of Principal:

Emily C. Dackery

I declare, on the basis of information and belief, that the person who signed or acknowledged this document (the principal) is personally known to me, that she signed or acknowledged this Health Care Power of Attorney in my presence, and that she appears to be of sound mind and under no duress, fraud, or undue influence. I am not related to the principal by blood, marriage, or adoption, either as a spouse, a lineal ancestor, descendant of the parents of the principal, or spouse of any of them. I am not directly financially responsible for the principal's medical care. I am not entitled to any portion of the principal's estate upon her decease, whether under any will or as an heir by intestate succession, nor am I the beneficiary of an insurance policy on the principal's life, nor do I have a claim against the principal's estate as of this time. I am not the principal's attending physician, nor an employee of the attending physician. No more than one witness is an employee of a health facility in which the principal is a patient. I am not appointed as Health Care Agent or Successor Health Care Agent by this document.

Witness No. 1

Signature:

Print Name:

Address:

Cynthia H. Jall

Date: 11-1-07

CYNTHIA H. JALL

Telephone:

444 5546

407 40th AVE. N.

MIRTLLE BEACH, SC 29577

Witness No. 2

Signature:

Print Name:

Address:

Rosario Dahlke

Date: 11-1-07

ROSARIO DAHLKE

Telephone:

215-1392

1679 Pennsylvania

Surfside Beach SC 29575

(This portion of the document is optional and is not required to create a valid health care power of attorney.)

STATE OF SOUTH CAROLINA

COUNTY OF

Horry

The foregoing instrument was acknowledged before me by the Principal on November 1, 2007.

Notary Public for South Carolina

My Commission Expires:

Cynthia H. Jall

5-14-2017

REPORT OF NEUROPSYCHOLOGICAL EVALUATION

PLEASE NOTE: THE INFORMATION IN THIS REPORT HAS BEEN DISCLOSED TO YOU FROM RECORDS FOR WHICH CONFIDENTIALITY IS PROTECTED BY SOUTH CAROLINA STATE LAW. NO FURTHER DISCLOSURE OF THIS INFORMATION SHOULD BE MADE WITHOUT THE WRITTEN PERMISSION OF THE INDIVIDUAL TO WHOM IT PERTAINS.

Name: Dockery, Emily C.

D.O.B.: 7/16/1924

Age: 86

Date(s) of Evaluation: 12/20/2010, 12/21/2010, 12/27/2010, 1/4/2010 and 1/11/2011

Location of Evaluation: Grand Strand Psychological Services, PA

Evaluator: Leonard Goldschmidt, Psy.D., J.D.

Handedness: Left

Education: 14 years

Living Situation: Presently living at home with her son.

SSN:

Sex: Female

Chief Complaint/History of Present Illness

The patient was referred by attorney, Cliff Tall, JD, with family concerns regarding possible cognitive difficulties. There was evidently some concern regarding a dispute between her children for guardianship. Her son (power of attorney for both medical and general issues) brought her for neuropsychological evaluation for diagnostics, baseline measurement and treatment recommendations.

The patient and her son reported that in January 2010, she was hospitalized when she struck her head causing laceration. Specifically, she was brought to the Grand Strand Regional Medical Center Emergency Department where she was reportedly evaluated, including structural brain imaging.

Report dictated by Russell L. Derrick, M.D. of CT scan of the head without contrast performed on 1/8/2010, indicated:

"Contiguous axial images through the brain without contrast demonstrate extensive extracranial hematoma in the right frontal region.

There is intracranial hemorrhage. There is a intraparenchymal hematoma

Neurobehavioral Institute at
GSPS, PA

Leonard Goldschmidt, Psy.D., J.D.
Clinical Neuropsychologist, Forensic Psychologist, and
Licensed Clinical Psychologist SC License #845

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Suite B
Murrells Inlet, SC 29578

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measuring 1.3 x 0.7 cm in the right frontal lobe. There appears to be an extraparenchymal versus intraparenchymal hematoma in the left frontal lobe measuring 1.5 x 2.1 cm. Another small extra-axial bleed is seen in the high left parietal region and the left frontal region. Another small subdural hematoma in the right parietal region. Diffuse atrophy and ventricular enlargement.

Orbits and globes show age-appropriate changes. I see no fractures."

The length of patient's hospitalization was not reported and discharge summaries were requested, but not furnished.

It was reported that approximately 3-4 weeks after her head injury, the patient began having some difficulty with an unbalanced gait and some mild confusion. She was reportedly subsequently reevaluated with structural brain imaging and evidently has experienced a buildup of cerebral spinal fluid, that required craniotomy. The patient's symptomology reportedly resolved until approximately August of 2010 when there was a return of her gait disturbance and she was subsequently found to again have a buildup cerebrospinal fluid requiring replacement of a cerebral shunt by Eugene Giddens, M.D. Again, the patient reportedly responded well to the placement of the shunt.

Cognitively, the patient has been experiencing some degree of short-term memory loss since her January 2010 fall.

The patient evidenced a ptosis of her right eye. She reportedly has a history of hearing loss for which she uses a hearing aid.

From an emotional standpoint, the patient reportedly was experiencing some difficulty adjusting to recently having a petition for her guardianship filed by her daughters, primarily involving anxiety and depressed mood on a mild basis.

The patient was under the care of primary care physician, Chad Huberty, M.D. Her medical history was reportedly significant for, as previously noted, what sounded to be posttraumatic hydrocephalus status post shunt placement and craniotomy. Furthermore, her medical history was significant for bilateral cataract removal; and bilateral mastectomy in 1979 secondary to breast cancer. Her medical history was otherwise reportedly unremarkable during both childhood and her adult life. She reported appropriate sleep patterns. She reported appropriate appetite patterns.

In addition to the patient's previously noted 1/8/2010 CT scan of the head, the patient underwent CT scan of the head without contrast on 1/9/2010. Report dictated by Richard J. Wunder, M.D. indicated:

"The [sic] again demonstrated is a small extra-axial hemorrhage anteriorly on the left and a small intraparenchymal hemorrhage anteriorly on the right. These are stable with really no significant mass effect. A small

extra-axial hemorrhage near the vertex on the left is stable.

Again with no significant mass effect. I see no evidence of new hemorrhage. Punctate hemorrhagic foci extra-axial again noted over the anterior left hemisphere. Ventricles and sulci are stable. There is no evidence of increased intracranial pressure. An extracalvarial hematoma over the right frontal region is noted. There is a banding procedure on the right globe.

The small subdural hemorrhage over the right hemisphere is also stable."

The patient underwent CT scan of the head without contrast on 1/20/2010. Report dictated by Brian J. Fortman, M.D. indicated:

"There is a persistent 2 cm cephalohematoma in the right lateral frontal region.

Bifrontal extra-axial fluid collections are stable compared [sic] the prior study. There is a mild blunting of peripheral sulci as seen previously. Ventricular volume is increased and is stable from the prior study.

There has been interval evolution of intraparenchymal hemorrhage in the right superior frontal gyrus as well as extra-axial hemorrhage in the left frontal lobe sulci.

Impression: Expected evolution of intracranial interparenchymal extra-axial hemorrhage when compared January 9, 2010.

Persistent right frontal cephalohematoma.

Moderate frontotemporal parenchymal atrophy accentuated by bifrontal extra-axial fluid collections appearing slightly greater than CSF density suggesting chronic subdural hematomas. Apparent diffuse ventriculomegaly suggesting possible coincident normal pressure hydrocephalus."

The patient underwent CT scan of the head without contrast on 3/30/2010. Report dictated by Paul J. Zdybel, M.D. indicated:

"Right-sided subarachnoid fluid collection has increased in size overlying the frontal parietal lobe on image 19 measuring about 2.7 cm in thickness. No midline shift. Sulci cortex are compressed on image 19. Ventricles otherwise unchanged. Previous study identified hygroma over the left frontal lobe and this has resolved.

Impression:

1. Unfavorable change. Chronic hematoma has increased in size over the

right frontal parietal lobe on image 19 since the previous study of 1/20/2010. Sulci are effaced and gyri compressed. No midline shift, however.

2. Resolution of left sided subarachnoid hygroma overlying the frontal lobe."

The patient underwent CT scan of the head without contrast on 4/6/2010. Report dictated by Russell L. Derrick, M.D. indicated:

"Contiguous axial images through the brain without contrast demonstrate the craniotomy defect on the right. There is fluid in the subdural space, along with a subdural drain. There is acute blood within this, likely postoperative. Other gas within the subdural space is seen also postoperative. The overall size of the subdural collection has decreased. The largest collection is around 2.2 cm in transverse diameter. This creates minimal mass effect and midline shift. No intraparenchymal hemorrhage. No geographic infarctions."

The patient underwent CT scan of the head without contrast on 4/29/2010. Report dictated by Russell L. Derrick, M.D. indicated:

"Impression:

1. Overall improvement. The right subdural hematoma, covers about the same surface area but is considerably smaller than it was before and the left subdural hematoma appears to be completely resolved.
2. With the decreased extrinsic mass effect, the ventricles have increased in size. There is disproportionate ventricular enlargement. Please correlate for possible normal pressure hydrocephalus.
3. Small focal area of cortical encephalomalacia in the right frontal cortex, possibly related to prior trauma."

The patient underwent CT scan of the head without contrast on 6/10/2010. Report dictated by Elizabeth A. Kelley, M.D. indicated:

"Impression:

1. Postsurgical changes of craniotomy defect on the right with persistent linear presumed calcification without residual hemorrhage identified. No new areas of hemorrhage.
2. Continued diffuse and expensive patchy low density predominantly in a periventricular and deep sub-cortical white matter distribution most compatible with moderate to severe presumed chronic small vessel ischemic changes. Moderate to severe cortical atrophy with compensatory ventriculomegaly. Once again, the ventricular size is disproportionate to the degree of atrophy and normal pressure hydrocephalus should be clinically considered."

The patient underwent CT scan of the head without contrast on 6/30/2010. Report dictated by Stephen T. Pirttima, M.D. indicated:

"Impression: Stable head CT from 6/10/2010 with atrophy and chronic white matter disease. No CT evidence of acute intracranial process."

The patient underwent CT scan of the head without contrast on 8/11/2010. Report dictated by John J. Daly, M.D. indicated:

"Impression: Stable brain with ventriculomegaly and moderate periventricular deep white matter microischemic gliosis versus passive CSF diffusion abnormality. There is no interval changes detected. This patient have symptoms of a normal pressure hydrocephalus?"

The patient underwent CT scan of the head without contrast on 9/1/2010. Report dictated by Brian J. Fortman, M.D. indicated:

"Impression: New right parietal ventriculostomy catheter with tip in good position.

Residual moderate diffuse ventricular ectasia as seen on August 11.

Unchanged white matter hypodensity."

The patient underwent CT scan of the head without contrast on 10/8/2010. Report dictated by Paul J. Zdybel, M.D. indicated:

"Impression:

1. Unchanged moderate ventriculomegaly.
2. Unchanged leukoariosis.
3. Right parietal shunt too is unchanged in position."

The patient underwent CT scan of the head without contrast on 11/22/2010. Report dictated by G. Scott Mencken, M.D. indicated:

"But enhanced imaging demonstrates persistent ventricular dilatation. The shunt catheter from right posterior approach is unchanged. The tip is near the midline as previously noted. Ventricular system remains dilated. Subcortical and periventricular white matter changes are again noted. There is evidence for a prior right frontal shunt tract as well. I do not see a significant change.

"Impression: Stable abnormal findings related to hydrocephalus with a shunt catheter..."

The patient denied any history of heavy alcohol use or abuse. She denied any history of illicit substance use or abuse. She denied any history of prescription medication abuse. She denied any history of arrest or criminal activity.

The patient reported that she had never been psychiatrically evaluated, hospitalized or treated. She denies any history of suicidal ideations, plans or attempts. She denies any history of homicidal ideations, plans or attempts. She denies any history of self injurious behaviors. She

denies any history of violence. She denies any history of psychotic processes (e.g., hallucinations or delusions).

The patient reported that she had 3 grown children who were reportedly relatively healthy. She reported that she has 6 grandchildren who were reportedly healthy. She reported that she was widowed from her 1st husband during World War II. She reported that she was widowed in 2005 from her second husband. She reported coping reasonably well with the loss of her husband in 2005. She reported a positive relationship with her eldest child, John Dockery, who since January 2010, has moved into her home. Mr. John Dockery is reportedly her power of attorney and a copy of such was furnished.

The patient reported that she had one year of college education. She reportedly owned and operated several gift stores until the late 1970s/early 1980s.

During initial assessment, the patient evidenced some mild short-term memory loss and mild disorientation to the past president, current day of the month, the day of the week, and current city. She was oriented to the current president, the year, the current time within one hour, and to person.

At the end of her initial clinical interview, patient was recommended to return to her general care practitioner, Chad Huberty, M.D. for consideration of anti-cholinesterase inhibitors for treatment of dementia. She was also recommended to return to neurologist, Jeffrey Benjamin, M.D. who had evidently previously started her on anti-cholinesterase inhibitors, for which she had not followed through. Furthermore, it was recommended to Mr. John Dockery that he not leave his mother unsupervised pending the results of this evaluation.

Mr. Dockery did call during the pendency of this report to notify that his mother had been recently suffering from an acute exacerbation of chronic urinary tract infections, which he felt may have impacted his mother's functional status.

Evaluation Procedures:

Beck Anxiety Index (BAI)
Beck Hopelessness Scale (BHS)
Boston Naming Test (BNT)
California Verbal Learning Test-II (CVLT-II)
Clinical Interview
Clock Drawing
Controlled Oral Word Association Task (COWAT)
Five Point Test
Geriatric Depression Scale
Grip Test
Halstead-Reitan Aphasia Screening Test
Independent Living Skills (ILS)
Judgment of Line Orientation (JOLO)
Manual Finger Tapping Test

Rey Complex Figure Test (RCFT)
Seashore Rhythm Test
Sensory-Perceptual Examination (SPE)
Speech Sounds Perception Test (SSPT)
Stroop Test
Trail Making Test (Parts A & B)
Wechsler Adult Intelligence Scale-III (WAIS-III)
Wechsler Memory Scale-III (WMS-III)

Behavioral Observations During Testing:

Ms. Dockery was generally pleasant during the evaluation. She seemed generally comfortable; however, she became fatigued rather prickly during her first two of four testing sessions, requiring early termination of the sessions and rescheduling of extra sessions to complete the necessary testing. She was generally well groomed and able to sit still and upright in her chair. She had significant difficulty remaining on task requiring frequent redirection. She was generally unaware of her cognitive deficits when questioned; however, she seemingly was highly aware of her poor performances throughout the evaluation. Ms. Dockery was generally patient in responding to questions. Her responses were generally direct and appropriately detailed. She seemed appropriately motivated and cooperative. She was generally friendly, open and frank.

Several of the tasks that were planned were not administered due to the patient's rather slow response times.

FUNCTIONAL TESTING:

Memory Functions:

Memory functions were assessed generally and to the complex activities of memorization, recall and recognition. Objective assessment of memory skills evidenced functioning generally within the moderate level of deficit (5th percentile).

Composite memory scores evidenced functioning within the moderate level of deficit for auditory recognition delayed memory (5th percentile); within the mild level of deficit for visual immediate memory (7th percentile); immediate memory (9th percentile); auditory delayed memory (9th percentile) and visual delayed memory (10th percentile); and within the Below Average range for auditory immediate memory (23rd percentile).

Working memory evidenced functioning within the moderate level of deficit (4th percentile).

Working memory is the ability to attend to information and maintain memory of that information while processing a cognitive task.

There was no significant difference between visual and auditory memory composite scores in either immediate or delayed conditions.

Supraspan verbal learning evidenced mild levels of deficit for initial trial learning (7th percentile). Scores decreased to within the severe level of deficit after 5 learning trials (<1st percentile). The

patient's learning curve was flat and within the moderate level of deficit (2nd percentile). There was no evidence of proactive interference. Delayed recall scores evidenced functioning within the severe level of deficit for short delay free recall (<1st percentile), short delay cued recall (<1st percentile), long delay free recall (<1st percentile) and long delay cued recall (<1st percentile). Delayed recognition evidenced functioning within the severe level of deficit (<1st percentile) in both "yes/no" recognition and forced choice recognition.

During a task of visual abstract memory, the patient evidenced functioning within the severe level of deficit for a 3 minute delayed recall task (<1st percentile), and within the moderate level of deficit for a 30 minute delayed recall task (2nd percentile). Delayed recognition evidenced functioning within the severe level of deficit (<1st percentile).

Overall, there was significant evidence of diffuse memory deficits in both auditory and visual modalities, with overall general memory scores within the moderate level of deficit.

Attention / Concentration:

Gross deficits in basic attention were evident during interview and evaluation with the patient frequently becoming tangential, and frequently requiring redirection to return to task.

Simple auditory attention span evidenced functioning within normal limits (50th percentile). Simple auditory attention/discrimination evidenced functioning within the severe level of deficit (<1st percentile); and simple auditory attention/discrimination for rhythm patterns evidenced functioning within the moderate level of deficit (2nd percentile).

Simple visual attention span evidenced functioning within the borderline level of deficit (16th percentile). Simple visual-conceptual tracking evidenced functioning within the severe level of deficit (<1st percentile). Complex visual-conceptual tracking results were invalidated due to the patient's inability to understand the nature of the task.

The patient did evidence rather significant and diffuse attentional deficits in both auditory and visual modalities, most notably for higher-level attentional demands.

Motor Functions:

Screening for "release reflexes" commonly found in degenerative disease (i.e., glabellar, rooting, palmomental, snout and grasp) was negative. As previously noted, the patient did evidence a ptosis of her right eye. Otherwise, there was no significant asymmetry of upper or lower facial musculature or of the upper extremities.

The patient demonstrated decreased muscular tone, and accuracy of movement for completion of routine manual motor tasks.

Grip strength evidenced moderate levels of impairment for the dominant left hand (2nd percentile) and Below Average functioning for the nondominant right hand. There were no significant right-left differences noted.

Manual motor speed evidenced mild levels of impairment for the dominant left hand (10th percentile) and for the nondominant right hand (10th percentile). Dominant left hand performance was significantly slower than nondominant right hand performance regarding expected right-left differences.

Sensory-Perceptual Functions:

Attempts to measure sensory-perceptual functions were made. These tasks are generally able to be completed by individuals experiencing relatively substantial cerebral pathology and cognitive/functional losses. However, the patient had extreme difficulty completing even the simplest of these tasks, invalidating the results. These tasks include bilateral differentiation of tactile stimulation to the face and hands; bilateral differentiation of auditory stimulation; bilateral differentiation of visual stimulation; differentiation between digits for tactile stimulation; tactile differentiation between numbers written on the fingertips; and tactile recognition of forms/shapes.

Visual-Spatial Functions:

The patient evidenced substantial levels of gross constructional dyspraxia on simple tasks of drawing, visual organization and planning. The patient evidenced detailed and complex visual organization and planning to be severely compromised (<1st percentile). Measurement of the ability to estimate angular relationships between line segments was invalidated due to the patient's refusal to continue the task, stating "I don't care... I don't understand... this is not my cup of tea, I could go all afternoon and not get any right."

Language Functions:

The patient's speech was coherent. Naming ability evidenced functioning within normal limits (42nd percentile) on a thorough test of confrontation naming. There was no evidence of deficit in receptive speech functions throughout the assessment. There was strong evidence of gross comprehension deficits with the patient evidencing difficulty understanding instructions and requirements on many of the tasks presented. Speech seemed to have a normal quality with respect to prosody and meter with occasional circumlocutions and paraphasic errors.

Executive Functions:

The patient showed detailed and complex visual organization and planning to be severely compromised (<1st percentile).

The ability to switch perceptual set to conform to changing demands and to suppress a habitual response in favor of an unusual one ranged from within the moderate level of dysfunction (5th percentile) to within the severe level of dysfunction (<0.03rd percentile).

There was gross deficit for visuo-constructional production without significant perseveration.

As previously noted, there was evidence of severe dysfunction for simple visuo-conceptual tracking (<1st percentile) and divided complex visuo-conceptual tracking results were invalidated due to the patient being unable to follow instructions on the task.

The patient evidenced severe deficits (<1st percentile) in word finding both during an associative word finding task that required production of words with phonetic cueing and scored within the severe level of dysfunction (<1st percentile) when production was based on categorical cueing.

On a task which measures the ability to follow directions, clerical speed and accuracy, and psychomotor speed (WAIS-III Digit Symbol-Coding), Ms. Dockery performed within the severe level of deficit (1st percentile).

On a measure of mental flexibility, visual conceptualization and pattern recognition (WAIS-III Matrix Reasoning), Ms. Dockery performed within the moderate level of deficit (2nd percentile).

On a task which measures anticipation of consequences, temporal sequencing and time concepts (WAIS-III Picture Arrangement), Ms. Dockery performed within the borderline level of deficit (16th percentile).

On a task which measures the ability to analyze a whole into its component parts, nonverbal concept formation and spatial visualization (WAIS-III Block Design), Ms. Dockery performed within the moderate level of deficit (5th percentile).

Orientation:

As previously noted there was some degree of disorientation during initial interview (see prior sections for details). During testing, there was further evidence of disorientation with the patient being unable to state the current year, the day of the month, or the day of the week. She was able to state her full name, her age, her birth date, her place of birth, her mother's 1st name, the current president, the past president, the current month, current location and current time within a half an hour.

Intellectual Functions:

The patient obtained a Full Scale IQ score of 84, 14th percentile (Low Average); a Verbal IQ score of 94, 34th percentile (Average); and a Performance IQ score of 73, 4th percentile (Borderline).

The 21-point discrepancy between Verbal and Performance IQ scores was enough to indicate statistical significance, meaning that ability for verbal comprehension and ability to use verbal skills in reasoning, is superior to the capacity for perceptual organization and for nonverbal reasoning skills. A difference of this magnitude occurs in less than or equal to 6% of the appropriate population.

Inter-subtest analysis revealed significant scatter among the patient's subtest scores within the Verbal subtests. Verbal subtest scores fell within the Borderline to High Average range. She scored better, relative to herself, on a task which measures language development and word knowledge (Vocabulary). The patient performed significantly worse, relative to herself, on a

measure of mental computational skill (Arithmetic); and on a task which measures abstract thinking (Similarities).

Inter-subtest analysis revealed significant scatter among the patient's subtest scores within the Performance subtests. Performance subtest scores fell within the Extremely Low to Average range. The patient performed significantly better, relative to herself, on a task which measures visual alertness, visual recognition and identification (Picture Completion).

Ms. Dockery's profile evidenced some intrasubtest scatter. In other words, she had a tendency to answer questions or perform tasks inconsistently, suggesting problems with attention.

Living Skills:

Ms. Dockery was evaluated regarding her independent living skills, which evidenced low levels of functioning for managing money, managing health/safety, problem-solving, and performance/information base; and moderate levels of functioning for memory/orientation. Otherwise, managing home/transportation and social adjustment were within the high levels of functioning.

Overall, Ms. Dockery's independent living skills were generally within the low level of functioning, suggesting that she likely requires high levels of supervision in her daily activities.

Emotional Functions:

Ms. Dockery was anxious about her physical well-being, and the continuation of the quality of her life. Her mood evidenced a depressive and somewhat anxious outlook, especially regarding her functional deficits and prognosis. There was no evidence of suicidality. There was no evidence of a psychotic process. It seemed that Ms. Dockery, although recognizing cognitive changes in herself was largely unaware of their severity. She was reportedly anhedonic and evidently somnolent.

Objective measures of emotional functioning were minimal due to patient noncompliance. Self-report questionnaires were completed by the patient with results evidencing no anxiety, depression or hopelessness, which was rather inconsistent with her presentation.

Summary:

Ms. Dockery was an 86 year-old Caucasian female. She was operating in the Low Average range of intellectual functioning (Full Scale IQ of 84).

Test data suggest that Ms. Dockery has suffered multiple neurocognitive/neurobehavioral deficits in many areas of adaptive functioning including, but not limited to, intellectual functioning, short-term memory, attention/concentration, sensori-motor functioning, visual-spatial functioning, problem-solving, mental flexibility, verbal fluency, language functioning, and other executive functions. Emotional problems have occurred which likely include moderately depressed mood and anxiety. These cognitive losses and emotional changes have

served to severely impede Ms. Dockery in her independent daily functioning at home, and in life in general.

The nature of Ms. Dockery's history and functional profile is consistent with a diagnosis of a Mixed Dementia including Probable Vascular Dementia with Depressed Mood; Probable Dementia of the Alzheimer's Type, with Late Onset with Depressed Mood; Possible Dementia Secondary to Closed Head Traumatic Brain Injury with Depressed Mood; and Possible Dementia Secondary to Normal Pressure Hydrocephalus.

Diagnostic Impressions:

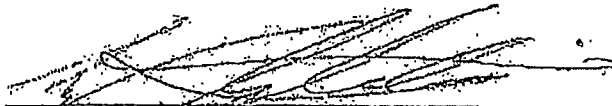
Ms. Dockery met the diagnostic criteria for DSM IV:

Axis I:	290.43	Probable Vascular Dementia with Depressed Mood
	290.3	Probable Dementia of the Alzheimer's Type, with Late Onset With Depressed Mood
	294.11	Possible Dementia Secondary to Closed Head Traumatic Brain Injury with Depressed Mood
	294.11	Possible Dementia Secondary to Normal Pressure Hydrocephalus.
Axis II:	None	
Axis III:		History of closed head traumatic brain injury status post craniotomy, possible normal pressure hydrocephalus status post shunt placement, small vessel ischemic demyelination type changes of the brain, bilateral cataract removal, and bilateral mastectomy in 1979 secondary to breast cancer
Axis IV:		Coping with functional losses and decreased independence
Axis V:	GAF = 35	

Recommendations:

1. Due to the etiology, severity, diffuse and progressive nature of Ms. Dockery's cognitive and neurobehavioral deficits, continued neurological supervision is recommended.
2. Due to the etiology, severity, diffuse and progressive nature of Ms. Dockery's cognitive and neurobehavioral deficits it is recommended that Ms. Dockery and her caregivers attend psychoeducational treatment to create an underlying understanding of Ms. Dockery's deficits and how they may affect her capacity to be independent and perform certain activities safely, both in the present and the near future.
3. Due to the increasing levels of care that Ms. Dockery will likely require and the high degree of stress involved in the caregiving role for an individual affected by dementia, it is recommended that Ms. Dockery's caregivers attend psychotherapy in, either or both, an individual or group context.
4. Psychiatric consultation for psychopharmacologic intervention is recommended should Ms. Dockery's level of anxiety and depression continue to impede her health and level of functioning.
5. Due to the severity of Ms. Dockery's medical condition, continued supervision by her family physician is recommended; such supervision could include primary preventative risk factor modification.
6. Due to the multiple deficits evident in Ms. Dockery's profile, it is strongly recommended that Ms. Dockery cease any operation of a motor vehicle.
7. Due to the probability of progressive functional changes and their importance for independence and quality of life issues, neuropsychological follow up is recommended in 9-12 months which should include reevaluation of areas of functional loss and continued treatment planning.
8. Due the etiology, effect and progressive nature of Ms. Dockery's deficits, and the limitations that these deficits can have on personal safety and care, consideration of an appropriate living situation, which may include continued care with living at home with her son or such as in-house nursing assistance or residence in an appropriate living facility, is recommended.

9. As there is currently concern regarding a possible guardianship petition, if further evaluation or review of medical records is necessary, I am willing to make my expertise available.



Leonard Goldschmidt J.D., Psy.D.
Clinical Neuropsychologist
Forensic Psychologist
Licensed Clinical Psychologist
South Carolina License #: 845

cc: Jeff Benjamin, M.D.
Chad Huberty, M.D.
Cliff Tall, J.D.
James McCrackin, J.D.

REPORT OF NEUROPSYCHOLOGICAL EVALUATION

PLEASE NOTE: THE INFORMATION IN THIS REPORT HAS BEEN DISCLOSED TO YOU FROM RECORDS FOR WHICH CONFIDENTIALITY IS PROTECTED BY SOUTH CAROLINA STATE LAW. NO FURTHER DISCLOSURE OF THIS INFORMATION SHOULD BE MADE WITHOUT THE WRITTEN PERMISSION OF THE INDIVIDUAL TO WHOM IT PERTAINS.

Name: Dockery, Emily C.

D.O.B.: 7/16/1924

Age: 87

Date(s) of Evaluation: 8/16/2011, 8/22/2011, 8/29/2011, 8/31/2011 and 9/7/2011 with comparison to 12/20/2010, 12/21/2010, 12/27/2010, 1/4/2011 and 1/11/2011

Location of Evaluation: The Neurobehavioral Institute at GSPS, PA

Evaluator: Leonard Goldschmidt, Psy.D., J.D.

Handedness: Left

Education: 14 years

Living Situation: Presently living at home with her son.

SSN:

Sex: Female

Chief Complaint/History of Present Illness

The patient was initially referred by attorney, Cliff Tall, J.D., with family concerns regarding possible cognitive difficulties. There was evidently some concern regarding a dispute between her children for guardianship. Her son (power of attorney for both medical and general issues) brought her for neuropsychological evaluation for diagnostics, baseline measurement and treatment recommendations.

The patient and her son reported that in January 2010, she was hospitalized when she struck her head causing laceration. Specifically, she was brought to the Grand Strand Regional Medical Center Emergency Department where she was reportedly evaluated, including structural brain imaging.

Report dictated by Russell L. Derrick, M.D. of CT-scan of the head without contrast performed on 1/8/2010, indicated:

"Contiguous axial images through the brain without contrast demonstrate extensive extracranial hematoma in the right frontal region."

Neurobehavioral Institute at

GSPS, PA

Leonard Goldschmidt, Psy.D., J.D.

Chief Neuropsychologist

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There is intracranial hemorrhage. There is a intraparenchymal hematoma measuring 1.3 x 0.7 cm in the right frontal lobe. There appears to be an extraparenchymal versus intraparenchymal hematoma in the left frontal lobe measuring 1.5 x 2.1 cm. Another small extra-axial bleed is seen in the high left parietal region and the left frontal region. Another small subdural hematoma in the right parietal region. Diffuse atrophy and ventricular enlargement.

Orbits and globes show age-appropriate changes. I see no fractures."

The length of patient's hospitalization was not reported and discharge summaries were requested, but not furnished.

It was reported that approximately 3-4 weeks after her head injury, the patient began having some difficulty with an unbalanced gait and some mild confusion. She was reportedly subsequently reevaluated with structural brain imaging and evidently has experienced a buildup of cerebrospinal fluid that required craniotomy. The patient's symptomology reportedly resolved until approximately August of 2010 when there was a return of her gait disturbance and she was subsequently found to again have a buildup of cerebrospinal fluid requiring replacement of a cerebral shunt by Eugene Giddens, M.D. Again, the patient reportedly responded well to the placement of the shunt.

Cognitively, the patient has been experiencing some degree of short-term memory loss since her January 2010 fall.

The patient evidenced a ptosis of her right eye. She reportedly has a history of hearing loss for which she uses a hearing aid.

From an emotional standpoint, the patient reportedly was experiencing some difficulty adjusting to recently having a petition for her guardianship filed by her daughters, primarily involving anxiety and depressed mood on a mild basis.

The patient was under the care of primary care physician, Chad Huberty, M.D. Her medical history was reportedly significant for, as previously noted, what sounded to be posttraumatic hydrocephalus status post shunt placement and craniotomy. Furthermore, her medical history was significant for bilateral cataract removal; and bilateral mastectomy in 1979 secondary to breast cancer. Her medical history was otherwise reportedly unremarkable during both childhood and her adult life. She reported appropriate sleep patterns. She reported appropriate appetite patterns.

In addition to the patient's previously noted 1/8/2010 CT scan of the head, the patient underwent CT scan of the head without contrast on 1/9/2010. Report dictated by Richard J. Wunder, M.D. indicated:

"The [sic.] again demonstrated is a small extra-axial hemorrhage anteriorly on the left and a small intraparenchymal hemorrhage anteriorly on the

right. These are stable with really no significant mass effect. A small extra-axial hemorrhage near the vertex on the left is stable.

Again with no significant mass effect. I see no evidence of new hemorrhage. Punctate hemorrhagic foci extra-axial again noted over the anterior left hemisphere. Ventricles and sulci are stable. There is no evidence of increased intracranial pressure. An extracalvarial hematoma over the right frontal region is noted. There is a banding procedure on the right globe.

The small subdural hemorrhage over the right hemisphere is also stable."

The patient underwent CT scan of the head without contrast on 1/20/2010. Report dictated by Brian J. Fortman, M.D. indicated:

"There is a persistent 2 cm cephalohematoma in the right lateral frontal region.

Bifrontal extra-axial fluid collections are stable compared [sic] the prior study. There is a mild blunting of peripheral sulci as seen previously. Ventricular volume is increased and is stable from the prior study.

There has been interval evolution of intraparenchymal hemorrhage in the right superior frontal gyrus as well as extra-axial hemorrhage in the left frontal lobe sulci.

Impression: Expected evolution of intracranial interparenchymal extra-axial hemorrhage when compared January 9, 2010.

Persistent right frontal cephalohematoma.

Moderate frontotemporal parenchymal atrophy accentuated by bifrontal extra-axial fluid collections appearing slightly greater than CSF density suggesting chronic subdural hematomas. Apparent diffuse ventriculomegaly suggesting possible coincident normal pressure hydrocephalus."

The patient underwent CT scan of the head without contrast on 3/30/2010. Report dictated by Paul J. Zdybel, M.D. indicated:

"Right-sided subarachnoid fluid collection has increased in size overlying the frontal parietal lobe on image 19 measuring about 2.7 cm in thickness. No midline shift. Sulci cortex are compressed on image 19. Ventricles otherwise unchanged. Previous study identified hygroma over the left frontal lobe and this has resolved.

Impression:

1. Unfavorable change. Chronic hematoma has increased in size over the right frontal parietal lobe on image 19 since the previous study of 1/20/2010. Sulci are effaced and gyri compressed. No midline shift, however.
2. Resolution of left sided subarachnoid hygroma overlying the frontal lobe."

The patient underwent CT scan of the head without contrast on 4/6/2010. Report dictated by Russell L. Derrick, M.D. indicated:

"Contiguous axial images through the brain without contrast demonstrate the craniotomy defect on the right. There is fluid in the subdural space, along with a subdural drain. There is acute blood within this, likely postoperative. Other gas within the subdural space is seen also postoperative. The overall size of the subdural collection has decreased. The largest collection is around 2.2 cm in transverse diameter. This creates minimal mass effect and midline shift. No intraparenchymal hemorrhage. No geographic infarctions."

The patient underwent CT scan of the head without contrast on 4/29/2010. Report dictated by Russell L. Derrick, M.D. indicated:

Impression:

1. Overall improvement. The right subdural hematoma, covers about the same surface area but is considerably smaller than it was before and the left subdural hematoma appears to be completely resolved.
2. With the decreased extrinsic mass effect, the ventricles have increased in size. There is disproportionate ventricular enlargement. Please correlate for possible normal pressure hydrocephalus.
3. Small focal area of cortical encephalomalacia in the right frontal cortex, possibly related to prior trauma."

The patient underwent CT scan of the head without contrast on 6/10/2010. Report dictated by Elizabeth A. Kelley, M.D. indicated:

Impression:

1. Postsurgical changes of craniotomy defect on the right with persistent linear presumed calcification without residual hemorrhage identified. No new areas of hemorrhage.
2. Continued diffuse and expansive patchy low density predominantly in a periventricular and deep sub-cortical white matter distribution most compatible with moderate to severe presumed chronic small vessel ischemic changes. Moderate to severe cortical atrophy with compensatory ventriculomegaly. Once again, the ventricular size is disproportionate to the degree of atrophy and normal pressure hydrocephalus should be clinically considered."

The patient underwent CT scan of the head without contrast on 6/30/2010. Report dictated by Stephen T. Pirttina, M.D. indicated:

"Impression: Stable head CT from 6/10/2010 with atrophy and chronic white matter disease. No CT evidence of acute intracranial process."

The patient underwent CT scan of the head without contrast on 8/11/2010. Report dictated by John J. Daly, M.D. indicated:

"Impression: Stable brain with ventriculomegaly and moderate periventricular deep white matter microischemic gliosis versus passive CSF diffusion abnormality. There is no interval changes detected. This patient have symptoms of a normal pressure hydrocephalus?"

The patient underwent CT scan of the head without contrast on 9/1/2010. Report dictated by Brian J. Fortman, M.D. indicated:

"Impression: New right parietal ventriculostomy catheter with tip in good position.

Residual moderate diffuse ventricular ectasia as seen on August 11.

Unchanged white matter hypodensity."

The patient underwent CT scan of the head without contrast on 10/8/2010. Report dictated by Paul J. Zdybel, M.D. indicated:

"Impression:

1. Unchanged moderate ventriculomegaly.
2. Unchanged leukoariosis.
3. Right parietal shunt to is unchanged in position."

The patient underwent CT scan of the head without contrast on 11/22/2010. Report dictated by G. Scott Mencken, M.D. indicated:

"But enhanced imaging demonstrates persistent ventricular dilatation. The shunt catheter from right posterior approach is unchanged. The tip is near the midline as previously noted. Ventricular system remains dilated. Subcortical and periventricular white matter changes are again noted. There is evidence for a prior right frontal shunt tract as well. I do not see a significant change.

Impression: Stable abnormal findings related to hydrocephalus with a shunt catheter..."

The patient denied any history of heavy alcohol use or abuse. She denied any history of illicit substance use or abuse. She denied any history of prescription medication abuse. She denied any history of arrest or criminal activity.

The patient reported that she had never been psychiatrically evaluated, hospitalized or treated.

She denies any history of suicidal ideations, plans or attempts. She denies any history of homicidal ideations, plans or attempts. She denies any history of self injurious behaviors. She denies any history of violence. She denies any history of psychotic processes (e.g., hallucinations or delusions).

The patient reported that she had 3 grown children who were reportedly relatively healthy. She reported that she has 6 grandchildren who were reportedly healthy. She reported that she was widowed from her 1st husband during World War II. She reported that she was widowed in 2005 from her second husband. She reported coping reasonably well with the loss of her husband in 2005. She reported a positive relationship with her eldest child, John Dockery, who since January 2010, has moved into her home. Mr. John Dockery is reportedly her power of attorney and a copy of such was furnished.

The patient reported that she had one year of college education. She reportedly owned and operated several gift stores until the late 1970s/early 1980s.

During initial assessment, the patient evidenced some mild short-term memory loss and mild disorientation to the past president, current day of the month, the day of the week, and current city. She was oriented to the current president, the year, the current time within one hour, and to person.

At the end of her initial clinical interview, patient was recommended to return to her general care practitioner, Chad Huberty, M.D. for consideration of anti-cholinesterase inhibitors for treatment of dementia. She was also recommended to return to neurologist, Jeffrey Benjamin, M.D. who had evidently previously started her on anti-cholinesterase inhibitors, for which she had not followed through. Furthermore, it was recommended to Mr. John Dockery that he not leave his mother unsupervised pending the results of this evaluation.

Mr. John Dockery did call during the pendency of the previous neuropsychological evaluation to notify that his mother (Emily Dockery) had been recently suffering from an acute exacerbation of chronic urinary tract infections, which he felt may have impacted his mother's functional status.

During her initial neuropsychological evaluation, Ms. Dockery was found to be operating in the Low Average range of intellectual functioning (Full Scale IQ of 84).

Test data suggest that Ms. Dockery has suffered multiple neurocognitive/neurobehavioral deficits in many areas of adaptive functioning including, but not limited to, intellectual functioning, short-term memory, attention/concentration, sensori-motor functioning, visual-spatial functioning, problem-solving, mental flexibility, verbal fluency, language functioning, and other executive functions. Emotional problems likely included moderately depressed mood and anxiety. These cognitive losses and emotional changes were opined to severely impede Ms. Dockery in her independent daily functioning at home and in life in general.

The nature of Ms. Dockery's history and functional profile was opined to be consistent with a diagnosis of a Mixed Dementia including Probable Vascular Dementia with Depressed Mood;

Probable Dementia of the Alzheimer's Type, with Late Onset with Depressed Mood; Possible Dementia Secondary to Closed Head Traumatic Brain Injury with Depressed Mood; and Possible Dementia Secondary to Normal Pressure Hydrocephalus.

On July 26, 2011, Horry County Probate Judge, Honorable Deirdre W. Edmonds, ordered the appointment of Leonard Goldschmidt, Psy.D. J.D. as Medical Examiner to help the Court to determine if Ms. Emily Dockery is an incapacitated person; and if so, does Ms. Emily Dockery's condition require a guardian or conservator or both.

On 8/16/2011, Ms. Dockery returned for clinical re-interview, again accompanied by her son (John Dockery). During this session, Ms. Dockery was asked several questions specifically directed to the determination of her capacity for self-care and care of her property, which strongly suggested that Ms. Dockery was incapable of appropriate self-care and management of her property.

Concerns were previously raised by the patient's son, John Dockery, regarding Ms. Dockery's prior urinary tract infection and the possible impact on her cognitive functioning during previous evaluation, as well as, the length of time that had passed since her initial neuropsychological evaluation in late 2010/early 2011. Therefore, a full formal neuropsychological evaluation was necessary to make valid and reliable measurement of the patient's cognitive state and subsequent impact on her capacities and need for guardian and/or conservator.

Evaluation Procedures:

Beck Anxiety Index (BAI)
Beck Hopelessness Scale (BHS)
Booklet Category Test (BCT)
Boston Naming Test (BNT)
California Verbal Learning Test-II (CVLT-II)
Clinical Interview
Clock Drawing
Connor's Continuous Performance Test - II (CCPT-II)
Controlled Oral Word Association Task (COWAT)
Five Point Test
Geriatric Depression Scale
Grip Test
Halstead-Reitan Aphasia Screening Test
Independent Living Skills (ILS)
Judgment of Line Orientation (JLO)
Manual Finger Tapping Test
Roy Complex Figure Test (RCFT)
Seashore Rhythm Test
Sensory-Perceptual Examination (SPE)
Speech Sounds Perception Test (SSPT)
Stroop Test
Trail Making Test (Parts A & B)

Wechsler Adult Intelligence Scale-III (WAIS-III)
Wechsler Memory Scale-III (WMS-III)

Behavioral Observations During Testing:

Ms. Dockery was generally pleasant during the evaluation. She seemed generally comfortable; however, she again became fatigued rather quickly during her testing sessions, requiring early termination of the sessions and rescheduling of extra sessions to complete the necessary testing. She was generally well groomed and able to sit still and upright in her chair. She had significant difficulty remaining on task requiring frequent redirection. She was generally unaware of her cognitive deficits when questioned; however, she seemingly was aware of her poor performances throughout the evaluation. Ms. Dockery was generally patient in responding to questions. Her responses were generally direct and appropriately detailed. She seemed appropriately motivated and cooperative. She was generally friendly, open and frank.

Several of the tasks that were planned were not administered due to the patient's rather slow response times.

FUNCTIONAL TESTING:

Memory Functions:

Memory functions were assessed generally and to the complex activities of memorization, recall and recognition. Objective assessment of memory skills evidenced functioning ranging from the profoundly severe level of deficit (<0.03rd percentile) to within normal limits (30th percentile).

Comparison of composite memory evidenced:

1. Mild levels of deficit for visual immediate memory (7th percentile), unchanged from previous evaluation (7th percentile);
2. Borderline levels of deficit for immediate memory (12th percentile), nearly unchanged from previous evaluation (9th percentile);
3. Borderline levels of deficit for working memory (13th percentile), in comparison to within the moderate level of deficit during previous evaluation (4th percentile). Working memory is the ability to attend to information and maintain memory of that information while processing a cognitive task;
4. Below Average functioning for visual delayed memory (21st percentile), in comparison to within the mild level of deficit during previous evaluation (10th percentile);
5. Below Average functioning for general memory (21st percentile), in comparison to within the moderate level of deficit during previous evaluation (5th percentile);
6. Below Average functioning for auditory recognition delayed memory (25th percentile), in comparison to within the moderate level of deficit during previous evaluation (5th percentile);
7. Within normal limits for auditory immediate memory (30th percentile), in comparison to within the Below Average range during previous evaluation (23rd percentile); and,
8. Within normal limits for auditory delayed memory (34th percentile), in comparison to within the mild level of deficit during previous evaluation (9th percentile).

Supraspan verbal learning evidenced:

1. Severe levels of deficit (<1st percentile) for initial trial learning, compared to within mild levels of deficit (7th percentile) during previous evaluation;
2. Scores remained within the profoundly severe level of deficit after 5 learning trials (<0.03rd percentile), in comparison to previous evaluation (<1st percentile);
3. The patient's learning curve was nearly flat within the mild level of deficit (7th percentile), compared to within the moderate level of deficit (2nd percentile) during previous evaluation;
4. There continues to be no evidence of proactive interference;
5. Short delay free recall results evidenced functioning within the moderate level of deficit (2nd percentile), compared to within the severe level of deficit (<1st percentile) during previous evaluation;
6. Short delay cued recall results evidenced functioning within the moderate level of deficit (2nd percentile), compared to within the severe level of deficit (<1st percentile) during previous evaluation;
7. Long delay free recall results continue to evidence functioning within the severe level of deficit (<1st percentile), compared to previous evaluation (<1st percentile);
8. Long delay cued recall results continue to evidence functioning within the severe level of deficit (<1st percentile), compared to previous evaluation (<1st percentile);
9. Delayed recognition evidenced functioning within the profoundly severe level of deficit (<0.03rd percentile), in comparison to previous evaluation (<1st percentile) in both "yes/no" recognition and forced choice recognition.

During a task of visual abstract memory, the patient evidenced functioning within the borderline level of deficit (16th percentile) for a 3 minute delayed recall task compared to within the severe level of deficit (<1st percentile) during previous evaluation; and continues to evidence functioning within the moderate level of deficit (5th percentile) for a 30 minute delayed recall task compared to previous evaluation (2nd percentile). Delayed recognition continues to evidence functioning within the severe level of deficit (1st percentile), compared to previous evaluation (<1st percentile).

Overall, there continues to be significant evidence of diffuse memory deficits in both auditory and visual modalities.

Attention / Concentration:

Gross deficits in basic attention continue to be evident during both interview and evaluation with the patient frequently becoming loose and tangential, as well as, frequently requiring redirection to return to task.

Simple auditory attention span continues to evidence functioning within normal limits (63rd percentile), compared to previous results (50th percentile). Simple auditory attention/discrimination evidenced functioning within the moderate level of deficit (5th percentile), compared to previous results within the severe level of deficit (<1st percentile). Simple auditory attention/discrimination for rhythm patterns evidenced functioning within the

severe level of deficit (1st percentile), compared to previous results within the moderate level of deficit (2nd percentile).

Simple visual attention span continues to evidence functioning within the borderline level of deficit (16th percentile) in comparison to previous evaluation (16th percentile). Simple visual-conceptual tracking evidenced functioning within the moderate level of deficit (2nd percentile), compared to previous results within the severe level of deficit (<1st percentile). Complex visual-conceptual tracking results were again invalidated due to the patient's inability to understand the nature of the task.

On a highly sensitive test of visual attention, vigilance and impulsivity, the patient may have prematurely stopped responding likely due to inattentiveness and with prompting to continue the task. Even with this prompting, the patient's profile indicated an extremely likely (99.9%) chance of a clinical attention problem; and an extremely likely (99.9%) chance of a neurologically based attention problem.

The patient continues to evidence rather significant and diffuse attentional deficits in both auditory and visual modalities.

Motor Functions:

Screening for "release reflexes" commonly found in degenerative disease (i.e., glabellar, rooting, palmomental, snout and grasp) was negative. As previously noted, the patient did evidence a ptosis of her right eye. Otherwise, there was no significant asymmetry of upper or lower facial musculature or of the upper extremities.

The patient demonstrated decreased muscular tone, and accuracy of movement for completion of routine manual motor tasks.

Grip strength continues to evidence moderate levels of impairment for the dominant left hand (2nd percentile) with comparison to prior evaluation (2nd percentile); and continues to evidence Below Average functioning (27th percentile) for the nondominant right hand with comparison to prior evaluation. There were no significant right-left differences noted.

Manual motor speed evidenced Below Average functioning for the dominant left hand (18th percentile) compared to mild levels of impairment (10th percentile) during prior evaluation; and within normal limits for the nondominant right hand (48th percentile) compared to prior evaluation with mild levels of impairment (10th percentile). Dominant left hand performance continues to be significantly slower than nondominant right hand performance regarding expected right-left differences.

Sensory-Perceptual Functions:

Attempts to measure sensory-perceptual functions were again made. These tasks are generally able to be completed by individuals experiencing relatively substantial cerebral pathology and cognitive/functional losses. However, as previously noted during prior evaluation, the patient had extreme difficulty completing even the simplest of these tasks, invalidating the results.

These tasks include bilateral differentiation of tactile stimulation to the face and hands; bilateral differentiation of auditory stimulation; bilateral differentiation of visual stimulation.

Visual-Spatial Functions:

The patient continues to evidence substantial levels of gross constructional dyspraxia on simple tasks of drawing, visual organization and planning with the patient being unable to appropriately draw a basic clock face.

The patient continued to evidence detailed and complex visual organization and planning to be severely compromised ($\leq 1^{\text{st}}$ percentile) compared to prior evaluation ($\leq 1^{\text{st}}$ percentile).

During the prior evaluation, measurement of the ability to estimate angular relationships between line segments was invalidated due to the patient's refusal to continue the task, stating "I don't care... I don't understand... this is not my cup of tea, I could go all afternoon and not get any right." During the current evaluation, the patient evidenced severe levels of deficit (1^{st} percentile) for the ability to estimate angular relationships between line segments.

Language Functions:

The patient's speech was coherent. Naming ability evidenced functioning within normal limits (58^{th} percentile) on a thorough test of confrontation naming in comparison to previous evaluation (42^{nd} percentile).

There was no evidence of deficit in receptive speech functions throughout the assessment. There was strong evidence of gross comprehension deficits with the patient evidencing difficulty understanding instructions and requirements on many of the tasks presented. Speech seemed to have a normal quality with respect to prosody and meter with occasional circumlocutions and paraphrastic errors.

Executive Functions:

As previously noted, the patient continued to evidence detailed and complex visual organization and planning to be severely compromised ($\leq 1^{\text{st}}$ percentile) compared to prior evaluation ($\leq 1^{\text{st}}$ percentile).

The ability to switch perceptual set to conform to changing demands and to suppress a habitual response in favor of an unusual one, evidenced functioning within the severe level of deficit ($< 0.03^{\text{rd}}$ percentile), compared to ranging from within the moderate level of dysfunction (5^{th} percentile) to within the severe level of dysfunction ($< 0.03^{\text{rd}}$ percentile) during prior evaluation.

There continues to be gross deficit for visuo-constructional production with severe levels of perseveration ($< 1^{\text{st}}$ cumulative percentile), which previously evidenced no significant perseveration.

The patient continues unchanged to evidence severe deficits ($< 1^{\text{st}}$ percentile) in word finding both during an associative word finding task that required production of words with phonetic

cueing and scored within the severe level of dysfunction (<1st percentile) when production was based on categorical cueing.

On a task of abstract visual problem-solving and pattern recognition, the patient evidenced moderate levels of deficit (2nd percentile).

On a task which measures the ability to follow directions, clerical speed and accuracy, and psychomotor speed (WAIS-III Digit Symbol-Coding), Ms. Dockery performed within the Below Average range (25th percentile) compared to within the severe level of deficit (1st percentile) during prior evaluation.

On a measure of mental flexibility, visual conceptualization and pattern recognition (WAIS-III Matrix Reasoning), Ms. Dockery performed within normal limits (37th percentile), compared to within the moderate level of deficit (2nd percentile) during prior evaluation.

On a task which measures anticipation of consequences, temporal sequencing and time concepts (WAIS-III Picture Arrangement), Ms. Dockery continues to perform within the borderline level of deficit (16th percentile) compared to prior evaluation (16th percentile).

On a task which measures the ability to analyze a whole into its component parts, nonverbal concept formation and spatial visualization (WAIS-III Block Design) Ms. Dockery performed within the borderline level of deficit (16th percentile) compared to prior evaluation within the moderate level of deficit (5th percentile).

Orientation:

As previously noted there was some degree of disorientation during initial interview (see prior sections for details). During testing, there was further evidence of disorientation with the patient being unable to state the day of the month, or the current city. She was able to state her full name, her age, her birth date, her place of birth, her mother's 1st name, the current president, the past president, the current month, the day of the week, the current year and current time within a half an hour.

Intellectual Functions:

During previous evaluation, the patient obtained a Full Scale IQ score of 84, 14th percentile (Low Average); a Verbal IQ score of 94, 34th percentile (Average); and a Performance IQ score of 73, 4th percentile (Borderline).

During the current evaluation, the patient obtained a Full Scale IQ score of 89, 23rd percentile (Low Average); a Verbal IQ score of 93, 32nd percentile (Average); and a Performance IQ score of 85, 16th percentile (Low Average).

The 8-point discrepancy between Verbal and Performance IQ scores was not enough to indicate statistical significance, meaning that ability for verbal comprehension and ability to use verbal skills in reasoning is not significantly different than the capacity for perceptual organization and for nonverbal reasoning skills.

Inter-subtest analysis revealed significant scatter among the patient's subtest scores within the Verbal subtests. Verbal subtest scores fell within the Borderline to Average range. She scored better, relative to herself, on a task which measures language development and word knowledge (Vocabulary). The patient performed significantly worse, relative to herself, on a task which measures abstract thinking (Similarities).

Inter-subtest analysis revealed no significant scatter among the patient's subtest scores within the Performance subtests. Performance subtest scores fell within the Low Average to Average range.

Ms. Dockery's profile evidenced some intrasubtest scatter. In other words, she had a tendency to answer questions or perform tasks inconsistently, suggesting problems with attention.

Living Skills:

During prior evaluation, Ms. Dockery was evaluated regarding her independent living skills, which evidenced low levels of functioning for managing money, managing health/safety, problem-solving, and performance/information base; and moderate levels of functioning for memory/orientation. Otherwise, managing home/transportation and social adjustment were within the high levels of functioning. Overall, Ms. Dockery's independent living skills were generally within the low level of functioning, suggesting that she likely requires high levels of supervision in her daily activities.

Ms. Dockery was currently re-evaluated regarding her independent living skills, which evidenced low levels of functioning for managing health/safety and memory/orientation; and moderate levels of functioning for managing money, problem-solving and performance/information base. Otherwise, managing home/transportation and social adjustment were within the high levels of functioning.

Overall, Ms. Dockery's independent living skills were generally within the moderate level of functioning, and most importantly low levels of functioning for health/safety suggesting that she likely requires high levels of supervision in her daily activities and she should not be left unattended; this recommendation has previously been shared with Ms. Dockery and her son, (John Dockery).

Emotional Functions:

Ms. Dockery was anxious about her physical well-being, and the continuation of the quality of her life. Her mood evidenced a depressive and somewhat anxious outlook, especially regarding her functional deficits and prognosis. There was no evidence of suicidality. There was no evidence of a psychotic process. It seemed that Ms. Dockery, although partially recognizing cognitive changes in herself was largely unaware of their severity. She was reportedly anhedonic and evidently somnolent.

Objective measures of emotional functioning were minimal due to patient noncompliance. Self-report questionnaires were completed by the patient with results evidencing no anxiety, depression or hopelessness, which was rather inconsistent with her presentation.

Summary:

Ms. Dockery was an 87 year-old Caucasian female. She was operating in the Low Average range of intellectual functioning (Full Scale IQ of 89).

Test data suggest that Ms. Dockery continues to suffer multiple neurocognitive/neurobehavioral deficits in many areas of adaptive functioning including, but not limited to, intellectual functioning, short-term memory, attention/concentration, sensori-motor functioning, visual-spatial functioning, problem-solving, mental flexibility, verbal fluency, language functioning, and other executive functions. Emotional problems have occurred which likely included moderately depressed mood and anxiety. These cognitive losses and emotional changes have served to severely impede Ms. Dockery in her independent daily functioning at home, and in life in general.

The nature of Ms. Dockery's history and functional profile is consistent with a diagnosis of a Mixed Dementia including Probable Vascular Dementia with Depressed Mood; Probable Dementia of the Alzheimer's Type, with Late Onset with Depressed Mood; Possible Dementia Secondary to Closed Head Traumatic Brain Injury with Depressed Mood; and Possible Dementia Secondary to Normal Pressure Hydrocephalus.

It is my opinion within a reasonable degree of neuropsychological certainty that Ms. Emily Dockery is an incapacitated person and requires a guardian and conservator to be appropriately managed in a safe environment and maintain appropriate care of her property.

Diagnostic Impressions:

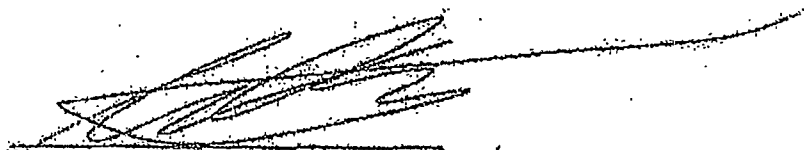
Ms. Dockery met the diagnostic criteria for DSM IV:

Axis I:	290.43	Probable Vascular Dementia with Depressed Mood
	290.3	Probable Dementia of the Alzheimer's Type, with Late Onset With Depressed Mood
	294.11	Possible Dementia Secondary to Closed Head Traumatic Brain Injury with Depressed Mood
	294.1	Possible Dementia Secondary to Normal Pressure Hydrocephalus.
Axis II:	None	
Axis III:		History of closed head traumatic brain injury status post craniotomy, possible normal pressure hydrocephalus status post shunt placement, small vessel ischemic demyelination type changes of the brain, bilateral cataract removal, and bilateral mastectomy in 1979 secondary to breast cancer
Axis IV:		Coping with functional losses and decreased independence
Axis V:	GAF = 37	

Recommendations:

1. Due to the etiology, severity, diffuse and progressive nature of Ms. Dockery's cognitive and neurobehavioral deficits, continued neurological supervision is recommended.
2. Due to the etiology, severity, diffuse and progressive nature of Ms. Dockery's cognitive and neurobehavioral deficits it is recommended that Ms. Dockery and her caregivers attend psychoeducational treatment to create an underlying understanding of Ms. Dockery's deficits and how they may affect her capacity to be independent and perform certain activities safely, both in the present and the near future.

3. Due to the increasing levels of care that Ms. Dockery will likely require and the high degree of stress involved in the caregiving role for an individual affected by dementia, it is recommended that Ms. Dockery's caregivers attend psychotherapy in, either or both, an individual or group context.
4. Psychiatric consultation for psychopharmacologic intervention is recommended should Ms. Dockery's level of anxiety and depression continue to impede her health and level of functioning.
5. Due to the severity of Ms. Dockery's medical condition, continued supervision by her family physician is recommended; such supervision could include primary preventative risk factor modification.
6. Due to the multiple deficits evident in Ms. Dockery's profile, it is strongly recommended that Ms. Dockery cease any operation of a motor vehicle.
7. Due to the probability of progressive functional changes and their importance for independence and quality of life issues, neuropsychological follow up is recommended in 9-12 months which should include reevaluation of areas of functional loss and continued treatment planning.
8. Due the etiology, effect and progressive nature of Ms. Dockery's deficits, and the limitations that these deficits can have on personal safety and care, consideration of an appropriate living situation, such as in-house nursing assistance or residence in an appropriate living facility, is recommended.



Leonard Goldschmidt, Psy.D., J.D.
Clinical Neuropsychologist
Forensic Psychologist
Licensed Clinical Psychologist
South Carolina License #: 843

cc: Jeff Benjamin, M.D.
Chad Huberty, M.D.
Cliff Tall, J.D.
James McCrackin, J.D.

LG:clb

Abbreviated Curriculum Vitae

LEONARD GOLDSCHMIDT, J.D., Psy.D.

SUMMARY OF QUALIFICATIONS

- Licensed Clinical Psychologist in the state of South Carolina
- Doctorate degree in Clinical Psychology (Psy.D.) with specializations in Neuropsychology and Forensic Psychology, and a Doctor of Law (J.D.) degree
- Diverse clinical experience includes neuropsychological assessment, neurocognitive remediation/rehabilitation, psychotherapy and group facilitation
- Over ten years of integrating psychology and law in legal, clinical, academic, and organizational settings
- Experienced litigation consultant, lecturer, expert witness, and researcher

PROFESSIONAL EXPERIENCE

Clinical Evaluation and Treatment:

Employ psychological and neuropsychological assessment methods to evaluate and diagnose child, adolescent, adult and geriatric populations. Conduct supportive and expressive therapy in inpatient, outpatient, partial hospitalization and forensic settings. Conduct psychological and neuropsychological assessment of patients for educational, residential, and foster care placements.

Grand Strand Psychological Services, PA, Myrtle Beach, SC
December 2002-Present
President

Waccamaw Community Hospital, Murrells Inlet, SC
December 2002-Present
Full Active Medical Staff, Attending Clinical Psychologist and Neuropsychologist on Rehabilitation Unit

Georgetown Memorial Hospital, Georgetown, SC
December 2002-2008
Full Active Medical Staff

Grand Strand Regional Medical Center, Myrtle Beach, SC
January 2005-2008
Allied Health Professional Staff

Joel B. Heffler, Ph.D., PA, Murrells Inlet, SC
December 2001-December 2002
Neuropsychological and Psychological Resident

Neurobehavioral Institute at
GSRS, PA

Leonard Goldschmidt, Psy.D., J.D.
Clinical Neuropsychologist, Forensic Psychologist and
Board-Certified Clinical Psychologist, SC License # 345

11947 Grandhaven Drive
Suite N
Murrells Inlet, SC 29576

883

Phone: (843) 652-4

Fax: (843) 652-4

APP_985

Widener Institute for Graduate Clinical Psychology Internships, PA, NJ & DE
September 1994-January 2001
Received letter of distinction for outstanding internship evaluations

Child Guidance Center, Media, PA
Therapeutic Staff Support
December 1995-August 1996

Germantown Partial Hospitalization Program, Philadelphia, PA
Therapist
May 1995-August 1995

Belmont Center for Comprehensive Treatment, Philadelphia, PA
Psychiatric Technician
May 1993-March 1996

Litigation and Trial Consulting:

Perform numerous litigation and trial consultation services in the areas of criminal and civil litigation, including focus group/mock trial facilitation and analysis; design, implementation and analysis of community attitude surveys; jury profiling; in-courtroom jury selection; credibility assessment studies; witness preparation; and language consulting. Present research findings in court as an expert witness. Most recent cases in the portfolio include the highly publicized *Rahhi Neulander* and *Andrea Yates* capital murder cases.

Trial Advisors
Founder and CEO
April 1996-Present

John Lamberth, Ph.D., Litigation and Trial Consultant, Philadelphia, PA
Litigation and Trial Consultant
January 1992-March 1996

Speaking and Lecturing:

- Lectured at the Philadelphia Bar Association on trial consulting for high-publicity and high-end litigation cases
- From 1998-2000 was a faculty member of Widener University's nationally recognized "Intensive Trial Advocacy Program"
- Conducted seminars on "Legal Issues Related to Clinical Mental Health Practice"

Management Consulting:

- Created and presented a series of seminars to upper and middle management of a major supermarket chain. Instructed participants on psychological approaches to reconciling and recovering after one of the largest strikes in recent NJ history

Research:

- Doctoral Dissertation - "Qualification of Neuropsychological Expert Witness Testimony Regarding Issues of Neuropathological Causation"
- Thesis and Symposium Paper - "Effects of Authoritarianism on Juror Conviction Proneness and Punitiveness as Mediated by Different Versions of the Diminished Capacity Defense"
- Symposium Paper - "Effects of Language Complexity on Expert Witness Credibility"
- As an Assistant Editor, conducted and edited research of contemporary issues in forensic psychology for inclusion in the *Journal of Forensic Psychology Practice*

Legislative:

- From 1997-2001 studied and discussed issues, and authored opinions regarding legislative actions related to psychological issues for adoption by the Pennsylvania Psychological Association Executive Board for presentation to the Pennsylvania state legislature

ACADEMIC TRAINING

Widener University, Chester, PA

Doctor of Psychology (Psy.D.)

August 2001

Specializations: Clinical Psychology, Neuropsychology and Forensic Psychology

Juris Doctorate (J.D.)

July 2001

Masters in Clinical Psychology (M.A.)

August 1998

Temple University, College of Arts and Sciences, Philadelphia, PA

Bachelor of Arts (B.A.), Summa Cum Laude

May 1994

Major: Psychology

University of Arizona, Tucson, AZ

August 1987-May 1989

Major: Molecular and Cellular Biology Minor: Philosophy



GRAND STRAND
SPECIALTY ASSOCIATES
NEUROLOGY

Neurology:
Jeff A. Benjamin, D.O.
Barbara L. Barb, D.O.
Michael McCaffrey, M.D.

Neurology &
Ophthalmology:
George M. Sandoz, M.D.

August 10, 2011.

To Whom It May Concern:

RE: Emily Dockery
DOB: 7/16/1924
Chart: 121284

SSN:

Dear Sir/ Madam:

Ms. Emily Dockery is a patient of mine. I have been taking care for quite sometime. Again and specific, we started seeing her in mid 2010. At that time, she had profound weakness and some cognitive changes. We identified that she required shunt revision for NPH, which she had done. She has made dramatic improvement, so I would like to make it very clear that this patient is doing really well. There is no question that this setting that she is in now is perfect for her. She does live alone and can live alone. She lives alone with assistance which her power of attorney her son whose has been power of attorney for 20+ years has taking great care of her. She does have care taker and can afford to do so which helped dramatically. She cannot clearly make financial decisions on her own, but she does rely on her son for assistance of physically paying for bills. She is very active with her caregivers out running around town, going to movies and taking care of grocery shopping. She does not prepare her meals but certainly could prepare mild meals. She does take care of all of the activities of daily living and her hygiene. I can imagine _____ but we will not change the situations she is in. Currently her son who again is the power of attorney to 20+ years is taking excellent care of her, has brought her to every doctor's appointment. He has done everything which the physicians have asked for and to be honest everything that was done really dramatically helped her. I did have a form that I filled out which does not clearly cover some of the issues I just mentioned.

If you have any questions, please feel free to contact me.

Sincerely,

8170 ROURK STREET • MYRTLE BEACH, SOUTH CAROLINA 29572
TELEPHONE: 843.449.2336 • FACSIMILE: 843.497.2505 • WWW.GRANDSTRANDSURGICAL.COM



GRAND STRAND
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NEUROLOGY

Neurology:
Jeff A. Benjamin, D.O.
Barbara L. Sarb, D.O.
Michael McCaffray, M.D.

Neurology &
Ophthalmology:
George M. Sandoz, M.D.

Jeff A. Benjamin, DO

JB/kbs

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GRAND STRAND
SPECIALTY ASSOCIATES

Orthopedic Surgery/Traumatology:
Christopher Bouillon, DO

Neurosurgery:
Thomas Anderson, MD.
Eugene Gillens, MD

Neurology:
Jeff Benjamin, DO
Barbara Sarb, DO
Michael McCaffrey, MD

Neurology & Ophthalmology:
George Sandoz, MD

October 19, 2011

The Court

RE: Emily Dockery
DOB: 7/16/1924
Chart: 121284

SSN:

To Whom It May Concern:

I am writing this in regards to Ms. Emily Dockery. I received quite a few letters and from attorneys in regards to this patient's situation that I am sure you are well aware of. My understanding is from the patient's list where we found is that she is under the impression that her daughters or somebody else is trying to gain control of her but yet her son was then power of attorney of her for 20 years plus and who in my opinion has taken excellent care of her. Is being challenged in someway. My history with her begins last year when in April 2010 she did sustain a subdural hematoma which she had drained. Dr. Giddens had done that procedure and she did really well. Her gait improved. She then went on to show signs of normal pressure hydrocephalus which is a reversible condition of mentation change. Dr. Giddens went on to do a spinal tap and then proceeded with a shunt and interventricular shunt placed. At the end of 2010 and I do not have the exact date, she did have the shunt placed and then I evaluated in that interval on 11/03/2010 when she had already had the shunt placed, and she had 100% improvement. Cognitively improved. She did extremely well. She was on a memory medication called Namenda which is for dementia. It was used mostly because of the trauma that is already ensued in her brain meaning that his subdural hematoma and the shunt placement and preventing progression down the road of any memory loss. Somewhere along line, she was put on Pristiq for depression which she adamantly was against. I am not sure which physician did that but is apparently a psychiatrist and she wanted off of it. I have taken her off that medication and taken off, I think I coupled other medications, and she started to _____. My understanding is that this patient has neuropsychiatric evaluation and psychiatric evaluation suggesting that she is not of a sound mind. I would strongly ask the court to reconsider that the least situation would be to have the patient evaluated down at MUSC by psychiatric opinions before any consideration about taking her rights away from here.



GRAND STRAND
SPECIALTY ASSOCIATES

Orthopedic Surgery/ Traumatology:
Christopher Bouillon, DO

Neurosurgery:
Thomas Anderson, MD
Eugene Gildens, MD

Neurology:
Jeff Benjamin, DO
Barbara Sorb, DO
Michael McCaffrey, MD

Neurology & Ophthalmology:
George Sandoz, MD

She lives in a situation that is very functional for her. She has a power of attorney who watches over her. She apparently has funds for care giving at home, and she does very well at home. As my last evaluation as of 04/20/2011, she had some generalized weakness and has some significant complaints, but otherwise, she really was doing extremely well in the environment that she was at. She had 100% improvement from her shunt placement, and cognitively was doing as I mentioned extremely well. I have no problems with the situation she is in currently, and despite a Mini-Mental State Exam of 25/30 and despite any other previous psychiatric evaluation. I feel very comfortable with the environment. Again, thank you very much for allowing me to participate in patient's care.

If you have any questions, please feel free to contact me.

Thank you.

Jeff A. Benjamin, DO

JB/aji

Electronically Signed on 11/04/2011 8:49 AM

11/23/11
12/28/11
7.16.24

Core Given -

John - Says -

- Tired for Coast -
- Some bones & walking pattern
- Taken care for some time

Emily

Dockery

N
B 134/72
P 70

- 20 1/1 -
- None
- Oline
- Ours of short -
- Ours of long -
- Fully
- Lady

1968 3/13
3/3 - 3/3 2 3/3 3/13

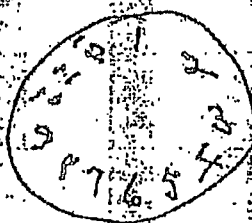
Level 3

Stayed up for what
on sight

What sign is!

Obvious

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Doubts they ever cited -
- but they cut the core then
They live on the ground
2 doubts about the early
They core of the core to the problem
They core of the core
They core of the core



**GRAND STRAND
SPECIALTY ASSOCIATES****Orthopedic Surgery/Traumatology:**
Christopher Bouillon, DO**Neurosurgery:**
Thomas Anderson, MD
Eugene Giddens, MD**Neurology:**
Jeff Benjamin, DO
Barbara Solt, DO
Michael McCaffrey, MD**Neurology & Ophthalmology:**
George Sandoz, MD**RE-EVALUATION**

Patient Name: Emily Dockery
Date of exam: 11/23/2011
Chart #: 121284
SSN:

CHIEF COMPLAINT: Questionable ability to make decision making.

HISTORY OF PRESENT ILLNESS: The patient is a very interesting, very pleasant, very appropriate 87-year-old female who I spent about 15 to 20 minutes with. She is here with her caregiver. She states John, who is her son, has been her primary caregiver. He assists her with some of the finances and does a great job. She is very well aware of the situation. She understands what the daughters are trying to do. She understands that they are trying to get control of the situation. She has no intentions of leaving her home. She has no intentions of wanting to leave her home nor does she need to leave her home. She has means to help with nursing care along with her son. Certainly, she is aware that is most optimal course she would like to do. There is no question she has been of sound mind since she has had the shunt placed. I understand that there has been some neuropsychiatric testing recently that suggest otherwise and I would suggest that to be incorrect. This patient, if she was to do a neuropsychiatric testing, would probably have great difficulties. It physically is very taxing on a patient let alone on an elderly patient. She is aware of the year, she is aware of her name. She did not stumble on her name. She is aware of what happened to her in the past with the shunt placement and why it was done. She is actually aware of the neuropsychiatric testing. She is aware of her daughters and is very pleasant about her daughters and wishes she could go out there, but she feels that she cannot. She knows the year; she knows the day, the place, and location. She remembers 3/3 objects in three minutes. She can remember 3/3 objects in 10 minutes. Her visual spatial fields are actually not too bad for somebody of her age and I would consider it normal. She was able to do serial 3s. She can easily get stumped up if you pressure her but that does not mean she is not able to make a sound decision making. She does not have any bowel or bladder abnormalities and her gait has been appropriate for again person of her age and arthritic changes. She is alert, cooperative, and pleasant. Her Mini-Mental Status Exam is essentially intact or at least 28/30.

IMPRESSION/PLAN: At this time, I have no difficulties whatsoever in believing that this patient's decision making is appropriate. I also happen to feel it is appropriate she stays in the situation she has been in. If you have any questions, please feel free to contact me.

Jeff A. Benjamin, DO

Emily Dockery

11/23/2011

Page 2

JB/deva

Electronically Signed on 11/27/2011 8:21 AM

**GRAND STRAND
SPECIALTY ASSOCIATES****Orthopaedic Surgery/Traumatology:**
Christopher Bouldin, DO**Neurosurgery:**
Thomas Anderson, MD
Eugene Gladden, MD**Neurology:**
Jeff Benjamin, DO
Barbara Sarb, DO
Michael McCaffrey, MD**Neurology & Ophthalmology:**
George Snider, MD**RE-EVALUATION**

Patient Name: Emily Dockery
Date of exam: 12/6/2011
Chart #: 121284
SSN:

I did call Ms. Dockery in the middle of the day. I surprised her on the telephone just to see how she would do. She did extremely well to all questions. She knew the year, the date, the place, her name. She knew the situation in her hand. She knew what was going on with the power of attorney being challenged. She knows that the daughters are trying to gain control of power of attorney but has no desire to and she has no intentions of changing it. She knows what she wants in the future. She understands who her attorney is and she understands why her attorney is helping her. She was able to assist the attorney. Again, I have no questions that this patient is capable of decision making for herself.

Jeff A. Benjamin, DO

JB/jvb

Electronically Signed on 12/09/2011 5:23 AM

STATE OF SOUTH CAROLINA

HORRY COUNTY

EMILY CARLSON AND
ALICE PREYER

Petitioners

v.

JOHN C. DOCKERY, III

Respondent.

In re EMILY CHESHIRE DOCKERY

IN THE PROBATE COURT

FIFTEENTH JUDICIAL CIRCUIT

MEDIATION RESULTS REPORT

Docket No. 2010-GC-26-68 and -69

(THIS FORM TO BE COMPLETED BY THE MEDIATOR WITHIN 10 DAYS OF CONCLUSION OF THE CONFERENCE, WHETHER OR NOT AGREEMENT WAS REACHED BY THE PARTIES.)

1. A mediated settlement conference was held before me on July 22, 2011;
2. As a result of this conference, this case should be considered *(please check one)*:

☐ Fully Settled *(please check one)*:

☐ by Consent Judgment, to be filed by _____ or,
(Name of Designee)

☐ by Voluntary Dismissal, to be filed by _____
(Name of Designee)

☒ Partially Settled, with agreement of the parties on the following issues:

The parties are in the process of drafting a settlement agreement.

☐ At an impasse.

☐ In need of further mediation. (I ___ am/ ___ am not willing to

☐ Continued (Date) _____

3. Petitioners X was/ ___ was not present.
Respondent X was/ ___ was not present.

4. Other participants were:

- ☒ attorney for Petitioners James F. McCrackin, Esq.
☒ attorney for Respondent William H. Monckton, VI, Esq.
☒ attorney for Emily Cheshire Dockery Mary Madison Brittain Langway, Esq.
☐ representatives for insurance carrier N/A
☒ guardian ad litem V. Lee Moore, Esq.
☐ experts _____
☐ others _____

5. This case was co-mediated with: _____

6. Choice of the mediator was by:
☒ Stipulation of Mediator Selection
☐ Court Order

7. The total number of hours spent in mediation was: 4 1/2 hours.

8. The total mediator fees were \$ 1650.00

9. Further comments of the mediator:

all parties worked in good faith to settle this matter.

Date: August 2, 2011

Signature of Mediator: _____

Print Name of Mediator: John M. Jelter

Grand Strand Psychological Services, PA
Patient Testing Note

Date: 12 / 21 / 2010
Patient: Last Name: DOCKERY; First Name: EMILY
SSN: _____
Date of Birth: 07 / 16 / 1924
Age: 86
Sex: ☒ Female ☐ Male
Service: _____ 96100 Psychological Testing/Scoring/Analysis/Report
_____ 96101 Psychological Testing/Scoring/Analysis/Report
_____ 96102 Psychological Testing/Scoring/Analysis/Report
_____ 96117 Neuropsychological Testing/Scoring/Analysis/Report
2 96118 Neuropsychological Testing/Scoring/Analysis/Report
3 96119 Neuropsychological Testing/Scoring/Analysis/Report
Provider: Leonard Goldschmidt, Psy.D.
Examiner: Becky Owens, Psychometrician
Location: Grand Strand Psychological Services, PA
11943 Grandhaven Blvd, Suite B
Murrells Inlet, SC 29576
Scheduled Session Time: 2:30 PM to 5:30 PM
Type of Visit: Scheduled
Program: ☒ Neuropsychological Evaluation
_____ Psychological Evaluation

Content/Process

Descriptive: Patient administered psychological/neuropsychological tests (see Tests Administered for details) by psychometrician, Becky Owens, for purposes of determination of diagnosis, baseline measurement and treatment planning/recommendations.

Scoring and analysis pending. Neuropsychological/Psychological Evaluation Report pending.

Assessment: Differential diagnosis and treatment recommendations pending.

Intake Diagnosis Code/s: 299.21; _____; _____; _____

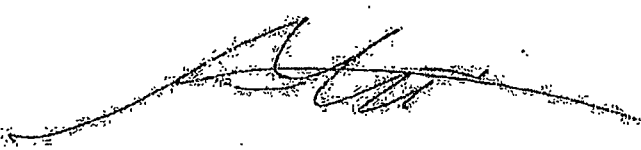
Tests Administered

☒ 5-POINT
☒ APHASIA
☐ BAI
☐ BCT
☐ BHS
☒ BNT Full
☐ CCPT II
☒ CLOCK
☒ COWAT
☒ CVLT II
☐ GDS
☒ GRIP
☐ GROOVE

☐ ILS
☒ JOLO
☐ MMPI II
☐ NAART
☐ PASAT
☒ RCFT
☐ REY 15
☐ RHYTHM
☐ SIMS
☐ SPE
☐ SSPT
☒ STROOP
☒ TAP
☐ TOMM

☐ TPT
☒ TRAILS A&B
☐ WAIS-III
☐ WCST-4
☐ WMS-III
☐ Other


Becky Owens, Psychometrician


Leonard Goldschmidt J.D., Psy.D.
Clinical Neuropsychologist
Forensic Psychologist
Licensed Clinical Psychologist
South Carolina License #: 845

BOSTON NAMING TEST - STANDARD FORM

NAME: Emily Dockery DATE: 12/21/10 AGE: 86
 DOB: 7/16/24 EDU: 15

ITEM:	CORR RESP	LATE SEC	STIM CUE	PHON CUE	MULT CHOICE
1) <u>BED</u> (A PIECE OF FURNITURE)	_____	_____	_____	_____	_____
2) <u>TREE</u> (SOMETHING THAT GROWS OUTDOORS)	_____	_____	_____	_____	_____
3) <u>PENCIL</u> (USED FOR WRITING)	_____	_____	_____	_____	_____
4) <u>HOUSE</u> (A KIND OF BUILDING)	_____	_____	_____	_____	_____
5) <u>WHISTLE</u> (USED FOR BLOWING)	_____	_____	_____	_____	_____
6) <u>SCISSORS</u> (USED FOR CUTTING)	_____	_____	_____	_____	_____
7) <u>COMB</u> (USED FOR FIXING HAIR)	_____	_____	_____	_____	_____
8) <u>FLOWER</u> (GROWS IN A GARDEN)	_____	_____	_____	_____	_____
9) <u>SAW</u> (USED BY A CARPENTER)	_____	_____	_____	_____	_____
10) <u>TOOTHBRUSH</u> (USED IN THE MOUTH)	_____	_____	_____	_____	_____
11) <u>HELICOPTER</u> (USED FOR AIR TRAVEL)	_____	_____	_____	_____	_____
12) <u>BROOM</u> (USED FOR CLEANING)	_____	_____	_____	_____	_____

	CORR RESP	LATE SEC	STIM CUE	PHON CUE	MULT CHOICE
13) <u>OCTOPUS</u> (AN OCEAN ANIMAL)	_____	_____	_____	_____	_____
14) <u>MUSHROOM</u> (SOMETHING TO EAT)	_____	_____	_____	_____	_____
15) <u>HANGER</u> (FOUND IN A CLOSET)	_____	_____	_____	_____	_____
16) <u>WHEELCHAIR</u> (FOUND IN A HOSPITAL)	_____	_____	_____	_____	_____
17) <u>CAMEL (DROMEDARY)</u> (AN ANIMAL)	_____	_____	_____	_____	_____
18) <u>MASK (FALSE FACE)</u> (PART OF A COSTUME)	_____	_____	_____	_____	_____
19) <u>PRETZEL</u> (SOMETHING TO EAT)	_____	_____	_____	_____	_____
20) <u>BENCH</u> (USED FOR SITTING)	_____	_____	_____	_____	_____
21) <u>RACQUET</u> (USED FOR SPORTS)	_____	_____	_____	_____	_____
22) <u>SNAIL</u> (AN ANIMAL)	_____	_____	_____	_____	_____
23) <u>VOLCANO</u> (A KIND OF MOUNTAIN)	_____	_____	_____	_____	_____
24) <u>SEAHORSE (HORSEFISH)</u> (AN OCEAN ANIMAL)	_____	_____	_____	_____	_____
25) <u>DART</u> (YOU THROW IT)	_____	_____	_____	_____	_____
26) <u>CANOE</u> (USED IN THE WATER)	_____	_____	_____	_____	_____

	CORR RESP	LATE SEC	STIM CUE	PHON CUE	MULT CHOICE
27) <u>GLOBE</u> (A KIND OF MAP)	_____	_____	_____	_____	_____
28) <u>WREATH</u> ((A CHRISTMAS DECORATION)	_____	_____	_____	_____	_____
29) <u>BEAVER</u> (AN ANIMAL)	_____	_____	_____	_____	_____
30) <u>HARMONICA</u> (HARP; MOUTH ORGAN) (MUSICAL INSTRUMENT)	✓ _____	_____	_____	_____	_____
31) <u>RHINOCEROS</u> (AN ANIMAL)	✓ _____	_____	_____	_____	_____
32) <u>ACORN</u> (IT COMES FROM A TREE)	✓ _____	_____	_____	_____	_____
33) <u>IGLOO</u> (TYPE OF HOUSE)	✓ _____	_____	_____	_____	_____
34) <u>STILTS</u> (USED TO MAKE YOU TALLER)	✓ _____	_____	_____	_____	_____
35) <u>DOMINOES</u> (A GAME)	✓ _____	_____	_____	_____	_____
36) <u>CACTUS</u> (SAGUARO) (SOMETHING THAT GROWS)	✓ _____	_____	_____	_____	_____
37) <u>ESCALATOR</u> (YOU GO UP ON IT)	✓ _____	_____	_____	_____	_____
38) <u>HARP</u> (A MUSICAL INSTRUMENT)	<i>HARMONICA</i> X _____	_____	_____	<i>pk</i> X _____	✓ _____
39) <u>HAMMOCK</u> (YOU LIE ON IT)	✓ _____	_____	_____	_____	_____
40) <u>KNOCKER</u> (IT'S ON A DOOR)	✓ _____	_____	_____	_____	_____

10
11

0
1

1
1

	CORR RESP	LATE SEC	STIM CUE	PHON CUE	MULT CHOICE
41) <u>PELICAN</u> (A BIRD)	✓				
42) <u>STETHOSCOPE</u> (USED BY DOCTORS AND NURSES)	✓				
43) <u>PYRAMID</u> (FOUND IN EGYPT)	20+ X		✓		
44) <u>MUZZLE</u> (USED ON DOGS)	✓				
45) <u>UNICORN</u> (MYTHICAL ANIMAL)	✓				
46) <u>FUNNEL</u> (USED FOR POURING)	20+ X		SIPHON X	DK X	✓
47) <u>ACCORDION</u> (A MUSICAL INSTRUMENT)	HARMONICA X			DK X	✓
48) <u>NOOSE</u> (USED FOR HANGING)	DK X COWBOYS HANG THEM W/ IT.			✓	
49) <u>ASPARAGUS</u> (SOMETHING TO EAT)	✓				
50) <u>COMPASS</u> (FOR DRAWING)	DK X		DK X	DK X	PAINTER SET X
51) <u>LATCH (BOLT)</u> (PART OF A DOOR)	DK X HOLD SOMETHING ON THE WALL WITH IT.		DK X	✓	
52) <u>TRIPOD</u> (PHOTOGRAPHERS OR SURVEYORS USE IT)	DK X SOMETHING TO DO WITH A DISK		DK X	DK X	✓
53) <u>SCROLL</u> (A DOCUMENT)	✓				
54) <u>TONGS</u> (A UTENSIL)	PICKUP ICE W/ IT DK X			✓	
	6/14		1/5	3/4	3/14

	CORR RESP	LATE SEC	STIM CUE	PHON CUE	MULT CHOICE
55) <u>SPHINX</u> (IT'S FOUND IN EGYPT)	✓	_____	_____	_____	_____
56) <u>YOKE (OXBOW)</u> (USED ON FARM ANIMALS)	DK X	_____	_____	✓	_____
57) <u>TRELLIS</u> (USED IN A GARDEN)	✓	_____	_____	_____	_____
58) <u>PALETTE</u> (ARTIST USE IT)	ARTIST BOARD X	_____	_____	DK X	✓
59) <u>PROTRACTOR</u> (MEASURES ANGLES)	TRANCE X	_____	DK X	DK X	✓
60) <u>ABACUS</u> (IT'S USED FOR COUNTING)	FROM CHINA X	_____	_____	DK X	CHINESE X
	$\frac{2}{6}$		$\frac{0}{1}$	$\frac{1}{4}$	$\frac{2}{3}$

SUMMARY OF SCORES

1) NUMBER OF SPONTANEOUSLY GIVEN CORRECT RESPONSES	<u>18</u>
2) NUMBER OF STIMULUS CUES GIVEN	<u>6</u>
3) NUMBER OF CORRECT RESPONSES FOLLOWING A STIMULUS CUE	<u>1</u>
4) NUMBER OF PHONEMIC CUES	<u>12</u>
5) NUMBER OF CORRECT RESPONSES FOLLOWING THE PHONEMIC CUE	<u>4</u>
6) NUMBER OF MULTIPLE CHOICES GIVEN	<u>8</u>
7) NUMBER OF CORRECT CHOICES	<u>6</u>

TOTAL NUMBER CORRECT (1+3)

CREDIT 29

TOTAL SCORE:

(ADD CREDIT FOR ITEMS PRECEDING THE FIRST ITEM PASSED; DISREGARD IF YOU STARTED WITH ITEM 1)

19
48

TALLY OF PARAPHASIA TYPES

1) PHONOLOGICAL (SUM OF PH AND PH/V)	<u> </u>
2) VERBAL (SUM OF V AND V/U)	<u> </u>
3) NEOLOGISTIC	<u> </u>
4) MULTI-WORD	<u> </u>
5) PERCEPTUAL	<u> </u>

Revised Comprehensive Norms for an Expanded Halstead-Reitan Battery:
Demographically Adjusted Neuropsychological Norms
for African American and Caucasian Adults

Developed By

**Robert K. Heaton, PhD, S. Walden Miller, PhD,
Michael J. Taylor, PhD, and Igor Grant, MD**

Client/Testing Information

Client Name : Emily Dockery
Client ID :
Date of Birth : 07/16/1925 (1924) * **NOTE:** HRB ONLY GOES
Age : 85 (86) TO AGE 85, MANIPULATED
Sex : Female DOB FROM 7/16/24 TO 7/16/25
Education : 14 TO RECEIVE SCORING PRINTOUT
Ethnicity : Caucasian/White
Date of Examination : 12/21/2010
Normative Sample : Caucasian

Use of this report requires a thorough understanding of the included tests, their interpretation, and clinical applications, as presented in the Revised Comprehensive Norms for an Expanded Halstead-Reitan Battery: Demographically Adjusted Neuropsychological Norms for African American and Caucasian Adults manual (Heaton, Miller, Taylor, & Grant, 2004). This report is intended for use by qualified professionals.

This report reflects standardized administration and scoring of the tests. The normative scores in this program were developed by Heaton et al. (2004) using data from Caucasian and African American adults (ages 20-85 years), who were neurologically normal by history, whose native language was English, and who had received standard educations in the United States. Application of the norms to clients with other ages, ethnicities, or educational/linguistic backgrounds will have uncertain validity and will not allow straightforward interpretation. Any such use should be made with considerable clinical caution and should be accompanied by clear statements about the inherent limitations of the approach: e.g., "this client's test results will be compared with normal expectations for a person with another (specified) age/ethnicity, and the applicability of such normative standards to this client is uncertain."

Results on the tests in this report should be interpreted within the context of a larger clinical assessment, including relevant clinical and historical information about this client. Additionally, use of the current scores for clinical or diagnostic decisions should not be attempted without a good understanding of brain-behavior relationships and the medical and psychological factors that affect them.

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Version: 3.00.012

Additional Client/Testing Information

Handedness : Left
Examiner : L. Goldschmidt
Referred by :
Peripheral Injuries :
Working Diagnosis :
Medications :
Version of WAIS : WAIS-III

WAIS-III

	Comparison Scores	
WAIS-III Full Scale IQ [WAIS-III FSIQ]	84	39
WAIS-III Working Memory Index [WAIS-III WKG MEM]		
WAIS-III Processing Speed Index [WAIS-III PSI]		
WAIS-III Perceptual Organization Index [WAIS-III POI]	76	34
WAIS-III Verbal Comprehension Index [WAIS-III VCI]	98	49

T scores below 40 appear in bold italic type.

Clinical Notes and Comments

GERIATRIC BATTERY

ON SPE, ON LQ AUDITORY, FINGERTIP WATLING, AND TFR

ADMIN:

TRAILS B DISCONTINUED

WCST NOT ADMIN

Summary Scores

Measure	Raw Scores	Scaled Scores	T Scores	Descriptive Classification
WAIS-III Full Scale IQ [WAIS-III FSIQ]			39	Mild Impairment
Average Impairment Rating [AIR]				
Global Deficit Score [GDS]				

T scores below 40 appear in bold italic type.

(NE) Score is not adjusted for ethnicity. Interpret T scores cautiously for non-Caucasian examinees.

Executive Functions

Measure	Raw Scores	Scaled Scores	T Scores	Descriptive Classification	Index Score
WCST-Perseverative Errors (NE) [WCST]					
Category Test (errors) [CAT ERROR]					
Trail Making Test Part B (secs) [TRAIL B]					
Thurstone Word Fluency (correct) [THUR FLU]					
Letter Fluency-FAS (total correct) [FAS]	8	1	18	Severe Impairment	5
Category Fluency-Animals (total correct) [ANIMALS]	4	0	13	Severe Impairment	

T scores below 40 appear in bold italic type.

(NE) Score is not adjusted for ethnicity. Interpret T scores cautiously for non-Caucasian examinees.

Attention/Working Memory

Measure	Raw Score	T-Score Norm	Percentile Norm	Disruptive Classification	Disruptive Score
WAIS-III Working Memory Index (WAIS-III WKG MEM)					
Paced Auditory Serial Addition Test (total correct) (PASAT)					
Digit Vigilance-Errors (DIGIT ERROR)					
Seashore Rhythm Test (correct) (SSHOR RHYM)	12	1	22	Moderate to Severe Impairment	4
Speech-Sounds Perception Test (errors) (SPCH PERC)	29	2	31	Mild to Moderate Impairment	2

T-scores below 40 appear in bold italic type.

(NE) Score is not adjusted for ethnicity. Interpret T-scores cautiously for non-Caucasian examinees.

Speed of Information Processing

Measure	Raw Score	T-Score Norm	Percentile Norm	Disruptive Classification	Disruptive Score
WAIS-III Processing Speed Index (WAIS-III PSI)					
Trail Making Test Part A (secs) (TRAILA)	456	1	21	Moderate to Severe Impairment	4
Digit Vigilance-Time (secs) (DIGIT TIME)					

T-scores below 40 appear in bold italic type.

(NE) Score is not adjusted for ethnicity. Interpret T-scores cautiously for non-Caucasian examinees.

Spatial Skills

Measure	Raw scores	Scaled scores	T scores	Descriptive classification	Index Score
WAIS-III Perceptual Organization Index (WAIS-III POI)			34	Mild to Moderate Impairment	
Tactual Performance Test Total Time (min/blk) [TPT TIME]					
Spatial Relations* (rating) [SPAT REL]					

T scores below 40 appear in bold italic type.

(NE) Score is not adjusted for ethnicity. Interpret T scores cautiously for non-Caucasian examinees.

*T scores for this variable are not normally distributed, but have satisfactory specificity for T score < 40 cutoff.

Verbal/Academic Skills

Measure	Raw scores	Scaled scores	T scores	Descriptive classification	Index Score
WAIS-III Verbal Comprehension Index (WAIS-III VCI)			49	Average	
Aphasia Screening Test (errors) (APHAS SCRNI)					
Boston Naming Test (correct) (BSTN NAME)	48	7	48	Average	0
BDAE Complex Ideational Material (NE)* (correct) (BDAE COMP)					
PIAT Reading Recognition (percentile) (PIAT RECOG)					
PIAT Reading Comprehension (NE) (percentile) (PIAT COMP)					
PIAT Spelling (NE) (percentile) (PIAT SPELL)					

T scores below 40 appear in bold italic type.

(NE) Score is not adjusted for ethnicity. Interpret T scores cautiously for non-Caucasian examinees.

*T scores for this variable are not normally distributed, but have satisfactory specificity for T score < 40 cutoff.

Verbal Episodic Memory

UPSIIT	Raw Scores	Standard Scores	Series	Descriptive Old-Sm/Young	Global
Story Memory Trial 1 (correct) [STORY-T1]					
Story Memory Learning (points/trials) [STORY LEARN]					
Story Memory Delayed Recall (correct) [STORY RECALL]					
Story Memory Loss (% loss) [STORY LOSS]					
CVLT Trial 1 (correct) [CVLT-1]	3	5	36	Mild Impairment	
CVLT Trial 5 (correct) [CVLT-5]	3	1	24	Moderate to Severe Impairment	
CVLT Trials 1-5 (correct) [CVLT-TOT]	15	2	28	Moderate Impairment	3
CVLT Short Delay Free Recall (correct) [CVLT-SDFR]	1	1	26	Moderate Impairment	
CVLT Long Delay Free Recall (correct) [CVLT-LDFR]	0	1	21	Moderate to Severe Impairment	4

T scores below 40 appear in bold italic type.

For computation of the GDS, CVLT measures were used as alternates for Story Memory Learning and Story Memory Delayed Recall.

Visual Episodic Memory

Measure	Raw Scores	Scale Scores	T Scores	Descriptive Classification	Percent Score
Tactual Performance Test-Memory (correct) [TPT MEM]					
Tactual Performance Test-Location (correct) [TPT LOC]					
Figure Memory Trial 1 (correct) [FIGUR-T1]					
Figure Memory Learning (points/trials) [FIGUR LEARN]					
Figure Memory Delayed Recall (correct) [FIGUR RECALL]					
Figure Memory Loss* (% loss) [FIGUR LOSS]					

T scores below 40 appear in bold italic type.

*T scores for this variable are not normally distributed, but have satisfactory specificity for T score < 40 cutoff.

Sensory Perceptual Skills

Measure	Raw Scores	Scale Scores	T Scores	Descriptive Classification	Percent Score
Sensory-Perceptual- Total (errors) [SP TOT]					
Tactile Form Recognition-Worst hand (secs) [TFR WH]	58.9	1	22	Moderate to Severe Impairment	

T scores below 40 appear in bold italic type.

Motor Skills

Measure	Raw Scores	Scale Scores	T Scores	Descriptive Classification	Percent Score
Finger Tapping- Worst hand (taps) [TAP WH]	25.6	2	37	Mild Impairment	1
Hand Dynamometer-Worst hand (kgs) [GRIP WH]	6.5	1	31	Mild to Moderate Impairment	
Grooved Pegboard-Worst hand (secs) [PEG WH]					

T scores below 40 appear in bold italic type.

Lateralized Sensorimotor/Psychomotor Comparisons

Measure	Score	Standard Score	T Score	Descriptive Classification	Deficit Score
Finger Tapping-Dominant (taps) [TAP-DH]	25.6	2	37L	Mild Impairment	
Finger Tapping-Nondominant (taps) [TAP-NDH]	28.6	3	37	Mild Impairment	
Hand Dynamometer-Dominant (kgs) [GRIP-DH]	6.5	1	31	Mild to Moderate Impairment	
Hand Dynamometer-Nondominant (kgs) [GRIP-NDH]	10.0	3	43	Below Average	
Grooved Pegboard-Dominant (secs) [PEG-DH]					
Grooved Pegboard-Nondominant (secs) [PEG-NDH]					
Tactual Performance Test-Dominant (min/blk) [TPT-DH]					
Tactual Performance Test-Nondominant (min/blk) [TPT-NDH]					
Tactual Performance Test-Both hands (min/blk) [TPT-BH]					
Sensory-Perceptual-Right (errors) [SP-R]					
Sensory-Perceptual-Left* (errors) [SP-L]					
Tactile Form Recognition-Right (secs) [TFR-R]	58.9	1	22	Moderate to Severe Impairment	
Tactile Form Recognition-Left (secs) [TFR-L]	103.3	1	23L	Moderate to Severe Impairment	

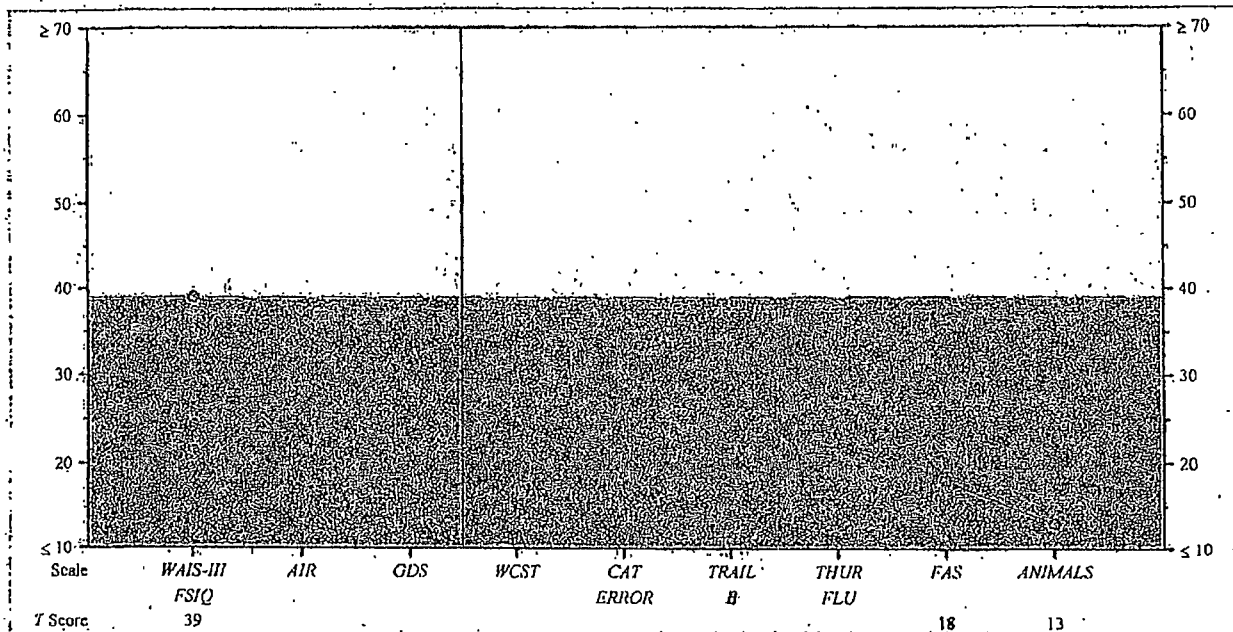
T scores below 40 appear in bold italic type.

*T scores for this variable are not normally distributed, but have satisfactory specificity for T score < 40 cutoff.

L = Right - left difference, with possible lateralizing significance.

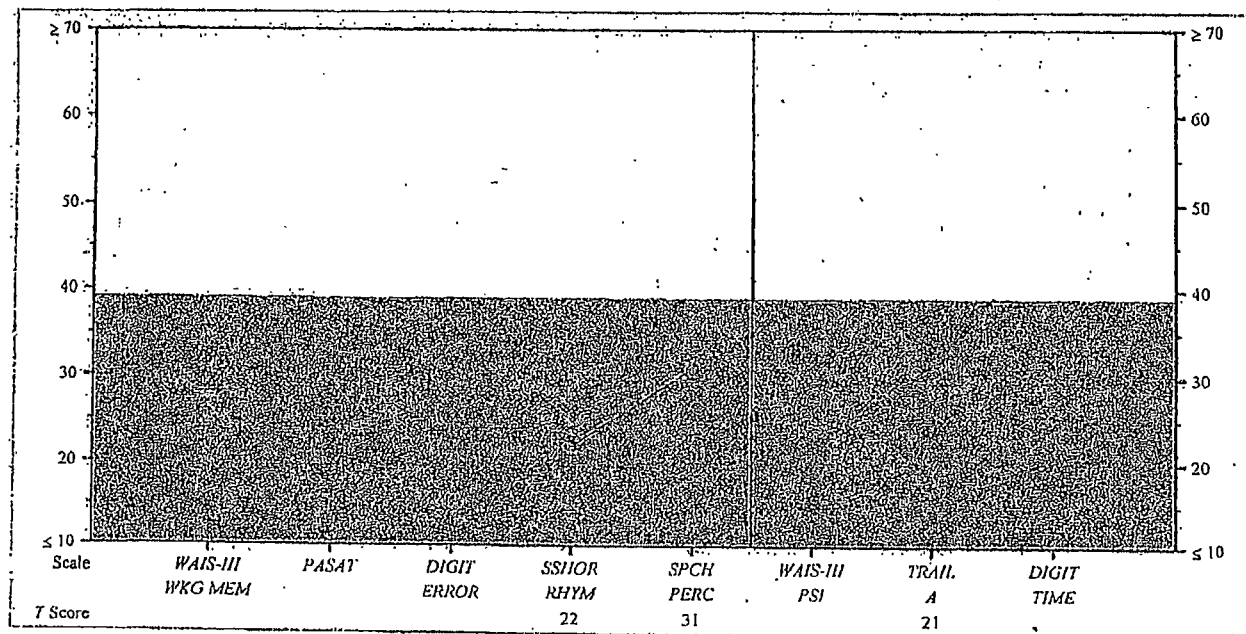
Summary Scores

Executive Functions



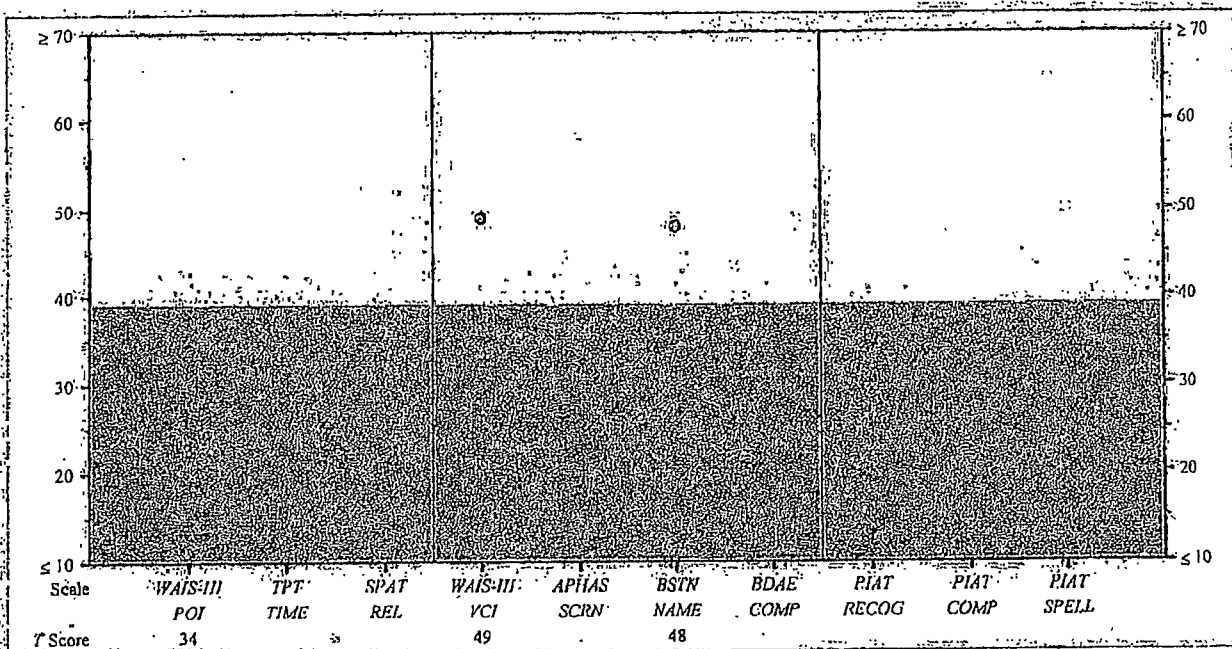
Attention/Working Memory

Speed of Information Processing

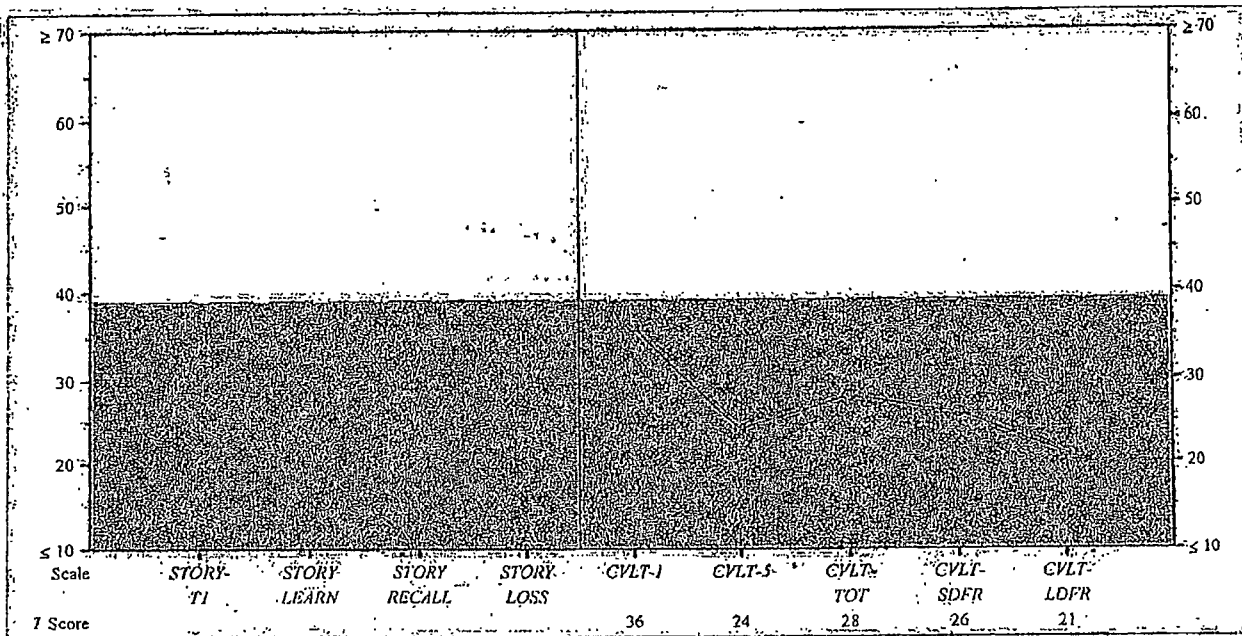


Spatial Skills

Verbal/Academic Skills



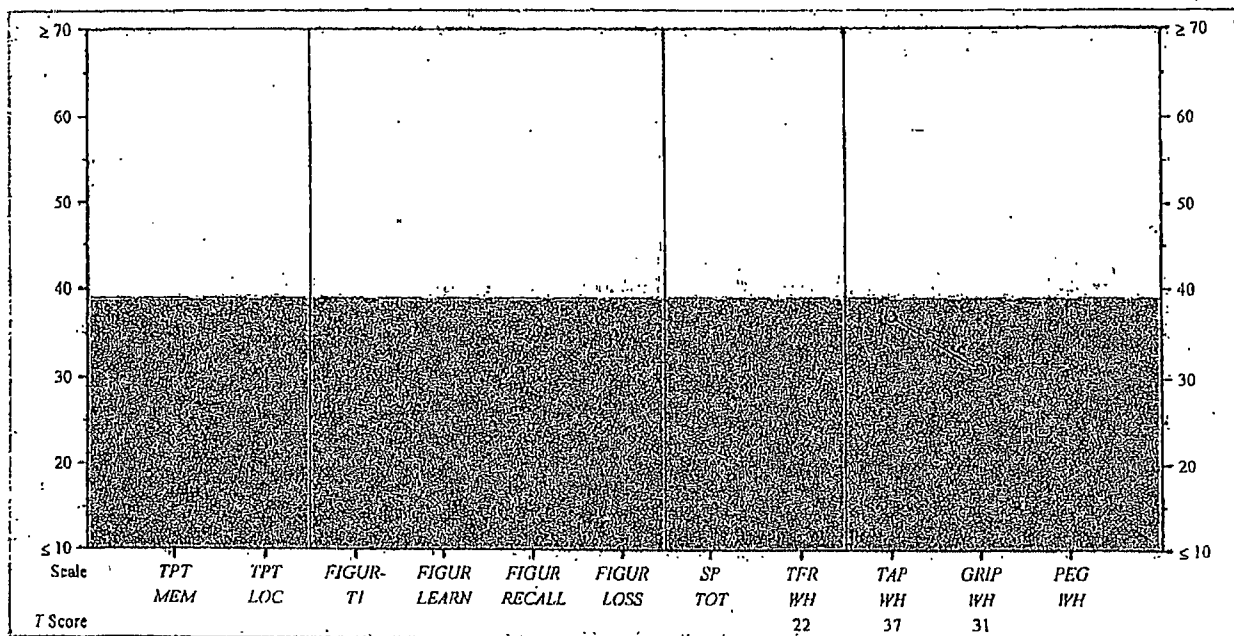
Verbal Episodic Memory



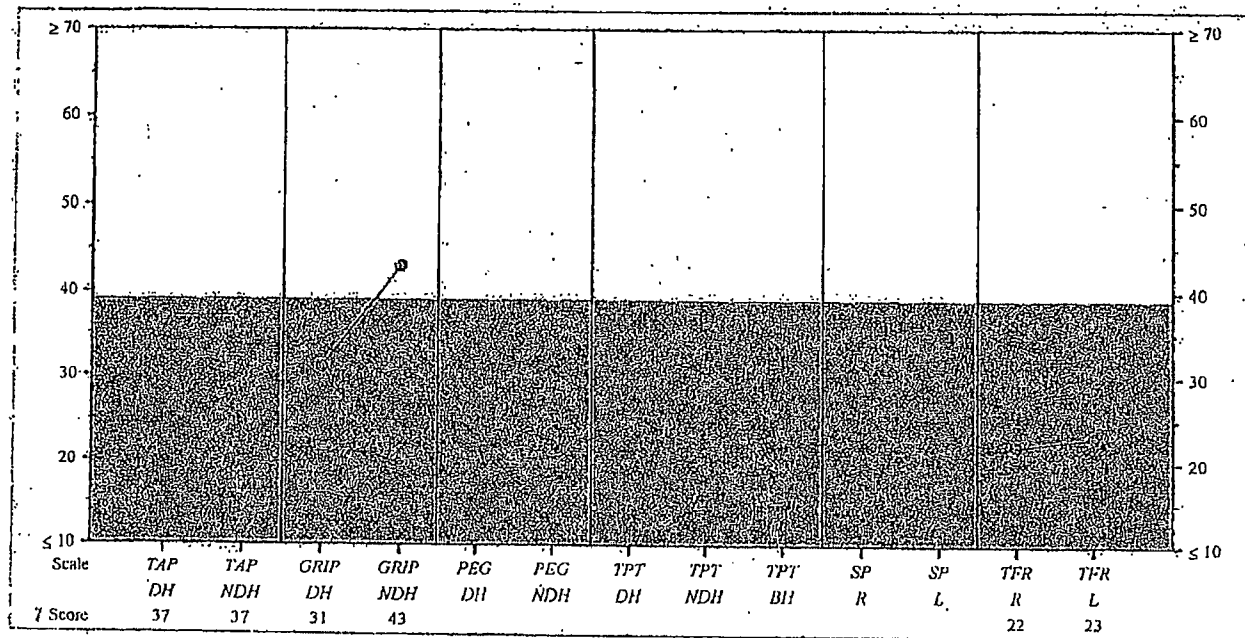
Visual Episodic Memory

Sensory Perceptual Skills

Motor Skills



Lateralized Sensorimotor/Psychomotor Comparisons





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Comprehensive Scoring System

Expanded Report

Examinee Information

Name: Emily Dockery

Test Date Age: 86 years old

Case ID:

Years of Education: 14 Years

Birth Date: 7/16/1924

Race/Ethnicity: White - Not of Hispanic Origin

Sex: Female

Handedness: Left

Test Session Information

Examiner: L. Goldschmidt

Test Date: 12/21/2010

License/Certificate: PA

Form Administered: Standard Form

Current Medications

Comments

The following report is confidential. The results presented here are not substitutes for experienced clinical judgement and should be interpreted only in the context of an appropriate assessment conducted by a qualified professional.

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12/21/2010

Page 1 of 5



Level of Recall

Level of Immediate Recall

	Number Correct		Semantic Clustering (Chance Adjusted)		Recall Discriminability (Chance Adjusted)	
	Raw	Standard Score	Raw	Standard Score	Raw	Standard Score
Trial 1	3	-1.5	-0.4	-0.5	1.0	---
Trial 2	3	-2.5	-0.4	---	1.0	---
Trial 3	3	-2.5	-0.4	---	1.0	---
Trial 4	3	-2.5	-0.4	---	1.0	---
Trial 5	3	-3	-0.4	-1	1.0	-2.5
Trials 1-5 Total	15	23 (T-Score)	-0.4	-1	1.0	-2.5
Trial B	2	-1.5	-0.2	-1	0.7	---

Level of Delayed Recall

	Number Correct		Semantic Clustering (Chance Adjusted)		Recall Discriminability (Chance Adjusted)	
	Raw	Standard Score	Raw	Standard Score	Raw	Standard Score
Short Delay Free Recall	1	-2.5	0	-1	0	-3
Short Delay Cued Recall	2	-3	---	---	0.4	-2
Long Delay Free Recall	0	-3	0.2	-0.5	0	-2.5
Long Delay Cued Recall	2	-3	---	---	0.4	-1.5



Name: Emily Dockery

Test Date: 12/21/2010

Learning Characteristics, Trials 1-5 Total

	Raw	Standard Score
Semantic Clustering (Chance Adjusted)	-0.4	-1
Serial Clustering Forward (Chance Adjusted)	0.1	-0.5
Serial Clustering Bidirectional (Chance Adjusted)	1.5	1.5
Subjective Clustering Bidirectional (Chance Adjusted)	0.2	-0.5
% Recall from Primacy	0%	-3.5
% Recall from Middle	0%	-4.5
% Recall from Recency	100%	5
Total Learning Slope Trials 1-5	0	-2
Learning Slope Trials 1-2	0	-1
Learning Slope Trials 2-5	0	-1.5
Across-Trial Recall Consistency	100	2.5

*Recall Contrast Measures**

	Percent Change	Z-Score Difference
<i>Proactive Interference</i>		
List B vs. Trial 1	-33.3%	0
<i>Short-Delay Retention/Retroactive Interference</i>		
Short Delay Free Recall vs. Trial 5	-66.7%	0.5
<i>Long-Delay Retention</i>		
Long Delay Free Recall vs. Trial 5	-100%	0
Long Delay Free Recall vs. Short Delay Free Recall	-100%	-0.5

* Norms derived from Z-Scores differences.



Recall Errors

	<u>Raw</u>	<u>Standard Score</u>
Total Repetitions (All Recall Trials)	0	-1
Total Intrusions (All Recall Trials, All Types)	3	0
Total Immediate Recall Intrusions (Trials 1-5, All Types)	0	-0.5
Total Delayed Recall Intrusions (Free & Cued, All Types)	3	0
Total Free Recall Intrusions (Immed. & Delayed, All Types)	1	-0.5
Total Cued Recall Intrusions (All Types)	2	0

	<u>Raw</u>	<u>Age Group Freq.</u>	
		<u>% with this score</u>	<u>Cum. % w/better score</u>
Total Non-Category Intrusions (All Recall Trials)	2.0	2.8%	92.5%
Total Synonym/Subordinate Intrusions (All Recall Trials)	0.0	90.7%	0.0%
Total Across-List Intrusions (List B & Delayed Recall Trials)	1.0	24.3%	30.8%

	<u>Raw</u>	<u>Standard Score</u>
Total Recall Discriminability (List A, All Trials vs. Total Intrusions)	0.7	-2.5
Immediate Recall Discriminability (List A, Trials 1-5 vs. Intrusions, Trials 1-5)	1	-2.5
Delayed Recall Discriminability (List A vs. Intrusions, Delayed Recall Trials)	0.2	-2.5
Free Recall Discriminability (List A vs. Intrusions, Immed. & Delayed Free Recall Trials)	0.7	-2.5
Cued Recall Discriminability (List A vs. Intrusions, Cued Recall Trials)	0.4	-2



Delayed Recognition Trials

	Yes/No Recognition		Forced Choice Recognition		
	Raw	Standard Score	Raw	Age Group % with this score	Freq. Cum. % w/better score
Total Hits	8	-4	% Total Accuracy (Hits [10]/16)*100	63	0.0% 100.0%
Total False Positives	7	0.5	% Concrete Accuracy (Hits [4]/8)*100	50	
Total Recognition Discriminability (d') (Hits vs. Total False Positives)	0.8	-2	% Abstract Accuracy (Hits [6]/8)*100	75	
Source Recognition Discriminability (d') (Hits vs. List B False Positives [5])	0.5	-2			
Semantic Recognition Discriminability (List A vs. List B Shared [3] & Prototypical [2] False Positives)	0.5	-2			
Novel Recognition Discriminability (d') (Hits vs. Prototypical [2] & Unrelated [0] False Positives)	1.1	-2.5			
Total Response Bias (C)*	0.4	1.5			

* positive raw scores are in 'NO' response-bias direction, negative raw scores are in the 'YES' response-bias direction.

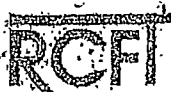
Recall/Recognition Contrast Measures*

	Percent Change	Z-Score Difference
Total Recognition Discriminability vs. Long Delay Free Recall*		1
Total Recognition Discriminability vs. Long Delay Free Recall Discriminability*		0.5

* Norms derived from Z-Scores differences.

Critical Items: Word Count

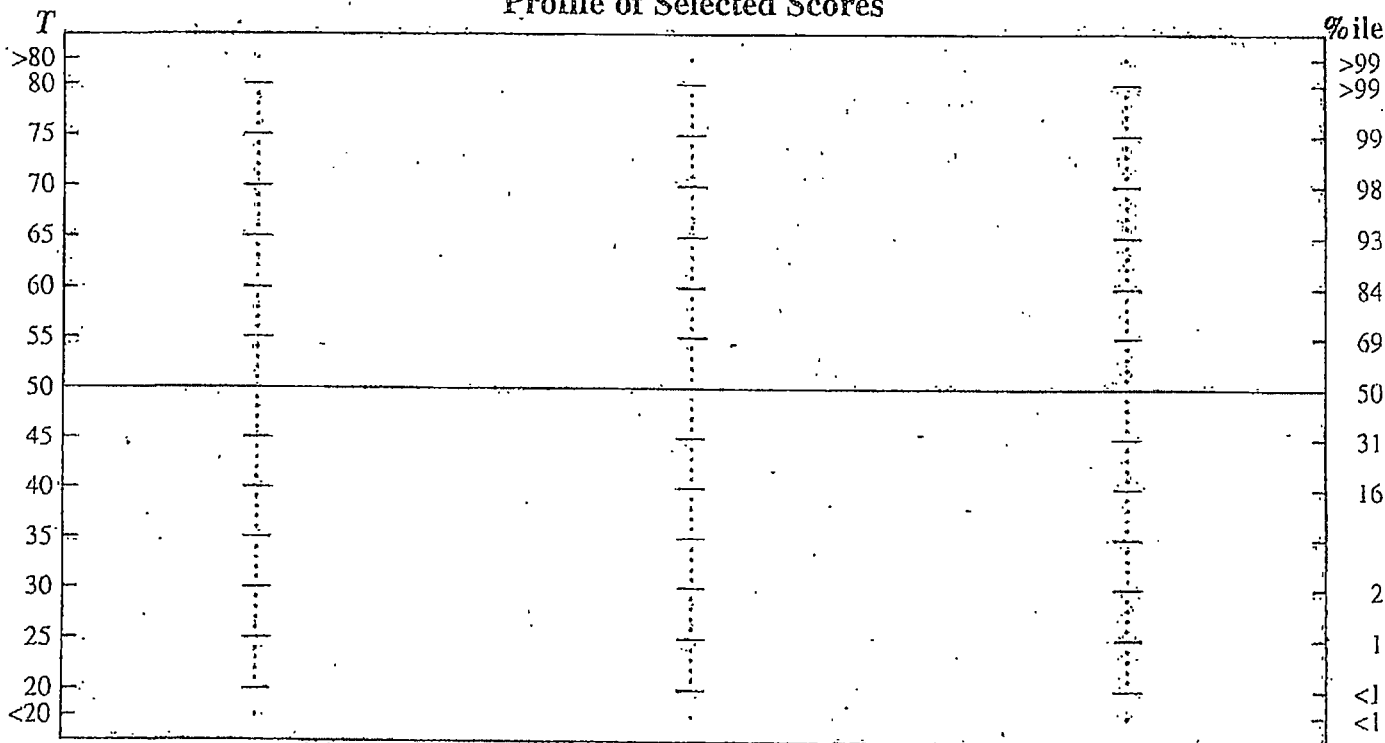
	Raw	Age Group % with this score	Freq. Cum. % w/better score
Number of target words recalled at least once, but missed on Forced Choice Recognition	2.0	0.0%	100.0%
Number of target words that were Hits on Yes/No Recognition; but missed on Forced Choice Recognition	4.0	0.0%	100.0%



Rey Complex Figure Test and Recognition Trial Test Booklet

Name EMILY COCKERY Test Date 12 / 21 / 10
ID # _____ Birth Date 07 / 16 / 24
Gender FEMALE Race WHITE Handedness LEFT Age 86
Occupation _____ Education 14
Examiner GOLOSCHMIDT (AO)

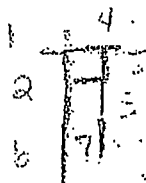
Profile of Selected Scores



	Immediate Recall	Delayed Recall	Recognition Total Correct
Raw score	<u>0</u>	<u>1, 5</u>	<u>13</u>
T score	<u>20</u>	<u>29</u>	<u>20</u>
%ile score	<u>1</u>	<u>2</u> (mod)	<u>16</u> (SEVERE)

	Copy	Time to Copy	Recognition True Positives	Recognition False Positives	Recognition True Negatives	Recognition False Negatives
Raw score	<u>2, 0</u>	<u>900</u>	<u>5</u>	<u>1</u>	<u>5</u>	<u>7</u>
%ile range	<u>1</u> (sev)	<u>1</u> (SEVERE)	<u>1</u> (SEVERE)	<u>2-5</u> (MOD)	<u>2-5</u> (MOD)	<u>1</u> (SEVERE)

Qualitative features of performance:



Referral Information

red

Referral Question

Background Information/Presenting Complaints

Behavioral Observations

Testing Situation

Rapport

_____ Excellent
_____ Good
_____ Fair
_____ Poor

Cooperation

_____ Excellent
_____ Adequate
_____ Variable
_____ Resistant
_____ Noncompliant

Effort on Tests

_____ Excellent
_____ Adequate
_____ Fair
_____ Variable
_____ Poor

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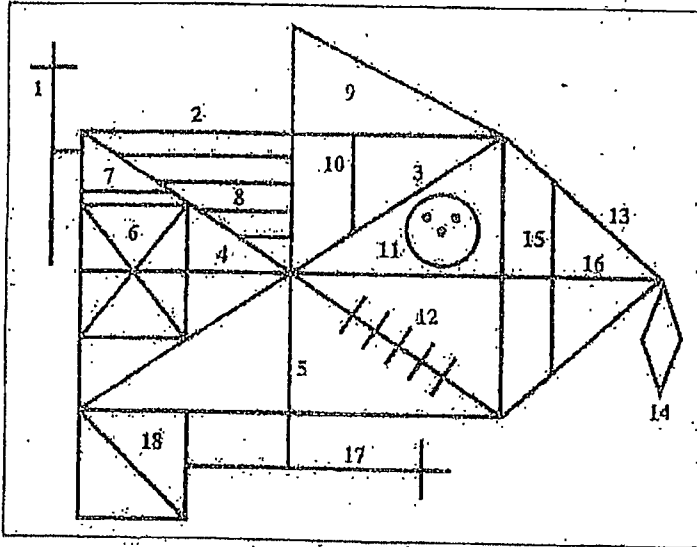
987

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Scoring Sheet



Scoring Criteria for RCFT Drawings

Score	Accuracy	Placement
2	Accurately drawn	Correctly placed
1	Accurately drawn	Incorrectly placed
1	Inaccurately drawn	Correctly placed
0.5	Inaccurately drawn, but recognizable	Incorrectly placed
0	Inaccurately drawn and unrecognizable, or omitted	Incorrectly placed

Scoring Element

1. Vertical Cross
2. Large Rectangle
3. Diagonal Cross
4. Horizontal Midline of Large Rectangle (2)
5. Vertical Midline of Large Rectangle (2)
6. Small Rectangle
7. Small Horizontal Line above Small Rectangle (6)
8. Four Parallel Lines
9. Small Triangle above Large Rectangle (2)
10. Small Vertical Line within Large Rectangle (2)
11. Circle with Three Dots
12. Five Parallel Lines
13. Sides of Large Triangle attached to Large Rectangle (2)
14. Diamond
15. Vertical Line within Sides of Large Triangle (13)
16. Horizontal Line within Sides of Large Triangle (13)
17. Horizontal Cross
18. Square attached to Large Rectangle (2)

[illegible]

Recognition Trial Worksheet

Recognition Trial Worksheet

<u>5</u>	Recognition True Positives = Sum of items 2, 5, 7, 8, 9, 12, 13, 15, 19, 20, 22, and 24 that were circled.
<u>4</u>	Recognition False Positives = Sum of items 1, 3, 4, 6, 10, 11, 14, 16, 17, 18, 21, and 23 that were circled.
<u>8</u>	Recognition True Negatives = 12 minus Recognition False Positives.
<u>7</u>	Recognition False Negatives = 12 minus Recognition True Positives.
<u>13</u>	Recognition Total Correct = Recognition True Positives plus Recognition True Negatives.

Copy Administration Notes

Use the area above to record the respondent's drawing.

15'
Time required to complete
Copy trial 900 (seconds)

Time Copy trial completed 2:55

Notes EMILY COMMENTED AT CLOSE TO 15 MINUTES "DO I HAVE TO DO ALL
OF THIS " ? " IT COULD TAKE AN AFTERNOON "
DISCONTINUED AT 15 MINUTES, APPARENT THAT SHE COULD NOT
CONCEIVE OF DRAWING AS A WHOLE.

Immediate Recall Administration Notes

Use the area above to record the respondent's drawing.

Time required to complete

Immediate Recall trial _____ (seconds; optional)

Immediate Recall trial started at 3:02

Notes STATES REMEMBERS DRAWING IT PUT CANNOT REMEMBER
ANY OF THE DRAWING.

Delayed Recall Administration Note

Use the area above to record the respondent's drawing.

2'36"

Time required to complete

Delayed Recall trial 156 (seconds; optional)

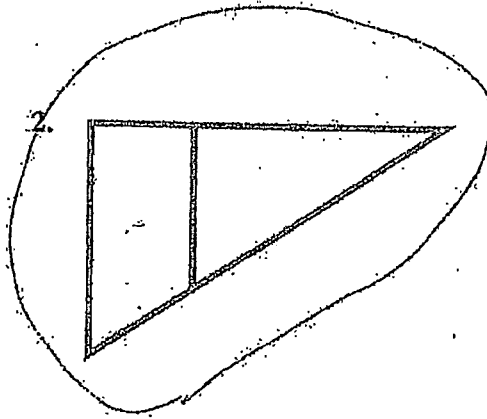
Delayed Recall trial started at 3:23

Notes:

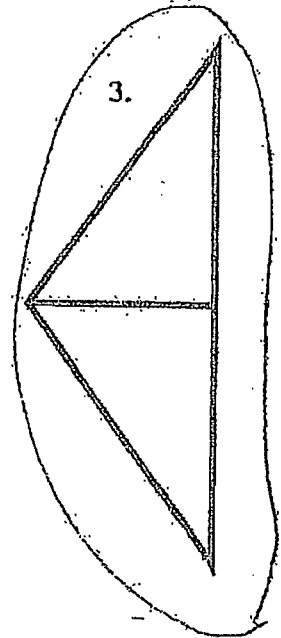
1.



2.



3.



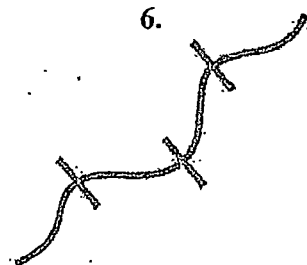
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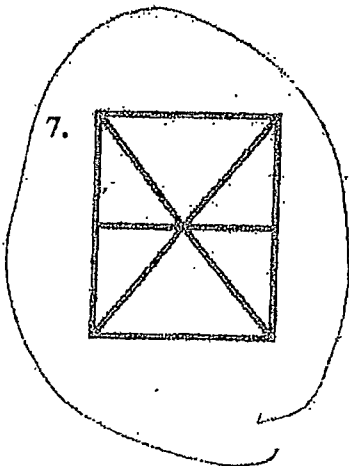
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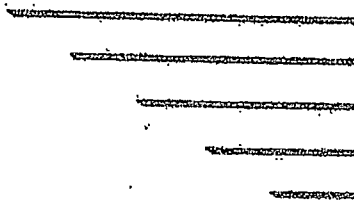
6.



7.

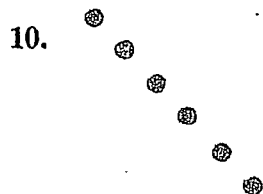


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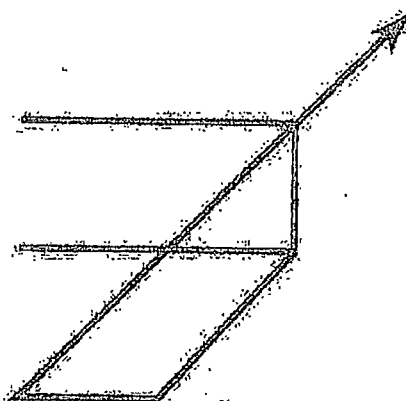


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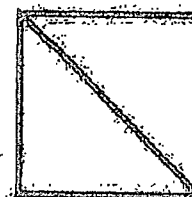




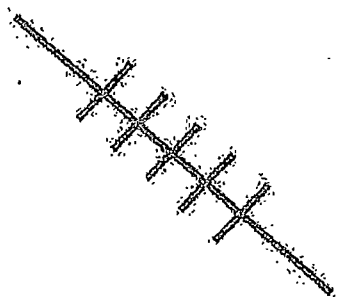
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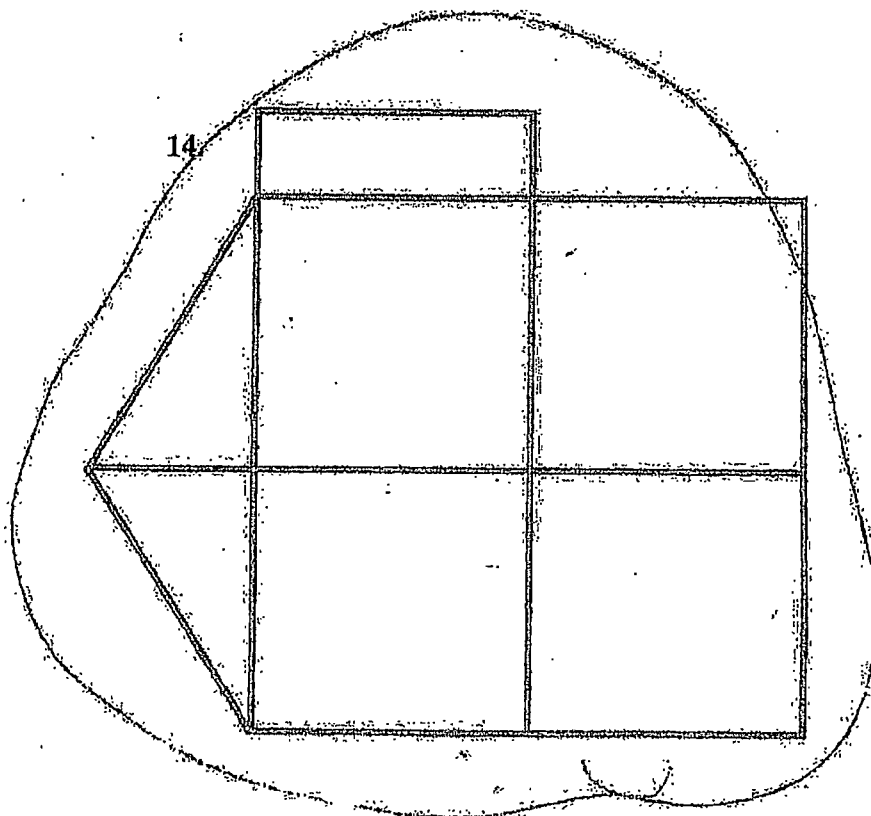
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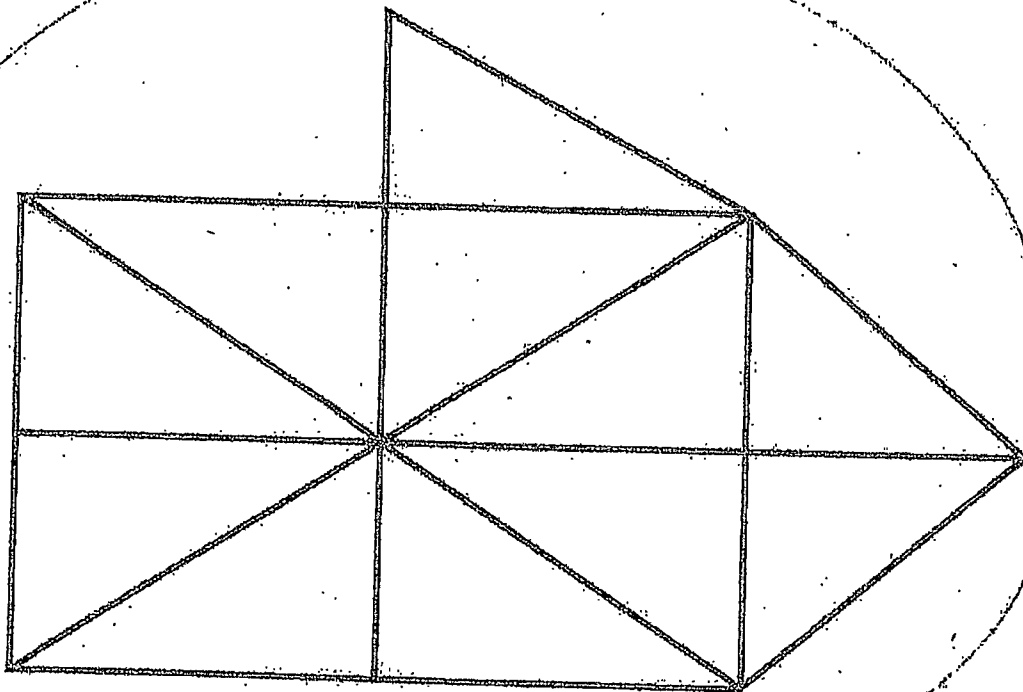
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14.



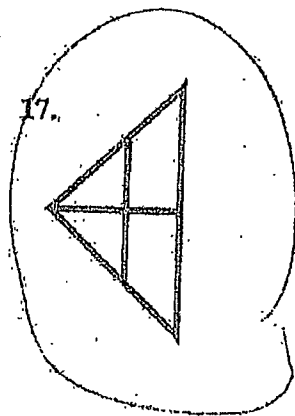
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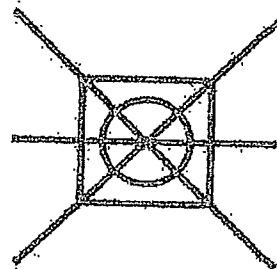
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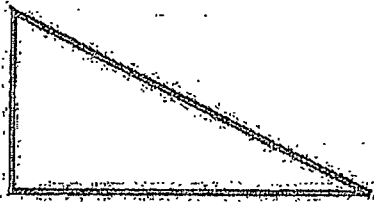
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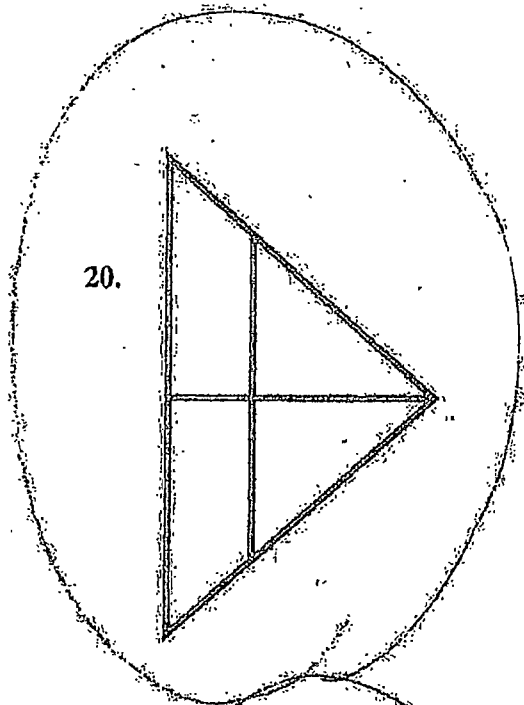
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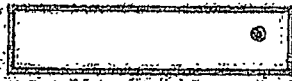
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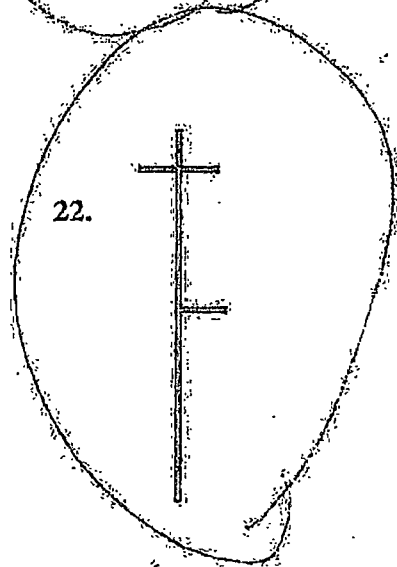
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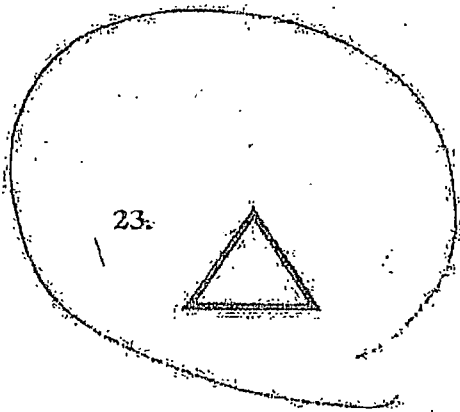
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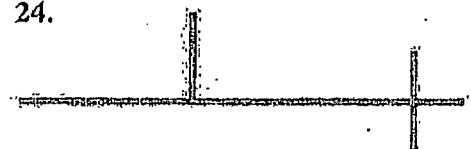
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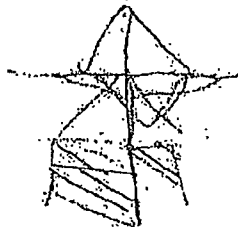


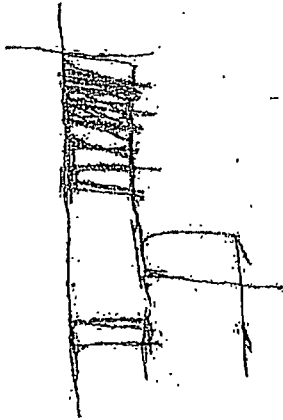
23.



24.







Grand Strand Psychological Services, PA
Patient Testing Note

Date: 01 / 04 / 2011
Patient: Last Name: DOCKEY First Name: EMILY
SSN: _____
Date of Birth: 07 / 16 / 1924
Age: 86
Sex: ☒ Female ☐ Male
Service: _____ 96100 Psychological Testing/Scoring/Analysis/Report
_____ 96101 Psychological Testing/Scoring/Analysis/Report
_____ 96102 Psychological Testing/Scoring/Analysis/Report
_____ 96117 Neuropsychological Testing/Scoring/Analysis/Report
2 96118 Neuropsychological Testing/Scoring/Analysis/Report
2 96119 Neuropsychological Testing/Scoring/Analysis/Report
Provider: Leonard Goldschmidt, Psy.D.
Examiner: Becky Owens, Psychometrician
Location: Grand Strand Psychological Services, PA
11943 Grandhaven Blvd, Suite B.
Murrells Inlet, SC 29576
Scheduled Session Time: 2:30 PM to 4:30 PM
Type of Visit: Scheduled
Program: ☒ Neuropsychological Evaluation
_____ Psychological Evaluation

Content/Process

Descriptive: Patient administered psychological/neuropsychological tests (see Tests Administered for details) by psychometrician, Becky Owens, for purposes of determination of diagnosis, baseline measurement and treatment planning/recommendations.

Scoring and analysis pending. Neuropsychological/Psychological Evaluation Report pending.

Assessment: Differential diagnosis and treatment recommendations pending.

Intake Diagnosis Code/s: 290.21

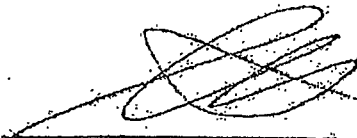
Tests Administered

☐ 5-POINT
☐ APHASIA
☒ BAI
☐ BCT
☒ BHS
☐ BNT
☐ CCPT II
☐ CLOCK
☐ COWAT
☐ CVLT II
☒ GDS
☐ GRIP
☐ GROOVE

☐ ILS
☐ JOLO
☐ MMPI II
☐ NAART
☐ PASAT
☐ RCFT
☐ REY 15
☒ RHYTHM
☐ SIMS
☒ SPE
☒ SSPT
☐ STROOP
☐ TAP
☐ TOMM

☐ TPT
☐ TRAILS A&B
☐ WAIS-III
☐ WCST-4
☒ WMS-III
Other: _____


Becky Owens, Psychometrician


Leonard Goldschmidt J.D., Psy.D.
Clinical Neuropsychologist
Forensic Psychologist
Licensed Clinical Psychologist
South Carolina License #: 845

WMS-III TEST WORKSHEET Name: EMILY SHIRLEY GACHIRE DOKREANDOB: 7/16/24 Age: 86 M/F (F)Date 1/4/11 Examiner: GOLD SCHMIDT (RO)

1. INFORMATION and ORIENTATION (Optional):

Item	Response	Score 0 or 1
1. What is your full name?	EMILY SHIRLEY GACHIRE DOKREAN	1
2. How old are you?	86	1
3. When were you born?	7/16/24	1
4. Where were you born?	RAKETE MO	1
5. What is your mother's first name? (If examinee does not know, ask, "Then what is your father's name?")	ALICE	1
6. Who is the President of the United States?	OBAMA	1
7. Who was President before him?	DWIGHT	1
8. What year is this?	2008	0
9. What month is this?	JANUARY	1
10. What day of the month is this?	5TH	0
11. What is the name of the place you are in?	HEALTH CARE CENTER	1
12. In what city is it?	RAKETE MO	0
13. What day of the week is it?	WED	0
14. Without looking at the clock, what time is it now?	Response 2:30 actual time 2:37 diff. in mins. 7	1
15. Are you left-handed or right-handed?	LEFT	1
16. Do you have any difficulty hearing?	SOMETIMES	1
17. Do you need glasses for reading?	SOMETIMES	1
18. Are you color-blind?	NO	1

Total: 10

2. LOGICAL MEMORY I:

Score 0 or 1			
Story A	Story Unit	Thematic Unit	Scoring Criteria
Anna			Anna or variant of the name
Thompson			Thompson is required
of South			South (in any context)
Boston,			Boston (in any context)
			indication of a main character who is female
employed			indication that she held a job
as a cook			cook or some form of the word is required
in a school			school is required
cafeteria			cafeteria is required
			indication that main character is employed or is working
reported			indication that a formal statement was made to someone in authority (in any context)
at the police			police (in any context)
station			station (in any context) or a word or phrase denoting a police station
that she had been held up			indication that she had been held up (i.e., gunpoint or knife)
on State Street			State Street (in any context)
the night before			indication that the hold-up occurred the previous night
and robbed			indication that a robbery took place
of fifty-six dollars.			indication that an amount of money greater than \$49 but less than \$60 was taken from her
			indication that main character reported that she was robbed
She had four			four is required together with an indication that the children were hers
small children,			children or a synonym is required
			indication that the main character had children
the rent was due,			a phrase indicating that the rent was due
and they had not eaten			indication that her children or the family were without food
for two days.			two days is required, or a phrase meaning about two days
			indication that the characters were in need or required assistance
The police,			a word or phrase signifying one or more members of the police department (in any context)
touched by the woman's story,			indication that her story evoked sympathy
			indication that the police felt sympathy for the woman
took up a collection			a phrase indicating that money was collected
for her			indication that the money collected was for her or her children
			indication that the police directly responded to her need
Story A Recall Unit Score → Range = 0 to 25	8	4	← Story A Thematic Unit Score Range = 0 to 7

THE WOMAN GOT HELD UP ON STATE ST. THE NIGHT BEFORE WHEN LEAVING WORK. SHE HAD FOUR CHILDREN. THEY HAD NOT EATEN IN 2 DAYS.

Story B-1st Recall

2. LOGICAL MEMORY I (continued)

Story B - 1st Recall	Score 0 or 1	Thematic Unit	Scoring Criteria
At 6:00			6:00 is required
on Monday <i>SUNDAY</i>			Monday is required
evening, <i>AFTERNOON</i>			evening (in any context)
Joe			Joe or variant of the name
Garcia			Garcia is required
of San Francisco			San Francisco is required
was watching television			Indication of a main character who is male
as he dressed <i>HE</i>			Indication that he was watching/listening to the television
to go out			Indication that he was getting dressed
A weather bulletin			Indication that he was going out
interrupted the program <i>CAME ON</i>			Indication that main character was preparing to leave
to warn that thunderstorms <i>WAS</i>			Indication that there was an announcement about weather
would move into the area <i>ON THE WAY</i>			Indication of a break in the regularly scheduled program
within the next 2 to 3 hours			Indication of a weather announcement
and remain until morning			Indication that there was a warning about a storm
The announcer said			Indication that the storm was coming
the storm could bring hail			Indication of a storm moving into the area
and up to 4 inches			a phrase meaning about 2 or 3 hours
of rain			Indication that the storm would stay until morning
and cause the temper. to drop			Indication of storm duration
by 15 degrees.			Indication that someone was reporting about a storm
Joe decided to stay home. To wait out <i>HE</i>			Indication that hail was possible
He took off his coat <i>HE</i>			4 inches is required
and sat down <i>HE</i>			rain is required
to watch old movies. <i>HE</i>			Indication that the temperature would drop or increase
			a relative decrease of 15 degrees is required
			Indication of storm activity
			Indication that he decided to stay home
			Indication that the character decided to stay in
			Indication that he took off his outer clothing
			Indication that he was sitting down
			Indication of viewing movies is required
			Indication that the character decided to watch a movie or TV
Story B 1st Recall Unit Score →	7	5	← Story B 1st Recall Thematic Unit Score Range = 0 to 8

AT 6:00 ON SUNDAY AFTERNOON, HE WAS DR. TOGG OUT. A W.B. CAME ON. BAD STORMS WERE ON THE WAY. HE DEC. TO WAIT OUT STAY AND GO AFTER THE STORM.

Story B-2nd Recall

2. LOGICAL MEMORY I (continued)

Story B - 1st Recall	Score 0 or 1	Thematic Unit	Scoring Criteria
At 6:00			6:00 is required
on Monday			Monday is required
evening.			evening (In any context)
Joe			Joe or variant of the name
Garcia			Garcia is required
of San Francisco			San Francisco is required
was watching television			Indication of a main character who is male
as he dressed			Indication that he was watching/listening to the television
to go out.			Indication that he was getting dressed
			Indication that he was going out
			Indication that main character was preparing to leave
A weather bulletin came on			Indication that there was an announcement about weather
interrupted the program			Indication of a break in the regularly scheduled program
			Indication of a weather announcement
to warn that thunderstorms			Indication that there was a warning about a storm
would move into the area			Indication that the storm was coming
			Indication of a storm moving into the area
within the next 2 to 3 hours			a phrase meaning about 2 or 3 hours
and remain until morning.			Indication that the storm would stay until morning
			Indication of storm duration
The announcer said			Indication that someone was reporting about a storm
the storm could bring hail			Indication that hail was possible
and up to 4 inches			4 inches is required
of rain			rain is required
and cause the temper. to drop			Indication that the temperature would drop or increase
by 15 degrees.			a relative decrease of 15 degrees is required
			Indication of storm's activity
Joe decided to stay home.			Indication that he decided to stay home
			Indication that the character decided to stay in
He took off his coat			Indication that he took off his outer clothing
and sat down			Indication that he was sitting down
to watch old movies.			Indication of viewing movies is required
			Indication that the character decided to watch a movie or TV
Story B 2nd Recall Unit Score → Range = 0 to 25	9	5	← Story B 2nd Recall Thematic Unit Score Range = 0 to 8

J.G. WAS WATCHING TV AS HE DRESS. TO GO OUT. THE WEATHER CAME ON AND
 SAID A STORM WAS COMING. AND COULD BE EXPECTED BY THE WEATHER.
 HE DEC. TO STAY IN.

3. FACES I

Item/Response	Score 0 or 1
1. Y (N)	1
2. Y (N)	0
3. Y (N)	1
4. Y (N)	1
5. Y (N)	0
6. Y (N)	1
7. Y (N)	0
8. Y (N)	1
9. Y (N)	1
10. Y (N)	1
11. Y (N)	0
12. Y (N)	0
13. Y (N)	1
14. Y (N)	0
15. Y (N)	1
16. Y (N)	0
17. Y (N)	1
18. Y (N)	1
19. Y (N)	0
20. Y (N)	1
21. Y (N)	0
22. Y (N)	0
23. Y (N)	1
24. Y (N)	0
25. Y (N)	0
26. Y (N)	1
27. Y (N)	1
28. Y (N)	0
29. Y (N)	0
30. Y (N)	1
31. Y (N)	1
32. Y (N)	0
33. Y (N)	0
34. Y (N)	1
35. Y (N)	0
36. Y (N)	1
37. Y (N)	0
38. Y (N)	0
39. Y (N)	1
40. Y (N)	0
41. Y (N)	1
42. Y (N)	0
43. Y (N)	1
44. Y (N)	0
45. Y (N)	1
46. Y (N)	0
47. Y (N)	0
48. Y (N)	0
Recognition	
Total Score	23
Range= 0 - 48	

4. VERBAL PAIRED ASSOCIATES I

List A	Recall A/Response	Score 0 to 1
Truck-Arrow	Bank (Cartoon) ELEPHANT	
Insect-Acorn	Reptile (Clown) SNAKE	
Reptile-Clown	Star (Ladder) OK	
Bank-Cartoon	Rose (Bag) OK	
Star-Ladder	Elephant (Glass) OK	
Raccoon-Paper	Truck (Arrow) OK	
Rose-Bag	Insect (Acorn) BEE	
Elephant-Glass	Raccoon (Paper) OK	
List A Recall--Range=0-8		0

List B	Recall B/Response	Score 0 to 1
Star-Ladder	Elephant (Glass) OK	
Elephant-Glass	Insect (Acorn) OK	
Insect-Acorn	Reptile (Clown) OK	
Truck-Arrow	Rose (Bag) ✓	
Reptile-Clown	Star (Ladder) OK	
Bank-Cartoon	Raccoon (Paper) OK	
Raccoon-Paper	Bank (Cartoon) OK	
Rose-Bag	Truck (Arrow) OK	
List B Recall--Range=0-8		1

List C	Recall C/Response	Score 0 to 1
Rose-Bag	Insect (Acorn) PAPER	
Raccoon-Paper	Star (Ladder) ✓	
Star-Ladder	Truck (Arrow) OK	
Reptile-Clown	Rose (Bag) OK	
Elephant-Glass	Elephant (Glass) OK	
Insect-Acorn	Reptile (Clown) OK	
Bank-Cartoon	Bank (Cartoon) OK	
Truck-Arrow	Raccoon (Paper)	
List C Recall--Range=0-8		1

List D	Recall D/Response	Score 0 to 1
Raccoon-Paper	Star (Ladder) ✓	
Truck-Arrow	Rose (Bag) OK	
Star-Ladder	Insect (Acorn) OK	
Insect-Acorn	Raccoon (Paper) OK	
Rose-Bag	Elephant (Glass) OK	
Reptile-Clown	Bank (Cartoon) OK	
Bank-Cartoon	Reptile (Clown) SNAKE	
Elephant-Glass	Truck (Arrow) OK	
List D Recall--Range=0-8		1

5. FAMILY PICTURES I

Character	Score 0 or 1	Location (Examiner's View)	Score 0, 1, or 2	Activity	Score 0, 1, or 2	Full Credit Activity Examples	Character-Based Score
Grandmother		4/3 2/1		JUST LOOKING			
Grandfather	1	4/3 2/1	1	NOTHING	0	watching dog catch frisbee	2
Mother		4/3 2/1					
Father	1	4/3 2/1	0	JUST LOOKING	0	barbecuing hamburgers	1
Daughter	1	4/3 2/1	0	" "	0	throwing frisbee	1
Son		4/3 2/1					
Dog		4/3 2/1				catching frisbee	0
Grandmother		4/3 2/1		OK			
Grandfather	1	4/3 2/1	1	NOTHING	0	pulling out sweater	2
Mother	1	4/3 2/1	0	LOOKING AT EVERYBODY	1	looking in purse	2
Father	1	4/3 2/1	0	NOTHING	0	looking at shirt	1
Daughter	1	4/3 2/1	0	JUST LOOKING	1	looking in mirror	2
Son		4/3 2/1		NOTHING			
Dog		4/3 2/1					
Grandmother		4/3 2/1				working in flower bed	0
Grandfather	1	4/3 2/1	0	NOTHING	0	giving the dog a bath	1
Mother		4/3 2/1		OK			
Father		4/3 2/1		NOTHING			
Daughter		4/3 2/1		OK			
Son	1	4/3 2/1	0	NOTHING	0	mowing the lawn	1
Dog		4/3 2/1				shaking off water	0
Grandmother		4/3 2/1				eating salad	0
Grandfather		4/3 2/1					
Mother		4/3 2/1		D.R.		passing the salad bowl	0
Father		4/3 2/1				pouring salad dressing	0
Daughter		4/3 2/1					
Son		4/3 2/1				drinking tea	0
Dog		4/3 2/1					
Recall Total Score Range= 0 - 64							13

6. WORD LISTS I (Optional)

List A	Trial 1 Responses		Trial 2 Responses		Trial 3 Responses		Trial 4 Responses	
Target								
finger								
Sunset								
Crocodile								
Dollar								
Yard								
Student								
Traffic								
Broom								
Ocean								
Wing								
Giant								
Intruder								
Trial 1 Recall Range = 0-12			Trial 2 Recall Range = 0-12			Trial 3 Recall Range = 0-12		

List A	Trial 1 Responses		List A (Do not read)	Short-Delay Responses	
Diamond			Target		
Garden			finger		
Sourt			Sunset		
Hero			Crocodile		
Sand			Dollar		
Kitten			Yard		
Branch			Student		
Kitchen			Traffic		
Daisy			Broom		
Lake			Ocean		
Gorilla			Wing		
Jail			Giant		
Intruder					
List B Recall Range = 0-12				Short-Delay Recall Range = 0-12	

7. VISUAL REPRODUCTION I (Optional)

(USE SUPPLEMENTARY FORM)

8. LETTER-NUMBER SEQUENCING

Item/Trial		(Correct Response)/Response	Score 0 or 1
1.	Trial 1 L-2 (2-L)		1
	Trial 2 6-P (6-P)	P.6	0
	Trial 3 B-5 (5-B)	P.5	0
2.	Trial 1 F-7-L (7-F-L)	F-7	0
	Trial 2 R-4-D (4-D-R)	R.4	0
	Trial 3 H-1-8 (1-8-H)	8.1	0
3.	Trial 1 T-9-A-3 (3-9-A-T)		
	Trial 2 V-1-J-5 (1-5-J-V)		
	Trial 3 7-N-4-L (4-7-L-N)		
4.	Trial 1 8-D-6-G-1 (1-6-8-D-G)		
	Trial 2 K-2-C-7-S (2-7-C-K-S)		
	Trial 3 5-P-3-Y-9 (3-5-9-P-Y)		
5.	Trial 1 M-4-E-7-Q-2 (2-4-7-E-M-Q)		
	Trial 2 W-8-H-5-F-3 (3-5-8-F-H-W)		
	Trial 3 6-G-9-A-2-S (2-6-9-A-G-S)		
6.	Trial 1 R-3-B-4-Z-1-C (1-3-4-B-C-R-Z)		
	Trial 2 5-T-9-J-2-X-7 (2-5-7-9-J-T-X)		
	Trial 3 E-1-H-8-R-4-D (1-4-8-D-E-H-R)		
7.	Trial 1 5-H-9-S-2-N-6-A (2-5-6-9-A-H-N-S)		
	Trial 2 D-1-R-9-B-4-K-3 (1-3-4-9-B-D-K-R)		
	Trial 3 7-M-2-T-6-F-1-Z (1-2-6-7-F-M-T-Z)		
Total Score Range = 0 - 21			1

9. SPATIAL SPAN

Forward	Item/Trial	(Correct Response)/Response	Score 0 or 1
1.	Trial 1 3-10		
	Trial 2 7-4		
2.	Trial 1 1-9-3		
	Trial 2 8-2-7		
3.	Trial 1 4-9-1-6		
	Trial 2 10-6-2-7	10-2-8-7	0
4.	Trial 1 6-5-1-4-8	8-1-2-8-8	0
	Trial 2 5-7-9-8-2	7-9-5-8-2	0
5.	Trial 1 4-1-9-3-8-10		
	Trial 2 9-2-6-7-3-5		
6.	Trial 1 10-1-6-4-8-5-7		
	Trial 2 2-6-3-8-2-10-1		
7.	Trial 1 7-3-10-5-7-8-4-9		
	Trial 2 8-9-3-2-1-7-10-5		
8.	Trial 1 5-8-4-10-7-3-1-9-6		
	Trial 2 8-2-6-1-10-3-7-4-9		
Forward Total Score Range = 0 - 16			5

Backward	Item/Trial	(Correct Response)/Response	Score 0 or 1
1.	Trial 1 3-10 (10-3)		
	Trial 2 7-4 (4-7)		
2.	Trial 1 1-9-3 (3-9-1)		
	Trial 2 8-2-7 (7-2-8)		
3.	Trial 1 4-9-1-6 (6-1-9-4)	6-1-3-9	0
	Trial 2 10-6-2-7 (7-2-6-10)	6-7-2-10	0
4.	Trial 1 6-5-1-4-8 (8-4-1-5-6)		
	Trial 2 5-7-9-8-2 (2-8-9-7-5)		
5.	Trial 1 4-1-9-3-8-10 (10-8-3-9-1-4)		
	Trial 2 9-2-6-7-3-5 (5-3-7-6-2-9)		
6.	Trial 1 10-1-6-4-8-5-7 (7-5-8-4-6-1-10)		
	Trial 2 2-6-3-8-2-10-1 (1-10-2-8-3-6-2)		
7.	Trial 1 7-3-10-5-7-8-4-9 (9-4-8-7-5-10-3-7)		
	Trial 2 6-9-3-2-1-7-10-5 (5-10-7-1-2-3-9-8)		
8.	Trial 1 5-8-4-10-7-3-1-9-6 (6-9-1-3-7-10-4-8-5)		
	Trial 2 8-2-6-1-10-3-7-4-9 (9-4-7-3-10-1-6-2-8)		
Backward Total Score Range = 0 - 16			4

10. MENTAL CONTROL (Optional)

	Item/Correct Response/Response	Response Time	Number of Errors	Accuracy Score	+ Bonus Points =	Item Score (0 - 5)
1-20	1. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		2+ → 0 1 → 1		7+" 5-6 4" 1-3"	
Alphabet	2. A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		2+ → 0 1 → 1		7+" 5-6 4" 1-3"	
Days	3. Sunday Monday Tuesday Wednesday Thursday Friday		2+ → 0 1 → 1		4+" 2-3" 1"	
Months	4. January February March April May June July August September October November December		2+ → 0 1 → 1		5+" 4" 1-3"	
20-1	5. 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1		2+ → 0 1 → 1		11+" 8-10 6-7" 1-5"	
Days Backward	6. Sunday Saturday Friday Thursday Wednesday Tuesday Monday		2+ → 0 1 → 1		6+" 5" 4" 1-3"	
Months Backward	7. December November October September August July June May April March February January		2+ → 0 1 → 1		17+" 12-16" 10-11" 1-9"	
6s/Days	8. 0/Sunday 8/Monday 12/Tuesday 18/Wednesday 24/Thursday 30/Friday 36/Saturday		2+ → 0 1 → 1		21+" 16-20" 13-15" 1-12"	
Total Score Range = 0 - 40						

11. DIGIT SPAN (Optional)

(USE ALTERNATE FORM)

12. LOGICAL MEMORY II:

Reminder Given? ☐ Yes ☐ No

Story A	Score 0 or 1	Thematic Unit	Scoring Criteria
Anna			Anna or variant of the name
Thompson			Thompson is required
of South			South (in any context)
Boston			Boston (in any context)
			Indication of a main character who is female
employed			Indication that she held a job
as a cook			cook or some form of the word is required
in a school			school is required
cafeteria			cafeteria is required
			Indication that main character is employed or is working
reported			Indication that a formal statement was made to someone in authority (in any context)
at the police			police (in any context)
station			station (in any context) or a word or phrase denoting a police station
that she had been held up			Indication that she had been held up (i.e., gunpoint or knife)
on State Street			State Street (in any context)
the night before			Indication that the hold-up occurred the previous night
and robbed			Indication that a robbery took place
of fifty-six dollars			Indication that an amount of money greater than \$49 but less than \$60 was taken from her
			Indication that main character reported that she was robbed
She had four			four is required together with an indication that the children were hers
small children			children or a synonym is required
			Indication that the main character had children
the rent was due			a phrase indicating that the rent was due
and they had not eaten			Indication that her children or the family were without food
for two days			two days is required, or a phrase meaning about two days
			Indication that the characters were in need or required assistance
The police			a word or phrase signifying one or more members of the police department (in any context)
touched by the woman's story			Indication that her story evoked sympathy
			Indication that the police felt sympathy for the woman
took up a collection			a phrase indicating that money was collected
for her			Indication that the money collected was for her or her children
			Indication that the police directly responded to her need
Story A Recall Unit Score → Range = 0 to 25	1	1	← Story A Thematic Unit Score Range = 0 to 7

IT WAS 10:00 AND SHE WAS GET. RDY. TO GO TO BED

(GAVE NAME)

IT WAS 4:00 IN THE MORNING AND SHE WAS ROBBED

12. LOGICAL MEMORY II (continued)

Reminder Given? ☒ Yes ☐ No

Story B	Score 0 or 1	Thematic Unit	Scoring Criteria
At 6:00			6:00 is required
on Monday			Monday is required
evening,			evening (in any context)
Joe			Joe or variant of the name
Garcia			Garcia is required
of San Francisco			San Francisco is required
was watching television			Indication of a main character who is male
as he dressed			Indication that he was watching/listening to the television
to go out.			Indication that he was getting dressed
A weather bulletin			Indication that he was going out
Interrupted the program			Indication that main character was preparing to leave
to warn that thunderstorms			Indication that there was an announcement about weather
would move into the area			Indication of a break in the regularly scheduled program
within the next 2 to 3 hours			Indication of a weather announcement
and remain until morning.			Indication that there was a warning about a storm
The announcer said			Indication that the storm was coming
the storm could bring hail			Indication of a storm moving into the area
and up to 4 inches			a phrase meaning about 2 or 3 hours
of rain			Indication that the storm would stay until morning
and cause the temper. to drop			Indication of storm duration
by 15 degrees.			Indication that someone was reporting about a storm
Joe decided to stay home.			Indication that hail was possible
He took off his coat			4 inches is required
and sat down			rain is required
to watch old movies.			Indication that the temperature would drop or increase
			a relative decrease of 15 degrees is required
			Indication of storm's activity
			Indication that he decided to stay home
			Indication that the character decided to stay in
			Indication that he took off his outer clothing
			Indication that he was sitting down
			Indication of viewing movies is required
			Indication that the character decided to watch a movie or TV
Story B Recall Unit Score → Range = 0 to 25	3	3	← Story B Recall Thematic Unit Score Range = 0 to 8

ABT A MAN. (GAVE HINT)

THERE WAS A W.B.

TH WAS GOING TO BE A BAD TH ST HAD WE DEC. NOT TO GO

OUT ON THE TOWN.

12. LOGICAL MEMORY II (continued)

Recognition

Item	Circle Y or N	Score 0 or 1
Story A		
1. Was the woman's name Diana Thompson?	Y (N)	1
2. Was the story setting in South Boston?	(Y) N	1
3. Was the woman a cook?	(Y) N	1
4. Did she work in a restaurant?	(Y) N	0
5. Did she have four children?	(Y) N	1
6. Were the children teenagers?	(Y) N	0
7. Did the robbery take place on Sixth Street?	(Y) N	0
8. Did the woman report being robbed two nights before?	Y (N)	1
9. Did she report the robbery at the police station?	Y (N)	0
10. Was the woman robbed of 75 dollars?	Y (N)	1
11. Did the family go without food for four days?	Y (N)	1
12. Was the rent due?	Y (N)	0
13. Did the police catch the thief?	Y (N)	1
14. Did the police feel sorry for the woman?	Y (N)	0
15. Did the police take up a collection?	Y (N)	0
Story B		
16. Was the man's name Joe Garcia?	(Y) N	1
17. Was it Sunday evening?	(Y) N	0
18. Was it 6:00?	(Y) N	1
19. Was the story setting in Seattle?	(Y) N	0
20. Was Joe dressing to go out?	(Y) N	1
21. Was Joe watching television?	(Y) N	1
22. Was the program interrupted?	(Y) N	1
23. Was the storm expected to move into the area on Tuesday?	Y (N)	1
24. Was the storm expected to stay in the area through the night?	(Y) N	1
25. Was the temperature predicted to drop 30 degrees?	(Y) N	0
26. Did the announcer predict 10 inches of rain?	Y (N)	1
27. Did the announcer warn of possible flooding?	(Y) N	0
28. Did the announcer warn that it could hail?	(Y) N	1
29. Did Joe decide to stay home?	(Y) N	1
30. Did Joe sit down to watch a sports program?	Y (N)	1
Recognition Total Score		19
Range = 0 - 30		

13. FACES II

Item/Response	Score 0 or 1
1. Y (N)	1
2. Y (N)	0
3. Y (N)	1
4. Y (N)	1
5. Y (N)	0
6. Y (N)	1
7. Y (N)	0
8. Y (N)	1
9. Y (N)	1
10. Y (N)	1
11. Y (N)	0
12. Y (N)	1
13. Y (N)	0
14. Y (N)	1
15. Y (N)	0
16. Y (N)	1
17. Y (N)	1
18. Y (N)	0
19. Y (N)	1
20. Y (N)	0
21. Y (N)	0
22. Y (N)	1
23. Y (N)	0
24. Y (N)	1
25. Y (N)	0
26. Y (N)	1
27. Y (N)	0
28. Y (N)	0
29. Y (N)	0
30. Y (N)	1
31. Y (N)	0
32. Y (N)	1
33. Y (N)	0
34. Y (N)	1
35. Y (N)	0
36. Y (N)	0
37. Y (N)	1
38. Y (N)	1
39. Y (N)	0
40. Y (N)	0
41. Y (N)	1
42. Y (N)	0
43. Y (N)	0
44. Y (N)	1
45. Y (N)	1
46. Y (N)	0
47. Y (N)	1
48. Y (N)	0
Recognition Total Score Range=0 - 48	24

14. VERBAL PAIRED ASSOCIATES II

Recall A/Response	Score 0 to 1
1. Truck (Arrow) DK	
2. Insect (Acorn) DK	
3. Reptile (Clown) DK	
4. Bank (Cartoon) DK	
5. Star (Ladder) DK	
6. Raccoon (Paper) DK	
7. Rose (Bag) DK	
8. Elephant (Glass) DK	
List A Recall--Range=0-8	0

Recognition

Item	Circle Y or N	Score 0 or 1
1. Rose - Bag (Y) N		1
2. Queen - Thumb Y (N)		1
3. Elephant - Glass Y (N)		0
4. Baseball - Forest Y (N)		1
5. Star - Ladder Y (N)		0
6. Raccoon - Paper Y (N)		0
7. Dish - Corner Y (N)		1
8. Perfume - Monkey Y (N)		1
9. Truck - Arrow (Y) N		1
10. Dance - Rocket Y (N)		1
11. Peanut - Pencil Y (N)		1
12. Bank - Cartoon Y (N)		0
13. Insect - Acorn Y (N)		0
14. Pocket - Ribbon Y (N)		1
15. Candy - Typewriter Y (N)		1
16. Reptile - Clown Y (N)		0
17. Wrinkle - Termite Y (N)		1
18. Rose - Bag (Y) N		1
19. Chicken - Submarine (Y) N		0
20. Star - Ladder Y (N)		0
21. Rain - Circus Y (N)		1
22. Bread - Island Y (N)		1
23. Elephant - Glass Y (N)		0
24. Insect - Acorn Y (N)		0
Recognition Total Score Range = 0 - 24		14

5. FAMILY PICTURES II

Character	Score 0, or 1	Location (Examiner's View)	Score 0, 1, or 2	Activity	Score 0, 1, or 2	Full Credit Activity Examples	Character-Based Score
Grandmother		4/3 2/1		NOTHING			
Grandfather		4/3 2/1	0	" "	0	watching dog catch frisbee	
Mother		4/3 2/1		" "			
Father	1	4/3 2/1	0	" "	0	barbecuing hamburgers	
Daughter	1	4/3 2/1		DK	0	throwing frisbee	
Son		4/3 2/1		LOOK FOR SOMETHING TO DO			
Dog		4/3 2/1				catching frisbee	0
Grandmother		4/3 2/1		LOOK AT CLOTHES			
Grandfather		4/3 2/1	0	NOTHING	0	pulling out sweater	1
Mother	1	4/3 2/1	0	LOOK AT CLOTHES	1	looking in purse	2
Father	1	4/3 2/1	0	" "	2	looking at shirt	3
Daughter	1	4/3 2/1	0	" "	2	looking in mirror	3
Son		4/3 2/1		" "			
Dog		4/3 2/1					
Grandmother		4/3 2/1				working in flower bed	0
Grandfather		4/3 2/1				giving the dog a bath	0
Mother		4/3 2/1		D.R.			
Father		4/3 2/1					
Daughter		4/3 2/1					
Son		4/3 2/1				mowing the lawn	0
Dog		4/3 2/1				shaking off water	0
Grandmother		4/3 2/1				sealing salad	0
Grandfather		4/3 2/1					
Mother		4/3 2/1		D.R.		passing the salad bowl	0
Father		4/3 2/1				pouring salad dressing	0
Daughter		4/3 2/1					
Son		4/3 2/1				drinking tea	0
Dog		4/3 2/1					
Recall Total Score Range= 0 - 64							12

List A	Response
Target	
Finger	
Sunset	
Crocodile	
Dollar	
Yard	
Student	
Traffic	
Broom	
Ocean	
Wing	
Giant	
Introduction	
	Recall Total Score Range = 0-12

Recognition		Circle Y or N	Score 0 or 1	Item	Circle Y or N	Score 0 or 1
1.	Magazine	Y <u>N</u>		13.	Smile	Y <u>N</u>
2.	Dollar	Y <u>N</u>		14.	Ocean	Y <u>N</u>
3.	Carpet	Y <u>N</u>		15.	House	Y <u>N</u>
4.	Nest	Y <u>N</u>		16.	Wing	Y <u>N</u>
5.	Traffic	Y <u>N</u>		17.	Student	Y <u>N</u>
6.	Doctor	Y <u>N</u>		18.	Breakfast	Y <u>N</u>
7.	Target	Y <u>N</u>		19.	Feather	Y <u>N</u>
8.	Broom	Y <u>N</u>		20.	Crocodile	Y <u>N</u>
9.	Village	Y <u>N</u>		21.	Yard	Y <u>N</u>
10.	Finger	Y <u>N</u>		22.	Shoelace	Y <u>N</u>
11.	Market	Y <u>N</u>		23.	Sunset	Y <u>N</u>
12.	Giant	Y <u>N</u>		24.	Hotel	Y <u>N</u>
				Recognition Total Score		
				Range = 0-24		

(USE ALTERNATE FORM)

WAIS-III and WMS-III Summary Report

The Psychological Corporation

NAME: Emily Dockery
 DATE OF BIRTH: 07/16/1924
 SEX: Female
 ID:

REPORT DATE: 09/06/2011
 EXAMINER: L. Goldschmidt
 TITLE: PA
 LIC/CERT:
 TEST SITE: GSPS

Test Administered: WAIS-III (08/29/2011 87 years, 1 month, 13 days)
 WMS-III (08/31/2011 87 years, 1 month, 15 days)

IQ Scores Summary

Scale	Sum of SS	IQ Score	95% Conf. Interval	PR	Qualitative Description
Verbal	54	93	88-98	32	Average
Performance	54	93	88-98	32	Average
Full Scale	93	89	85-93	23	Low Average

Difference between VIQ and PIQ = 8. ($p < .15$, Freq. = 48.0%)

Index Scores Summary

	Sum of SS	Index Score	95% Conf. Interval	PR
Verbal Comprehension	26	93	88-99	32
Block Design	26	93	88-99	32
Working Memory				
Processing Speed				

Subtest Scores Summary

Verbal Subtests	Raw Score	Age SS	PR	Ref SS
Vocabulary	42	11	63	10
Similarities	15	7	16	6
Arithmetic	8	7	16	6
Block Design	16	7	16	5
Information	14	10	50	10
Comprehension	17	10	50	10
Letter-Number Sequencing				

Performance Subtests	Raw Score	Age SS	PR	Ref SS
Picture Completion	11	8	25	4
Block Design	16	7	16	5
Matrix Reasoning	16	7	16	5
Picture Arrangement	2	7	16	3
Symbol Search				
Object Assembly				

IQ and Index Differences

Discrepancy Comparisons	Score 1	Score 2	Diff.	Signif.	Cumulative Percentage
Verbal IQ-Performance IQ	93	85	8	.15	48.0%
Verbal Comprehension-Perceptual Organization	93	88	5	.15	69.0%

Individuals from the standardization sample represented by the percentages in the Cumulative Percentage column received scores that were greater than or equal to the absolute value of the amount shown in the Difference column.

Differences Between Subtest and Mean of Subtest Scores

Verbal Subtests	Scaled Score	Mean Score	Diff.	Signif.	S/W	Cumulative Percentage
Vocabulary	11	9.00	2.00	.05*	S	10-25%
Similarities	11	9.00	2.00	.05*	S	10-25%
Arithmetic	7	9.00	-2.00	ns		>25%
Information	10	9.00	1.00	ns		>25%
Letter-Number Sequencing	10	9.00	1.00	ns		>25%

Difference from Verbal Mean used to determine strengths (S) and weaknesses (W).

Scatter = 6 ($p < .05$, Freq = 31.3%).

* significant at the .05 level.

Performance Subtests	Scaled Score	Mean Score	Diff.	Signif.	S/W	Cumulative Percentage
Picture Completion	8	7.80	0.20	ns		>25%
Block Design	7	7.80	-0.80	ns		>25%
Picture Arrangement	7	7.80	-0.80	ns		>25%
Object Assembly	7	7.80	-0.80	ns		>25%

Difference from Performance Mean used to determine strengths and weaknesses.

Scatter = 2 (ns, Freq = 98.4%).

Digit Span Discrepancies

Subtest Level	Raw Score	Cumulative Percentage
Longest Digit Span Forward*	7	23.00%
Longest Digit Span Backward**	3	21.00%

* A low cumulative percentage reflects a relatively high span capacity.

** A low cumulative percentage reflects a higher scatter.

Digit Symbol Optional Procedures

Optional Procedure	Raw Score	Cumulative Percentage
Incidental Learning - Pairing		
Incidental Learning - Free Recall		
Copy		

Summary of WMS-III Primary Index Scores

Primary Indexes	Sum of SS	Index Score	95% Conf. Interval	PR	Qualitative Description
Auditory Immediate	17	92	85-100	30	Average
Visual Immediate	17	92	85-100	30	Average
Immediate Memory	30	82	76-91	12	Low Average
Visual Delayed	16	88	80-100	21	Low Average
Auditory Recognition Delayed	16	88	80-100	21	Low Average
General Memory	42	88	81-97	21	Low Average
Working Memory	11	78	70-85	5	Low Average

Summary of WMS-III Primary Subtest Scores

Primary Subtest Scores	Raw Score	Age SS	Ref SS
Logical Memory I - Recall	28	10	7
Logical Memory I - Recognition	28	10	7
Verbal Paired Assoc I - Recall	4	7	4
Verbal Paired Assoc I - Recognition	4	7	4
Letter-Number Sequencing	3	7	2
Block Design	9	7	2
Logical Memory II - Recall	11	10	6
Logical Memory II - Recognition	11	10	6
Verbal Paired Assoc II - Recall	1	8	3
Verbal Paired Assoc II - Recognition	1	8	3
Auditory Recognition - Delayed	40	8	4

Auditory Process Subtest Total Scores

Subtest Scores	Raw Score	Age SS	Ref SS
LOGICAL MEMORY I			
1st Recall Total Score	17	10	7
Learning Slope	3	9	7
VERBAL PAIRED ASSOCIATE I			
1st Recall Total Score	0	8	7
Learning Slope	1	7	7
LOGICAL MEMORY II			
Percent Retention	55	9	5
VERBAL PAIRED ASSOCIATE II			
Percent Retention	100	15	12

Auditory Process Composite Scores

Composite Scores	Sum of SS	PR
Single Trial Learning	18	36
Learning Slope		
Retention	24	78
Recall		

Primary Index Differences

Indexes	1st Score	2nd Score	Diff.	Signif.	Cumulative Percentage
Auditory Immediate-Visual Immediate	92	78	14	.15	43.7%
Auditory Immediate-Auditory Delayed	92	92	0	ns	82.2%
Visual Immediate-Visual Delayed	78	88	-10	ns	21.8%
Visual Delayed-Auditory Delayed	92	88	4	ns	71.2%
Auditory Delayed-Visual Delayed	94	88	6	ns	41.6%
Immediate Memory-General Memory	82	83	-1	ns	97.1%
Immediate Memory-Working Memory	82	83	-1	ns	81.4%
General Memory-Working Memory	88	83	5	ns	78.1%

Individuals from the standardization sample represented by the percentages in the Cumulative Percentage column received scores that were greater than or equal to the absolute value of the amount shown in the Difference column.

Ability-Memory Differences - Predicted Memory Method

Primary Indexes	WAIS-III FSIQ	WMS-III Index	Pred.	Diff.	Signif.	Cumulative Percentage
Auditory Immediate	89	92	94	2	ns	>25%
Visual Immediate	82	78	96	18	ns	10%
Immediate Memory	89	82	94	12	ns	15-20%
Auditory Delayed	89	92	94	0	ns	8%
Visual Delayed	89	88	95	7	ns	>25%
Auditory Recall Delayed	80	80	95	15	ns	25%
General Memory	89	88	93	5	ns	>25%
Working Memory	89	83	92	10	ns	15-20%

Individuals from the standardization sample represented by the percentages in the Cumulative Percentage column received WMS-III Index scores that were lower than their WMS-III Predicted Index scores by the specified amount or more.

* significant at the .05 level

EMILY DOCKERY

9/7/11

REITAN-KLOVE SENSORY-PERCEPTUAL EXAMINATION

Indicate instances in which stimulus was not perceived or was incorrectly perceived

TACTILE:

Right Hand - Left Hand - RH ☐ ☐ ☐ ☐ LH ☐ ☐ ☐ ☐ Both: RH ☐ ☐ ☐ ☐ LH ☐ ☐ ☐ ☐

Right Hand - Left Face - RH ☐ ☐ ☐ ☐ LF ☐ ☐ ☐ ☐ Both: RH ☐ ☐ ☐ ☐ LF ☐ ☐ ☐ ☐

Right Face - Left Hand - RF ☐ ☐ ☐ ☐ LH ☐ ☐ ☐ ☐ Both: RF ☐ ☐ ☐ ☐ LH ☐ ☐ ☐ ☐

TOTAL -
NDS -

DIFFERENCE -
NDS -

Error Totals

RH ☐ LH ☐

RH ☐ LF ☐

RF ☐ LH ☐

* FIXED ON
SAYING AT
UNABLE TO
DETERMINE
TRUE PERC

AUDITORY:

Right Ear - Left Ear - RE ☐ ☐ ☐ ☐ LE ☐ ☐ ☐ ☐ Both: RE ☐ ☐ ☐ ☐ LE ☐ ☐ ☐ ☐

TOTAL - 8
NDS - 3

DIFFERENCE - 0
NDS - 0

SEVERE

WNL

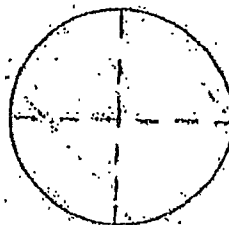
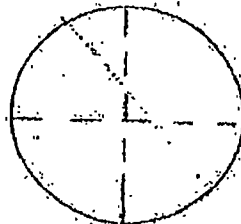
RE ☒ LE ☒

* STATES SHE
DID NOT
HEAR ANYTH

VISUAL FIELDS:

Left

Right



* NOT ADMIN

FIXATED ON
SAYING YES

WHEN FINGER IN

MOVING
UNABLE TO DETER
TRUE PERFORM.

VISION:

Above eye level
Eye Level
Below eye level

RV ☐ ☐ ☐ ☐ LV ☐ ☐ ☐ ☐

Both: RV ☐ ☐ ☐ ☐ LV ☐ ☐ ☐ ☐

RV ☐ LV ☐

TOTAL -
NDS -

DIFFERENCE -
NDS -

TACTILE FINGER RECOGNITION:

Right

Finger:

1	2	3	4	5
3	2	2	3	4

R ☐

STOPPED

FIXATED ON

1, 2, 3, 4, 5.

UNABLE TO DETER
APP_1060

Series C

1. deeld deel beeld beel
2. weev heev weef heef
3. thee fee theer feer
4. neeld neel meeld meel
5. seed zeed seet zeet
6. yeeg yeek heeg heek
7. meen meem neen neem
8. theerd theer teerd teer
9. heez wheez heev wheev
10. neep teep neet teet

Series D

1. heep heet wheep wheet
2. keev keem feev feem
3. neek neeg meek meeg
4. cheem cheen sheem sheen
5. feep theep feet theet
6. heeld weeld heel weel
7. deed teed deend teend
8. teesh peesh teeze peez
9. weef veef weev veev
10. leen heen leeng heeng

Series E

- seeng sheeng seen sheen
- geerd keerd geer keer
- keen geen keem geem
- ween weeng heen heeng
- teed teet peed peet
- keets keez teets teez
- theet theent zaet zeent
- beep peep beet peet
- tee pee teer peer
- beeb beed deeb deed

Series F

- 1. yeem yeen heem heen
- 2. leern theern leer theer
- 3. feeth fees theeth thees
- 4. reeg treeg reek treek
- 5. yeed yeet weed weet
- 6. meep meet deep deet
- 7. deez dees beez bees
- 8. teeld teel peeld peel
- 9. meel meer feel feer
- 10. ween when wëem wheem

MANUAL FINGER TAPPING TEST

Name EMILY DOCKERY Date 9/7/11 Examiner GOLDSCAMIO
(RG)

Preferred Hand: Right _____ or Left ✓

LEFT HAND

1. 30 ✓

2. 31 ✓

3. 34 ✓

4. 38

5. 30 ✓

24

34

159

5

31.8

RIGHT HAND

1. 28

2. 39 ✓

3. 35 "

4. 36 ✓

5. 33

42

38

35

183

5

36.6

GRIP STRENGTH TEST

Name EMILY DOCKERY Date 9/7/11 Examiner GOLDSCHMIDT(RD)

Dominant Hand: Right _____ or Left ✓

Left Hand

1. 9
2. 10

Total 19 kg

Mean 9.5 kg

Right Hand

1. 12
2. 10

Total 22 kg

Mean 11 kg

9/7/11

REITAN-KLOVE SENSORY-PERCEPTUAL EXAMINATION indicate instances in which stimulus was not perceived or was incorrectly perceived

TACTILE:

Right Hand - Left Hand RH ☐ ☐ ☐ ☐ LH ☐ ☐ ☐ ☐ Both: RH ☐ ☐ ☐ ☐ LH ☐ ☐ ☐ ☐

Right Hand - Left Face RH ☐ ☐ ☐ ☐ LF ☐ ☐ ☐ ☐ Both: RH ☐ ☐ ☐ ☐ LF ☐ ☐ ☐ ☐

Right Face - Left Hand RF ☐ ☐ ☐ ☐ LH ☐ ☐ ☐ ☐ Both: RF ☐ ☐ ☐ ☐ LH ☐ ☐ ☐ ☐

TOTAL -
NDS -

DIFFERENCE -
NDS -

Error Totals

RH LH

RH LF

RF LH

* FIXATED ON
SAYING AT.
UNABLE TO
DETERMINE
TRUE PERIO

AUDITORY:

Right Ear - Left Ear RE ☐ ☐ ☐ ☐ LE ☐ ☐ ☐ ☐ Both: RE ☐ ☐ ☐ ☐ LE ☐ ☐ ☐ ☐

TOTAL - 8
NDS - 3
SEVERE

DIFFERENCE - 0
NDS - 0
WNL

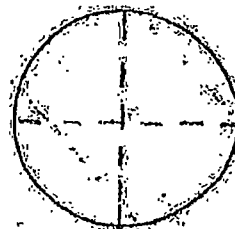
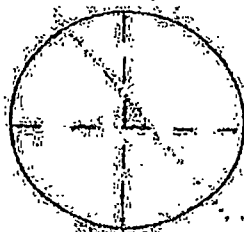
RE LE

* STATES SHE
DID NOT
HEAR ANYTHING

VISUAL FIELDS:

Left

Right



* NOT ADMIN.

FIXATED ON
SAYING YES

WHEN FINGER IN

VIEW NO

UNABLE TO DETER

TRUE PERFORMANCE

VISION:

Above eye level
Eye Level
Below eye level

RV ☐ ☐ ☐ ☐ LV ☐ ☐ ☐ ☐ Both: RV ☐ ☐ ☐ ☐ LV ☐ ☐ ☐ ☐

TOTAL -
NDS -

DIFFERENCE -
NDS -

RV LV

RV LV

RV LV

TACTILE FINGER RECOGNITION:

Right: Finger: 1 2 3 4 5
2 2 3 3 4

R

STOPPED

FIXATED ON

1, 2, 3, 4, 5.

UNABLE TO DETER

TRUE PERFORMANCE

SEASHORE RHYTHM TEST

Name EMILY DOCKERY Date 8/31/11 Examiner GOLD SCHMIDT Raw Score 17
 (PO) Ranked Score _____

	Column A	Column B	Column C
1.	S	S	S X
2.	D	D	S
3.	S	S	S
4.	S X	S X	D
5.	S	D	D X
6.	S X	S X	D
7.	S	D X	S
8.	S X	D	S X
9.	S X	D X	S X
10.	S	D X	S

Grand Strand Psychological Services, PA
Patient Testing Note

Date: 09/07/2011
Patient: Last Name: DOCKERY; First Name: EMILY
SSN: _____
Date of Birth: 07/16/1924
Age: 87
Sex: ☒ Female ☐ Male
Service: _____ 96100 Psychological Testing/Scoring/Analysis/Report
_____ 96101 Psychological Testing/Scoring/Analysis/Report
_____ 96102 Psychological Testing/Scoring/Analysis/Report
_____ 96117 Neuropsychological Testing/Scoring/Analysis/Report
_____ 96118 Neuropsychological Testing/Scoring/Analysis/Report
3 96119 Neuropsychological Testing/Scoring/Analysis/Report
Provider: Leonard Goldschmidt, Psy.D.
Examiner: Becky Owens, Psychometrician
Location: Grand Strand Psychological Services, PA
11943 Grandhaven Blvd, Suite B
Murrells Inlet, SC 29576
Scheduled Session Time: 1:00 PM to 3:15 PM
Type of Visit: Scheduled
Program: ☒ Neuropsychological Evaluation
_____ Psychological Evaluation

Content/Process

Descriptive: Patient administered psychological/neuropsychological tests (see Tests Administered for details) by psychometrician, Becky Owens, for purposes of determination of diagnosis, baseline measurement and treatment planning/recommendations.

Scoring and analysis pending. Neuropsychological/Psychological Evaluation Report pending.

Assessment: Differential diagnosis and treatment recommendations pending.

Intake Diagnosis Code/s: 290.21; _____; _____

Tests Administered

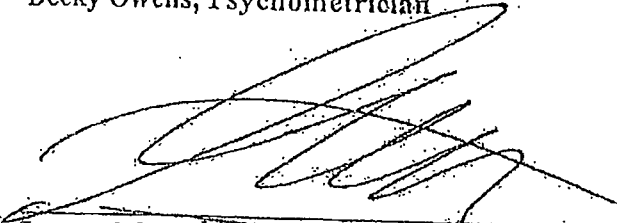
☐ 5-POINT
☐ APHASIA
☒ BAI
☒ BCT
☐ BHS
☐ BNT
☐ CCPT II
☐ CLOCK
☐ COWAT
☒ CVLT II
☐ GDS
☒ GRIP
☐ GROOVE

☐ ILS
☐ JOLO
☐ MMPI II
☐ NAART
☐ PASAT
☐ RCFT
☐ REY 15
☐ RHYTHM
☐ SIMS
☒ SPE (PARTIAL)
☐ SSPT
☐ STROOP
☒ TAP
☐ TOMM

☐ TPT
☐ TRAILS A&B
☐ WAIS-III
☐ WCST-4
☐ WMS-III

Other:


Becky Owens, Psychometrist


Leonard Goldschmidt J.D., Psy.D.
Clinical Neuropsychologist
Forensic Psychologist
Licensed Clinical Psychologist
South Carolina License #: 845

Grand Strand Psychological Services, PA
Patient Testing Note

Date: 08 / 31 / 2011
Patient: Last Name: Dockery First Name: Emily
SSN: _____
Date of Birth: 07 / 16 / 1924
Age: 87
Sex: ☒ Female ☐ Male
Service: ☐ 96100 Psychological Testing/Scoring/Analysis/Report
☐ 96101 Psychological Testing/Scoring/Analysis/Report
☐ 96102 Psychological Testing/Scoring/Analysis/Report
☐ 96117 Neuropsychological Testing/Scoring/Analysis/Report
☐ 96118 Neuropsychological Testing/Scoring/Analysis/Report
☒ 96119 Neuropsychological Testing/Scoring/Analysis/Report
Provider: Leonard Goldschmidt, Psy.D.
Examiner: Becky Owens, Psychometrician
Location: Grand Strand Psychological Services, PA
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Assessment: Differential diagnosis and treatment recommendations pending.

Intake/Diagnosis Code/s: 290.21 ; _____ ; _____ ; _____

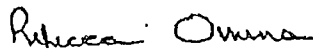
Tests Administered

☐ 5-POINT
☐ APHASIA
☒ BAI
☐ BCT
☒ BHS
☐ BNT
☐ CCPT II
☐ CLOCK
☐ COWAT
☐ CVLT II
☒ GDS
☐ GRIP
☐ GROOVE

☐ ILS
☐ JOLO
☐ MMPI II
☐ NAART
☐ PASAT
☐ RCFT
☐ REY 15
☒ RHYTHM
☐ SIMS
☐ SPE
☒ SSPT
☐ STROOP
☐ TAP
☐ TOMM

☐ TPT
☐ TRAILS A&B
☐ WAIS-III
☒ WCST-4
☒ WMS-III

Other:



Becky Owens, Psychometrician



Leonard Goldschmidt J.D., Psy.D.
Clinical Neuropsychologist
Forensic Psychologist
Licensed Clinical Psychologist
South Carolina License #: 845

Grand Strand Psychological Services, PA
Patient Testing Note

Date: 08 / 29 / 2011
Patient: Last Name: Dockery First Name: Emily
SSN: _____
Date of Birth: 07 / 16 / 1984
Age: 27
Sex: ☒ Female ☐ Male
Service: ☐ 96100 Psychological Testing/Scoring/Analysis/Report
☐ 96101 Psychological Testing/Scoring/Analysis/Report
☐ 96102 Psychological Testing/Scoring/Analysis/Report
☐ 96117 Neuropsychological Testing/Scoring/Analysis/Report
☐ 96118 Neuropsychological Testing/Scoring/Analysis/Report
☒ 96119 Neuropsychological Testing/Scoring/Analysis/Report
Provider: Leonard Goldschmidt, Psy.D.
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11943 Grandhaven Blvd, Suite B
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Intake Diagnosis Code/s: 290.21

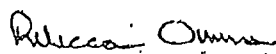
Tests Administered

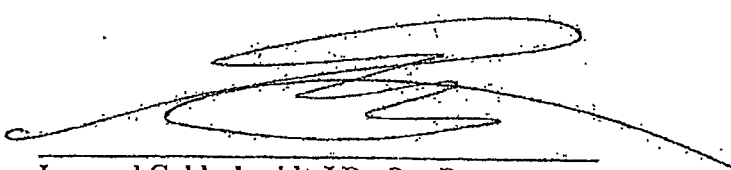
☐ 5-POINT
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☐ BNT
☒ CCPT II
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☐ STROOP
☐ TAP
☐ TOMM

☐ TPT
☐ TRAILS A&B
☒ WAIS-III
☐ WCST-4
☐ WMS-III

Other:


Becky Owens, Psychometrician


Leonard Goldschmidt J.D., Psy.D.
Clinical Neuropsychologist
Forensic Psychologist
Licensed Clinical Psychologist
South Carolina License #: 845

Grand Strand Psychological Services, PA
Patient Testing Note

Date: 08 / 22 / 2011
Patient: Last Name: DOCKERY; First Name: Emily
SSN: _____
Date of Birth: 07 / 16 / 1924
Age: 87
Sex: ☒ Female ☐ Male
Service: _____ 96100 Psychological Testing/Scoring/Analysis/Report
_____ 96101 Psychological Testing/Scoring/Analysis/Report
_____ 96102 Psychological Testing/Scoring/Analysis/Report
_____ 96117 Neuropsychological Testing/Scoring/Analysis/Report
_____ 96118 Neuropsychological Testing/Scoring/Analysis/Report
3 _____ 96119 Neuropsychological Testing/Scoring/Analysis/Report
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Scheduled Session Time: 1:00 p.m. to 3:15 p.m.
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_____ Psychological Evaluation

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Assessment: Differential diagnosis and treatment recommendations pending.

Intake Diagnosis Code/s: 290.21

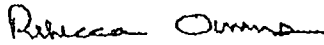
Tests Administered

☒ 5-POINT
☒ APHASIA
☐ BAI
☐ BCT
☐ BHS
☒ BNT FULL
☐ CCPT II
☒ CLOCK
☒ COWAT
☐ CVLT II
☐ GDS
☐ GRIP
☐ GROOVE

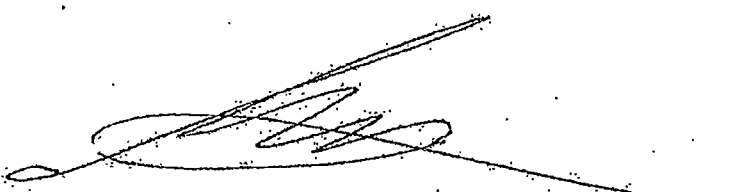
☒ ILS
☒ JOLO
☐ MMPI II
☐ NAART
☐ PASAT
☒ RCFT
☐ REY 15
☐ RHYTHM
☐ SIMS
☐ SPE
☐ SSPT
☒ STROOP
☐ TAP
☐ TOMM

☒ TPT
☒ TRAILS A&B
☐ WAIS-III
☐ WCST-4
☐ WMS-III

Other:



Becky Owens, Psychometrician



Leonard Goldschmidt J.D., Psy.D.
Clinical Neuropsychologist
Forensic Psychologist
Licensed Clinical Psychologist
South Carolina License #: 845

NAME: EMILY DOCKERY DOB: 7/16/24 AGE: 87
EDU: 14 HANDEDNESS: LEFT GENDER: E ETHNIC: WA

TEST SESSION (1)

TEST SESSION (2)

TEST SESSION (3)

4+1

8/22/11 (2 HRS, 10 MIN)

8/29/11 (2 HRS, 15 MIN)

8/31/11 (2 HRS)

9/7/11 (2)

ILS

RCFT

STACOP

BNT FULL

JOLO

TRAILS

OPT

CLOCK

COVAT

APHASIA

TEST TO BE PRINTED:

WMS III ✓

HRB

WMS III ✓

CCPT II ✓

CULT II ✓

WCS II

COMMENTS

WMS III

CCPT II

WMS III

SSPT

RHY

GDS

VBAT

BAS

CULT II

TAP

GRIP

SPE

BCT

GRAND STRAND PSYCHOLOGICAL SERVICES, PA

Leonard Goldschmidt, J.D., Psy. D.
Licensed Clinical Psychologist
Clinical Neuropsychologist
Forensic Psychologist

11943 Grandhaven Dr.
Unit B
Myrtle Beach, SC 29576
Phone: (843) 652-4600
Fax: (843) 652-4603
drgoldschmidt@sc.rr.com

Geriatric Test Battery:

Patient's name: EMILY ROCKERY

Date of Birth: 7.16.24

Age: 87 Edu: 14 Handedness: LEFT Gender: F Ethnic: WH

☒ WAIST III

☒ WMS III

☒ CVLT II (C/H)

☒ RCFT

☒ SPE (PARTIAL)

☒ JOLO

☒ APHASIA

☒ COWA

☒ SSPT

☒ RHYTHM

☒ BNT-FALL

☒ TRLS A&B

☒ CLOCK

☒ GRIP

☒ TAP

☒ 5 POINT

☒ STROOP

☒ WCST-4

☒ MMPI II

☒ GDS

☒ BAI

☒ BHS

☒ ILS

☒ TOMM

☒ SIMS

COMMENTS:

BCT

CCPT-IP

APPROVAL SIGNATURE:

DATE: 8/16/14

PATIENT OBSERVATION:

NAME: EMILY COCKER

DOB: 7/16/38 (87)

TESTING DATES: 8/22/11 / 8/29/11 / 8/31/11 / 9/7/11

CHARACTERISTICS: (SCALE OF 1 TO 10)

PLEASANT: 5
COMFORT LEVEL: 5
GROOMING: 5
ABILITY TO SIT STILL: 5
ABILITY TO SIT UP RIGHT: 5
ABILITY TO STAY ON TASK: 4
AWARENESS OF DEFECT: 6
AGITATION/DISTRAUGHT: 5
REACTION TO PERFORMANCE: 5
* NEED FOR REDIRECTION: 5
PATIENCE TO ANSWERING QUESTIONS: 5
DIRECTNESS TO ANSWERING QUESTIONS: 5
DETAIL TO QUESTIONS: 5
LEVEL OF MOTIVATION: 5
COOPERATION: 5
FRIENDLINESS: 5
OPENNESS: 5
FRANKNESS: 5

DID THE PATIENT EXPERIENCE ANY OF THE FOLLOWING?

PARAPHASIA (MISPRON. OF WORDS) YES: ✓ NO: -

COMMENTS: ON APHASIA

CIRCUMLOCUTION (DESCRIPTION OF WORD INSTEAD OF THE WORD): YES: ✓ NO: -
COMMENTS: ON BMT

AFFECT: FLAT
CONSTRICTED
SLIGHTLY BLUNTED
NORMAL ENTHUSIASM: ✓
ANIMATED ENTHUSIASM:

RELEVANCY OF RESPONSES:

TANGENTIALITY (TALKS ABOUT SOMETHING UNRELATED): -

RELEVANT: ✓

LOOSE ASSOCIATION (TALKING ABOUT TOPIC LOOSELY RELATED): -

ADDITIONAL COMMENTS: TIME DID NOT ALLOW FOR ADMIN. OF
MMPI AND WCST. TRAILER B. WAS DISCONTINUED.
ON CPT II, I HAD TO REMIND HER A FEW
TIMES TO CONTINUE HITTING.
SPE WAS PARTICULARLY ADMIN. - REFER
TO NOTES ON CPE FORM.

R. O. Ome

9/7/11

975



THE
PSYCHOLOGICAL
CORPORATION
A Harcourt Assessment Company

California Verbal Learning Test®
Second Edition - Adult Version

Dean C. Delis, Joel H. Kramer, Edith Kaplan and Beth A. Ober

Comprehensive Scoring System

Dean C. Delis and Alan J. Fridlund

CVLT-II Comprehensive Scoring System Response Report

Examinee Information

Name : Emily Dockery

Test Date Age : 87 years old

Case ID :

Years of Education : 14 Years

Birth Date : 7/16/1924

Race/Ethnicity : White - Not of Hispanic Origin

Sex : Female

Handedness : Left

Test Session Information

Examiner : L. Goldschmidt

Test Date : 9/7/2011

License/Certificate : PA

Form Administered : Standard Form

Current Medications

Comments

The following report is confidential. The results presented here are not substitutes for experienced clinical judgement and should be interpreted only in the context of an appropriate assessment conducted by a qualified professional.

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09/07/2011

Page 1 of 3



CVLT-II
Comprehensive Scoring System

Standard Form - Response Report

Name: Emily Dockery

Test Date: 9/7/2011

List A	Trial 1		Trial 2		Trial 3		Trial 4		Trial 5	
truck	zebra	- c	cabbage	- c	truck	- c	boat	- c	truck	- c
spinach	lamp	- c	boat	- c	spinach	- c	squirrel	- c	spinach	- c
giraffe	couch		squirrel	- c	cabinet	- c	cabbage	- c	zebra	- c
bookcase			truck	- c			truck	- c		
onion			spinach	- c			spinach	- c		
motorcycle										
cabinet										
zebra										
subway										
lamp										
celery										
cow										
desk										
boat										
squirrel										
cabbage										

List B	Trial B	
violin	radishes	- c
cucumber	tiger	- c
elephant	saxophone	- c
closet		
turnip		
guitar		
basement		
sheep		
clarinet		
garage		
corn		
rabbit		
patio		
saxophone		
tiger		
radishes		

c = correct response

09/07/2011

Page 2 of 3



CVLT-II
Comprehensive Scoring System

Standard Form - Response Report

Name: Emily Dockery

Test Date: 9/7/2011

SD Free	SD Cued 1	SD Cued 2	SD Cued 3	SD Cued 4
truck - c	bookcase - c	celery - c	motorcycle - c	zebra - c
spinach - c			truck - c	
LD Free	LD Cued 1	LD Cued 2	LD Cued 3	LD Cued 4
truck - c	bookcase - c	celery - c	motorcycle - c	leopard
spinach - c				

c = correct response

09/07/2011

Page 3 of 3

CVLT-II

THE PSYCHOLOGICAL CORPORATION
A Harcourt Assessment Company

California Verbal Learning Test®
Second Edition • Adult Version

Dean C. Delis, Joel H. Kramer, Edith Kaplan and Beth A. Ober

Comprehensive Scoring System

Dean C. Delis and Alan J. Fridlund

CVLT-II

Comprehensive Scoring System

Expanded Report

Examinee Information

Name : Emily Dockery

Test Date Age : 87 years old

Case ID :

Years of Education : 14 Years

Birth Date : 7/16/1924

Race/Ethnicity : White - Not of Hispanic Origin

Sex : Female

Handedness : Left

Test Session Information

Examiner : L. Goldschmidt

Test Date : 9/7/2011

License/Certificate : PA

Form Administered : Standard Form

Current Medications

Comments

The following report is confidential. The results presented here are not substitutes for experienced clinical judgement and should be interpreted only in the context of an appropriate assessment conducted by a qualified professional.

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09/07/2011

Page 1 of 5



Name: Emily Dockery

Test Date: 9/7/2011

Level of Recall

Level of Immediate Recall

	Number Correct		Semantic Clustering (Chance Adjusted)		Recall Discriminability (Chance Adjusted)	
	<u>Raw</u>	<u>Standard Score</u>	<u>Raw</u>	<u>Standard Score</u>	<u>Raw</u>	<u>Standard Score</u>
Trial 1	2	-2.5	-0.2	-0.5	0.4	---
Trial 2	5	-1.5	-0.8	---	1.4	---
Trial 3	3	-2.5	-0.4	---	1.0	---
Trial 4	5	-1.5	-0.8	---	1.4	---
Trial 5	3	-3	-0.4	-1	1.0	-2.5
Trials 1-5 Total	18	27 (T-Score)	-0.5	-1	1.0	-2.5
Trial B	3	-1	-0.4	-1	1.0	---

Level of Delayed Recall

	Number Correct		Semantic Clustering (Chance Adjusted)		Recall Discriminability (Chance Adjusted)	
	<u>Raw</u>	<u>Standard Score</u>	<u>Raw</u>	<u>Standard Score</u>	<u>Raw</u>	<u>Standard Score</u>
Short Delay Free Recall	2	-2	-0.2	-1	0.7	-1.5
Short Delay Cued Recall	5	-2	---	---	1.4	-0.5
Long Delay Free Recall	2	-2.5	-0.2	-1	0.7	-1.5
Long Delay Cued Recall	3	-2.5	---	---	0.6	-1.5



Learning Characteristics, Trials 1-5 Total

	<u>Raw</u>	<u>Standard Score</u>
Semantic Clustering (Chance Adjusted)	-0.5	-1
Serial Clustering Forward (Chance Adjusted)	1.2	1.5
Serial Clustering Bidirectional (Chance Adjusted)	1.1	1
Subjective Clustering Bidirectional (Chance Adjusted)	0.4	0
% Recall from Primacy	44%	2.5
% Recall from Middle	22%	-2.5
% Recall from Recency	33%	0
Total Learning Slope Trials 1-5	0.2	-1.5
Learning Slope Trials 1-2	3	0.5
Learning Slope Trials 2-5	-0.4	-2
Across-Trial Recall Consistency	40	-2.5

*Recall Contrast Measures**

	<u>Percent Change</u>	<u>Z-Score Difference</u>
<i>Proactive Interference</i>		
List B vs. Trial 1	50%	1.5
<i>Short-Delay Retention/Retroactive Interference</i>		
Short Delay Free Recall vs. Trial 5	-33.3%	1
<i>Long-Delay Retention</i>		
Long Delay Free Recall vs. Trial 5	-33.3%	0.5
Long Delay Free Recall vs. Short Delay Free Recall	0%	-0.5

* Norms derived from Z-Scores differences.



Recall Errors

	<u>Raw</u>	<u>Standard Score</u>
Total Repetitions (All Recall Trials)	0	-1
Total Intrusions (All Recall Trials, All Types)	2	-0.5
Total Immediate Recall Intrusions (Trials 1-5, All Types)	1	0
Total Delayed-Recall Intrusions (Free & Cued, All Types)	1	-0.5
Total Free Recall Intrusions (Immed. & Delayed, All Types)	1	-0.5
Total Cued Recall Intrusions (All Types)	1	-0.5

	<u>Raw</u>	<u>Age Group Freq.</u>	<u>% with this score</u>	<u>Cum. % w/better score</u>
Total Non-Category Intrusions (All Recall Trials)	2.0	2.8%	92.5%	
Total Synonym/Subordinate Intrusions (All Recall Trials)	0.0	90.7%	0.0%	
Total Across-List Intrusions (List B & Delayed Recall Trials)	0.0	30.8%	0.0%	

	<u>Raw</u>	<u>Standard Score</u>
Total Recall Discriminability (List A, All Trials vs. Total Intrusions)	1	-1.5
Immediate Recall Discriminability (List A, Trials 1-5 vs. Intrusions, Trials 1-5)	1	-2.5
Delayed Recall Discriminability (List A vs. Intrusions, Delayed Recall Trials)	0.8	-1.5
Free Recall Discriminability (List A vs. Intrusions, Immed. & Delayed Free Recall Trials)	0.9	-2
Cued Recall Discriminability (List A vs. Intrusions, Cued Recall Trials)	1	-1



Name : Emily Dockery

Test Date : 9/7/2011

Delayed Recognition Trials

	Yes/No Recognition		Forced Choice Recognition		
	Raw	Standard Score	Raw	Age Group Freq. % with this score	Cum. % w/better score
Total Hits	6	-5			
Total False Positives	1	-1			
Total Recognition Discriminability (d') (Hits vs. Total False Positives)	1.5	-1	% Total Accuracy (Hits [14]/16)*100	88	0.9%
Source Recognition Discriminability (d') (Hits vs. List B False Positives [5])	1.5	-1	% Concrete Accuracy (Hits [6]/8)*100	75	--
Semantic Recognition Discriminability (List A vs. List B Shared [0] & Prototypical [1] False Positives)	1.2	-1.5	% Abstract Accuracy (Hits [8]/8)*100	100	--
Novel Recognition Discriminability (d') (Hits vs. Prototypical [1] & Unrelated [0] False Positives)	1.2	-2			
Total Response Bias (C)*	1.1	3			

* positive raw scores are in 'NO' response-bias direction, negative raw scores are in the 'YES' response-bias direction.

Recall/Recognition Contrast Measures*

	Percent Change	Z-Score Difference
Total Recognition Discriminability vs. Long Delay Free Recall*	--	1.5
Total Recognition Discriminability vs. Long Delay Free Recall Discriminability*	114.3%	0.5

* Norms derived from Z-Scores differences.

Critical Items: Word Count

	Raw	Age Group Freq. % with this score	Cum. % w/better score
Number of target words recalled at least once, but missed on Forced Choice Recognition	1.0	3.7%	96.3%
Number of target words that were Hits on Yes/No Recognition, but missed on Forced Choice Recognition	0.0	95.3%	0.0%

REPORT OF NEUROPSYCHOLOGICAL EVALUATION.

PLEASE NOTE: THE INFORMATION IN THIS REPORT HAS BEEN DISCLOSED TO YOU FROM RECORDS FOR WHICH CONFIDENTIALITY IS PROTECTED BY SOUTH CAROLINA STATE LAW. NO FURTHER DISCLOSURE OF THIS INFORMATION SHOULD BE MADE WITHOUT THE WRITTEN PERMISSION OF THE INDIVIDUAL TO WHOM IT PERTAINS.

Name: Dockery, Emily C.

D.O.B.: 7/16/1924

Age: 87

Date(s) of Evaluation: 4/3/2012, 4/4/2012 and 4/26/2012; with comparison to 8/16/2011, 8/22/2011, 8/29/2011, 8/31/2011 and 9/7/2011; and comparison to 12/20/2010, 12/21/2010, 12/27/2010, 1/4/2011 and 1/11/2011

Location of Evaluation: The Neurobehavioral Institute at GSPS, PA

Evaluator: Leonard Goldschmidt, Psy.D., J.D.

Handedness: Left

Education: 14 years

Living Situation: Presently living at home with her son.

SSN:

Sex: Female

Purpose of Re-evaluation:

Reevaluation of the patient was requested by *guardian ad litem*, V. Lee Moore, J.D., due to concerns brought up by the several attorneys involved in a hearing for petition for guardianship for Ms. Dockery. Specifically, there were concerns that there may have been a change in the patient's condition, as well as, concerns regarding whether the patient was able to appropriately hear during the previous evaluations.

Clinical Interview of 4/3/2012:

Ms. Dockery presented to her interview accompanied by private nurse, Reagan Callahan, RN. Ms. Dockery did not have her hearing aids with her, and some time went by while awaiting for them to be retrieved. After explaining to Ms. Dockery the purpose for the current reevaluation, Ms. Callahan was asked to leave the room for clinical interview. Ms. Callahan did so and I began questioning the patient specifically directed to the determination of her capacity for self-care and care of her property.

Neurobehavioral Institute at
GSPS, PA

Leonard Goldschmidt, Psy.D., J.D.
Clinical Neuropsychologist, Forensic Psychologist, and
Licensed Clinical Psychologist, SC License # 2815

11947 Grandhaven Drive
Suite N
Murrells Inlet, SC 29576

Phone: (843) 652-4600
Fax: (843) 652-4603

I began by presenting the patient with a scenario of being the only patron in a movie theater where she smelled smoke. She responded that she would continue to watch the movie unless she heard a fire alarm or saw a fire, "because it could be there was some popcorn burning." I added that smoke began to fill the theater to the point that she could see smoke in the air, and at that point, my assistant notified me in person that she was told by Ms. Callahan that she had called John Dockery and the patient's attorney (Tommy Brittain, J.D.) to notify them that she was not allowed to be present during the interview. According to my assistant (Casey Brannon), Ms. Callahan notified Ms. Brannon that she was told that there was a judicial order requiring Ms. Callahan's presence. At this time, I brought Ms. Callahan into the room who also notified me that she had been told by Mr. John Dockery that there was a judicial order that Ms. Callahan be present. I subsequently discontinued the interview and attempted calls to V. Lee Moore, J.D., James McRackin, J.D. and Tommy Brittain, J.D. I was able to contact (Barbara Vane) the assistant to V. Lee Moore and notify her of the situation. Shortly after this, Ms. Vane telephoned to notify me that Ms. Moore spoke with Mr. Brittain's office and that there was no such order requiring Ms. Callahan's presence. Due to the lengthy process of the issues with the hearing aids and the concern as to the nonexistent judicial order, the entire scheduled time was passed and Ms. Dockery was rescheduled for 4/4/2012. Ms. Dockery and Ms. Callahan were both urged to be personally diligent to ensure that Ms. Dockery had her hearing aid for the next appointment.

Clinical Interview of 4/4/2012:

Ms. Dockery presented to the clinical interview. She was brought to her seat in my office by Ms. Callahan and her nurse caregiver. I asked if she had her hearing aid, and was told that it was out in the waiting rooms. Ms. Dockery stated that she did not require her hearing aids as, "My hearing is not that bad. I can hear everything your saying. I would rather not wear one." I explained to her the need for the hearing aid due to the previous concerns. Her hearing aid was retrieved, placed on her and we began the interview. Due to the ongoing difficulties and concerns regarding the presence of someone other than Ms. Dockery during her interview, I chose to record the session. I explained to both Ms. Dockery and Ms. Callahan that I would be doing so and Ms. Callahan was excused. The digital recorder which is rarely used was set up, but was not working. I did not feel it appropriate to waste another session and began the interview while sending my staff to find another recording device.

I initially began by explaining to Ms. Dockery that I wished her to repeat back whatever she understood that I was asking before answering my questions. She agreed to do so, however, she required frequent reminding to actually comply. I again questioned the patient in a way specifically directed to the determination of her capacity for self-care and care of her property.

Ms. Dockery was largely unable to appropriately answer the bulk of questions that she had been previously posed during previous evaluations. Specifically, she became rather disturbed by a hypothetical scenario of being present at the edge of a lake with a 2-year-old boy playing alone at the edge of a dock. She stated "This is a ridiculous question, we discussed your outrageous questions at home. Such things don't happen." When prodded to respond to the hypotheticals, Ms. Dockery was largely resistant, but eventually became more willing to do so as the interview

progressed. Eventually, an analog cassette recorder was brought to my office, and a portion of the interview was captured on tape, which was maintained in the patient's record.

Telephone Call from John Dockery 4/20/2012:

Mr. John Dockery was telephoned by my office to make an appointment to schedule Ms. Dockery for a brief follow-up testing. My assistant, Casey Brannon spoke with Mr. Dockery, and he stated that he was going to report Dr. Goldschmidt for violation of the Americans With Disabilities Act if he retests her.

A subsequent telephone call was placed to V. Lee Moore, J.D. as she was the one who had requested the reevaluation and I was told that this could be made part of the record at trial.

History:

See prior evaluation for detailed history.

Evaluation Procedures:

Comprehensive Test of Nonverbal Intelligence (CTONI)
Wechsler Adult Intelligence Scale-III (WAIS-III)

Behavioral Observations During Testing:

Ms. Dockery again presented for testing without her hearing aid, although cautioned several times as to the importance of doing so. Testing began after the hearing aid was placed

Ms. Dockery was generally pleasant during the evaluation. She seemed generally comfortable. She was generally well groomed and able to sit still and upright in her chair. She had significant difficulty remaining on task requiring frequent redirection. She was generally unaware of her cognitive deficits when questioned; however, she seemingly was aware of her poor performances throughout the evaluation. Ms. Dockery was generally patient in responding to questions. Her responses were generally direct and appropriately detailed. She seemed appropriately motivated and cooperative. She was generally friendly, open and frank.

FUNCTIONAL TESTING:

Intellectual Functions:

During the 12/2010-1/2011 evaluation, the patient obtained a Full Scale IQ score of 84, 14th percentile (Low Average); a Verbal IQ score of 94, 34th percentile (Average); and a Performance IQ score of 73, 4th percentile (Borderline).

During the 8/2011-9/2011 evaluation, the patient obtained a Full Scale IQ score of 89, 23rd percentile (Low Average); a Verbal IQ score of 93, 32nd percentile (Average); and a Performance IQ score of 85, 16th percentile (Low Average).

During the current evaluation, the patient was administered an updated version of the Wechsler Intelligence Test (WAIS-IV).

Results of Ms. Dockery's current intellectual functioning examination are as follows:

Scale	Acronym	Composite Score	Percentile Rank	Qualitative Description
Verbal Comprehension	VCI	89	23	Low Average
Perceptual Reasoning	PIRI	79	8	Borderline
Working Memory	WMI	89	23	Low Average
Processing Speed	PSI	81	10	Low Average
Full Scale	FSIQ	80	9	Low Average
General Ability	GAI	81	10	Low Average

The 10-point discrepancy between Verbal and Performance IQ scores was enough to indicate statistical significance meaning that ability for verbal comprehension and ability to use verbal skills in reasoning is superior to the capacity for perceptual organization and for nonverbal reasoning skills.

Inter-subtest analysis revealed significant scatter among the patient's subtest scores within the Verbal subtests. Verbal subtest scores fell within the Low Average to Average range. She scored better, relative to herself, on a task which measures language development and word knowledge (Vocabulary).

Inter-subtest analysis revealed significant scatter among the patient's subtest scores within the Performance subtests. Performance subtest scores fell within the Borderline to Average range. The patient scored worse, relative to herself, on a task which measures speed of visual perceptual processing (Symbol Search).

Ms. Dockery's profile evidenced minimal intrasubtest scatter. In other words, she had a tendency to answer questions or perform tasks consistently, suggesting a valid profile of results.

The results of the CTONI, a test of nonverbal intelligence, were consistent with the previous findings with a Nonverbal Intelligence Quotient (NIQ) of 76, 5th percentile (Borderline), again suggesting reliable and valid measurement of her Full Scale IQ (FSIQ).

Summary:

Ms. Dockery was an 87 year-old Caucasian female. She was operating in the Low Average (WISC-IV Full Scale IQ = 80, 9th percentile) to Borderline (CTONI NIQ = 76, 5th percentile) range of intellectual functioning. Ms. Dockery was intellectually operating in the lower 5th-9th percentile) of people her age, consistent with previous finding of age related dementia.

Comparison to her previous results of intellectual testing suggests a continuing progression in Ms. Dockery cognitive loss dysfunction since her prior evaluations in 2010-2011, consistent with what is to be expected at her age and based on her condition.

Comparison of test data suggest that Ms. Dockery continues to suffer multiple neurocognitive/neurobehavioral deficits in many areas of adaptive functioning including, but not limited to, intellectual functioning, short-term memory, attention/concentration, sensori-motor functioning, visual-spatial functioning, problem-solving, mental flexibility, verbal fluency, language functioning, and other executive functions. Emotional problems have occurred which likely included moderately depressed mood and anxiety. These cognitive losses and emotional changes have served to severely impede Ms. Dockery in her independent daily functioning at home, and in life in general.

The nature of Ms. Dockery's history and functional profile is consistent with a diagnosis of a Mixed Dementia including Probable Vascular Dementia with Depressed Mood; Probable Dementia of the Alzheimer's Type, with Late Onset with Depressed Mood; Possible Dementia Secondary to Closed Head Traumatic Brain Injury with Depressed Mood; and Possible Dementia Secondary to Normal Pressure Hydrocephalus.

It is my opinion within a reasonable degree of neuropsychological certainty that, consistent with previous evaluations that Ms. Emily Dockery is an incapacitated person and requires a guardian and conservator to be appropriately managed in a safe environment and maintain appropriate care of her property.

Feel free to contact me with appropriate order or consents for more specific questions as needed

Diagnostic Impressions:

Ms. Dockery met the diagnostic criteria for DSM IV:

Axis I:	290.43	Probable Vascular Dementia with Depressed Mood
	290.3	Probable Dementia of the Alzheimer's Type, with Late Onset With Depressed Mood
	294.11	Possible Dementia Secondary to Closed Head Traumatic Brain Injury with Depressed Mood
	294.1	Possible Dementia Secondary to Normal Pressure Hydrocephalus.
Axis II:	None	
Axis III:		History of closed head traumatic brain injury status post craniotomy, possible normal pressure hydrocephalus status post shunt placement, small vessel ischemic demyelination type changes of the brain,

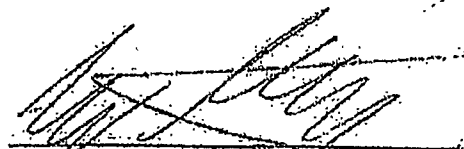
Axis IV:

bilateral cataract removal, and bilateral
mastectomy in 1979 secondary to breast
cancer
Coping with functional losses and decreased
independence

Axis V: GAF = 34

Recommendations:

1. Due to the etiology, severity, diffuse and progressive nature of Ms. Dockery's cognitive and neurobehavioral deficits, continued neurological supervision is recommended.
2. Due to the etiology, severity, diffuse and progressive nature of Ms. Dockery's cognitive and neurobehavioral deficits it is recommended that Ms. Dockery and her caregivers attend psychoeducational treatment to create an underlying understanding of Ms. Dockery's deficits and how they may affect her capacity to be independent and perform certain activities safely, both in the present and the near future.
3. Due to the increasing levels of care that Ms. Dockery will likely require and the high degree of stress involved in the caregiving role for an individual affected by dementia, it is recommended that Ms. Dockery's caregivers attend psychotherapy in, either or both, an individual or group context.
4. Psychiatric consultation for psychopharmacologic intervention is recommended should Ms. Dockery's level of anxiety and depression continue to impede her health and level of functioning.
5. Due to the severity of Ms. Dockery's medical condition, continued supervision by her family physician is recommended; such supervision could include primary preventative risk factor modification.
6. Due to the multiple deficits evident in Ms. Dockery's profile, it is strongly recommended that Ms. Dockery cease any operation of a motor vehicle.
7. Due to the probability of progressive functional changes and their importance for independence and quality of life issues, neuropsychological follow up is recommended in 12-18 months which should include reevaluation of areas of functional loss and continued treatment planning.
8. Due the etiology, effect and progressive nature of Ms. Dockery's deficits, and the limitations that these deficits can have on personal safety and care, consideration of an appropriate living situation, such as in-house nursing assistance or residence in an appropriate living facility, is recommended.



Leonard Goldschmidt, Psy.D., J.D.
Clinical Neuropsychologist
Forensic Psychologist
Licensed Clinical Psychologist
South Carolina License #: 845

cc: V. Lee Moore, J.D.
Tommy Brittain, J.D.
James McCrackin, J.D.
Billy Monckton, J.D.

GRAND STRAND
SPECIALTY ASSOCIATESOrthopaedic Surgery/Reumatology
Christopher G. Giddens, MDNeurosurgery
Thomas Anderson, MD
Emmons Giddens, MDNeurology
John Benjamin, MD
Barbara Smith, MD
Michael McCann, MDNeurology & Ophthalmology
George Smith, MD

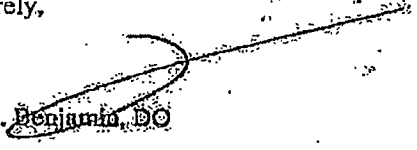
May 11, 2012

Mary Madison Brittain Langway
Brittain Law FirmRE: Emily Dockery
DOB: 7/16/1924
Chart: 121284

Dear Ms. Brittain Langway:

I did receive your letter dated May 08, 2012 with an extensive massive pile of neuropsychiatric records. I did try to brief through these. They are obviously extensive and to be honest way out of my round of expertise. There is no question that the little bit I did notice is that this is way overwhelming for a patient of this age to be going through this. In fact, one of the notes that I noticed that on 04/26/2012, he did a CTONI study and if you noticed that she presented at 10:30 in the morning, it started 11:45 in the morning. She ate lunch and then restarted it at 1 o'clock. Immediately, she said she was tired, not feeling good, and wanted to have lunch nap, which is her regular routine, but did not and the study continued until 2:30. It seems like the majority of all those studies were lasting about two to three hours and in my opinion, it is inappropriate to expect somebody of this age and going out of her routine to perform at the highest standard that she could perform. That being said, I am not a neuropsychiatrist and I have never interpreted the plethora of studies that they ran on her, but I could assure you that I would have difficulties getting through them certainly in the time frames as well as in the constraints that they use. Now this being said again, I would suggest possibly having another neuropsychiatrist look over these and see above the appropriateness of the testing environment, i.e. time restraints. As of I stand now as I mentioned in the deposition, there is no question in my mind I think and as the time I last saw her, she is cognitively able of make decision making.

Sincerely,


Jeff A. Benjamin, DO

JB/nob

cc: The Brittain Law Firm

29538

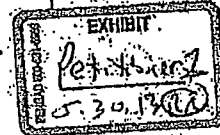
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STATE OF SOUTH CAROLINA

DEC 15 PM 2 13

COUNTY OF HORRY

R. G. HORTON
 CLERK OF COURT



Know all Men by these Presents,

That It, S & H Investments, Inc.

In the State aforesaid for and In consideration of the
 sum of Three Hundred Forty-Five Thousand and 00/100 (\$345,000.00) - - - DOLLARS

to it paid by Twenty Ninth Ave. Corp., a South Carolina CorporationIn the State aforesaid, (Receipt whereof is hereby acknowledged) it

have granted, bargained, sold and released; and by these presents do grant, bargain, sell and release unto the said
Twenty Ninth Ave. Corp., a South Carolina Corporation, the following described
property, to wit:

ALL AND SINGULAR, all those certain pieces, parcels or lots of
 land, situate, lying and being in Dogwood Neck Township, County and State
 aforesaid, and being shown and designated at Lots One (1), Two (2), Three
 (3) and Four (4) and Lots Twenty-one (21) and Twenty-two (22), Block
 Three-K (3-K, Kings Highway Extension Section on a plat made by T. M.
 Jordan, C. E., dated May, 1946, and recorded in Plat Book 3 at page 11)
 records of Horry County.

Also included in this conveyance are all furniture, fixtures
 and furnishings located on and used in connection with the operation of
 the motel known as El Patio Motel, with the exception of all television
 sets and personal items belonging to the seller.

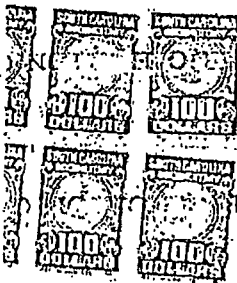
This conveyance is subject, however, to the restrictions imposed
 on the property by the developer appearing of record.

This is the identical property acquired by grantor herein by deed of
 L. K. Wiand and Ruth H. Wiand, dated November 10, 1966, and recorded in Deed
 Book 356 at page 532, records of Horry County.

I Certify \$375.50 Horry County Documentary
 Tax has been paid on this instrument.

R. G. Horton

R. G. HORTON
 Clerk of Court



TOGETHER with all and singular, the Rights, Members, Hereditaments and Appurtenances to the said premises belonging, or in anywise incident or appertaining.

TO HAVE AND TO HOLD all and singular the premises before mentioned unto the said:

Twenty Ninth Ave. Corp., a South Carolina Corporation, its successors,

Heirs and Assigns forever.

successors,

And it do hereby bind itself and its Heirs and Executors and Administrators, to warrant and forever defend all and singular the said premises unto the said:

Twenty Ninth Ave. Corp., a South Carolina Corporation, its successors,
it and its successors Heirs, and all persons whomsoever
lawfully claiming, or to claim

the same or any part thereof.

Witness the corporate Hand and Seal this 15th day of December

In the year of our Lord one thousand nine hundred and seventy-two
and in the one hundred and ninety-seventh year of the Sovereignty and
Independence of the United States of America.

S & H INVESTMENTS, INC.

Signed, Sealed and Delivered
In the Presence of

Attested

By: [Signature] (L.S.)
C. Steve Hardy, President (L.S.)
By: [Signature] (L.S.)
W. Vernon Hopkins, Secretary (L.S.)

STATE OF SOUTH CAROLINA,

COUNTY OF HorryPERSONALLY appeared before me, RALPH HOFFMANand made oath that he saw the within named S.A.H Investments, Inc. by C. Steve Clardy, its President and attested by W. Vernon Hopkins, its Secretary

____ Sign, Seal and as the corporate Act and Deed deliver the within written Deed; and that he with
E. WINDELL MCCRACKIN witnessed the execution thereof.

Sworn to before me this 15thday of December A. D. 1972

W. Vernon Hopkins (L. S.)
 Notary Public for South Carolina

Ralph Hoffman

My Commission Expires:

NOT NECESSARY - CORPORATE GRANTOR

RENUNCIATION OF DOWER

STATE OF SOUTH CAROLINA,

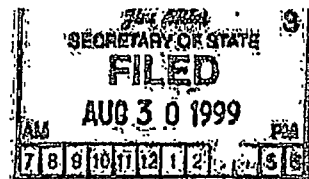
COUNTY OF _____

I, _____ do hereby certify

unto all whom it may concern, that Mrs. _____

the wife of the within named grantor did this day appear before me and upon being privately and separately examined by me, did declare that she does freely, voluntarily, and without any compulsion, dread or fear of any person or persons whomsoever, renounce, release and forever relinquish unto the within named grantee _____ Heirs and As: signs, all her interest, and estate, and also all her right and claim of Dower, of, in or to, all and singular the premises within mentioned and released;

LIMITED PARTNERSHIP AGREEMENT
OF
WHITLARK LIMITED PARTNERSHIP



THIS LIMITED PARTNERSHIP AGREEMENT of the WHITLARK LIMITED PARTNERSHIP (the "Partnership Agreement") entered into as of this _____ day of _____ 1999, by and among the undersigned.

SECTION I

Definitions

1.1. Agreement. The "Agreement" is the WHITLARK LIMITED PARTNERSHIP AGREEMENT as amended from time to time. The Agreement shall include Schedule A, as it may be amended from time to time.

1.2. Certificate. The "Certificate" is the certificate of Limited Partnership filed on behalf of the WHITLARK LIMITED PARTNERSHIP, as may be amended from time to time.

1.3. General Partner. Unless otherwise distinguished, the "General Partner" shall refer to John C. Dockery, III, or any successor General Partner or General Partners, including any sole remaining General Partner.

1.4. Limited Partner. A "Limited Partner" and the "Limited Partners" shall refer to one (1) or more of the persons whose names are listed on Schedule A to the Agreement as being Limited Partners.

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1.5. Partners. The "Partners" or a "Partner," when used without the words "General" or "Limited," shall refer to both the General and Limited Partners.

1.6. Partnership. The "Partnership" is the WHITLARK LIMITED PARTNERSHIP.

1.7. Partnership Capital. The "Partnership Capital" is the total of the Partners' capital contributions.

1.8. Partnership Interests. The "Partnership Interests" are the relative interests of the individual Partners in the Partnership, as indicated on Schedule A.

1.9. Partner Units. The "Partnership Interests" may also be referred to herein as Partner Units, whether General Partner Units or Limited Partner Units. A percentage point shall be equal to one (1) unit. For example, a One (1%) percent Partnership Interest shall equal to one (1) unit.

1.10. Transfer. A "Transfer" of a Partnership Interest includes any sale, pledging, encumbering, giving, bequeathing, or other transferring or disposing of, or permitting to be sold, encumbered, attached, or otherwise disposed of or have ownership changed in any manner, whether voluntarily, involuntarily, or by operation of law.

SECTION 2

Name: The Partnership's name is the WHITLARK LIMITED PARTNERSHIP.

SECTION 3

Place of Business and Registered Agent

3.1. Place of Business. The Partnership's principal place of business is at Myrtle Beach, Horry County, South Carolina. The General Partners may from time to time change the Partnership's principal place of business to another location and add additional places of business.

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3.2. Registered Agent. John C. Dockery, III, the General Partner, shall be the Partnership's registered agent. The registered agent's business address is and shall be within South Carolina.

SECTION 4

Business

The character of business and purposes of the Partnership shall be to consolidate the management of certain property of the WHITLARK LIMITED PARTNERSHIP (the "Family"); to make a profit; to avoid the division of the property of the Family which is in the Partnership in order to promote the greater sales potential of the property; to avoid potential expensive litigation and disputes over the property of the Family by providing mechanisms for centralized management, defining the roles and rights of Family members in the property, and providing procedures to resolve disputes; to prevent the transfer of interests in the property to non-Family members; to establish protection of Family interests from interference and disruption resulting from claims by potential creditors of any family member; to establish an investment policy for the Partnership to reduce the mechanics and costs of administration of investments; to permit the family to engage investment advisors on a combined basis; to facilitate the administration and reduce the costs associated with the disability or probate of estates of Family members; to provide flexibility in business and estate planning not available through trusts, corporation or other business entities; to reduce transaction costs and multiple deeds in transferring property among Family members; to provide a method for incrementally introducing younger Family members to management of the property; and acquiring, financing, developing, subdividing, managing, improving, operating, leasing, mortgaging, refinancing, pledging, selling or otherwise dealing with partnership property. The Partnership may engage in any

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and all business activities that the General Partner may, from time to time, deem to be in the best interests of the Partnership.

SECTION 5

Term

5.1. Initial Term. The Partnership begins on the date of this Agreement and ends on the date that is fifty (50) years from the filing of the Certificate of Limited Partnership, unless terminated earlier.

5.2. Extension. The Partnership may be continued beyond its scheduled termination date by an affirmative vote of the Partners holding a majority of the Partnership Interests. However, at any time after the scheduled termination date, any Limited Partner may withdraw his or her capital account by written request to the General Partner.

SECTION 6

Capital and Capital Accounts

6.1. Each Partner's Share. Each Partner's initial capital contributions, made in cash or property valued for this purpose at its fair market value on the date of contribution, is indicated on Schedule A.

6.2. Additions. The General Partner may request additional capital contributions from all Partners in proportion to their initial capital contributions, if the General Partner determines that the Partnership's capital is insufficient to meet the reasonable needs of its business. In the event any Partner shall fail to contribute his proportionate amount ("Defaulting Partner"), his contribution may be paid proportionately or otherwise by the other Partners and, upon said payment, shall be

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accountants) as may seem proper; (11) buy or otherwise obtain the use of any type of equipment or other property that may be convenient or advisable in connection with any Partnership business; (12) incur any reasonable expense for travel, telephone, telegraph, insurance, taxes, and such other things, in carrying on the Partnership's business; (13) sue and be sued, complain and defend in the Partnership's name of and on its behalf; and (14) quitclaim, release or abandon any Partnership assets with or without consideration.

8.3. Compensation. The General Partner shall be entitled to reasonable compensation for the management of the Partnership's business.

8.4. Expenses. All reasonable expenses incurred by the General Partner in managing and conducting the Partnership's business, including (but not limited to) overhead, administrative and travel expenses, and professional, technical, administrative, and other services, will be reimbursed by the Partnership.

8.5. Tax Matters Partner. John C. Dockery, III, the General Partner, shall also be the Tax Matters Partner and, as such, shall be solely responsible for representing the Partnership in all dealings with the Internal Revenue Service and any state, local, and foreign tax authorities, but it shall keep the other Partners reasonably informed of any Partnership dealings with any tax agency.

8.6. Multiple General Partners. In the event there is more than one General Partner serving hereunder, unless otherwise provided herein, on all matters relating to the Partnership, the decision of those General Partners owning more than Fifty (50%) percent of the General Partnership Interests or General Partner Units in the Partnership (with each General Partner Unit entitled to one vote) shall control, and all the rights, duties, and powers conferred upon, and any actions permitted to be taken by, the General Partners under this Agreement shall be conferred upon or permitted to be taken by

such majority of the General Partnership Interests or General Partner Units. This Section 8.6 shall not be construed as requiring a formal vote of the General Partners in the event such a majority of the General Partnership Interests or General Partner Units are in agreement, nor shall the signature, consent, approval, authorization, or other act of any General Partner other than those General Partners whose General Partnership Interests or General Partner Units are a part of such majority of the General Partnership Interests or General Partner Units, be required with regard to any signature, action, consent or approval done on behalf of the Partnership by such majority.

SECTION 9

Books and Records

9.1. General. The Partnership's books and records will be kept on the cash method of accounting and in accordance with generally accepted accounting principles consistently applied, and shall reflect all Partnership transactions and be appropriate and adequate for all Partnership business. The Partnership books shall be kept on a fiscal year ending December 31. The Partnership's records shall be maintained at Myrtle Beach, Horry County, South Carolina.

9.2. Financial Statements. Within a reasonable period after the close of each fiscal year, the General Partner, at the Partnership's expense, will give a written report to each other Partner indicating such Partner's share of the Partnership income, which requirement may be satisfied by giving each Partner a copy of any tax form which includes such information.

SECTION 10

Banking

All Partnership funds will be deposited in its name in such accounts as the General Partner

designate. The General Partner can authorize other persons to draw checks on Partnership bank accounts, but such authority must be in writing and one (1) or more of the Partners may require that such persons be bonded. Each bank in which a Partnership account is maintained is relieved of any responsibility to inquire into the Partners' authority to deal with such funds, and absolved of all liability with respect to withdrawals from such Partnership accounts by any person duly authorized by the General Partner.

SECTION 11

Tax Elections

No election shall be made to exclude the Partnership from the application of the provisions of Subchapter K of the United States Internal Revenue Code ("the Code") or from any similar provisions of state tax laws. If a Partnership Interest is transferred, a Partner dies, or Partnership assets are distributed to a Partner, the General Partner may, in their discretion, cause the Partnership to elect to cause the basis of the Partnership's assets to be adjusted for federal income tax purposes, under Sections 734 and 743 of the Code.

SECTION 12

Transfer of Partnership Interests

12.1. Family Transfers. Any Partner may transfer all or part of his or her Partnership Interest, to his or her lineal descendent or to another Partner, except that any transfer pursuant to an order of legal separation or final decree of divorce shall be subject to Section 12.2. Provided, however, such transferee shall not have the right to become a Limited Partner except upon compliance with all terms of Section 12.3 hereof. "Lineal descendent" includes only the parent, children, grandchildren, etc.

of the Partner, or any trust, partnership, limited liability company or corporation in which the Partner or "lineal descendant" is the majority beneficial owner.

12.2. Bona Fide Offer. Except as permitted in Section 12.1, the interest of any Partner shall not be Transferred except pursuant to a "bona fide offer." For purposes of this Agreement, the entry of an order of legal separation or final decree of divorce involving a Partner which requires any Partnership Interest to be transferred to any non-Partner, including the Partner's spouse, former spouse, or children, shall constitute a bona fide offer. In the event of a bona fide offer, the transferring Partner shall, not less than sixty (60) calendar days prior to the transfer, serve notice to the other Partners of his or her intention to so transfer his or her interest. This right of transfer shall be subject to the following conditions:

A. One or more of the remaining Partners shall have the right to purchase all, but not less than all, of such offered interest. This right may be exercised by the remaining Partners by the service upon the transferring Partner of written notice within thirty (30) calendar days after the receipt of the written notice of intention to sell. Such right may be exercised in the same proportions as the Partnership Interests of all remaining Partners. Any portion of the interest offered upon which there has not been an exercise in writing of the right to purchase may then be purchased by one or more of those Partners who exercised their right of purchase within thirty (30) calendar days as provided for above. This secondary right of purchase may be exercised within thirty (30) calendar days after expiration of the first thirty (30) day period by the service of written notice upon the selling Partner, who shall be required to honor such notices of exercise in full in the order received. If less than all the offered interest is purchased under this paragraph, the transferring Partner may complete the transfer only pursuant to the bona fide offer, and if such transfer is not completed within thirty (30)

calendar days after expiration of the last exercise period hereunder, any attempted transfer thereafter will be deemed pursuant to a new offer and this section shall again apply.

B. Where the Partners are notified in writing of a bona fide offer received by the transferring Partner, the Partners may exercise their right to purchase at a price equal to the appraised value of the Partnership Interests determined as of the date of the bona fide offer by three appraisers, one selected by the transferring Partner, one selected by the purchasing Partners and a third selected by the first two appraisers. Such appraisal shall take into account the particular characteristics of the Partnership Interest to be sold, including but not limited to its minority status. The fees and expenses for such independent appraisal shall be equally divided and paid one-half by the transferring Partner and one-half by the other Partners. The purchase price shall be paid by giving the transferring Partner an unsecured negotiable promissory note bearing interest at the highest prime interest rate charged on the date on which the said sixty (60) day period expired, by the banks with which the Partnership has a bank account. Said promissory note shall provide for twenty (20) equal quarterly payments, beginning on the expiration date of the last thirty (30) calendar day period. A "bona fide offer" means an offer in writing, signed by the offeror, who must be a person, partnership, or corporation financially capable of carrying out the terms of the offer, in form legally enforceable against the offeror, and binding the offeror to become a Partner and assume all of the obligations and undertakings of the seller in accordance with the terms of this Agreement. In addition, a "bona fide offer" means the entry of an order of legal

separation or a final decree of divorce involving a Partner which requires any Partnership Interest to be transferred to any non-Partner, including the Partner's spouse, former spouse or children.

C. In the event that all of the remaining Partners fail to exercise the right to purchase pursuant to the provisions of this Section 12.2, the Partnership Interest may be assigned pursuant to the bona fide offer. The assignee may be substituted, as herein provided, in place of the assigning Partner upon compliance with the terms of Section 12.3 hereof.

12.3. Condition Precedent to Admission of Substitute Partners. No transferee to whom a Partnership Interest is properly transferred shall be admitted to the Partnership without the written consent of all of the Partners. Any additional Partner must agree to be bound by the terms of this Agreement. In addition, to the extent required by Treasury Regulations Section 1.704-1(b)(2)(iv)(f), the Partnership's books and the Capital Accounts of the Partners shall be adjusted in accordance with said Treasury Regulations.

SECTION 13

Limited Partners

13.1. Status of the Limited Partners. Except to the extent of their capital contributions to the Partnership and any agreement to the contrary, the Limited Partners shall not be bound by, or be personally liable for, any expenses, liabilities or obligations of the Partnership. No Limited Partner shall take part in the control of the Partnership's business, within the meaning of Section 33-42-430(a) of the South Carolina Limited Partnership Act (the "Act").

13.2. Rights, Prohibitions and Liabilities of the Limited Partners.

A. The Limited Partners shall be entitled to the rights provided by the Act, and to such other rights as are set forth elsewhere in this Agreement.

B. Except as otherwise provided herein or in the Act, no Limited Partner shall have the right:

(i) To have his or her capital contribution returned until the Partnership is dissolved, wound up and terminated, and all Partnership liabilities have been paid or funds have been set aside therefor, and then only in accordance with the provisions hereof;

(ii) To require partition of any Partnership property or to compel any sale or appraisal of Partnership assets, which rights are hereby irrevocably waived;

(iii) To sell or assign any Partnership Interest owned by the Limited Partner, except in accordance with this Agreement;

(iv) To withdraw from or reduce the Limited Partner's capital contribution to the Partnership; or

(v) To demand or receive property other than cash in return for the Limited Partner's capital contribution to the Partnership or as to distributions of profits, and only that cash which exceeds the reasonable working reserves needed for the Partnership.

SECTION 14

Amendments

This Agreement may be amended only with the unanimous consent of the Partners if the amendment would change their required contributions, their rights and interests in Partnership profits or losses, their rights on liquidation of the Partnership, payment of cash flow, income tax allocations or the requisite vote needed to expel a member. Any other provision of this Agreement may be amended by the unilateral act of the General Partners.

SECTION 15

Admission, Expulsion and Withdrawal of Limited Partners

15.1. Admission of New Limited Partners. A person may be admitted as a Limited Partner by written consent of all of the Partners, provided that the new Limited Partner consents in writing in a form satisfactory to the General Partners to be bound by this Agreement.

15.2. Expulsion of Limited Partners. The General Partners may terminate the interest of a Limited Partner and expel him or her: (a) for interfering in the management of the Limited Partnership affairs or otherwise engaging in conduct which could result in the Limited Partnership losing its tax status as a partnership; (b) if the conduct of a Limited Partner tends to bring the Limited Partnership into disrepute or his interest becomes subject to attachment, garnishment, or similar legal proceedings; or (c) for failing to meet any commitment to the General Partners in accordance with any written undertaking. In each of the foregoing events, the termination shall not result in a forfeiture to the Limited Partner of the value of his interest in the Partnership at the time of termination.

15.3. Withdrawal of Limited Partners. A Limited Partner may not withdraw from the Partnership before the end of the term provided by this Agreement.

SECTION 16

Limited Partner's Death, Insanity, or Incompetency

16.1. Death, Insanity or Incompetency. The death or adjudication of insanity or incompetence of a Limited Partner shall not dissolve the Partnership. In such event, the executor or administrator of the estate of the deceased Limited Partner, or the committee, conservator, guardian, or other legal representative of the estate of the insane or incompetent Limited Partner, shall have the same right (subject to the same limitations) as the deceased, insane or incompetent Limited Partner would have had under the provisions of Section 12 to assign the Limited Partnership Interest of the deceased, insane or incompetent Limited Partner and to provide in the instrument of assignment that the assignee, if the Partners so consent in writing, may become a substituted Limited Partner in accordance with the procedure specified in Section 12.

16.2. Bankruptcy. If any Limited Partner shall take advantage of any bankruptcy or insolvency act, or if an insolvency petition shall be filed against any Limited Partner and a final adjudication of insolvency entered thereon, or if any Limited Partner shall make an assignment for the benefit of his or her creditors, then the General Partners shall have the option (exercisable by giving notice thereof to such Limited Partner or to his or her assignee, trustee in bankruptcy, receiver or other legal representative), to purchase or cause to be purchased all, but not less than all, of such Partner's Limited Partnership Interest within ninety (90) days after such taking advantage or adjudication or assignment, as the case may be, at a price equal to the greater of one hundred dollars

(\$100) or the fair market value of such Partner's Partnership Interest at such time determined by an independent appraisal using the procedure for the appointment of a qualified appraiser set forth in Section 12.2, Paragraph B. The terms of payment shall be all cash or as otherwise agreed upon by the parties.

SECTION 17

Dissolution

17.1. Causes for Dissolution. The Partnership shall be dissolved upon any of the following events:

A. An event of withdrawal of a General Partner described in Section 33-42-620 of the Act, except that any event described in subsection (4), (5), (7), (8) or (9) of Section 33-42-620 of the Act shall not be an event of withdrawal;

B. Whenever the General Partners and all Limited Partners agree in writing that it be dissolved.

C. The entry of a decree of judicial dissolution under Section 33-42-1420 of the Act;

D. The expiration of the term of the Partnership as stated in Section 5; or

E. Any other event causing dissolution under the Act.

17.2. Withdrawal; Reconstitution. Technical dissolutions may occur pursuant to Section 17.1 A. and E. of this Agreement, but if there is a remaining General Partner, the Partnership will be reconstituted and continued subject to the following:

A. The General Partners each agree not to withdraw as a General Partner of the Partnership, pursuant to Section 33-42-1020 of the Act, without the prior written consent of

a majority in interest. For purposes of this subsection, "majority in interest" means at least Fifty-one (51%) percent of the Partnership Interests remaining after excluding the interest of the Partner seeking to withdraw. Any withdrawal shall be effective upon the later of (1) thirty (30) days after the necessary written consent is given by a majority in interest or (2) the date specified in the written consent. Upon the withdrawal, the Partnership Interest held by the General Partner seeking to withdraw and classified as a General Partner Interest shall be converted to a Limited Partner interest, and, thereafter, such Partner shall be a limited Partner for all purposes under this Agreement.

B. If a General Partner withdraws in violation of this Section, the withdrawal will be treated as a breach of this Agreement and the Partnership may recover damages from the withdrawing Partner, including the reasonable cost of obtaining replacement of the services the withdrawing Partner was obligated to perform. The Partnership may, in addition to pursuing any remedies otherwise available under applicable law, recover from the withdrawing Partner by offsetting any damages against any amount otherwise distributable to the withdrawing Partner, reducing the Limited Partner interest into which the withdrawing Partner's interest may be converted, or both.

C. If a General Partner withdraws in violation of this Section, the Partnership Interest held by such Partner as a General Partner shall automatically be converted to that of a Limited Partner. If, for any reason, a withdrawal is of a sole General Partner, the Partnership Interest held by such Partner as a General Partner shall be automatically converted to that of a Limited Partner effective immediately after the succession of new General Partners. The resulting Limited Partner interest of the withdrawn General Partner may be reduced pro rata with all

other Partners to provide compensation or an interest in the Partnership, or both, to a successor General Partner selected from outside the Partnership. The withdrawn General Partner shall thereafter have no voting rights in the Partnership, in which case "Majority Interest" shall thereafter for all purposes mean at least Fifty-one (51%) percent of the Partnership Interests remaining after excluding the interest of the withdrawn General Partner. The Partnership shall have the unilateral option to acquire the entire interest of the withdrawn General Partner under the same terms and conditions specified in Section 12, as if the withdrawn General Partner was a transferee of an interest conveyed without authority.

D. Subject to Section 5, and provided that at least one General Partner remains after an event of dissolution described in Section 17.1 A., it is agreed that the Partnership shall be automatically reconstituted without being wound up and the business of this Partnership shall be carried on by the successor General Partners. If no General Partner remains after an event of dissolution described in Section 17.1 A., it is agreed that, within Ninety (90) days after the occurrence of such an event of dissolution, all remaining Partners shall elect a new General Partner and shall reconstitute and continue the business of the Partnership.

17.3. Upon Dissolution. Upon its dissolution, the Partnership will terminate and immediately commence to wind up its affairs. The Partners shall continue to share in profits and losses during liquidation in the same manner and proportions as they did before dissolution. The Partnership's assets may be sold, if a price deemed reasonable by the Partners may be obtained. The proceeds from liquidation of Partnership assets shall be applied as follows:

A. First, all of the Partnership's debts and liabilities to persons other than Partners shall be paid and discharged in the order of priority as provided by law;

B. Second, all debts and liabilities to Partners shall be paid and discharged in the order of priority as provided by law; and

C. Third, all remaining assets shall be distributed proportionately among the Partners in accordance with their positive Capital Account balances, as adjusted for all items incurred in the year of liquidation.

17.4. Gain or Loss. Any gain or loss on the disposition of Partnership properties in the process of liquidation shall be credited or charged to the Partners in proportion to their Partnership Interests; provided, however, that gain or loss with respect to property contributed to the Partnership by a Partner shall be shared among the Partners so as to take account of any variation between the basis of the property so contributed and its fair market value at the time of contribution, in accordance with any applicable Treasury regulations. Any property distributed in kind in the liquidation shall be valued and treated as though it were sold and the cash proceeds distributed. The difference between the value of property distributed in kind and its book value shall be treated as a gain or loss on the sale of property, and shall be credited or charged to the Partners accordingly.

17.5. Partnership Assets Sole Source. The Partners shall look solely to the Partnership's assets for the payment of any debts or liabilities owed by the Partnership to the Partners and for the return of their capital contributions and liquidation amounts. If the Partnership property remaining after the payment or discharge of all of its debts and liabilities to persons other than Partners is insufficient to return the Partners' capital contributions, they shall have no recourse therefor against the Partnership or any other Partners, except to the extent that such other Partners may have outstanding debts or obligations owing to the Partnership.

17.6. Winding-Up. The winding up of Partnership affairs and the liquidation and distribution of its assets shall be conducted by the Partners, who are hereby authorized to do any and all acts and things authorized by law in order to effect such liquidation and distribution of the Partnership's assets.

SECTION 18

Power of Attorney

18.1. General. To facilitate the simple operation of the Partnership's business and to avoid frustration of the purposes of the Partnership by the unavailability or noncooperation of a Limited Partner, each Limited Partner names the General Partners as his or her attorney-in-fact, and gives the General Partners full power and authority, in the place of the Limited Partner, to file and record (1) any amendment to the Certificate, (2) any documents of any kind required by any state in which the Partnership is doing business, (3) any other documents deemed advisable by the General Partners, (4) any documents required to continue the Partnership, admit additional or substituted Partners, dissolve or terminate the Partnership or any interest in it, (5) any documents required to obtain or settle any loan, and (6) any documents which may be required to transfer any Partnership assets.

18.2. Power With an Interest. The power of attorney granted under Section 18.1: (1) is a power coupled with an interest; (2) is irrevocable and survives the Partner's incompetency; (3) may be exercised by one of the General Partners by a facsimile signature or by listing all of the Limited Partners executing the instrument with a signature of a General Partner as the attorney-in-fact for all of them; and (4) survives the assignment of the Limited Partner's interest, and empowers the General Partners to act to the same extent for such successor Limited Partner.

SECTION 19

Miscellaneous

19.1. Notices. Any notice or payment required or permitted under this Agreement shall be given and served either by personal delivery to the party to whom it is directed, or by registered or certified mail, postage and charges prepaid, and if it is sent to a Partner, addressed with his address as it appears on the records of the Partnership. Any notice is deemed given on the date on which it is personally delivered, or, if mailed, on the date it is deposited in a regularly maintained receptacle for the deposit of United States mail, addressed and sent as required in this Section. Any Partner may change his address for all purposes of this Agreement by giving notice in writing, stating his new address to the General Partners. Such a change of address will be effective fifteen (15) days after the notice is received by the General Partners.

19.2. Non-Waiver. Any party's failure to seek redress for violation of or to insist upon the strict performance of any provision of this Agreement will not prevent a subsequent act, which would have originally constituted a violation, from having the effect of an original violation.

19.3. Severability. Every provision of this Agreement is intended to be severable. If any term or provision hereof is invalid for any reason whatsoever, its invalidity will not affect the validity of the remainder of the Agreement.

19.4. Good Faith. The doing of any act or the failure to do any act by a Partner or the Partnership, the effect of which causes any loss or damage to the Partnership, will not subject such Partner or the Partnership to any liability, if done pursuant to advice of the Partnership's legal counsel or in good faith to promote the Partnership's best interests.

19.5. Governing Law. This Agreement shall be deemed to be made in and in all respects shall be interpreted, construed and governed by and in accordance with the laws of the State of South

Carolina.

19.6. Cumulative Rights. The rights and remedies provided in this Agreement are cumulative and the use of any right or remedy does not limit a party's right to use any or all other remedies. All rights and remedies in this Agreement are in addition to any other legal rights the parties may have.

19.7. Other Activities. Every Partner may also engage in whatever activities he chooses without having or incurring any obligation to offer any interest in such activities to any party hereof.

19.8. Confidentiality. No Partner may, without the General Partners' express written consent, divulge to others any information not already known to the public pertinent to the services, clients, customers or operations of the Partnership, whether before or after the Partnership's dissolution.

19.9. Counterparts. This Agreement may be executed in any number of counterparts with the same effect as if all parties hereto had all signed the same document. All counterparts shall be construed together and shall constitute one (1) agreement.

19.10. Waiver of Partition. Each of the parties waives during the term of the Partnership any right that he or she may have to maintain any action for partition with respect to the Partnership's property or assets.

19.11. Binding Terms. The terms of this Agreement are binding upon and inure to the benefit of the parties and, to the extent permitted by this Agreement, their heirs, executors, administrators, legal representatives, successors and assigns.

19.12. Personal Property. The interests of each Partner in the Partnership are personal property.

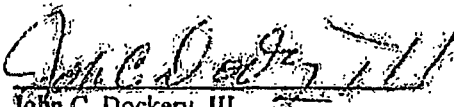
19.13. "Days" Defined. For purposes of this Agreement, any reference to a "day" or "days" means a calendar day, including any days which fall on legal holidays or week-ends.

19.14. Gender and Number. Unless the context requires otherwise, the use of a masculine

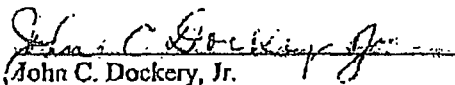
pronoun includes the feminine and the neuter, and vice versa, and the use of the singular includes the plural, and vice versa.

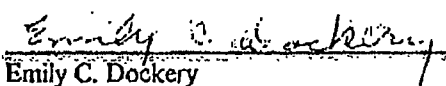
IN WITNESS WHEREOF, the parties hereto have executed this Limited Partnership Agreement of the WHITLARK LIMITED PARTNERSHIP, a South Carolina Limited Partnership, as of the day and year first above written.

GENERAL PARTNER:


John C. Dockery, III

LIMITED PARTNER:


John C. Dockery, Jr.


Emily C. Dockery

SCHEDULE A
PARTNERS AND PARTNERSHIP INTERESTS

<u>General Partners</u>	<u>Capital Contribution</u>	<u>% of Partnership Interest</u>
John C. Dockery, III	\$1.00	1%

<u>Limited Partners</u>	<u>Capital Contribution</u>	<u>% of Partnership Interest</u>
John C. Dockery, Jr.	\$98.00	98 %
Emily C. Dockery	\$ 1.00	1%

9

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM HORRY COUNTY
Court of Common Pleas

Larry B. Hyman, Jr., Circuit Court Judge

Case No. 2014-CP-26-1665
Appellate Case No. 2015-000680

RECEIVED
MAR 07 2016
SC Court of Appeals

Emily Carlson and Alice Preyer, ... Petitioners,

v.

John C. Dockery, III, ... Respondent.

In re Emily Cheshire Dockery,

Of whom Emily Carlson and Alice Preyer are the Respondents,

and

Emily Cheshire Dockery is the Appellant.

CERTIFICATE OF COUNSEL

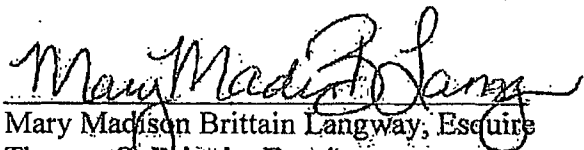
I hereby certify that the Record on Appeal contains all materials designated to be included by any of the parties and not any other material.

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NOV 30 2015

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November 30, 2015



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