George ledaakis, quack

Ledakis was always picked by the mafia to do various evaluations on mother for the mafia. Just like any good quak, he always said what the mafia wanted to use against me. He had no problem making up lies for the mafia to use to restrict or deny me visits with mother. Lawyers and judges call psychiatrists and phychologists the whores of the court because they will say what they are paid to say.

Ledakis claimed he had a time machine and could go back in time and see the condition of a person. What BS! He claimed in his report Mother had no problems with her daily activities, but he said she must have a guardian of person and estate, even though Mother did not have any financial problems. He claimed she only needed only a very little help in most other areas, BUT he claimed she was 100% incapacitated. WTF? He originally said he could only guess at her condition for about 6 months earlier, but the mafia told him to make it 1.5 years and he then changed his story to that. This is the same quack that I humiliated in court by getting him to admit he had no independent proof of accuracy for the tests he gave mother, his final evaluation of Mother and he never recorded, using a simple cell phone, what she said, how she said something or did not answer correctly. In other words, he had NO proof of what he claimed about Mother. He said Mother would have no problems coming into court to testify, BUT the mafia always refused to have her be there, even at the petition hearing which is the law. Weilheimer, camp and jaskowiak all knew that, but did not want Mother to prove she knew what she wanted. He claimed Mother was paranoid and did not like her daughter, jsh. I woder why my Mother may have had those anger thoughts. Look what her 70 year old daughter did to her without telling her jsh wanted to own her and take her money without any right.

Ledakis concluded his report the same way carroll did. Ledakis claimed his opinion is made with a "reasonable amount of scientific certainty". What the hell does that mean? What percentage is it: 10%, 15%, what?

to her --

THE WITNESS: Yes.

MR. JASKOWIAK: I'm sorry.

THE COURT: -- her ability to be --

THE WITNESS: I was able to make a decision, and my opinion on the matter was that Ms. Herring is susceptible to undue influence.

BY MR. JASKOWIAK:

Q Did you have any concerns whether or not she would be at risk for any kind of financial exploitation or mismanagement of her funds if she did not have someone looking out for those funds --

A Yes.

Q -- a guardian or somebody else?

A Yes. The nature of her cognitive impairment is such that she is very susceptible to that.

Q One of the things that the Court asked you to do was to do a retrospective evaluation of Mrs. Herring going back to January of 2020, and -- so basically a year and a half or so. In trying to make that evaluation, how did you go about -- first of all, I assume that you were able to do that; correct? You were able to go back and to evaluate as to what her condition was going back to January of 2020?

A So yes. In my report I documented in December of 2020, simply because of the --

Q The POA?

A Yes. And the -- yes. But I was able to opine on that.

Q Did it preexist -- did your opinion about her incapacity go back beyond the December 2020 power of attorney, et cetera, that were drawn up? The power of attorney, the trust, the will, that kind of thing. Did your finding of incapacity extend back further in time beyond November, December of 2020 when they were brought up?

A If the question is beyond the last -- that year, yes. I probably could not provide an opinion, you know, five years before that, but yes. No, certainly for the last year, yes, I can --

Q You reviewed Dr. Kuhar's reports you said?

A I did.

Q Did you take into account, at least in part in forming your opinion, the reports and records of Dr. Kuhar? In part.

A Yeah. It's a hard -- I hesitate because there was some inconsistencies in Dr. Kuhar's report. You know, she references mild cognitive impairment, then

resulting in diagnosis of dementia. It's alternatively termed "major neurocognitive disorder." It's of early-moderate severity. So early-moderate severity is defined by the fact that the person is no longer able to independently compensate for their cognitive deficits despite the use of external supports, and cannot independently compensate for their deficits despite the use of external supports, so they're more reliant on other individuals to manage those aspects of daily living.

Q Do you have a belief as to whether or not Mrs. Herring needs a guardian of the estate and/or a guardian of the person?

A I do.

Q And what is that opinion, sir?

A That she is in need of a plenary guardian of the estate and of the person.

Q And that moves me to the second part. You talk about requisite capacity. And, in part, requisite capacity, we're talking about the powers of attorney, the will, the trust that were redone at the end of last year. Explain, if you would, for the Court your understanding of what requisite capacity is as opposed to decisional.

the impact of her dementia (and related disorientation, confusion, and poor insight into the understanding for the need for each change in disposition). While her notable adjustment issues (anxiety, periods of agitation) in her early days at Manatawny Manor were to be expected, their persistence was undoubtedly affected by her son's interactions and communications with her. All parties interviewed as part of this evaluation (including nursing staff at Manatawny Manor) note the link between Ms. Herring's acute periods of anxiety, distress, and agitation and her interactions with her son. Such is not to suggest that her son's calculated intent has been to distress and agitate his mother. However, Arthur's inability to curtail his own anger, appropriately support his mother emotionally, and his ongoing communications with his mother in manner that instills unrealistic expectations about her situation, have contributed to her slow and delayed adjustment. This has been apparent to each of the individuals involved in Ms. Herring's care and matters here (including nursing staff at Manatawny Manor), except for Arthur himself. It is apparent to this examiner that Arthur has no understanding (or is not willing to acknowledge) that the manner of his interactions and communications with his mother have and continue to be contributory to triggering her emotional upset and hindering her adjustment to her life at Manatawny Manor. Despite this, Ms. Herring is doing reasonably well emotionally and appears to finally have reached a point of adjustment to her life at Manatawny Manor. While Arthur and his legal counsel feel that that Ms. Herring is emotionally suffering, there is no evidence to support this, including reports of each of the parties interviewed here who are involving in Ms. Herring's matters, report from nursing staff at Manatawny Manor, clinical evidence gleaned by this examiner on current evaluation of Ms. Herring, and report from Ms. Herring herself. While there have been continued episodes of uninstigated agitation, such have been limited and typically associated with acute confusion and preoccupation with a delusional belief at the time. Such is not uncommon in dementia. Beyond these circumscribed incidents, however, Ms. Herring appears well adjusted, pleasant, happy, and engaged in her life at Manatawny Manor. There is a pattern of Sundowning noted by nursing staff, although Ms. Herring can typically be redirected at such times. Her intermittent confusion and delusional beliefs seen are typical of her dementia process and not reflective of a separate psychotic process. While patients with dementia are likely to acutely grow more confused, agitated, and even psychotic when they are removed from a familiar environment, such is not relevant here with Ms. Herring. She has been a resident at Manatawny Manor for 8 months. Her mild Sundowning and intermittent confusion and delusional episodes is typical of her dementia process (which has progressed since 2021 evaluation) and would likely be evident in any setting (including if she was residing in her former home in Souderton).

In sum, the results of current evaluation align with those at time of prior evaluation in 2021 with respect to diagnostic impression. Specifically, Ms. Herring is displaying evidence of Major Neurocognitive Disorder (alternatively termed "dementia") related to Probable Alzheimer's disease. Ms. Herring's current neuropsychological profile although similar to that observed in June 2021, is currently characterized by a greater degree of impairment across previously affected memory and cognitive domains, as well as involvement of cognitive domains that were previously still relatively preserved in 2021. This progression of Ms. Herring's memory and cognitive impairment is in keeping with the natural progression of her dementia related to Alzheimer's disease. The staging of Ms. Herring's dementia is currently solidly in the moderate stage (having progressed from the mild to early moderate stage on June 2021 evaluation). While there is evidence of some intermittent emotional disturbance and acute delusional beliefs, such are not to the extent to suggest diagnosis of a separate mood disorder or psychotic disorder (or warrant specific changes to psychopharmacologic treatment).

CLINICAL OPINIONS REGARDING MATTERS IN COURT ORDER

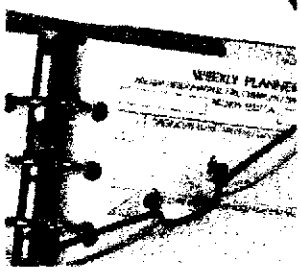
Ms. Jane Herring is a 97-year-old widowed woman who is known to this examiner from prior neuropsychological evaluation in June 2021. The Court has since deemed Ms. Herring a Totally Incapacitated Person and has appointed a permanent Plenary Guardian of the Person and Estate. Judge Gail Weilheimer, who has presided over the matter of Ms. Herring, has issued an order for the undersigned examiner to complete a neuropsychological re-evaluation of Ms. Herring, including interviewing individuals directly involved in Ms. Herring's matters and consideration and evaluation of opinions and records in order to provide expert opinion to the Court regarding (1) Ms. Herring's current capacity, (2) the appropriateness of her current living arrangements vs. consideration of alternative living arrangements (in particular, her ability to return to her home in Souderton, PA), (3) her treatment needs, and (4) an opinion as to whether Ms. Herring had the capacity to independently

Ledakis

Brandywine Neuropsycholog

WHAT IS A NEUROPSYCHOLOGICAL EVALUATION?

A neuropsychological evaluation should be comprehensive and individually tailored to each adult, adolescent, and child . That is, it needs to not only assess general IQ and academic skills, but also expressive and receptive language skills, executive functioning, processing speed, visuomotor skills, social comprehension, memory and learning, and emotional/behavioral functioning.



The goal of this evaluation is to assess cognitive functioning to determine the presence and / or extent of deficits, identify etiologic source of observed neuropsychological symptoms, and provide potential medication and behavioral treatment. For pediatric evaluations educational recommendations will also be included. Evaluations typically consist of 3 to 6 hours of testing depending on the question. An evaluation will include a clinical interview, review of previous records, and face to face testing.

In order to prepare for your evaluation you should get plenty of rest the night before and bring any corrective lens or hearing aides to your appointment. It is also important to bring you any previous evaluations or pertinent medical records. Lastly, for pediatric patients a parent will participate in the clinical interview and for adults patients, especially older patients, bringing a family member is encouraged.

COURT OF COMMON PLEAS

MONTGOMERY COUNTY
THIRTY-EIGHTH JUDICIAL DISTRICT
NORRISTOWN, PENNSYLVANIA
19404

August 11, 2021

Mr. Arthur Herring
26 Chancery Court
Souderton, PA 18964

RE: Jane Herring 2021-X2110

Dear Mr. Herring:

Enclosed is Dr. Ledakis's report which was admitted into evidence during the hearing. Judge Weilheimer has asked me to remind you that this is for your review only and that you are bound by the Order her Honor placed on the record regarding its use, sharing, reproduction and/or publication.

Very truly yours,

Karen Copestick
Judicial Assistant to the
Honorable Gail Weilheimer

Enclosure
Brittany Camp, Esquire
David Jaskowiak, Esquire

COURT OF COMMON PLEAS OF
Mongomery COUNTY PENNSYLVANIA
ORPHANS' COURT DIVISION

EXPERT REPORT

RE: Jane T. Herring

An Alleged Incapacitated Person (AIP)

No. 2021-X2110

PART I: PROFESSIONAL BACKGROUND (You may attach your curriculum vitae, if it provides answers to Questions 1 through 5. Please answer those questions not covered by curriculum vitae.)

1. Name: George E. Ledakis, PhD Title: Clinical Neuropsychologist

2. Professional Address: 5 Christy Drive; Suite 207; Chadds Ford, PA 19317

3. Complete education information:

	Name of Institution	Type of Degree Received	Date Completed
Undergraduate	LaSalle University	BA in Psychology	May 1994
Graduate	Drexel University	PhD in Neuropsychology	June 2000
Post-Graduate	Univ of Penn and CHOP	Post-Doctoral Fellowship	August 2002

4. Do you have any active professional licenses? ☑ Yes ☐ No
If **yes**, indicate in what state or states you are licensed as well as the date(s) issued.
Pennsylvania - Psychology License # PS015202

List any board certifications: n/a

5. An Incapacitated Person is legally defined as: An adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he/she is partially or totally unable to manage his/her financial resources or to meet essential requirements for his/her physical health and safety.

Do you have experience evaluating whether or not an individual is incapacitated? ☑ Yes ☐ No

If **yes**, indicate the basis of your experience:
I have advanced training and have practiced in the field of clinical neuropsychology since 2002. Neuropsychology is the study and clinical practice of brain-behavior relationships. I have assessed over 3400 patients w/ some degree of memory/cognitive impairment due to neurologic/psychiatric conditions. As a component of my evaluations, I routinely assess for Decisional Capacity. I have testified in court on 11 occasions, have been orally deposed on 5 occasions, and have completed Expert Reports on 65+ cases.

PART II: ALLEGED INCAPACITATED PERSON (AIP)

6. a. Have you treated, assessed, or evaluated the AIP?

☑ Yes ☐ No

b. Indicate the date(s) and location of any treatment, assessment, or evaluation you have provided or made over the last two (2) years:

Ms. Herring was seen in her home in Souderton, PA on 06/15/2021 and on 06/29/2021.

c. If 6a. is yes, what tests have you or others administered, e.g., mini mental status exam (MMSE), Montreal Cognitive Assessment (MOCA), St. Louis University Mental Status Exam (SLUMS), etc.? List dates administered and the score. (Attach test results, not just the score.)

Please refer to my full clinical evaluation report (Neuropsychological Evaluation) attached here.

7. What is the present condition of the AIP? List all known medical and psychiatric diagnoses and current symptoms. (You may attach a list from your records.)

Diagnosis	Symptoms/Manifestations
Major Neurocognitive Disorder (Dementia) related to	Memory and cognitive impairment and related IADL
Probable Alzheimer's Disease of early moderate severity	impairments (please see attached report for details)
Please see attached report for full list of medical conditions and	
surgeries	

8. List all known medications, including over-the-counter, that the AIP is taking. For each known medication, indicate, if known, the prescribing physician and the diagnosis for which the medication was prescribed or the reason for taking. (You may attach a list from your records.)

Medication	Diagnosis/Reason Taken	Prescribing Physician
Triamterene-HCTZ 37.5mg-25mg daily	hypertension	Kim Kuhar, DO

9. Indicate the AIP's ability to perform the following functions:

	Unimpaired	Needs Some Help (Explain in #10)	Totally Impaired	Not Assessed or Not Enough Information
Receiving and evaluating information effectively	☐	☐	☑	☐
Communicating decisions	☐	☑	☐	☐
Ability to give informed consent	☐	☑	☐	☐
Short-term memory	☐	☐	☑	☐
Long-term memory	☐	☑	☐	☐
Activities of daily living	☑	☐	☐	☐
Managing finances (including paying bills, making deposits, withdrawals and working with financial institutions)	☐	☐	☑	☐
Managing health care (including following doctor's orders and managing/taking medications)	☐	☐	☑	☐
Providing for physical safety	☐	☑	☐	☐
Responding to emergency situations	☐	☐	☑	☐
Ability to resist scams	☐	☐	☑	☐

10. For any response in Question 9 where the AIP "needs some help," please describe the type and extent of assistance needed.
Although Ms. Herring is not capable of safely living alone, she does not need 24/7 supervision (can be left alone for periods of time) as her basic judgment and safety-awareness are relatively preserved. She needs support for novel and emergency situations as well as with the management of all instrumental ADLs.

11. What recommendations have you made or would you make concerning services necessary to meet the essential requirements for the AIP's physical health and safety?
Ms. Herring appears to be receiving an appropriate level of support through her son (who resides with her) for her basic physical safety and ability to thrive, as necessary due to her progressive neurological condition (dementia). She is need, however, of a Plenary Guardian of her Person.

12. What recommendations have you made or would you make concerning management of the AIP's finances?

Ms. Herring is in need of a Plenary Guardian of her Estate.

13. As indicated in Question 5, an Incapacitated Person is legally defined as: An adult whose ability to receive and evaluate information effectively and communicate decisions in any way is impaired to such a significant extent that he/she is partially or totally unable to manage his/her financial resources or to meet essential requirements for his/her physical health and safety.

In your expert opinion, within a reasonable degree of professional certainty and based on your knowledge, skills, experience, and education, is the AIP incapacitated?

☑ Yes, totally impaired ☐ Yes, partially impaired ☐ No

14. In your opinion, the most appropriate, least restrictive living situation for the AIP is (check one):

☐ The AIP can be left alone without supervision

☑ Home (☑ with part-time home health aide or ☐ 24/7 assistance)

☐ Independent living facility (room and board provided, emergency services readily available)

☐ Assisted living facility (room and board provided, assistance with some activities of daily living)

☐ Secure facility (Alzheimer's/Mental Health for safety and basic needs)

☐ Skilled nursing facility

15. If your responses in Question 9 indicated that the AIP is totally impaired or "needs some help", do you expect the AIP's abilities in the next 6 months to (Check best estimate):

☐ Stay the same ☐ Improve ☑ Decline

Please explain:

Ms. Herring has dementia due to Alzheimer's dz, which is a progressive neurologic condition leading to progressive declines in memory, cognition, and functional abilities. As her dementia is mostly related to advanced age, its progression has been slow and would be expected to be similar in foreseeable future.

PART III: GUARDIANSHIP AND SERVICES

16. Are you aware of any circumstances, medical or otherwise, that create a need for the appointment of an emergency guardian for the AIP?

☐ Yes ☑ No

If yes, indicate reasons:

17. The AIP is required to be at the hearing, absent circumstances that could cause harm to the AIP. Putting aside whether the court proceeding may be moderately upsetting to, confusing to or not understood by the AIP, do you believe that the AIP's presence at the hearing would cause harm to the AIP's physical or mental condition?

☐ Yes ☑ No

Indicate reason for response:

While the court proceedings would be upsetting to Ms. Herring, and further fuel her paranoid beliefs regarding her daughter who initiated the petition, it is the examiner's opinion that Ms. Herring's appearance in court would not cause any physical harm or any true mental harm.

18. Please provide any additional information that could assist the court in determining incapacity.

Please see attached report corresponding with neuropsychological evaluation of Ms. Herring for details related to evidence and rationale for clinical opinions provided by the undersigned examiner related to Ms. Herring's Decisional, Requisite, and Testamentary Capacity.

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this verification is subject to the penalties of 18 Pa.C.S. § 4904 relative to unsworn falsification to authorities.

07/05/2021
Date

George Ledakis
Signature

George E. Ledakis, PhD
Name (type or print)

5 Christy Drive; Suite 207
Address

Chadds Ford, PA 19317
City, State, Zip

484-841-6725
Telephone

LedakisG@yahoo.com
Email

Ledakis evaluation was a fraud

1. There was no independenly chosen evaluator
   The court picked him.

2. There was never a IME- Independent Medical Evaluation because Ledakis admitted he gave no medical tests

3. Ledakis admitted he never audio or video recorded any sessions with jane.

4. Ledakis admitted none of the paper and pencil type tests he claimed to have given jane had any independently proven accuracy of any degree, only his peers liked them.

5. Ledakis cannot prove he ever gave his 2 evaluations to jane because he never preserved jane's answers in any way, especially for a legal matter.

6. Ledakis's reports could have been used for all of his patients.

7. Ledakis cannot prove his 2 reports belong to jane because he never preserved jane's answers in any way, including how she answered them, what she said or did not say and how she said it or did not say her answers.

8. In his first report, janes degree of ability, if we would accept Ledakis report in any way proved jane at the time based on her normal living conditions and day to day activities which kept her physically and mentally fit.

9. Ledakis never explained jane was !00% incapacitated because neither he (Ledakis), nor jill, nor jaskowiak ever brought in one of jane's people that she dealt with who knew jane and who would have claimed jane had any problems with her health, living conditions, financial or any other matters if jane had any problems.

10. In fact, Ledakis never explained or simply refused to explain if jane was so incapacitated in his first report, how could she still be driving her car, with all of the thousands of correct decisions needed every mile, but never had any tickets or accidents for 75 years and neither janes doctor of 21 years or her daughter, who claimed jane was basically crazy, ever said jane should stop driving.

11. In Ledakis second evaluation, if Ledakis claims jane has gone downhill, so to speak, are real then that can ONLY be because jane has been kept in solitary confinement, in a sensory deprived environment: not allowed to live as she had, no phone to call Arthur or friends, no doctors appointments for almost 15 months, no day trips to enjoy life and physical and mental stimulation, denied living or visiting home to do daily chores as jane had been doing for 21 years in her large 3 bedroom, 3 bathroom house.

12. It has only been Arthur who has done every thing possible to keep jane in a normal everyday living style that would maintain or drastically delay any mental and physical loss to jane.

13. Arthur has been proven totally innocent, in everyway, of causing janes ongoing medical problems with her legs, while others, including janes guardian, pam blumer and before her logie because for the past 3 months he has not brought any food for jane.

Ms. Camp and I don't -- if no parties have a problem with this, I don't have a problem in taking the lead to question Dr. Ledakis, but that is clearly up to the Court and with the concurrence of both parties.

THE COURT: I have no objection to you taking the lead as Ms. Herring's counsel. Dr. Ledakis was appointed as a court evaluator, not hired by any individual party. So if there is no objection to that --

MS. CAMP: No objection, Your Honor.

THE COURT: -- that's fine. Okay. Then we'll have Mr. Jaskowiak take the direct examination, and then go to Ms. Camp, and then Mr. Herring, for examination.

And your question, Mr. Herring, was about what does it mean, the retroactive?

MR. HERRING: No. "IME."

THE COURT: Independent Medical Evaluation. That was the order I issued. So the Court hired Dr. Ledakis to perform the evaluation. Dr. Ledakis was not hired by your sister, Mr. Jaskowiak, or you; the Court engaged him to do the evaluation. So he is independent of all parties and was engaged by the Court to do an independent medical

evaluation of your mother.

MR. HERRING: Was Ms. Cornelison allowed to have the expert to examine --

THE COURT: Any person has the right to hire their own expert. The Court wanted an independent person. That does not mean you, or when you were represented your attorney, or any attorney could not hire their own person. It would have cost them their own money, it would not have been paid for by the Court. But the Court hired, engaged someone who has experience with being able to do comprehensive evaluations, and to do so in an independent manner, so not having any bias on behalf of any individual party.

So, with that, we will call Dr. Ledakis. Come forward, sir.

- - -

GEORGE E. LEDAKIS, Ph.D., having been duly sworn/affirmed, was examined and testified as follows:

THE COURT: All right. Mr. Jaskowiak is going to start off asking you some questions.

Counsel, you may proceed.

MR. JASKOWIAK: Thank you, Your Honor.

VOIR DIRE EXAMINATION

the Court what your dissertation was about, please.

A So my dissertation was retrospective, looking at data from thousands of individuals diagnosed with dementia, and using that data to devise a system to be able to differentiate between different types of dementia -- specifically, in that case, it was a vascular dementia -- and Alzheimer's disease.

Q As a part of your clinical practice since you got your doctorate in June of 2000, have you engaged in various evaluations where cognitive impairment and potential incapacity were evaluated?

A Yes. Yes. The majority of my evaluations take that into account, given the population that I work with.

Q Approximately how many evaluations over the course of the last 20 years would you say that you've done?

A About 3,500 or so.

Q Have you testified in court previous to today as a neuropsychologist, as an expert in that field?

A I have.

Q And that testimony -- have you given testimony regarding whether or not legal incapacity was present and whether or not someone was suffering from a cognitive impairment of any kind?

A I have.
Q And have you testified in this court?
A I have.
Q Has your testimony been accepted as an expert?
A It has.
Q Okay. Approximately, if you're able to estimate, how many times have you testified during your career in court?
A In person this is my 12th time, I believe.
Q In the course of your practice, have you been asked to evaluate the different types of capacity, such as what the law may refer to as decisional capacity or requisite testamentary capacity?
A I have, yes.
Q And we'll get more into the details of that in terms of your report. But are you able to delineate between the three, to point out what their uses are and what the standards are?
A Yes.

MR. JASKOWIAK: I offer Dr. Ledakis as an expert in the field of neuropsychology, Your Honor, subject to any questions on his qualifications that others might have.

THE COURT: And you have marked his CV

one's decisional capacity.

Q Based on your interview with Mrs. Herring, the test that you administered, the interviews with Arthur Herring, with her daughter Jill Scott Herring, and all the information which you took into account, along with your professional experience and education, were you able to form an opinion within a reasonable degree of professional certainty whether or not Mrs. Herring met the definition, the criteria of an incapacitated person under the law to make decisions?

A Yes, I did.

Q And tell us what that opinion is, please.

A That she meets the criteria for an incapacitated person -- a totally incapacitated person, based on criteria set forth by law.

Q Were you able to form an opinion as to whether or not you believe that she was susceptible to persuasion and undue influence in attempting to make decisions?

A Yes. Yes, I was.

Q And what made you believe that she was? If you can just summarize that.

THE COURT: Well, let me just stop. The question is "Were you able to make a decision?" And you said yes. So what was your decision as it related

to her --

THE WITNESS: Yes.

MR. JASKOWIAK: I'm sorry.

THE COURT: -- her ability to be --

THE WITNESS: I was able to make a decision, and my opinion on the matter was that Ms. Herring is susceptible to undue influence.

BY MR. JASKOWIAK:

Q Did you have any concerns whether or not she would be at risk for any kind of financial exploitation or mismanagement of her funds if she did not have someone looking out for those funds --

A Yes.

Q -- a guardian or somebody else?

A Yes. The nature of her cognitive impairment is such that she is very susceptible to that.

Q One of the things that the Court asked you to do was to do a retrospective evaluation of Mrs. Herring going back to January of 2020, and -- so basically a year and a half or so. In trying to make that evaluation, how did you go about -- first of all, I assume that you were able to do that; correct? You were able to go back and to evaluate as to what her condition was going back to January of 2020?

A So yes. In my report I documented in December of 2020, simply because of the --

Q The POA?

A Yes. And the -- yes. But I was able to opine on that.

Q Did it preexist -- did your opinion about her incapacity go back beyond the December 2020 power of attorney, et cetera, that were drawn up? The power of attorney, the trust, the will, that kind of thing. Did your finding of incapacity extend back further in time beyond November, December of 2020 when they were brought up?

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Q Did you take into account, at least in part in forming your opinion, the reports and records of Dr. Kuhar? In part.

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resulting in diagnosis of dementia. It's alternatively termed "major neurocognitive disorder." It's of early-moderate severity. So early-moderate severity is defined by the fact that the person is no longer able to independently compensate for their cognitive deficits despite the use of external supports, and cannot independently compensate for their deficits despite the use of external supports, so they're more reliant on other individuals to manage those aspects of daily living.

Q Do you have a belief as to whether or not Mrs. Herring needs a guardian of the estate and/or a guardian of the person?

A I do.

Q And what is that opinion, sir?

A That she is in need of a plenary guardian of the estate and of the person.

Q And that moves me to the second part. You talk about requisite capacity. And, in part, requisite capacity, we're talking about the powers of attorney, the will, the trust that were redone at the end of last year. Explain, if you would, for the Court your understanding of what requisite capacity is as opposed to decisional.

understanding of what a power of attorney means at a very superficial level. But really understanding what the nature of the power that she gives to someone in that role as agent, she really does not -- she does not understand.

Q And do you have an opinion within a reasonable degree of professional certainty as to whether or not she would have been able to understand that in approximately November of 2020, December of 2020, when a new power of attorney was drafted?

A I do have an opinion. I believe that she did not have the capacity at that time.

Q Okay. And the third is the testamentary capacity. There is another legal standard for that; all similarly, obviously, related to one another, but slightly different in the way it's articulated under the law.

A Yes.

Q You mentioned the first standard about understanding the natural objects of her bounty. She knew who her two children were; correct?

A She did. Yes.

Q Okay. We've already talked about the estate, what her estate consists of, which would be the second

criteria. She did not know what her estate was; correct?

A Yeah. No, she did not know what her estate was.

Q And what about the -- about what was being done with it or how it was being administered or any of that?

A So she expressed her opinion on that -- or her wishes to that. It was very vague, it wasn't very specific. And it was -- essentially she said she wanted Art to have a little more than Jill, really couldn't provide me with the specifics of what "a little more" meant. She tended to focus on the fact that she wanted Art to have the house: Art lives here, he helps me, he deserves the house. Jill's already settled, she doesn't need the house.

But also went on to express her concerns about what -- if she didn't will the house to Art, what Jill would do with that, that she would not allow Art to stay there and that she wants the house to herself. Really couldn't provide me any details as to how she came to those beliefs. And it wasn't -- I don't believe that it was lack of -- I think her inability to not be able to provide those details, her inability to not be able to provide those details -- or her

inability to provide those details was a reflection of her dementia. You know, she has this idea that's there, but really has nothing grounding it to evidence and reasoning behind it, which raised my concern about her -- again, her testamentary capacity. Even though she could tell me, you know, who her children are, she really couldn't tell you what the nature of her estate was. But I certainly had a feel that she does not have a good understanding as to why the will needs to be changed from its original form.

Q Did you have any concerns about the possibility of undue influence or suggestibility of any kind with her?

A I do, yes. By the -- again, by the nature of her cognitive impairment, her dementia, she is more susceptible to influence, she's very suggestible. I saw that in my exam, on objective testing, and on just interaction, my interaction, my clinical interaction with her. Just the tendency to confabulate, create -- you know, a reality that is not accurate in its detail which she does recall.

You know, in speaking with her daughter, you know, Jill, you know, she notes that this confabulation, she described it in clinical interview as kind of some delusions and paranoia. And even

though clinically I would not characterize them as delusions by definition, there is this element of paranoia. And it's more because of this kind of confabulation that's kind of created a belief system that may not be based in true reality. And a lot of that can certainly be the result of what is being said to her, whether about Jill or about the situation as a whole.

Q You mentioned that Mrs. Herring couldn't tell you why she changed the will or the trust or the POA. But was she able to articulate with any specificity as to what was changed --

A No.

Q -- from what to what?

A No, she could not. She couldn't tell me what changes were made or even the fact that changes were made to the distribution of the estate. Her response to that was, "That's something that I still have to look into"; even though, in reality, it's already been, you know, decided, you know, the new will has been drafted.

THE COURT: Did she recognize she had even made changes?

THE WITNESS: She -- it was very

would recommend that as close to 24-hour supervision as you can get, it would be in her best interest.

This is a condition that is progressive and, you know, again based on concerns about her functional judgment. You know, you can't predict when emergent situations are going to arise and I think if one were to arise she's not going to be able to handle it. Again, her basic safety is fine, she's not going to wander. At this point in time, she's not -- I don't fear that she's going to set the house on fire or behave in a manner or put herself in a position that is very compromising. But, again, if anything were to arise which you can't predict it would be a problem.

Q And I'm flipping through your expert report here. On Page 3 we have -- there is a section in the table at No. 9, the ability to provide -- to give informed consent. You have marked "needs some help." Can you explain what kind of help Mrs. Herring might need in order to give informed consent?

MR. HERRING: Your Honor, what -- I'm sorry. I didn't hear what she was saying.

MS. CAMP: Sure. Page 3 of the expert report, No. 9, and it's the third one down.

THE COURT: Are you there, Mr. Herring?

MR. HERRING: Ability to give informed consent?

MS. CAMP: Correct.

THE COURT: Right. That's what she's asking about. Are you at that place?

MR. HERRING: Yes.

THE COURT: Okay.

Go ahead and ask your question, Ms. Camp.

THE WITNESS: So Ms. Herring is -- she's able to process information that is presented to her in a straightforward, simple manner. However, beyond that, her ability to really consider the options or consider the different options that lead to a decision and the consequences -- even if there are foreseeable consequences to those decisions -- I think is where she falls short, she would be impaired. Again, these are my opinion about her decisional capacity. But I think in that regard she can't really give informed consent to certain things because of this inability to properly weigh and consider the different options and the consequences of going with one decision versus going with another.

BY MS. CAMP:

whoever was there. The gist of your story is probably going to be the same as the gist of my story, and the gist of yours is going to be the same as mine, but your details may be a little different than yours, or versus mine.

So when our memory is functioning normally, that doesn't -- we all confabulate, we all create some memories that are not accurate. We don't process everything we think we process; there is always little gaps in our memory. But the way your brain works is it doesn't like piecemeal information, it doesn't like gaps. It likes a complete story in order to make sense, in order for that information to be retained for long-term storage. So you fill in those gaps with what sound logical.

And when one's memory is not impaired, under normal conditions, those gaps are very small. But as people develop dementia, in particular with Alzheimer's disease, their ability to form new memories is increasingly impaired. As a result of that, those gaps are now wider, they're bigger.

And if you put yourself in the position of someone with dementia who goes back to try to recall a recent event that occurred and they constantly came

dishonest?

THE WITNESS: That's correct. It's not volitional. The person doesn't -- isn't lying about what they recall. And in most cases, most cases they're not even aware that they're doing it. They're reaching into their repertoire of knowledge of memories and pulling out what they think is accurate. So the person -- the people around them that know them and know the accuracy of the information can pick up on the fact, wait, that's not true, that's not what happened, but the person themselves believes it to be true. But, again, it's not volitional.

THE COURT: Thank you.

Ms. Camp.

BY MS. CAMP:

Q Can confabulation be exacerbated by information that's provided to you from third parties?

A Absolutely. That's a lot to do with undue influence, you know, just presenting information can lead to the creation of reality. And, again, especially when you have somebody whose ability to reason through information is impaired as well.

Q And we talked a little bit about your discussion with Mrs. Herring about her feelings of mistrust maybe

towards her daughter. We're not exactly sure why it is that they don't see eye to eye, I think you said, at one point in a report. Based on your evaluation of her, is it your opinion confabulation may be what is leading to that conclusion of hers?

A Yes. Yeah, I do believe that.

MR. HERRING: I'm sorry. I did not hear her last question.

THE COURT: She asked if confabulation is what is causing that, meaning "that" is your mother's opinion of Jill. And the answer was yes.

BY MS. CAMP:

Q And you may not have covered this in your discussion with Mrs. Herring, which is fine, but did she happen to talk to you at all about the last time she saw or spoke with Jill?

A I do not recall that that was specifically a question that I had asked or gotten a response to.

Q That's fine. And you had previously testified about her orientation to time is severely impaired at this point. Do you believe that Mrs. Herring would be able to accurately articulate when the last time was that she spoke to or saw Jill?

A Not with any degree of confidence that I would

Q Did you ask both of her children whether or not they had seen a decline in their mother's cognitive abilities?

A I did.

Q Okay. And did either or both children acknowledge a decline to you that they had observed?

A Yes, they both did, although to different degrees.

Q Okay. So in some -- based on everything that you reviewed, all the documentation you reviewed, the interviews that you had, the tests that you took, your education and your experience, do you believe that Mrs. Herring is an incapacitated individual who requires a guardian of her estate and person?

A I do.

Q Have all of the opinions that you've given today, have they all been within a degree of professional certainty?

A They are.

Q And the report that is marked as H-2, with the -- both the report and the narrative, did you prepare both of those?

A I did.

Q Okay. You made a recommendation in the report portion of it, the expert report portion of it, about

her being able to remain at home with an aide. Is that a part of your recommendation today, that Mrs. Herring, at present, can stay remaining in her home provided that she has proper assistance?

A Yes. It doesn't necessarily -- the template doesn't allow for me to change aide to something else, so I checked that box. But the nature of my response there is that, yes, she's appropriate to remain in her home as she is right now with daily supervision. So she definitely needs daily supervision. She does not necessarily, at this point in time, still need 24-hour supervision; although, as close to that as she can I would recommend, given the nature of her functional judgment impairments if anything were to arise, you can't predict when that's going to be. So ...

Q So if something should arise at 2 o'clock in the morning, would you question whether or not she has the judgment, the insight, the reasoning to be able to deal with that new situation which might come up?

A I don't think that she -- I think that she would have a tough time in being able to handle that on her own. The presumption being that at 2 o'clock in the morning there would be somebody there with her. You know, if her son is living with her, I would presume

that he would be there at that time.

Q Is this condition going to stay the same, improve, or decline?

A It's going to decline. By definition dementia is a progressive neurologic condition.

Q Thank you.

MR. JASKOWIAK: That's all I have. And I would offer H-2 into evidence, Your Honor.

THE COURT: Okay. And I don't know if we've admitted H-1, but we will admit both --

MR. JASKOWIAK: H-1 was the curriculum vitae.

THE COURT: Correct. I just didn't know -- I don't think we admitted it into evidence.

MR. JASKOWIAK: Oh. Okay. H-1 I would also.

(Jane T. Herring's Exhibits H-1 and H-2 received in evidence.)

THE COURT: With that, Ms. Camp?

CROSS-EXAMINATION

BY MS. CAMP:

Q Good morning, Dr. Ledakis. Thank you for being here.

A Good morning.

an evaluation in the past? Do you recall?

A Yes. Arthur, at one point, did indicate that. I don't recall if it was our first meeting or our second meeting, but he indicated that there was.

Q Did he happen to mention what the finding of that evaluation was?

A That I do not recall.

Q And we've talked a little bit about Mrs. Herring's current residential situation with Arthur in the home. Should he stop residing in the home at some point in the future, what would you recommend in terms of the care that she might need?

A I'm sorry. Do you mind repeating that question?

Q Sure.

A Just I want to make sure I'm answering the correct --

Q Yes. So if Mrs. Herring's son no longer resides in the home with her and she's living at home alone, what recommendations might you have in order for her to safely stay in the home?

A So if Arthur is not capable of continuing to reside with her or chooses not to reside with her, she will need someone there daily. At this point in time she does not need 24-hour supervision, but I would -- I

THE COURT: And you don't get to go -- the appropriate objection is asked and answered. The question was asked of him, he's already given the answer. We are going on to a new topic then.

BY MR. HERRING:

Q You felt that her -- she was going to decline in her abilities. How do you know that? How can you say that?

A Because by definition dementia is a progressive neurologic disease process, "progressive" meaning that the person will continue to decline in their cognitive capabilities, which eventually translates into functional decline too.

So, by definition, if someone is diagnosed with dementia, the expectation is that they will decline.

Q Are you --

A It's not a static illness.

Q Medically has it ever been established that it's going to be 1 percent, 5 percent, or nobody knows?

A That is based -- it's not -- there is no -- there is no rules to that. You cannot -- you can predict it up to a certain extent. Certain conditions that are in place impact the rate of decline, certain things in the

person's history can impact the rate of decline. So there is no -- every person progresses differently.

Q So you are not able to say if it's going to be 1 percent or 5 percent over 10 years or --

THE COURT: That's what he just testified to. Everyone progresses differently, that was his testimony. Asked and answered.

BY MR. HERRING:

Q You had testified about my mother had said that she pays some bills, was it, or all the bills are paid automatically?

A She reported to me that she handles her finances and that you simply mail out the checks that she writes. That was her report to me.

Q So if she does write checks, then she certainly knows how to write those checks; isn't that true?

A Sure. She --

Q And she knows that she cannot write amounts over a certain amount; correct?

A No, that doesn't equate. That doesn't equate. She has the capability of writing out a check. I have already testified on the fact that her praxis skills are still intact. So she has the capability of physically writing out a check. What she writes out a

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jane herring evaluation

Mr. Ledakis,

By now, you have received the letter by Weilheimer for you to do some kind of evaluation to determine, as I understand it, to determine if my Mother will be upset if I visit her without a paid monitor. Since november 2022, because of made up lies by never named "staff" who "told" the guardian of person, blumer for a year, that after my visits with my mother or after my long ago canceled phone calls with my mother by blumer, blumer has claimed that according to those never named "staff's" remarks, my Mother is "agitated" after my visits. The word "agitated" is always used. But, no one has ever asked Mother. Why? According to the director, there are no reports by the "staff" of me doing that to my mother. My mother has never refused any of my calls or visits. She is always sad to see me go so fast and not being able to go home to live. As a matter of fact, the previously paid monitor said on Zoom about 4 months ago, all of my visits with my mother were happy and loving.

But, the lies in the monitors reports about things I had supposedly said to my mother were made up only to reduce my visits and at some point totally eliminate them because I have been exposing their guardianship scam on my mother and many, many others for decades. A scam that would put all of them in prison for decades. Starting with1 hour visit 3x a week plus unlimited phone calls in September 2021, to only 1 hour visit 3x a week and no phone calls by blumer in may 2022, to now only 1 hour visit 2x a week as of about February 2023. The racket continues to smear me in various ways because I am a threat to their money making scam. Nothing that has to do with the love and dedication I have proven for my mother's life, health and welfare, especially that I have been the only one who has tried to get her back home where you sid she should be and with me there.

About november 2022, blumer decided a "monitor" was need during my visit with my mother who would listen, write notes and make quotes in their reports. Blumer hired a friends

unemployed daughter to do it. I had to py her $75 a visit or i could not see my mother. Weilheimer refused to let my then lawyer, Meitner, know anything about the monitor, brandi, specifically her qualifications to listen accurately, make accurate notes and make accurate quotes for legal purposes. Why? In her reports, brandi would keep putting in various lies about me because that is what blumer told her to do to make me look like I should not be with my mother. This led to weilheimer reducing my visits in about february 2022 from 3x a week to now only 2x a week, but only if I pay $75 per visit. They have refused to have a simple cell phone during a visit which is free to them and me and it cannot lie. Maybe that is why they do not use a cell phone.

About 1 year ago, I ran out of money because of all of the money I had spent for lawyer to get my mother home and for all the money it was costing me for gas, flowers and gifts for my mother for my visits. I was able to scrape enough money to pay for the monitor at times. About 3 months ago, I had no more money so I had to stop my visits. I was able to see my mother, by blumer TWO weeks after Mother's Day and her 98th birthday by saving money. Except for those two visits 2 weeks ago, I have not seen my mother for about 3 months. blumer does not let me talk to her on the phone or even by zoom as "punishment"to me for not being on their side to help them steal mother's money as my sister has.

I cannot believe that "guardians" would do that to a human being at 98, denying her the right to see and be with her son and denying her when she could die at any time or become mentally unable to remember who they are. They are stealing so much money from my mother and all of of their other victims. Does their denying a mother seeing her son add a little joy for them? Does my mother cry at night thinking her son does not love her anymore and is tired of seeing her? Mother has told me she does not care if my sister comes there because she said she only does about once a month. I do not want my mother to die thinking I gave up on her.

I have always been refused to be told by weilheimer why such stupid restriction of visits were ever started by her shortly after the guardianship began and why mother could not stay home?

There was never any court order that said mother had to be kidnapped. Why was she? Was it lofie and my sister doing it on their own? if so, why didn't jaskowiak (mother's court appointed lawyer) tell them to take mother back home. When did he know about the torture of mother at the sister's home? Dis jaskowiak order it? If so, why? Why didn't weilheimer tell him to take mother home? Did weilheimer order the kidnapping? If so why. Their "plan" was about getting as much money by kidnapping mother, putting her into any nursing home,

evicting me then selling the house very cheap to a friend then reselling it at full value and keeping the profit from the victim. Corrupt guardians do that all the time nationwide.

I want to be involved with your court appointed evaluation. I want to be sure mother is not cheated out of all of the time to be with me as possible and to be able to go out on day trips to be happy and to get all of the exercise and mental stimulation as possible. Everybody has signed off to sell mother's house, trash all of her loved possessions of 98 years and keep her in her tiny room and locked in her tiny section until she dies. I have been the only one that has found much nicer, much bigger and much cheaper places to live, but all of the others have refused. Why? Why don't the others,including her own daughter, want mother to be happy and live free until she dies. Do you realize that nobody ever said mother had a serious mental problem or a threat to herself or others? She only had a little forgetfullness and was still driving her car safely until 2 days before the petition was filed. Not her doctor of 21 years or her daughter ever said she should stop driving.

Who have been shown, during this scam, to be the real danger to mother's health, happiness and life and who has been the only one who has wanted the most for mother's benefit? Who are the people who have been stealing mother's money just for themselves and who has been the only one spending their money and time to bring mother back home for her happiness, welfare and her health? I have been the only one there for mother. I have been the only one trying to get mother back home to live the life she was living, not like all of the others who think she is just a bird in a cage.

Arthur herring III

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Electronically signed by George E. Ledakis, Ph.D. on 06/29/2022
George E. Ledakis, Ph.D.
PA-Licensed Psychologist / Clinical Neuropsychologist
Director; Brandywine Neuropsychology Associates

Cc: The Honorable Gail Weilheimer
GWeilhei@montcopa.org

The undersigned examiner retains the right to amend this report if future information, relevant to this case, becomes available that would augment or alter current findings and thereafter alter clinical opinions and decisions and associated recommendations. Where indicated, however, the clinical opinions expressed here by this examiner are done so with a reasonable degree of scientific neuropsychological certainty based on the consideration and interpretation of information available (through available medical records, collateral sources, patient exam results, and observations of clinical presentation) guided by professional training and clinical experience in adult neuropsychology.