

HONORABLE WYMAN YIP  
Hearing Date: March 17, 2023  
Without Oral Argument

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**SUPERIOR COURT OF THE STATE OF WASHINGTON  
FOR THE COUNTY OF KING**

In re the Matter of

Case No. 22-4-08326-1 KNT

THE SHARON M. HAROLD  
IRREVOCABLE TRUST DATED  
NOVEMBER 12, 2004,  
  
a Trust.

**SUR-OPPOSITION OF RESPONDENTS  
TO MOTION OF PETITIONER FOR  
APPOINTMENT OF A LITIGATION  
GUARDIAN AD LITEM FOR SHARON  
M. HAROLD**

**I. INTRODUCTION**

Grantor Sharon M. Harold ("Grantor") and Residual Beneficiaries Charles A. Harold, Jr., John J. Harold, Angel Harold, Amy Jane Small, and Josette Harold Ramirez (hereinafter collectively referred to as "Respondents") hereby submit this Sur-  
Opposition to Petitioner's Reply in Support of the Motion for Appointment of a  
Litigation Guardian Ad Litem ("LGAL") for Sharon M. Harold. The inaccuracy of these  
statements will be shown herein. Respondents reiterate their request that this motion  
be denied outright or at a minimum, held over until after the Temporary Protection  
Order and Hearing scheduled for March 20, 2023.

To put the case in layperson's terms, a Grandson (Trustee) is suing his  
Grandmother (Grantor) and using her money to do so simply because Grandma asked  
Grandson for an accounting of her Trust (which Grandson had not done in 12, now 13  
years). Grandma disagreed with how her Grandson accounted for HER trust funds.  
When Grandma found out that Grandson's Accounting of Trust (AOT) was actually a

1 mis-accounting of Trust (MAOT), Grandson then used this TEDRA proceeding to  
2 bombard the court with attacks on his Grandmother in an attempt to confuse the Court  
3 and hide his malfeasance.

4 Petitioner and his attorneys continue to grandstand, file frivolous and litigious  
5 motions to churn their attorney fees against Grantor's Trust, misuse their IOLTA  
6 deposits and commit perjury before this Court, all in an attempt to distract the Court  
7 and further diminish Grantor's Trust funds. When Petitioner first started threatening  
8 Respondents with litigation if they did not sign a release (a violation of RCW  
9 9A.56.130), the balance of the Trust was approximately \$700,000, now it is  
10 approximately \$500,000.

11 Each time Petitioner files any motion of any kind, Respondents are required by  
12 this Court to respond or risk an adverse ruling of the Court. Each time Respondents  
13 respond, as in this present opposition, double dipping occurs. Petitioner's attorney's  
14 take money from Grantor's trust to pay for the original motion, then take money from  
15 Grantor's trust to pay to reply to the opposition to that frivolous motion they generated  
16 in the first place. This is the definition of litigious. This churning of attorney fees is a  
17 perpetual motion machine that will eventually result in Grantor's trust fund being  
18 completely depleted, leaving her no money for her end-of-life planning.

19 As an offer of proof to Lane Powell's perpetual attorney fee machine,  
20 Respondents will now reply to their perjury laced comments in the latest round of this  
21 frivolous litigation.

22 **A. Notice Was Given to All Parties Regarding the Filing of The Petition for**  
23 **Protective Order.**

24 At the February 3 hearing before Commissioner Henry Judson, Respondent  
25 Charles A. Harold, Jr. stated, "We would be filing a protection order against Mr. Paice  
26 to allow us to get an oversight on what's going on with this case so we can put  
27 [Grantor] into an assisted living facility." (Schilbach Dec., Ex. A, p. 5. [Dkt. #52])  
28 Furthermore, Respondents believe there is no duty to give notice to a Respondent

(Paice) by a Protected Party (Sharon M. Harold) because that would forward Respondent and could cause retribution by a Respondent harming a Protected Part. Instructions from the Protection Court only call for service by various processes.

**B. The \$20,740.50 Disbursement Was Received by Grantor and Deposited Into Her Account.**

On March 13, 2023, Grantor's USAA account showed a deposit of \$20,740.50. As of this writing, it appears that the deposit has been withdrawn. After speaking with USAA, Respondents were told that there were several reasons for this occurrence, one of them being that a stop payment was put on the check. Respondents have no further information regarding this deposit but do know that Grantor's account is NOT frozen as alleged by Petitioner.

**C. The Petition for Protection Order Is Not Meritless.**

A Temporary Protection Order was granted by the Protection Court. The Court ordered financial accounts related to Petitioner frozen in part because of his self-reported "inadvertent" commingling of Trust money between various accounts related to Grantor. If the Petition for Protection Order is meritless or baseless, that is for the Protection Court to decide, not Lane Powell. If this is "judge-shopping" as alleged, then Petitioner went "venue shopping" when he brought this Petition before this Court. Clearly this matter belongs either in California or in Federal District Court because of: (1) the four different states Respondents reside in, (2) the common defense of Grantor position Respondents hold as Joint Respondents in common, (3) the violations of various federal laws, and (4) the conflicts of authority and jurisdiction. Respondents have not exercised their right to move this matter to a federal court because they are united in one cause and one cause only: to stop Petitioner's spending of Grantor's Trust funds on meritless, frivolous and litigious litigation and use her Trust funds to place her into an assisted living facility

**D. The Freezing of Petitioner's "Family Personal Bank Account."**

The bank account numbers listed in the Protective Order were taken from the

1 BECU's financial statements of the alleged "Trust" account for Sharon M. Harold,  
2 managed by Petitioner and provided to Grantor and Respondent's by the family  
3 accountant David Llewellyn. Several of those statements list a transfer from the "Trust"  
4 account to another BECU account listing the receiving BECU account number. That  
5 account number is NOT an account stated as one of Grantor's alleged "Trust"  
6 accounts. At various times, as stated by Petitioner himself in documents filed before  
7 this Court, Petitioner transferred alleged "Trust" assets to this non-trust account. Since  
8 Petitioner's MAOT is clear as mud, Respondents and the Protection Court correctly  
9 froze this account because at this point the Court and Respondents have no idea what  
10 is happening with Grantor's Trust funds. The Protection Court has ordered Petitioner  
11 (named Respondent in the Protection Hearing) to appear with an actual AOT as  
12 required by California Probate Code § 1060 *et seq.*

13 Additionally, as stated in the recent Supplemental Brief to the Protection Court,  
14 Respondents believe Petitioner's "Family Personal Bank Account" is not in fact frozen  
15 at all because Respondent was able to deposit funds into Petitioner's account using  
16 Zelle and verify the deposits.

17 **E. The Interests of Grantor are Completely Aligned with Attorneys in Fact**  
18 **Charles A. Harold, Jr. and Amy Jane Small; A LGAL Is Unwarranted,**  
19 **Unnecessary and Unwanted.**

20 Respondents reiterate that the goal of Grantor as well as Respondents is to  
21 place her in an appropriate assisted living facility. In order to accomplish this,  
22 Respondents want to ensure that there are and will be sufficient funds. It is Petitioner  
23 who has consistently and repeatedly claimed there were not enough funds to move  
24 Grantor into assisted living. It is Petitioner whose interests are not aligned with Grantor  
25 because he would not release funds for an assisted living facility and because he  
26 continues to spend her money in an attempt to ratify his breaches of duty as a trustee.  
27 The ratification of Petitioner's breaches is not the business of the trust, or respectfully  
28 this Court and therefore Grantor's trust funds should not be paying for Petitioner to

1 defend himself. Since Grantor and Respondents are united, a LGAL is unwarranted.

2 Since Petitioner is spending Grantor's trust at an alarming rate, which will result  
3 in there not being enough funds to take care of Grantor for the rest of her life,  
4 Respondents see that as a "serious immediate harm or irreparable injury," justifying  
5 the Protective Order. Paying for a LGAL would add to the exponential depletion of  
6 Grantor's trust fund. Petitioner and his counsel are of course aware of this and do not  
7 seem to care. Another example of churning attorney fees. For this reason, an LGAL is  
8 unwarranted and unwanted by Grantor.

9 **F. Petitioner Conflates "Incapacity" with "Vulnerable Adult".**

10 Grantor is a properly defined as a "Vulnerable Adult" per RCW  
11 74.34.020(21)(a)(f), which is unrelated to incapacity. Petitioner tries to conflate  
12 "Vulnerable Adult" with incapacity with zero proof, even though Petitioner is personally  
13 aware this proof exists.

14 Petitioner has not seen or spoken to Grantor since mid-2022. It seems  
15 Petitioner and his attorney's purport to have personal knowledge of Grantor's  
16 incapacity simply because she disagreed with Petitioner's MAOT, made up her own  
17 mind that Petitioner has discrepancies in his MAOT math, and decided the personal  
18 actions Petitioner took were against the interests of Grantor.

19 Again, Petitioner and his attorney's offer zero proof and continue to churn their  
20 attorney fees in an attempt to use up her Trust funds and discourage Respondents  
21 from fighting this litigious litigation. The Court will recall this is exactly what Petitioner's  
22 attorneys stated in several pre-litigation letters to Respondents, threatening litigation  
23 unless a "release" of Petitioner was signed.

24 In the Opposition to this motion, Grantor stated she possessed doctor's reports  
25 proving her mental capacity and offered them to the court for private viewing. Grantor  
26 has since changed her mind in order to prove that she is not incapacitated. See Exhibit  
27 1 attached hereto.

28 Petitioner has personal knowledge that Dr. Lottman's report submitted herein

1 exists because it was requested by Petitioner's and Grantor's previous attorney,  
2 Jeanne Kvale, as part of her duty to verify that Grantor had the capacity to understand  
3 the conflict of interest between Petitioner and Grantor. Petitioner and Grantor were  
4 eventually let go by Ms. Kvale for the inherent conflict of interest between Petitioner  
5 and Grantor discuss herein. Therefore, for Petitioner to allege Grantor has a capacity  
6 issued when he had personal knowledge that was not true is perjury before this Court.

7 **G. Respondents Charles A. Harold and Amy Jane Small Act in the Very**  
8 **Best Interest of Grantor as Her Attorneys-in-Fact In All Aspects of this**  
9 **Matter, but Especially Regarding Her \$20,740.50 Disbursement Check.**

10 After stating in open court that Respondents would be seeking a protection  
11 order, Charles A. Harold, Grantor and Amy Jane Small discussed at length the  
12 implications of such actions. All parties were fully aware that the promise of a check  
13 from Petitioner and his attorney to reimburse Grantor for previous attorney fees could  
14 be stopped when accounts were frozen.

15 Based upon previous unfulfilled statements from Petitioner to send Grantor  
16 money, attorneys-in-fact and Grantor did not believe this latest offer of a check would  
17 be fulfilled. This was based upon a simple fact: Grantor asked for money. Petitioner  
18 then replied through his attorney that a check would be issued, but it would arrive in  
19 several weeks, not overnight via courier or overnight via Zelle as was Petitioner's  
20 previous practice. This resulted in the letter sent by Grantor to this Court and received  
21 by the Court's clerk Mr. Luiken wherein Grantor ask Petitioner to send her money  
22 immediately.

23 Because Grantor was fully aware that her \$20,740.50 disbursement check  
24 could be frozen, contingency plans were made and all Respondents, as they have  
25 done for the past six months, are contributing to Grantor's needs. She is in fact better  
26 off than she has been in the past under Petitioner's now exposed fiduciary breaches.

27 **CONCLUSION**

28 Every argument made by Petitioner in his Reply is easily disproved. The

1 accusation of not providing notice (which is not required in the first place), the  
2 baseless and actionable charge she is incapacitated, the accusation that the  
3 Protection Order is meritless, have all resulted in the churning of more and more  
4 attorney fees.

5 Grantor and all Respondents are in agreement with respect to what they are  
6 trying to accomplish. There is no conflict between them. Petitioner has manufactured  
7 illusory issues to justify a LGAL. Petitioner has created an uneven playing field by  
8 paying for his own counsel with Grantor's money but not paying for counsel for  
9 Grantor, and now wishes to further tip the scales in his favor because he obviously  
10 believes that a LGAL will benefit him in this case and any related matter.

11 Respondents once again shall let the facts, not speculation, speak in this  
12 matter.

13 DATED: March 16, 2023

s/Charles A. Harold, Jr.

14 Charles A. Harold, Jr., Residual Beneficiary and  
15 Respondent in pro se  
16 1455 N. Tomahawk Rd.  
17 Apache Junction, AZ 85119  
18 Tel: 818-652-6400  
19 E-mail: [chuckharold@gmail.com](mailto:chuckharold@gmail.com)

18 DATED: March 16, 2023

s/Sharon M. Harold

19 Sharon M. Harold, Grantor and  
20 Respondent in pro se  
21 100 River Bend Rd. #103  
22 Reedsport, OR 97467  
23 Tel: (541) 662-1937  
24 Email: [smharold7@gmail.com](mailto:smharold7@gmail.com)

24 DATED: March 16, 2023

s/John Harold

25 John Harold, Residual Beneficiary and  
26 Respondent in pro se  
27 230 Westmont Dr.  
28 Reedsport, OR 97467  
Tel: (541) 662-6262  
Email: [john6231@live.com](mailto:john6231@live.com)

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DATED: March 16, 2023

s/Angel Harold  
Angel Harold, Residual Beneficiary and  
Respondent in pro se  
9317 Balcom Ave.  
Northridge, CA 91325  
Tel: (661) 289-4238  
Email: [angelharold25@gmail.com](mailto:angelharold25@gmail.com)

DATED: March 16, 2023

s/Amy Jane Small  
Amy Jane Small, Residual Beneficiary and  
Respondent in pro se  
P.O. Box 352  
Graeagle, CA 96103  
Tel: (805) 827-0051  
Email: [aj.harold9@gmail.com](mailto:aj.harold9@gmail.com)

DATED: March 16, 2023

s/Josette Harold Ramirez  
Josette Harold Ramirez, Residual Beneficiary and  
Respondent in pro se  
11319 Playa St.  
Culver City, CA 90230  
Tel: (310) 280-6229  
Email: [jobabe007@gmail.com](mailto:jobabe007@gmail.com)

We certify that this memorandum contains 2,157  
words, in compliance with the Local Civil Rules.



# **EXHIBIT 1**

**Harold, Sharon M**

MRN: 27410447

**Anton Lotman, MD**

Physician

Specialty: Neurology

Progress Notes  

Signed

Encounter Date: 6/1/2022

This is a follow up appointment for a very pleasant, 84-year-old woman with history of small parietal stroke, mild cognitive impairment of amnesic type obstructive sleep apnea .

Patient has recurrent episodes of TIA when she feels drowsy, and increased difficulty with balance.

These episodes are not frequent and can last about half an hour. Patient does not report any progression of cognitive impairment, she is able to maintain active lifestyle, she drives motor vehicle without any particular problems.

has a past medical history of Anisocoria, Barrett's esophagus, Bipolar disorder (CMS/HCC), Celiac crisis, Chronic ethmoidal sinusitis, Chronic laryngitis, Chronic rhinitis, Congestive heart failure (CHF) (CMS/HCC), COPD (chronic obstructive pulmonary disease) (CMS/HCC), Depression, Dysphagia, Esophageal reflux, Female stress incontinence, Hypercholesterolemia, Hypertension, Hypothyroidism, Lichen sclerosis et atrophicus, MCI (mild cognitive impairment), Migraine without status migrainosus, not intractable, Nasal turbinate hypertrophy, Obesity, OSA (obstructive sleep apnea), and Pelvic floor dysfunction.

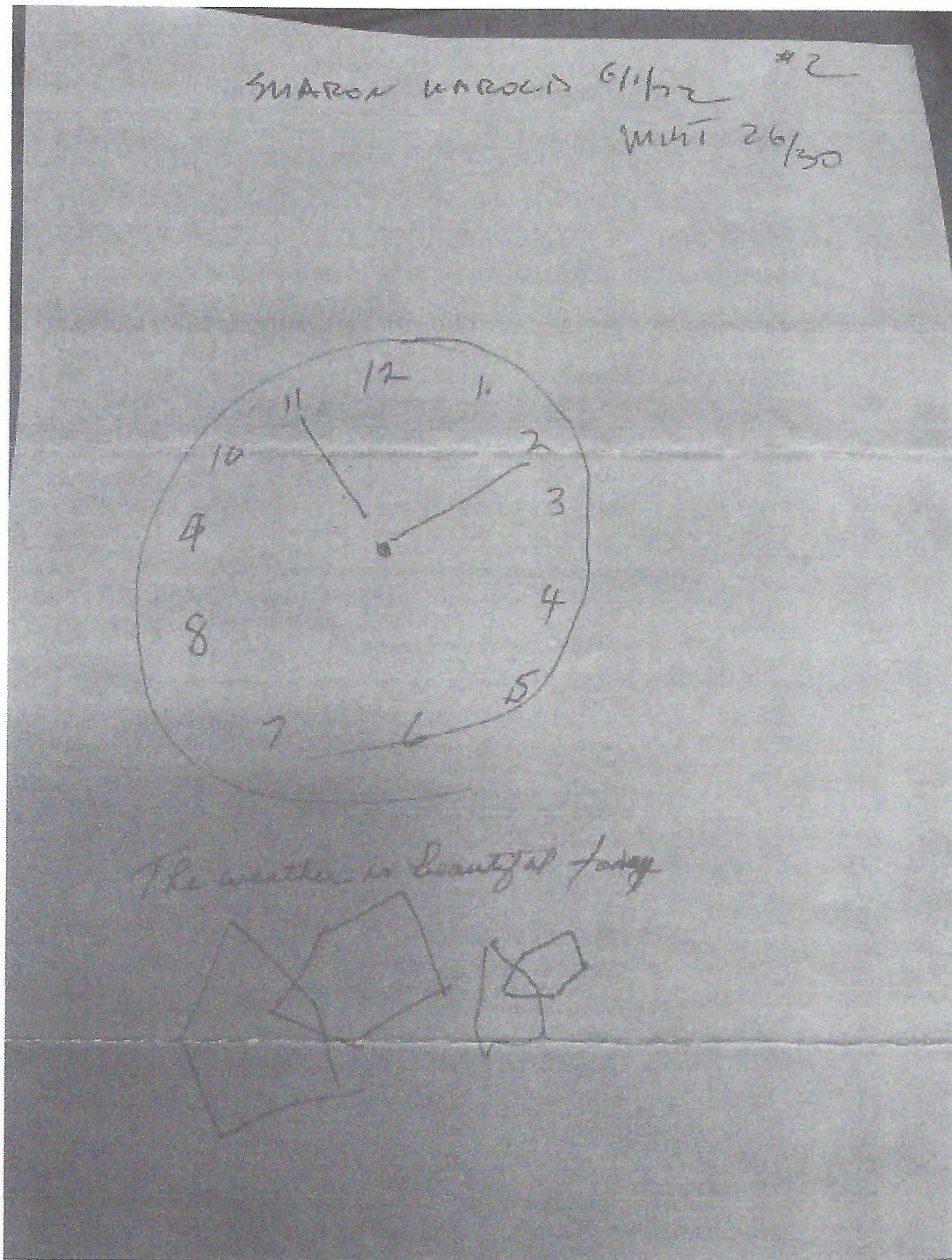
**Current Outpatient Medications:**

- aspirin 81 mg chewable tablet, Chew 81 mg daily., Disp: , Rfl:
- umeclidinium-vilanterol (Anoro Ellipta) 62.5-25 mcg/actuation blister with device, ANORO ELLIPTA 62.5-25 MCG/INH AEPB, Disp: , Rfl:
- amoxicillin-pot clavulanate (Augmentin) 500-125 mg per tablet, , Disp: , Rfl:
- carvedilol (Coreg) 12.5 mg tablet, Take 12.5 mg by mouth., Disp: , Rfl:
- cephalexin (Keflex) 500 mg capsule, , Disp: , Rfl:
- clindamycin (Cleocin) 300 mg capsule, , Disp: , Rfl:
- clopidogrel (Plavix) 75 mg tablet, Take 75 mg by mouth daily., Disp: , Rfl:
- diazepam (Valium) 5 mg tablet, Take 5 mg by mouth every 8 (eight) hours as needed for anxiety., Disp: , Rfl:
- duloxetine (Cymbalta) 30 mg DR capsule, TAKE 1 CAPSULE BY MOUTH DAILY (DO NOT CRUSH OR CHEW) (Patient not taking: Reported on 3/29/2022), Disp: 30 capsule, Rfl: 3
- estradiol (Estrace) 0.01 % (0.1 mg/gram) vaginal cream, Insert into the vagina., Disp: , Rfl:
- fluconazole (Diflucan) 150 mg tablet, , Disp: , Rfl:
- fluocinonide (Lidex) 0.05 % cream, Apply topically daily. As directed, Disp: , Rfl:
- fluticasone propionate (Flovent Diskus) 50 mcg/actuation diskus inhaler, = 1 EA, Inhale, bid, # 60 EA, 0 Refill(s), Type: Maintenance, Disp: , Rfl:
- folic acid/multivit-min/lutein (CENTRUM SILVER ORAL), Take by mouth daily., Disp: , Rfl:

- furosemide (Lasix) 20 mg tablet, , Disp: , Rfl:
- gabapentin (Neurontin) 600 mg tablet, , Disp: , Rfl:
- ketoconazole (Nizoral) 2 % cream, , Disp: , Rfl:
- Lactobac no.41/Bifidobact no.7 (PROBIOTIC-10 ORAL), Take by mouth daily., Disp: , Rfl:
- lidocaine (Xylocaine) 5 % ointment, , Disp: , Rfl:
- memantine (Namenda) 10 mg tablet, Take 10 mg by mouth 2 (two) times a day., Disp: , Rfl:
- NIFEdipine XL (Procardia XL) 30 mg tablet extended release 24 hr 24 hr tablet, Take 2 (two) tablets (60 mg total) by mouth daily., Disp: 180 tablet, Rfl: 3
- ondansetron (Zofran) 4 mg tablet, , Disp: , Rfl:
- oxyCODONE (Roxicodone) 5 mg immediate release tablet, , Disp: , Rfl:
- pantoprazole (Protonix) 20 mg EC tablet, Take 1 tablet by mouth daily., Disp: , Rfl:
- potassium chloride (Klor-Con) 10 mEq CR tablet, , Disp: , Rfl:
- predniSONE (Deltasone) 20 mg tablet, , Disp: , Rfl:
- pregabalin (Lyrica) 100 mg capsule, Take 1 capsule three times daily. (Patient not taking: Reported on 3/29/2022), Disp: 90 capsule, Rfl: 3
- terbinafine (Lamisil) 250 mg tablet, Take 250 mg by mouth daily., Disp: , Rfl:
- triamcinolone (Kenalog) 0.025 % ointment, , Disp: , Rfl:
- valACYclovir (Valtrex) 1 gram tablet, , Disp: , Rfl:

Blood pressure 162/78, pulse 63, resp. rate 16, height 1.651 m (5' 5").







SHARON HAROLD 6/1/22 #1

## Mini-Mental State Examination (MMSE)<sup>1,2</sup>


Make the patient comfortable and establish rapport. Ask questions in the order listed. Total possible score is 30.

26/30

5	(✓)	<b>ORIENTATION</b>
5	(✓)	1. "What is the (year) (season) (date) (day) (month)?"
5	(✓)	2. "Where are we?" (state) (county) (town or city) (hospital) (floor).
3	(✓)	<b>REGISTRATION</b>
		Ask the patient if you may test his/her memory. Then say the names of 3 unrelated objects, clearly and slowly, about one second for each (eg, "apple," "table," "pen"). After you have said all 3, ask him/her to repeat them. This first repetition determines the score (0-3), but keep saying them until he/she can repeat all 3, up to 5 trials.
5	(✓)	<b>ATTENTION AND CALCULATION</b>
		Ask the patient to begin with 100 and count backwards by 7. Stop after 5 subtractions (93, 86, 79, 72, 65). Score the total number of correct answers. If the patient cannot or will not perform the serial 7s task, ask him/her to spell the word "WORLD" backwards. The score is the number of letters in the correct order (eg, DLORW = 5; BLEW = 4; DLOKW, EDW = 3; QW = 2; DRLWO = 1).
3	(✓)	<b>RECALL</b>
		Ask the patient to recall the 3 items repeated above (eg, "apple," "table," "pen").
2	(✓)	<b>LANGUAGE</b>
1	(✓)	<b>Naming:</b> Show the patient a wristwatch and ask him/her what it is. Repeat for pencil.
3	(✓)	<b>Repetition:</b> Ask the patient to repeat the phrase "No ifs, ands, or buts" after you.
1	(✓)	<b>3-Stage Commands:</b> Give the patient a piece of blank paper and ask him/her to "take a piece of paper in your right hand, fold it in half, put it on the floor." Score 1 point for each part correctly executed.
1	(✓)	<b>Reading:</b> On a blank piece of paper, print the sentence "CLOSE YOUR EYES" in letters large enough for the patient to see clearly. Ask him/her to read it and do what it says. Score 1 point only if he/she actually closes his/her eyes.
1	(✓)	<b>Writing:</b> Give the patient a blank piece of paper and ask him/her to write a sentence. Do not dictate a sentence; it is to be written spontaneously. It must contain a subject and verb and be sensible. Correct grammar and punctuation are not necessary.
1	(✓)	<b>Copying:</b> Ask the patient to copy the figure of intersecting pentagons exactly as it is. All 10 angles must be present and 3 must intersect to form a 4-sided figure to score 1 point. Mirror and rotation are ignored.

(2)

(2)



Maximum Total Score	Total Score	Suggested guideline for determining the severity of cognitive impairment:
30	26	Mild: MMSE ≥21
		Moderate: MMSE 10-20
		Severe: MMSE ≤9

*Expected decline in MMSE scores in untreated mild to moderate Alzheimer's patients is 2 to 4 points per year.<sup>3</sup>*

\*Adapted from Folstein SE and Folstein SF. 1975. Mini-Mental State Examination. J Psychiatr Res 12:129-138. Used with permission.

References: 1. Folstein SE, Folstein SF, McHugh PR. "Mini-Mental State": a practical method for grading the clinician. J Psychiatr Res 12:129-138. 2. Cockrell JR, Folstein SE. "Mini-Mental State Examination" (19-30). Psychopharm Bull 1988;24:689-692. 3. Folstein SE, Folstein SF, McHugh PR. "Mini-Mental State Examination": a practical method for grading the clinician. J Psychiatr Res 12:129-138. 4. Folstein SE, Folstein SF, McHugh PR. "Mini-Mental State Examination": a practical method for grading the clinician. J Psychiatr Res 12:129-138.

PLEASE SCAN BOTH SIDES →

Evaluation performed with the presence of case manager Geenna Berrier. Mini-Mental test score was 26 from 30. Patient oriented to place and time, oriented to person, has good level of attention, judgment and comprehension. She was able to calculate with some difficulty, has decreased short-term memory, has preserved visual-spatial skills. Patient was able to read them to write. She was able to follow



three-step commands without any difficulties. Patient has normal speech, able to name and able to repeat.

Pupils are round, symmetrically reactive to light, full eye movement intact. Patient has symmetrical facial expression, normal sensory exam over the face. No pronator drift, muscle strength 4+ from 5 in upper and lower extremities. Symmetrical deep tendon reflexes +1 biceps triceps and brachioradialis and patella, absence of ankle reflexes. No Babinski sign. Normal sensory exam to pinprick light touch, decreased sensation for vibration over the feet.. No ataxia on finger-nose maneuver. The patient gait ataxic with wide station, gait affected by degenerative arthritis of knees and hips. Patient has regular heart tones, no bruits over carotid arteries.

**IMPRESSION:** The patient is 84-year-old woman with mild cognitive impairment of amnesic type, we do not see full scale clinical picture of dementia. Patient is competent and make own decisions as she has preserved level of judgment, attention and comprehension. The patient has decreased short-term memory as a result of vascular disease of brain. She has several episodes of TIA. Recommend complete evaluation with carotid duplex ultrasound to follow-up progression of internal carotid stenosis, repeat MRI of the brain to rule out mini strokes.

Patient continue aspirin for secondary stroke prevention.

Patient treated with CPAP for obstructive treatment has good compliance.

She should continue with fall precautions. Gait ataxic and recommend ambulation with cane.

Patient will be checked for metabolic screen, thyroid function and vitamins level.

Follow-up with neurologist scheduled in 3 months.

Lotman, Anton E, MD

Electronically signed by Anton Lotman, MD at 6/1/2022 3:29 PM

Office Visit on 6/1/2022 *Note shared with patient*

### Additional Documentation

Vitals: BP 162/78 Pulse 63 Resp 16 Ht 1.651 m (5' 5") Wt 105 kg (232 lb 6.4 oz) BMI 38.67 kg/m<sup>2</sup>  
BSA 2.1 m<sup>2</sup> More Vitals

Encounter Info: Billing Info, History, Allergies

### Orders Placed

Comprehensive Metabolic Panel (Resulted 6/1/2022, Abnormal)

CBC Auto Differential (Resulted 6/1/2022)

Folate (Resulted 6/1/2022)

TSH (Resulted 6/1/2022)

Vitamin B12 (Resulted 6/1/2022)

# MR HEAD WO/W CONTRAST



**Harold, Sharon M**

MRN: 02615198, Legal Sex: Female, 6/14/1937 (85 yrs), Outpatient  
Accession #: 106883356

## Final Result

HAROLD, SHARON M  
DOB: 06/14/1937 Age: 85 Years Org: PHOR  
Location: PHMC  
MRN: 311265 Facility MRN: 02615198 Gender: F  
Ordering Provider: IAN COE MD Class:  
Outpatient  
Date of Service: 03/09/2023 11:00 AM Accession: 7055116  
Outside Order Number: 106883356

MR Head w and wo contrast

### IMPRESSION:

1. No evidence of acute ischemia.
2. Chronic left parieto-occipital infarct. Smaller chronic infarct within the left genu of the corpus callosum is new compared to 6/9/2022.
3. Moderate chronic microvascular disease and global parenchymal volume loss.
4. No abnormal enhancement. No mass or mass effect.

### INDICATION:

GENDER/AGE: Female, 85 years  
ORDER INDICATION: G45.9: Transient cerebral ischemic attack, unspecified  
HISTORY PER PATIENT: TIA,

TECHNIQUE: MR images of the brain were obtained using the following sequences: Sagittal T1, axial diffusion-weighted, axial T1, axial T2, axial FLAIR, and axial gradient refocused are performed pre gadolinium. Post gadolinium axial T1 and coronal T1 sequences were obtained.

CONTRAST: 10 mmol GADOBUTROL 10 MMOL/10 ML (1 MMOL/ML) IV SOLN

COMPARISON: Brain MRI 6/9/2022.

### FINDINGS:

Parenchyma: No infarct on DWI. No hemorrhage. No mass or mass effect. Again seen is encephalomalacia and gliosis

## Appointment Info

Exam Date  
3/9/2023

Department  
Peace Harbor MRI  
541-997-8412  
400 NINTH ST  
FLORENCE OR 97439

## Reason for Exam

TIA,

## Diagnosis

Transient cerebral ischemia, unspecified type

## Providers

PCP  
Rio M Lion, DO  
541-271-2163  
620 RANCH RD  
REEDSPORT OR 97467

Ordering Provider  
Ian P Coe, MD  
541-271-2163  
620 Ranch Rd  
REEDSPORT OR 97467

Attending Provider  
Ian P Coe, MD  
541-271-2163  
620 Ranch Rd  
REEDSPORT OR 97467

involving the left parieto-occipital region, consistent with prior ischemic insult. Smaller focus of encephalomalacia and gliosis involving the genu of the corpus callosum on the left compatible with a additional focus of chronic ischemia new compared to 6/9/2022. Patchy and confluent areas of T2/FLAIR signal hyperintensity are present within the periventricular and subcortical white matter, which are nonspecific but compatible with moderate chronic microvascular ischemic changes. Global parenchymal volume loss.

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Abnormal enhancement: None

Extra-axial collection: None

Ventricles: No hydrocephalus.

Intracranial arterial flow voids: Central intracranial arterial flow voids are maintained.

Osseous Structures: No aggressive osseous lesions.  
Degenerative changes of the upper cervical spine.

Included Orbits: Normal

Paranasal Sinuses: Predominantly clear.

Tympanomastoid Cavities: Predominantly clear.

Other: None

DICTATED BY: Ryan E Tade, M.D., on 3/9/2023 1:10 PM PST  
DICTATION LOCATION: 3333 Riverbend Dr. - Springfield, OR  
97477

End of Diagnostic report for accession: 7055116  
Interpreted/Electronically Signed By: Ryan E. Tade, MD on  
03/09/2023 01:10 PM

Signed by Ryan E Tade, MD on 3/9/2023 1:10 PM

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