

25

IN THE CIRCUIT COURT OF THE 12<sup>TH</sup>  
JUDICIAL CIRCUIT IN AND FOR  
SARASOTA COUNTY, FLORIDA

PROBATE DIVISION

CASE NO.: 03-CP-001071 NC

IN RE:  
ESTATE OF MURRAY B. COHEN

Deceased.

\_\_\_\_\_  
MARIA COHEN,

\_\_\_\_\_  
Petitioner,

v.

STEVEN J. COHEN ESDALE,  
individually and as the Natural  
Parent and Guardian of RYAN  
ESDALE, a minor.

\_\_\_\_\_  
Respondents.

AFFIDAVIT OF WILLIAM R. ANDERSON, M.D., A.M.E.

BEFORE ME, the undersigned authority, personally appeared WILLIAM R. ANDERSON,  
M.D., A.M.E. who, being duly sworn on oath, deposes and states as follows:

1. That my name is WILLIAM R. ANDERSON, M.D., A.M.E., and I am presently employed as a Forensic Pathologist, for Forensic Dimensions at 1630 Bridgewater Drive in Lake Mary, Florida.
2. That I was a Pathologist at the Office of the Medical Examiner, for District 12, in Sarasota, Florida from 2002 until 2003.
3. That I was Deputy Chief Medical Examiner for District 9 in Orlando, Florida from

RE ESTATE OF MURRAY B. COHEN  
AFFIDAVIT OF WILLIAM R. ANDERSON  
CASE NO.: 03-CP-001671 NC

1990 until 2002.

4. That since 1976, I have been Board Certified in the areas of Pathology and Anatomic and Forensic Pathology.

5. That since 1980, I have been Board Certified in the area of Clinical Pathology. 6

6. I was a Pathologist at the Office of the Medical Examiner, for District 12, in Sarasota, Florida, on January 13, 2003, the date of MURRAY B. COHEN'S death.

7. I performed the initial medical examination of decedent, MURRAY B. COHEN.

8. On January 16, 2003, I signed the death certificate for MURRAY B. COHEN.


9. At the time of MURRAY B. COHEN'S death, the Sarasota County Sheriff's Office determined that the cause of death appeared to be natural, and thus no autopsy was performed, on MURRAY B. COHEN, pursuant to Mrs. Maria Cohen, the decedent's spouse's wishes.

10. Based upon my many years of professional experience and training as a Forensic Pathologist, an exhumation of MURRAY B. COHEN's remains for the purpose of performing an autopsy, would prove to be invaluable in revealing the cause of death.

11. Furthermore, based upon my many years of professional experience and training as a Medical Examiner, there is a good and reasonable likelihood that an autopsy will disclose relevant information relating to MURRAY B. COHEN's cause of death.


12. I have read the above affidavit and all of the statements contained therein are true and correct, and are based on my personal knowledge and recollection and upon a review of my medical files and records pertaining to the decedent, MURRAY COHEN, as described above.

FURTHER AFFIANT SAYETH NAUGHT.

  
WILLIAM R. ANDERSON, M.D., A.M.E.

STATE OF WASHINGTON }  
COUNTY OF KING }

BEFORE ME the undersigned authority appeared WILLIAM R. ANDERSON, M.D., A.M.E., M.D., who is personally known to me, or has produced Drivers I.D. as identification, and who, after having been duly sworn, stated under oath that the above statements are true and correct. Dated this 14<sup>th</sup> day of March, 2004.

  
NOTARY PUBLIC  
STATE OF WASHINGTON

My Commission Expires:

7-01-04