

11/7/17

ROBERT A. SMEJKAL, P.C.
ATTORNEY AT LAW

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Kirsten McGie
Legal Assistant

MEMORANDUM

To: Lane County Board of Commissioners
From: Robert A. Smejkal, Attorney for James E. Peterson, Jr.
Re: 38534 Dexter Road, Dexter, Oregon
Dated: November 6, 2017

James E. Peterson and Francis L. Peterson established the Peterson Family Trust in 1986. James E. Peterson died in 2002. As a result, the James E. Peterson Bypass Trust dated June 27, 2002 was established. Francis L. Peterson, Trustee of James E. Peterson Bypass Trust dated June 27, 2002 acquired the property located at 38534 Dexter Road, Dexter, Oregon (the "Property") for \$800,000 in cash by Statutory Warranty Deed recorded September 28, 2006, Recorder No. 2006-079394. A copy of the Statutory Warranty Deed is attached hereto as Exhibit 1 and by this reference incorporated herein. Francis L. Peterson died in 2015 and the Property was conveyed to James E. Peterson, Jr. by Warranty Deed-Statutory Form which was recorded February 5, 2016, Recorder No. 2016-004942. A copy of the Warranty Deed-Statutory Form is attached hereto as Exhibit 2 and by this reference incorporated herein.

The Property consists of approximately 20.71 acres, more or less, and is zoned as Industrial property.

Lane Code 21.425(4)(c) provides in relevant part:

"Real property acquired by tax foreclosure may be sold to the record owner or a contract purchaser of record as provided in ORs 275.180, when any of the following conditions exist:

(c) The record owner or contract purchaser of record suffered from a mental or physical incapacity or inability during the foreclosure and redemption period, satisfactory evidence of which is presented to the Board of Commissioners.”

The question before the Commissioners is whether James E. Peterson, Jr. suffered from a mental or physical incapacity or inability during the foreclosure and redemption period.

I have obtained records from PeaceHealth and McKenzie-Willamette Hospital consisting of 230 pages. All of the foregoing medical records have been forward to Mr. Tapia, Lane County Counsel. Attached hereto as Exhibit 3 is a copy of a Summary of Hospital Admissions and Office Visits. The medical records verify 23 hospital visits including admissions for more than one day on four occasions.

The discharge summaries from the four hospital admissions lasting more than one day are attached hereto as Exhibits 4, 5, 6 and 7 and by this reference incorporated herein. Attached hereto as Exhibit 8 is a copy of correspondence dated October 17, 2017 from James E. Peterson, Jr. to Sebastian Tapia, Lane County Counsel, which identifies his medical condition.

It is clear from the foregoing that the health of Mr. Peterson is extremely poor. He weighs approximately 400 pounds, is confined to a wheelchair and is on oxygen 24/7. His medical conditions which are detailed in the attached discharge summaries have severely impacted his ability to function.

It is clear from the discharge summaries and the letter from Mr. Peterson that he suffers from a number chronic medical conditions. Mr. Peterson contends that his medical conditions have had a significant impact upon his ability to function. In short, he battles these chronic medical conditions on a daily basis. As a result, it is the position of Mr. Peterson that his chronic medical conditions have resulted in physical incapacity or inability to function during the foreclosure and redemption period.

Respectfully submitted,



Robert A. Smejkal

RAS/km

encs.

cc: Sebastian Tapia (w/encs.)

15-
10-
11-



After recording return to:
First American Title
PO Box 10146
Eugene, OR 97440

Until a change is requested all tax statements
shall be sent to the following address:
Frances L. Peterson, Trustee
PO Box 284
Dexter, OR 97431

File No.: 7191-901697 (jlv)
Date: September 27, 2006

Division of Chief Deputy Clerk
Lane County Deeds and Records

2006-071394



\$36.00

00848679200600713940030031

09/29/2006 01:43:40 PM

RPR-DEED Cnt=1 Stn=B CASHIER 07
\$15.00 \$11.00 \$10.00

STATUTORY WARRANTY DEED

Dexter Forest Fibre, Inc., an Oregon corporation, Grantor, conveys and warrants to **Frances L. Peterson, Trustee of the James E. Peterson By-Pass Trust dated June 27, 2002**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

See Legal Description attached hereto as Exhibit A and by this reference incorporated herein.

Subject to:

1. The **2006-07** Taxes, a lien not yet payable,
2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$800,000.00 paid by and to a qualified intermediary as part of an IRC 1031 exchange.** (Here comply with requirements of ORS 93.030)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 197.352.

Dated this 28 day of September, 2006.

Wade Doak

Wade A. Doak, President

STATE OF Oregon)
)ss.
County of Lane)

This instrument was acknowledged before me on this 28th day of September, 2006 by Wade A. Doak, President of Dexter Forest Fibre, Inc.

Jennifer Waits

Notary Public for Oregon
My commission expires:



EXHIBIT A

LEGAL DESCRIPTION:

A PARCEL OF LAND LYING IN THE SOUTH ONE HALF OF SECTION 8 AND THE NORTH ONE HALF OF SECTION 17, TOWNSHIP 19 SOUTH, RANGE 1 WEST OF THE WILLAMETTE MERIDIAN, IN LANE COUNTY, OREGON, SAID PARCEL BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE INITIAL POINT OF LAND PARTITION PLAT NO. 2004-P1769, SAID POINT BEING NORTH 70° 01' 06" WEST, 2221.79 FEET FROM THE SOUTHEAST CORNER OF THE JOHN STOOPS DONATION LAND CLAIM NO. 41, LOCATED IN SECTION 17, TOWNSHIP 19 SOUTH, RANGE 1 WEST OF THE WILLAMETTE MERIDIAN, IN LANE COUNTY, OREGON; RUN THENCE SOUTH, 156.14 FEET; THENCE WEST, 550.38 FEET TO THE POINT OF BEGINNING, SAID POINT BEING THE MOST EASTERLY SOUTHEAST CORNER OF PARCEL 1 OF LAND PARTITION PLAT NO. PA 1523-85 AND A POINT IN THE CENTERLINE OF LOST CREEK; RUN THENCE ALONG SAID CENTERLINE OF LOST CREEK SOUTH 13° 02' 00" EAST, 51.97 FEET; THENCE LEAVING SAID CENTERLINE OF LOST CREEK RUN SOUTH 69° 00' 00" WEST, 234.17 FEET; THENCE NORTH 48° 02' 00" WEST, 20.97 FEET; THENCE NORTH 38° 13' 00" WEST, 140.79 FEET; THENCE SOUTH 53° 24' 00" WEST, 318.37 FEET TO A POINT ON THE EASTERLY LINE OF THE SOUTHERN PACIFIC RAILROAD RIGHT-OF-WAY; THENCE ALONG THE EASTERLY LINE OF SAID RIGHT-OF-WAY THE FOLLOWING SEVEN (7) COURSES: 1) ALONG THE ARC OF A 150 FOOT PARALLEL OFFSET SPIRAL CURVE TO THE RIGHT, THE CHORD OF WHICH BEARS NORTH 23° 01' 03" WEST, 180.81 FEET, AND THE CENTERLINE OF WHICH HAS AN A=0.8 FEET AND AN S=5° 37' 36"; THENCE 2) NORTH 22° 34' 04" WEST, 291.59 FEET; THENCE 3) NORTH 67° 25' 56" EAST, 100.00 FEET; THENCE 4) NORTH 22° 34' 04" WEST, 550.00 FEET; THENCE 5) NORTH 67° 34' 04" WEST, 141.42 FEET; THENCE 6) NORTH 22° 34' 04" WEST, 350.00 FEET; THENCE 7) NORTH 16° 37' 10" WEST, 482.48 FEET; THENCE LEAVING THE EASTERLY LINE OF SAID RIGHT-OF-WAY RUN NORTH 89° 12' 00" EAST, 44.92 FEET; THENCE NORTH 89° 12' 00" EAST, 30.00 FEET; THENCE NORTH 83° 40' 00" EAST, 43.70 FEET; THENCE SOUTH 60° 25' 00" EAST, 362.87 FEET TO A POINT IN THE CENTERLINE OF LOST CREEK; THENCE ALONG SAID CENTERLINE OF LOST CREEK THE FOLLOWING FIVE (5) COURSES: 1) SOUTH 35° 54' 00" EAST, 208.00 FEET; THENCE 2) SOUTH 29° 50' 00" EAST, 285.34 FEET; THENCE 3) SOUTH 38° 38' 00" EAST, 626.74 FEET; THENCE 4) SOUTH 20° 56' 00" EAST, 388.19 FEET; THENCE 5) SOUTH 13° 02' 00" EAST, 185.02 FEET TO THE POINT OF BEGINNING, IN LANE COUNTY, OREGON.

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Lane County Clerk
Lane County Deeds & Records

2016-004942

02/05/2016 01:35:43 PM

RPR-DEED Cnt=1 Stn=7 CASHIER 02 3pages
\$15.00 \$11.00 \$10.00 \$21.00

\$57.00

After recording, return to:
ROBERT A. SMEJKAL
PO Box 1758
EUGENE OR 97440

Until a change is requested,
send tax statements to:
James E. Peterson, Jr.
PO Box 284
DEXTER OR 97431

WARRANTY DEED - STATUTORY FORM

James E. Peterson, Jr. Successor Trustee of the James E. Peterson By-Pass Trust dated June 27, 2002, Grantor, conveys and warrants to James E. Peterson, Jr., Grantee, that certain real property located in Lane County, Oregon, and more particularly described on Exhibit A attached hereto and by this reference incorporated herein.

This conveyance is subject to:

1. Outstanding real property taxes.
2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record including those shown on any recorded plat or survey.

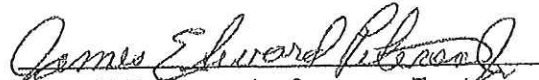
This conveyance is made pursuant to the terms of the James E. Peterson By-Pass Trust established June 27, 2002.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 and 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7,

CHAPTER 8, OREGON LAWS 2010.

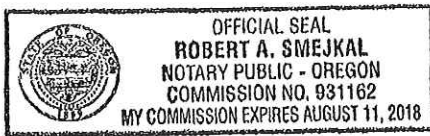
DATED this 4 day of February, 2016.

GRANTOR:


James E. Peterson, Jr., Successor Trustee

STATE OF OREGON, County of Lane) ss.

This instrument was acknowledged before me on the 4 day of February, 2016, by James E. Peterson, Successor Trustee of the James E. Peterson By-Pass Trust dated June 27, 2002.





NOTARY PUBLIC FOR OREGON

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JAMES E. PETERSON, JR.

Summary of Hospital Admissions and Office Visits

Index:

PH: PeaceHealth

MW: McKenzie-Willamette Hospital

Admission Date	Discharge Date	# of Days Admitted	Name of Hospital
6/12/2015	6/12/2015	1	PH
9/15/2015	9/15/2015	1	PH
9/22/2015	9/22/2015	1	PH
11/10/2015	11/10/2015	1	PH
11/12/2015	11/12/2015	1	PH
3/3/2016	3/3/2016	1	PH
3/9/2015	3/9/2016	1	PH
3/16/2016	3/16/2016	1	PH
5/19/2016	5/19/2016	1	PH
5/19/2016	5/23/2016	5	PH
8/1/2016	8/1/2016	1	PH
8/5/2016	8/5/2016	1	PH
9/7/2016	9/7/2016	1	PH
9/8/2016	9/8/2016	1	PH
9/8/2016	9/11/2016	4	MW
9/28/2016	9/28/2016	1	PH
1/2/2017	1/2/2017	1	PH
5/5/2017	5/11/2017	7	MW
5/22/2017	5/22/2017	1	PH
6/6/2017	6/6/2017	1	PH
8/3/2017	8/3/2017	1	MW
8/4/2017	8/4/2017	1	PH
8/27/2017	8/27/2017	1	MW
9/8/2017	9/10/2017	3	PH

SACRED HEART RIVERBEND

3333 RIVERBEND DRIVE

SPRINGFIELD , OR

D I S C H A R G E S U M M A R Y - C O P Y

Patient Name: PETERSON, James E.

Birthdate: 02/15/1963 (54)

MRUN: 01504198

Account #: 034437692

Sex: M

Admit Date: 05/19/2016

Disch Date: 05/23/2016

Type: I

Dictating Provider: KHOR, CAMERON

Room/Bed:

PETERSON, James E

01504198

DOB: 02/15/1963

DISCHARGE SUMMARY

DATE OF ADMISSION: 05/19/2016

ANTICIPATED DATE OF DISCHARGE: 05/23/2016

PRIMARY CARE PROVIDER: Dr Nayak.

CURRENT DIAGNOSES:

1. Bilateral legs cellulitis with ulcers.
2. Chronic venous stasis disease with chronic ulceration.
3. Hypertension, uncontrolled, accelerated hypertension.
4. Morbid obesity.
5. Obstructive sleep apnea, untreated.
6. Diabetes type 2.

DISCHARGE MEDICATIONS:

1. Doxycycline 100 mg twice a day.
2. Metformin 500 mg twice a day.
3. Aspirin 81 mg daily.
4. Atorvastatin 20 mg daily.
5. Lasix 40 mg daily.
6. Lisinopril 20 mg daily.
7. Metoprolol tartrate 25 mg twice a day.
8. Potassium chloride 20 mEq daily.
9. Albuterol inhaler 2 puffs 4 to 6 hours as needed.

HOSPITAL COURSE: This is a 53-year-old male with morbid obesity, hypertension, chronic venous stasis disease in both legs with chronic ulceration and inflammation, was admitted for bilateral leg cellulitis and ulcer, failed outpatient therapy. He was treated with intravenous clindamycin. His cellulitis improved. He still has ulcers on both legs. He has been medically stable for the last several days. He will be discharged tomorrow with oral doxycycline. He will be evaluated by the wound care nurse prior to discharge. He will be discharged with home health services to perform wound

SACRED HEART RIVERBEND 3333 RIVERBEND DRIVE SPRINGFIELD , OR

D I S C H A R G E S U M M A R Y - C O P Y

Patient Name: PETERSON, James E. Birthdate: 02/15/1963 (54)

MRUN: 01504198 Account #: 034437692 Sex: M

Admit Date: 05/19/2016 Disch Date: 05/23/2016 Type: I

Dictating Provider: KHOR, CAMERON Room/Bed:

care.

PHYSICAL EXAMINATION:

Vital Signs: At this time, his vital signs are within normal limits.

Lungs: Clear to auscultation.

Heart: Regular rhythm.

Abdomen: Soft, nontender. No distention.

Extremities: Show improving cellulitis with ulcers on both legs.

The erythema and edema has improved.

DISCHARGE DIET: Regular diet.

ACTIVITY: As tolerated.

CONDITION: Improved.

DESTINATION: To home with home health services and wound care.

Total time taken discharge, 45 minutes.

Dictated by: Cameron T Khor MD

CTK:WAV188887

eScription document:49-7722418

D: 05/22/2016 12:15:01

T: 05/22/2016 12:49:22

Provider Responsible for Electronic Signature: CAMERON KHOR

Electronically Signed On: 22May16 1:08pm

(Blank until electronically signed by Responsible Provider)

Printed by: 19810

Print Date: 10/30/2017

Print Time: 9:24am

Discharge Summary

Mckenzie Willamette Medical Center

Name Peterson, James Edward
Attending KOVACHEVICH MOSHE
Primary MISCELLANEOUS PHYSICIAN

Date of Service Sep-11-2016 0951
Admitted Sep-08-2016
Discharged -

DOB Feb-16-1963 (M)
Encounter 3811311
MRN 118434

Date of Admission

Admit Date: Sep-08-2016

Date of Discharge

Date of discharge Sep-11-2016

Chief Complaint

Shortness of breath and leg swelling

Final Diagnoses

Candidiasis of skin
Anasarca

chronic

Lymphedema of lower extremity
Morbid obesity
Chronic respiratory failure
Obstructive sleep apnea syndrome
Hypertensive disorder
Diabetes mellitus
Dyslipidemia
Open wound of lower leg

Procedure(s) Performed

Sep-08-2016

Echocardiography

Poor acoustic windows

Performed by BERGIN PATRICK J MD

Lab Results

Sep-11-2016 0550

NA 138, K 3.9, CL 93, CO2 36, ANIONGAP 12.9, GLU 107, BUN 18, BUNCRERT 17.5, CREA 1.03, CA 8.5, OSMOCALC 278,

GFR >60

Sep-09-2016 0518

TROPT 0.011

Sep-08-2016 2300

CULMRSA No mrsa detected *** please note *** this test is for infection prevention surveillance only. Do not use the result to drive antibiotic therapy.

Sep-08-2016 1815

NA 135, K 4.1, CL 99, CO2 28, ANIONGAP 12.1, GLU 154, BUN 18, BUNCRERT 16.8, CREA 1.07, TP 6.2, ALB 3.2, GLOBULIN 3.0, CA 8.2, BILT 0.8, ALP 60, ALT 22, AST 25, OSMOCALC 275, GFR >60, BNP 203.86, WBC 13.82, RBC 5.56, HGB 15.8, MCV 85.4, MCH 28.4, MCHC 33.3, RDW 17.3, NEU% 78.3, LYM% 13.2, MON% 6.2, EOS% 0.9, BAS% 0.4, NEU# 11.6, LYM# 1.7, MON# 0.6, EOS# 0.0, BAS# 0.0, IG% 1.0, IG# 0.0, HCT 47.5, PLT 227.0, MPV 11.9, MANDIFF Yes, SEGS 84, LYM 12, MON 4, PLT EST Adequate, ANISO 1+

Imaging Results

Chest x-ray on admission with mild pulmonary edema.

Functional Status*

No Functional Impairments

Cognitive Status*

Normal Cognition

Tobacco Cessation*

Non-Smoker, Non Tobacco product user

EXHIBIT - 5
Page 1 of 3

Discharge Summary

Mckenzie Willamette Medical Center

Name Peterson, James Edward
Attending KOVACHEVICH MOSHE
Primary MISCELLANEOUS PHYSICIAN

Date of Service Sep-11-2016 0951
Admitted Sep-08-2016
Discharged -

DOB Feb-15-1963 (M)
Encounter 3811311
MRN 118434

Vital Signs

Sep-11-2016 0636
T 36.1, HR 86, RR 16, BP 132/78, O2Sat 95

PHYSICAL EXAM

Morbidly obese and extremely fluid overloaded gentleman that came here few days ago with now somewhat improved bilateral leg edemas.

Psychiatric-decisional and lucid. Able follow instructions.

Skin with candidiasis in groin but no other rashes. He has minor superficial wounds on lateral aspect of lower left leg and lateral aspect of lower right leg with no evidence of surrounding cellulitis.

Lungs-few rhonchi.

Cardiovascular-distant heart sounds with no murmurs RRR

Abdomen-obese and nontender

Hospital Course

Patient with chronic difficulties with severe lymphedema and has difficulties being euvolemic despite being compliant with hefty regimen of Lasix given to him by PCP. He came here with gross fluid overload, worsening chronic hypoxemic respiratory failure and anasarca/leg swelling. He was diuresed with intravenous Lasix and yesterday, 24 hours ago, he was switched to oral torsemide and he continued to diurese a lot, almost a gal a day. His potassium supplements were increased accordingly and he was not hypokalemic. His renal function was not deranged but this intensive diuresis. He feels better today, his less short of breath and his swelling is slightly decreased.

He has obstructive sleep apnea, he had formal sleep study and because of some insurance issues he purchased himself CPAP that is not working. He was seen by respiratory therapist and we found that he will do fine with CPAP with a setting of 8 with oxygen bleeding in. I am writing him a prescription for auto CPAP, 8-15.

He is to continue with the rest of his medicines as before with exception of discontinued Lasix and adjusted potassium.

He had minimally elevated BNP and for that reason he had echocardiogram done here that was basically useless test due to very poor visibility. I reviewed his record in Peace Health-he had relatively recent echocardiogram and stress test and he had no evidence of congestive heart failure or acute coronary syndrome.

Condition at Discharge

Stable

Discharge Medications

ALBUTEROL SULFATE HFA MDI 90 MCG / ACT AERS

Dose: 2 INHALATION AS NEEDED

ASCORBIC ACID 500 MG TABS

Dose: 500 ORALLY TWO TIMES A DAY

ASPIRIN EC 81 MG TBEC

Dose: 81 ORALLY EVERY MORNING

ATORVASTATIN CALCIUM 20 MG TAB

Dose: 20 ORALLY EVERY NIGHT AT BEDTIME

GLIPizide 5 MG TABS

Dose: 5 ORALLY EVERY MORNING

LISINOPRIL 20 MG TABS

Dose: 20 ORALLY TWO TIMES A DAY

METOPROLOL TARTRATE 50 MG TABS

Dose: 50 ORALLY TWO TIMES A DAY

NYSTATIN POWDER 15 GM POWD

Dose: 1 TOPICAL THREE TIMES A DAY

For another week

OMEGA-3 FATTY ACIDS 1000 MG CA

Dose: 1000 ORALLY EVERY MORNING

POTASSIUM CHLORIDE CRYST ER 20

Dose: 40 ORALLY THREE TIMES A DAY

New, higher regimen

torSEMIDE 20 MG TABS

Dose: 40 ORALLY THREE TIMES A DAY

New medicine

VITAMIN D3 1000 UNIT TABS

Dose: 1000 ORALLY EVERY MORNING

EXHIBIT - 5
Page 2 of 3

Discharge Summary

Mckenzie Willamette Medical Center

Name Peterson, James Edward
Attending KOVACHEVICH MOSHE
Primary MISCELLANEOUS PHYSICIAN

Date of Service Sep-11-2016 0951
Admitted Sep-08-2016
Discharged -

DOB Feb-15-1963 (M)
Encounter 3811311
MRN 118434

Discontinued medication is Lasix

Discharge Disposition

Discharge to home

Plan

Discharged home on torsemide and more potassium, discontinue Lasix, discharged home with a prescription for auto CPAP. He should have basic metabolic panel on 09/15 results to PCP and then a follow-up office visit. He might need readjusted diuretic/potassium supplements. Diet should be diabetic/heart healthy/low-sodium would not more than 1.5 L of fluid a day. He should lose a lot of weight. Other than that, activity as tolerated. Continue with the rest of home medicines as before and use antifungal to groin for another week.

Primary Care Provider

Nyak Sushanth - Peace Health

Doctors to be CC'd

MISCELLANEOUS PHYSICIAN SYSAD

Electronically signed by KOVACHEVICH MOSHE B MD on Sep-11-2016 1001

Discharge Summary

Mckenzie Willamette Medical Center

Name Polerson, James Edward
Attending GHANDOUR HASSAN A
Primary MISCELLANEOUS PHYSICIAN

Date of Service May-11-2017 1105
Admitted May-05-2017
Discharged -

DOB Feb-15-1963 (M)
Encounter 3867674
MRN 118434

Date of Admission

Admit Date: May-05-2017

Date of Discharge

Date of discharge May-11-2017

Chief Complaint

Increasing edema and bloating/abdomen is very large

Final Diagnoses

Anasarca

Severe peripheral edema actually whole body edema due to right heart failure most likely due to sleep apnea. Patient improved markedly with diuresis. According to our records he lost about the 2 L of fluid almost daily. He will need to continue using his diuretics. He should not be pushing fluids/drink only to thirst. He should have a low-salt diet in addition to his diabetic diet.

chronic

Obstructive sleep apnea syndrome

Sleep apnea due to severe morbid obesity BMI of 52.

Lymphedema of lower extremity

Severe lymphedema due to obesity improved with with the diuresis.

Open wound of lower leg

Open wounds in the lower extremities due to peripheral edema I did very well with local treatment/Silvadene.

Hypertensive disorder

Due to obesity and sleep apnea blood pressure controlled with meds.

Morbid obesity

Underlying cause of the almost all of his problems. Discussed in details

Diabetes mellitus

Diabetes due to obesity. Blood sugar reasonably controlled with present medications.

Procedure(s) Performed

None

Lab Results

May-11-2017 0741

GLUWB 82

May-11-2017 0500

NA 140, K 4.4, CL 92, CO2 41, ANIONGAP 11.4, GLU 110, BUN 20, BUNCRERT 19.8, CREA 1.01, CA 8.6, OSMOCALC 283, GFR >60, MG 2.0, WBC 10.10, RBC 5.21, HGB 14.8, MCV 91.4, MCH 28.4, MCHC 31.1, RDW 17.3, HCT 47.6, PLT 203.0, MPV 12.1, SEGS 72, BAND 2, LYM 19, MON 6, EOS 1, PLT EST Adequate

May-10-2017 2033

GLUWB 203

May-10-2017 1754

GLUWB 127

May-10-2017 0515

NA 139, K 5.1, CL 92, CO2 39, ANIONGAP 13.1, GLU 118, BUN 21, BUNCRERT 21.4, CREA 0.98, CA 8.7, OSMOCALC 282, GFR >60

Imaging Results

Chest x-ray showed cardiomegaly. No pulmonary edema.

Echocardiogram was attempted but because of body habitus it is very poor quality. The only information obtained was mild to moderate concentric LVH (the left ventricle). There was mild enlargement of the right ventricle.

Functional Status*

Impaired mobility (Due to extreme obesity.), Activity of daily living - Needs assistance, Disability

Mental Status*

Normal Cognition

EXHIBIT - 6
Page 1 of 3

Discharge Summary

Mckenzie Willamette Medical Center

Name Peterson, James Edward
Attending GHANDOUR HASSAN A
Primary MISCELLANEOUS PHYSICIAN

Date of Service May-11-2017 1105
Admitted May-05-2017
Discharged -

DOB Feb-15-1963 (M)
Encounter 3867674
MRN 118434

Tobacco Cessation*

Non-Smoker, Non Tobacco product user

Consultations

None

Vital Signs

May-11-2017 0740
T 35.9, RR 17, BP 139/83, O2Sat 100, BPM 96, PULSE 80
May-11-2017 0233
T 35.5, RR 17, BP 151/91, O2Sat 97, BPM 99, PULSE 77
May-10-2017 2205
T 36.1, RR 15, BP 145/105, O2Sat 89, BPM 113, PULSE 76
May-10-2017 1757
T 35.8, RR 18, BP 132/71, O2Sat 97, BPM 85, PULSE 80

Physical Exam

PHYSICAL EXAM

General appearance: Very large and very obese Patient does not appear to be in acute distress.
Heart normal sounds, no murmurs. Very hard to hear because of body habitus.
Lungs clear and resonant. difficult to hear because of body habitus. I do not hear any rales.
Abdomen soft nontender no apparent organomegaly rebound or rigidity.
Lower extremities 2 edema bilateral. Lower extremities erythematous looking most likely and the med related. He has skin changes of venous insufficiency as well.
Alert oriented appropriate.
Skin warm and dry.
Neck no lymphadenopathy or JVD distention.
CVA is nontender.
On the all the feet dorsal aspect bilateral there is multiple scabs now indication of any active infection in that area.

Hospital Course

Patient admitted to the hospital with the severe edema. The edema involved his whole body. The patient had some skin breakdown on the dorsal aspect of the feet because of the edema. Was treated with intravenous Lasix multiple times a day. He had 2 L of negative balance almost on a daily basis (about 12 L in total). Continues to have significant edema even on discharge. We also adjusted his CPAP. I believe his edema is due to right heart failure which is due to sleep apnea. Although the patient had a CPAP machine at home he was not using it because it was too much pressure he says. The respiratory therapist were very good at adjusting his CPAP pressures in here and he has been using his machine much better. He feels better. He is sleeping better and is more rested. he still has edema and will need further diuresis. The wounds on his feet also need to be followed up and continue treatment with Silvadene cream. He understands/I explained to him today that he is a high risk for cellulitis. He understands when he should come back to the emergency room if he develops cellulitis. He knows what to look for. We also talked quite a bit about the importance of weight loss in his situation as it is driving all his other problems hypertension diabetes sleep apnea severe edema.... Patient refused to go to rehab. He says he has the means to higher people at his home and actually has people already higher taking care of him at home.
Please see note in the imaging section regarding echocardiogram.

Condition at Discharge

Stable

Discharge Medications

ACETAMINOPHEN 325 MG
Dose: 650 MG ORALLY EVERY 4 HOURS AS NEEDED FEVER OR MILD PAIN
carVEDilol
Dose: 6.25 MG ORALLY TWO TIMES A DAY
GLIPizide
Dose: 5 MG ORALLY EVERY 12 HOURS
NYSTATIN POWDER 15 GM
Dose: 1 APP TOPICAL THREE TIMES A DAY
oxyCODONE imMEDiate RELEASE 5
Dose: 5 MG ORALLY EVERY 4 HOURS AS NEEDED MODERATE PAIN (4-6 ON PS), MODERATE-SEVERE (PAIN 6-10), PAIN

EXHIBIT - 6
Page 2 of 3

Discharge Summary

Mckenzie Willamette Medical Center

Name Peterson, James Edward
Attending GHANDOUR HASSAN A
Primary MISCELLANEOUS PHYSICIAN

Date of Service May-11-2017 1105
Admitted May-05-2017
Discharged -

DOB Feb-15-1963 (M)
Encounter 3867674
MRN 118434

POTASSIUM CHLORIDE POWDER 20 M
Dose: 40 MEQ ORALLY TWO TIMES A DAY
SENNOSIDES 8.6 MG
Dose: 17.2 MG ORALLY EVERY NIGHT AT BEDTIME
SILVER SULFADIAZINE 1% TOPICAL
Dose: 1 APP TOPICAL TWO TIMES A DAY
torSEMIDE
Dose: 40 MG ORALLY ONCE DAILY
Take about 2:00 p.m. daily
torSEMIDE 20 MG
Dose: 80 MG ORALLY EVERY MORNING

Discharge Disposition

Discharge to home

Plan

Follow-up with primary care physician in 1 week.
You need to have blood work next Monday (BMP) to check on your potassium and other salt just to be sure all is good. Then you need to have your blood work done at the end of the week as well. Please arrange that with your primary care physician.
If you can do it is best if you can weigh yourself naked every day and keep track of your weight. You need to use the same scale. If you are gaining weight for 2 days in a row you need to talk to your physician about increasing your diuretics.
You need to do the best you can to lose weight other than just fluid weight./follow a diet high in vegetables and protein low in carbs.
Do not push fluids. Stay on a low-salt diet.
Always use your CPAP machine. Use it even when you take naps during the day.
Try to be active and elevate your lower extremities when you lay down unless you become short of breath when you will elevated lower extremities then put them down.
your medications are complicated. bring all your medications to your next doctor's appointment and go over these meds with your doctor.
Come back to the ER if you have increasing shortness of breath admits in the feet or legs, fever or shaking chills or bad vomiting.

Primary Care Provider

NAYAK SUSHANTH

Doctors to be CC'd

NAYAK SUSHANTH

Time Spent with Patient

Total number of minutes spent with patient (45), More than 50% of the time spent with this patient was devoted to counseling and coordination of care

Discussed diet, importance of weight loss, how to use diuretics, what to look for cellulitis. All questions answered. when to come back to ER explain

Electronically signed by GHANDOUR HASSAN A MD on May-11-2017 1129

EXHIBIT - 6
Page 3 of 3

Discharge Summaries by Jonathan Rafael J Lazaro, MD at 9/10/2017 9:44 AM (continued)

Discharge Summary

Date of Admit: 9/8/2017

Date of Discharge: 9/10/2017

Discharge Diagnoses:

Principal Problem:

Anasarca

Active Problems:

Essential hypertension

Type 2 diabetes mellitus without complication (HCC)

Heart failure, unspecified (HCC)

Hypokalemia

Abdominal pannus

OSA on CPAP

Discharge Plan:**1. Anasarca****2. Heart failure**

- Etiology is still totally unclear. However, based on review of records from outside hospital, current thought process is right sided heart failure from poorly controlled OSA, which actually makes sense given that his liver and kidney function are intact and a TTE from 5/2017 (see scanned media) shows an intact EF but dilated right ventricle. Unlikely to be infectious given non illuminating procalcitonin but he does have a chronically elevated WBC (see scanned media for previous lab reports).
- Received Lasix 40 IV twice daily while admitted together with home Torsemide 200 daily
- **Discharge on Spironolactone 50 twice daily, continue home Torsemide 200 daily**
- **Apparently taking Klorcon 40 daily at home, advised to cut back to 20 meq given Spironolactone start, will need a new BMP on follow up**
- **Advised on low sodium diet and fluid restriction to 1500 mL**
- **Proceed with Echo and Abdominal US previously ordered by PCP**
- **Keep previously arranged follow up with Dr. Agomaa.**

2. OSA

- Continue CPAP

4. HTN

- Continue Carvedilol 6.25 twice daily

5. Diabetes

- Continue Glipizide
- A1c above goal, follow up with PCP

6. Abdominal pannus

- Continue nystatin three times daily

Discharge Medications:

Peterson, James E

EXHIBIT - 7
Page 1 of 2

Discharge Summaries by Jonathan Rafael J Lazaro, MD at 9/10/2017 9:44 AM (continued)

Home Medication Instructions

HAR: 1400188795
Printed on: 09/10/17 0944

Medication Information

ascorbic acid (VITAMIN C) 500 MG tablet
Take 1 tablet (500 mg total) by mouth Twice a day

aspirin 81 MG enteric coated tablet
TAKE ONE TABLET BY MOUTH ONCE DAILY

blood glucose meter Misc
Use as directed

carvedilol (COREG) 6.25 MG tablet
TAKE ONE TABLET BY MOUTH TWICE DAILY WITH MEALS

docusate sodium (COLACE) 100 MG capsule
Take 100 mg by mouth Twice a day

glipiZIDE (GLUCOTROL) 5 MG tablet
Take 5 mg by mouth Twice a day

nystatin (MYCOSTATIN) powder
Apply topically 3 (three) times daily as needed for Rash

OXYGEN-AIR DELIVERY SYSTEMS MISC
3 L by Miscellaneous route

polyethylene glycol (MIRALAX) 17 gram/dose oral powder
Take 17 g by mouth every morning before breakfast
Dissolve 1 capful (17 g) in 8 ounces of water and drink by mouth once daily.

potassium chloride (KLOR-CON) 20 mEq packet
Take 2 packets (40 mEq total) by mouth Twice a day

torsemide (DEMADEX) 100 MG tablet
Take 200 mg by mouth daily

EXHIBIT - 7
Page 2 of 2

Discontinued Medications:

Medications Discontinued During This Encounter
Medication

Reason

JAMES E. PETERSON, JR.
38781 HWY. 58
DEXTER, OR 97431

October 17, 2017

Sebastian Tapia
Lane County Counsel
125 E. 8th Avenue
Eugene, OR 97401

Dear Mr. Tapia:

I am writing to advise you of the state of my health which has resulted in incapacity, impairment and inability. I have several health conditions, as follows:

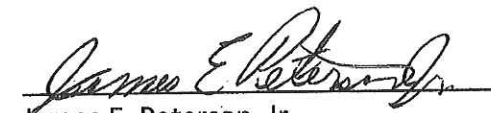
1. Lymphedema. I have had this condition for more than two years. It results in excess fluid build up which results in extreme swelling of legs and feet.
2. Anasarca. I have had this condition for more than a year. It results in swelling due to retaining water. This condition is very painful. My skin breaks which results in sores and ulcers on my body.
3. Ammonia Imbalance. This is a condition of my blood which affects my brain function resulting in poor memory or loss of memory.

In the last year, I have had many trips to the emergency room and been hospitalized approximately three times. The length of my hospital stays have been three days to four days.

My health is extremely poor which has resulted in serious limitations on my ability to function. My weight is approximately 400 pounds. I am confined to a wheelchair. It is very difficult for me to get around. I am on oxygen 24/7.

I have a home healthcare provider come to my home three times a week. The home healthcare provider wraps my legs and feet in order to reduce swelling.

Let me know if you have questions.


James E. Peterson, Jr.