IN THE SUPREME COURT OF THE STATE OF NEVADA

LANDS, INC. dba SPRINGSTONE LAKES MONTESSORI SCHOOL and SPRINGLANDS LLC	Electronically Filed Supreme Court May 24 2022 04:03 p.m. Elizabeth A. Brown
Petitioners,	District Court Cascherk of Supreme Court A-20-808230-C
vs.	
THE EIGHTH JUDICIAL DISTRICT	
COURT OF THE STATE OF NEVADA	
ex rel. THE COUNTY OF CLARK, AND	
THE HONORABLE TARA CLARK	
NEWBERRY,	
Respondent.	
JASMIN LAUDIG, a minor, by and	
through her father, JOHN LAUDIG,	
Real Party In Interest.	
PETITIONERS' APPENI	DIX VOLUME 1 of 4

Karie N. Wilson, Esq. (NBN: 7957) Tiffanie Bittle, Esq. (NBN:15179) ALVERSON TAYLOR & SANDERS 6605 Grand Montecito Pkwy., Ste. 200 Las Vegas, Nevada 89149 (702) 384-7000

Attorneys for Petitioners Lands, Inc. dba springstone Lakes Montessori School and Springlands LLC

Petitioner's Appendix Volume 1

<u>Exhibit #</u>	<u>Title of Document</u>	Page Numbers
Exhibit A	Plaintiffs' Twelfth Supplement to her Early Case Conference Disclosures– Served January 18, 2022	1-10
Exhibit B	Plaintiff's Motion for Partial Summary Judgment – Filed February 23, 2012	11-105
Exhibit C	Register of Actions for Case No. A-20-808230-C	106-108

Petitioner's Appendix Volume 2

<u>Exhibit #</u>	<u>Title of Document</u>	Page Numbers
Exhibit D	Order Granting Plaintiff' Motion for Summary Judgment, filed May 16, 2022	109-117
Exhibit E	Order Granting Plaintiff' Motion in <i>Limine</i> No. 2, filed May 16, 2022	118-125
Exhibit F	Deposition of Plaintiff Jasmin Laudig, conducted on August 5, 2021	126-146
Exhibit G	Deposition of Michelle DeSoto, conducted on July 30, 2021	147-190

Petitioner's Appendix Volume 3

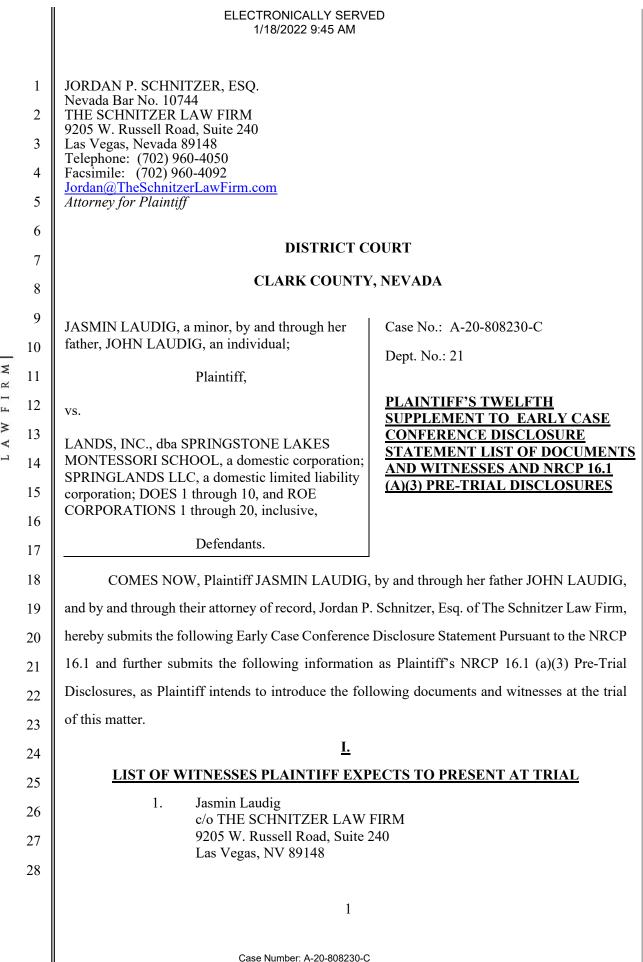
<u>Exhibit #</u>	<u>Title of Document</u>	Page Numbers
Exhibit H	Deposition of Dr. John Kim, conducted on October 25, 2021	191-220

Exhibit I	Medical Records of Dr. John Kim	221-240
Exhibit J	Medical Records of Dr. Tracy Hankins	241-248
Exhibit K	Plaintiff's Initial Expert Witness Disclosures, Served July 20, 2021	249-280

Petitioner's Appendix Volume 4

<u>Exhibit #</u>	<u>Title of Document</u>	Page Numbers
Exhibit L	Plaintiff's Initial Expert Witness Disclosures, Served August 24, 2021	281-299
Exhibit M	Plaintiff's Motion in <i>Limine</i> No. 2, Filed on March 4, 2022	300-309

EXHIBIT A



1 Jasmin Laudig is the Plaintiff in the above-captioned matter and, in that capacity, and has 2 personal knowledge as to the facts and circumstances of the allegations in the complaint. 3 2. Yasemin Laudig c/o THE SCHNITZER LAW FIRM 4 9205 W. Russell Road, Suite 240 Las Vegas, NV 89148 5 Yasemin Laudig is the mother of the Plaintiff in the above-captioned matter and, in that 6 capacity, and has personal knowledge as to the facts and circumstances of the allegations in the 7 complaint. 8 3. John Laudig 9 c/o THE SCHNITZER LAW FIRM 9205 W. Russell Road, Suite 240 10 Las Vegas, NV 89148 11 John Laudig is the father of the Plaintiff in the above-captioned matter and, in that 12 capacity, and has personal knowledge as to the facts and circumstances of the allegations in the 13 complaint. 14 4. Person Most Knowledgeable 15 LANDS, INC. dba SPRINGSTONE LAKES MONTESSORI SCHOOL 16 c/o Karie N. Wilson, Esq. Alverson Taylor & Sanders 17 6605 Grand Montecito Parkway, Suite 200 18 Las Vegas, Nevada 89149 19 LANDS, INC. dba SPRINGSTONE LAKES MONTESSORI SCHOOL is a Defendant 20 in the above-captioned matter and, in that capacity, and has personal knowledge as to the facts 21 and circumstances of the allegations in the complaint. 22 5. Person Most Knowledgeable SPRINGLANDS LLC 23 c/o Karie N. Wilson, Esq. Alverson Taylor & Sanders 24 6605 Grand Montecito Parkway, Suite 200 25 Las Vegas, Nevada 89149 26 SPRINGLANDS LLC is a Defendant in the above-captioned matter and, in that capacity, 27 and has personal knowledge as to the facts and circumstances of the allegations in the complaint. 28 2

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	1		V. Tracey Hankins, MD
	2		erson(s) Most Knowledgeable and/or Sustodian of Records
	3		Iankins & Sohn Plastic Surgery Associates 0 North Pecos Road
	4	H	Ienderson, NV 89074 702) 891-1330
	5	,	
	6	Р	ohn J. Kim, MD erson(s) Most Knowledgeable and/or
	7		Custodian of Records hadow Emergency Physicians, PLLC
	8	1	000 River Road, Suite 100 Conshohoken, PA 19428
	9		800) 355-2470
L	10		ohn J. Kim, MD
RM	11		Lachel D. Lovera, RN Corrie Rocco, RN
ΕI	12	Р	erson(s) Most Knowledgeable and/or
A W	13		Sustodian of Records ummerlin Hospital
ΓV	14	6	57 N. Town Center Drive
	15		as Vegas, NV 89144 702) 233-7580
	16	Witnesses for th	e above medical providers are expected to testify with regard to the care,
	17	treatment, prognosis, re	ecords and billing of the Plaintiff, JASMIN LAUDIG, surrounding the
	18	subject incident.	
	19		himrit Yonsay
	20		himrit.yonasy@gmail.com 702) 502-0927
	21	Shimrit Yonsay	is the mother of one of Plaintiff classmates at the time of the incident in
	22	the above-captioned ma	tter and, in that capacity, and has personal knowledge as to the facts and
	23	circumstances of the all	egations in the complaint.
	24		liana Adiv
	25		/o her mother Shimrit Yonsay himrit.yonasy@gmail.com
	26		702) 502-0927
	27	Eliana Adiv was	a classmate of Plaintiff at the time of the incident in the above-captioned
	28	matter and, in that capac	city, and has personal knowledge as to the facts and circumstances of the
			3
			PETAPP000003

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1	allassticus in the complete
1	allegations in the complaint.
2	11. Amber Beach Unknown
3	Amber Beach is the mother of one of Plaintiff classmates at the time of the incident in the
4	above-captioned matter and, in that capacity, and has personal knowledge as to the facts and
5	circumstances of the allegations in the complaint.
6	12. Lux Beach
7	c/o her mother Amber Beach Unknown
8	Lux Beach was a classmate of Plaintiff at the time of the incident in the above-captioned
9	matter and, in that capacity, and has personal knowledge as to the facts and circumstances of the
	allegations in the complaint.
\mathbf{H}	13. Oliver Hopkins
IL.	c/o his parent or guardian Unknown
	Oliver Hopkins was a classmate of Plaintiff at the time of the incident in the above-
	captioned matter and, in that capacity, and has personal knowledge as to the facts and
н У 16	circumstances of the allegations in the complaint.
I 17	14. Anca Sora
18	(702) 839-8346
19	Anca Sora was one of Plaintiff's teachers at the time of the incident in the above-captioned
20	matter and, in that capacity, and has personal knowledge as to the facts and circumstances of the
21	allegations in the complaint.
22	15. Michelle DeSoto c/o Karie N. Wilson, Esq.
23	Alverson Taylor & Sanders
24	6605 Grand Montecito Parkway, Suite 200 Las Vegas, Nevada 89149
25	Ms. Soto is a teacher at SPRINGSTONE LAKES MONTESSORI SCHOOL and was the
26	teacher that responded to the incident in the above-captioned matter and, in that capacity, and has
27	personal knowledge as to the facts and circumstances of the allegations in the complaint.
28	//
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	PETAPP000004

1	16. R.P. Phelps		
2	Jefferey Anderson		
3	Phelps Consulting Group LLC PO Box 75170		
4	Las Vegas, NV 89136		
	R.P. Phelps is a Retained Expert and will provide expert opinions and testimony as to his		
5	opinion and comparison to The Industry standard of care regarding safe walkways and safety		
6	management in an environment and operation for an establishment within the industry,		
7	specifically, that Defendant fell below the standard of care. Jefferey Anderson conducted the site		
8	inspection and took the photos at that site inspection.		
9	17. Person(s) Most Knowledgeable and/or Custodian of Records		
10	International Code Council, Inc.		
11	500 New Jersey Avenue, NW 6th Floor Washington, DC 20001		
12	International Code Council, Inc. is the leading global source of model codes and standards		
13	and building safety solutions and will provide testimony as to the International Building Code		
14	and International Property Maintenance Code.		
15			
16	18. Person(s) Most Knowledgeable and/or Custodian of Records		
17	City of Las Vegas, Nevada Las Vegas Building & Safety		
18	495 S Main Street		
19	Las Vegas, NV 89101		
20	19. Person(s) Most Knowledgeable and/or Custodian of Records		
21	Southern Nevada Building Officials 240 S Water Street		
22	Henderson, NV 89009		
23	The above witnesses implement and enforce building and maintenance code in Las Vegas,		
24	Nevada and will provide testimony as to building code adoption ordinances to the International		
25	Building Code.		
26	20. Person(s) Most Knowledgeable and/or		
27	Custodian of Records U.S. Consumer Products Safety Commission		
28	4330 East West Highway Bethesda, MD 20814		
	5		

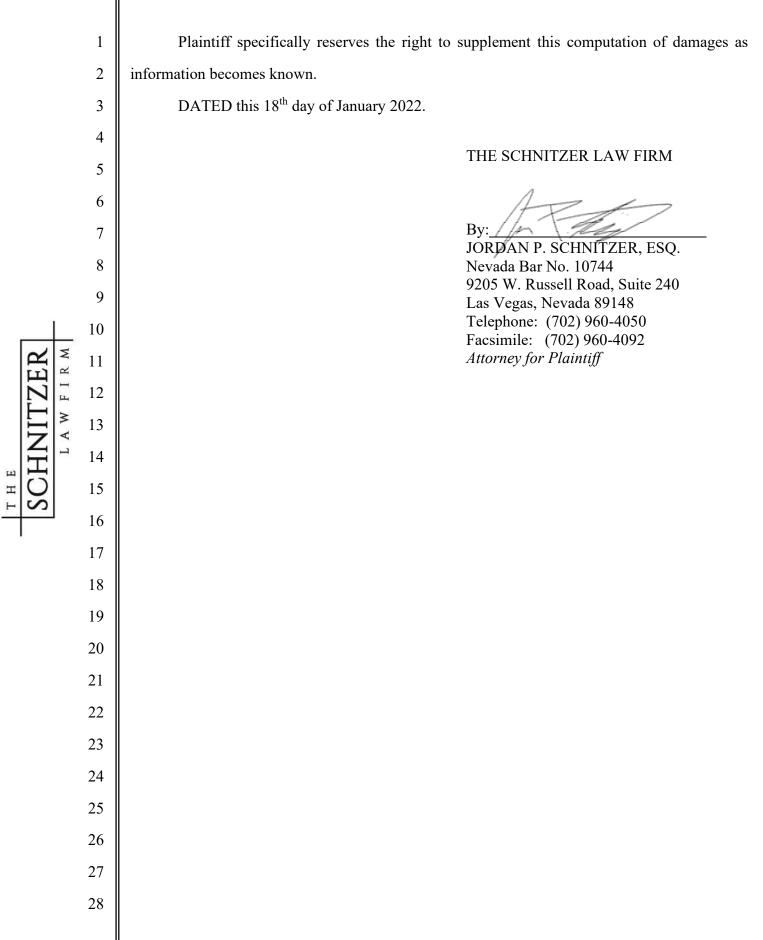
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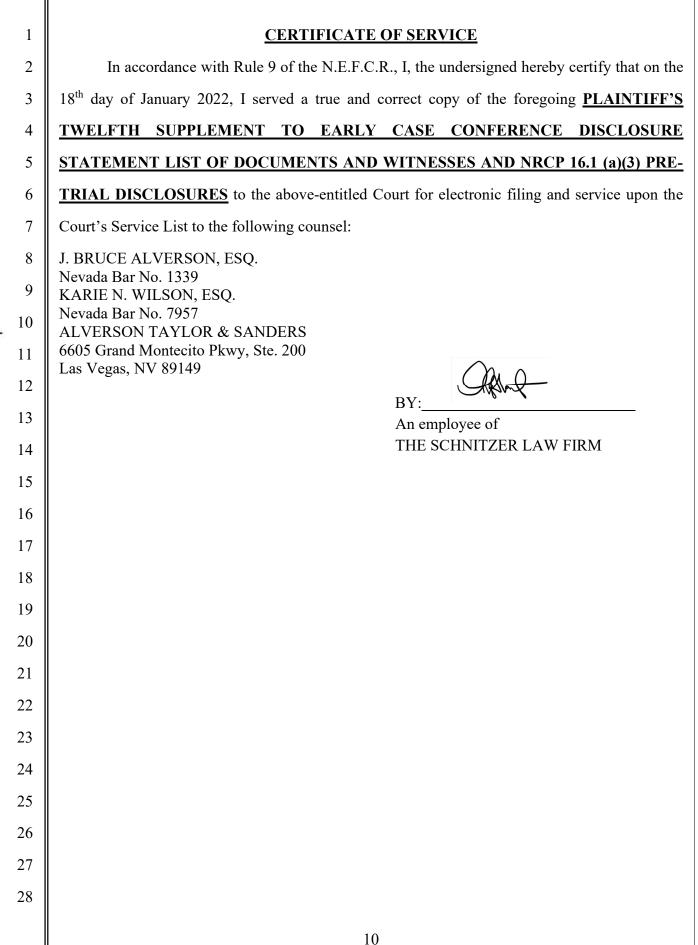
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1		Plaintiff reserves the right to designate as witnesses all parties, any witnesses designated
	2	by any party, as well as any person whose identity becomes known in the course of discovery.
	3	<u>V.</u>
	4	LIST OF DOCUMENTS AND EXHIBITS PLAINTIFF
	5	EXPECTS TO PRESENT AT TRIAL
	6	41. Photos;
	7	- Bates Stamp: PHOTOS 0000020-000023
	8	Plaintiff specifically reserves the right to supplement the above list of documents as
	9	information becomes known.
-	10	<u>VI.</u>
ER	≊ 11 ≚ 11	DEMONSTRATIVE EVIDENCE
T H E SCHNITZER	1 2	1. Plaintiffs may offer at trial certain exhibits for demonstrative purposes, including
I-	× 13	but not limited to the following:
H	- 14	a. Video, storyboards and/or power point images, blow-ups and/or
ΞO	15	transparencies of exhibits.
	16	b. Diagrams and/or models of the human body specifically related to the
	17	Plaintiff's injuries.
	18	c. Samples of the hardware related to any of Plaintiff's treatment.
	19	d. Photographs and videos of actual and/or sample surgical procedures
	20	and/or other diagnostic tests.
	21	e. Actual diagnostic studies.
	22	f. Samples of tools used in surgical procedures.
	23	g. Diagrams, drawings, pictures, photos, films, video, DVD and CD ROM of
	24	various parts of the human body, diagnostic tests and surgical procedures.
	25	h. All x-ray images, MRI images, films or other imaging images, which may
	26	be printed or may require proprietary viewing software.
	27	I. Power point images/drawings/diagrams/animations/story boards/
28 photographs of parties, providers, and/or other witnesses.		photographs of parties, providers, and/or other witnesses.
		7
		· · · · · · · · · · · · · · · · · · ·

	1	As discovery is continuing, Plaintiff reserves the right	ght to supplement its list of	
	2	demonstrative evidence.		
	3	<u>VII.</u>		
	4	COMPUTATION OF DAMAGES CLAIMED E	BY PLAINTIFF	
	5	1. Shadow Emergency Physicians, PLLC	\$ 1,532.00	
	6	2. Summerlin Hospital	\$ 522.00	
	7	TOTAL:	\$ 2,054.00	
	8	FUTURE TREATMENT		
	9	Dr. W. Tracy Hankins at Hankins and Sohn Plastic Surgery Associates recommended a		
	10	surgical revision of her initial wound due to the animation defo	ormity. This would need to be	
THE SCHNITZER LAWFIRM	11	performed under general anesthesia, and the costs for this surg	gery, including surgery center,	
L I Z	12	anesthesia, surgeon's fees and all follow-up care would be \$13,80	0.00.	
LIN N	13	ADDITIONAL DAMAGES		
- H	14	1. For a sum to be determined by the trier of fact	for past and future pain and	
л н SC	15	suffering;		
l	16 17	2. For a sum to be determined by the trier of fact	for past and future physical and	
	17	mental pain, suffering, anguish and disability;		
	19	3. For a sum to be determined by the trier of fact		
	20	pursuant to <i>Banks v. Sunrise Hosp.</i> , 120 Nev. 8		
	21	4. For reasonable attorney's fees, costs and intere	st for having prosecute this	
	22	matter;		
	23	5. For such other and further relief as this Court d	leems just and proper.	
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	25	//		
	26	//		
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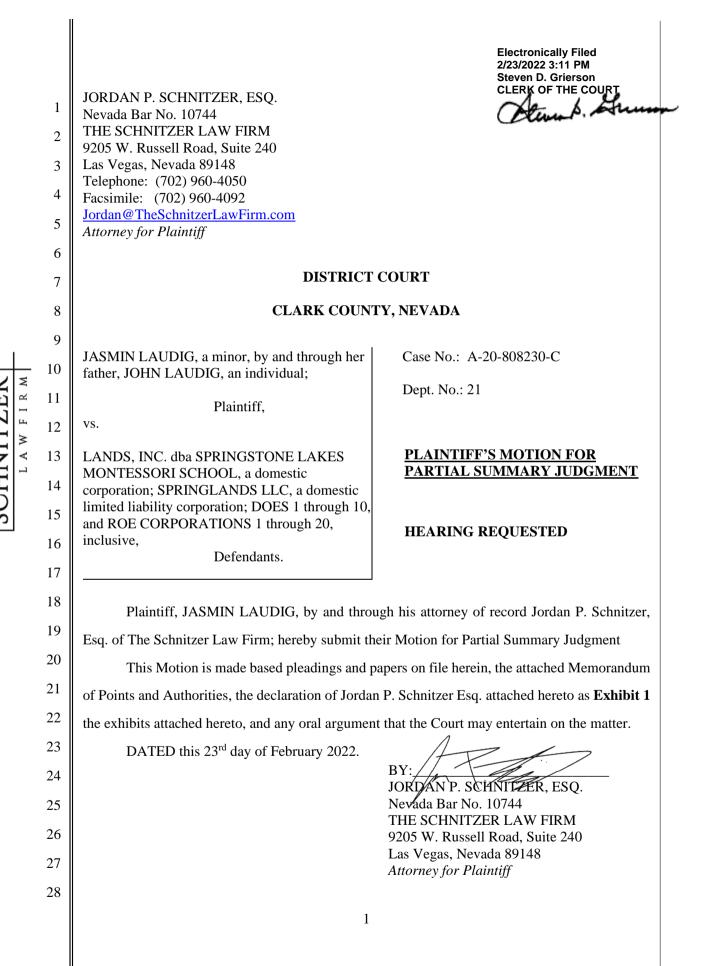
PETAPP000008





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EXHIBIT B



1 2 3 4 5 6 7 8 9 10 11	 MEMORANDUM OF POINTS AND AUTHORITES INTRODUCTION Partial summary judgment must be granted in favor of Plaintiff regarding: Causation of past medical specials; Reasonableness and customary nature of past medical specials; and Reasonableness and customary nature of future medical specials. Defendant has not disclosed an expert disputing the amount of medical bills, past of future. As a result, recent Nevada Supreme Court case law in <i>Didier</i> mandates this Court enter partial summary judgment in favor of Plaintiff on the three undisputed issues, above. I. STATEMENT OF UNDISPUTED MATERIAL FACTS: Plaintiff fell while playing with other kids near a fence gate surrounding the recess area where there was a sharp, pointed part that pierced Plaintiff's cheek. <i>See</i> Plaintiff's Responses to Interrogatories, Interrogatory No. 2 and No. 3, attached as Exhibit 2, Incident Report attached as Exhibit 3, and photos attached as Exhibit 4. 		
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18 19 20	 Plaintiff timely disclosed the treating providers as experts who will testify regarding the past and future medical bills being reasonable and customary, as well as the treatment being related to the subject crash, which is also partially reflected in the medical records. Exhibit 5 and Exhibit 6. 		
21 22 23	 The following past medical bills and associated records were disclosed, each documenting causation related to the subject crash: 		
23 24 25	1. Shadow Emergency Physicians, PLLC\$ 1,532.002. Summerlin Hospital\$ 522.00TOTAL:\$ 2,054.00		
23 26 27	 4. The following future medical specials were also disclosed as reasonable and customary: 		
28	2		

Dr. W. Tracy Hankins at Hankins and Sohn Plastic Surgery Associates recommended a surgical revision of her initial wound due to the animation deformity. This would need to be performed under general anesthesia, and the costs for this surgery, including surgery center, anesthesia, surgeon's fees and all follow-up care would be \$13,800.00. *See* Exhibit 7.

- Defendant did not disclose any expert to dispute the necessity or <u>amount</u> of the medical treatment and bills. *See* Defendant's Expert Disclosure attached as Exhibit 8.
- 6. The expert deadline expired on July 20, 2021.

III. <u>LEGAL ARGUMENT</u>

a. SUMMARY JUDGMENT STANDARD

Summary Judgment is appropriate when the pleadings, depositions, answers to interrogatories, admissions and affidavits, if any, that are properly before the Court demonstrate that no genuine issue of material fact exist, and the moving party is entitled to judgment as a matter of law. *Pegasus v. Reno Newspapers, Inc.*, 118 Nev. 706, 713, 57 P.3d 82, 87 (2002). Substantive law controls whether factual disputes are material and will preclude summary judgment; other factual disputes are irrelevant. *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 106 S.Ct. 2505, 91 L.Ed.2d 202 (1986). A genuine issue of material fact is one where the evidence is such that a reasonable jury could return a verdict for the non-moving party. *Valley Bank v. Marble*, 105 Nev. 366, 367, 775 P.2d 1278, 1282 (1989).

The Nevada Supreme Court has held that the non-moving party may not defeat a Motion for Summary Judgment by relying "on gossamer threads of whimsy, speculation and conjecture." *Wood v. Safeway*, 121 Nev. 724, 732, 121 P.3d 1026, 1031 (2005). The Nevada Supreme Court has also made it abundantly clear when a Motion for Summary Judgment is made and supported as required by Nevada Rule of Civil Procedure 56, the non-moving party must not rest upon general allegations and conclusions, but must by affidavit or otherwise set forth specific facts demonstrating the existence of a genuine factual issue. *Id.*

The pleadings and proof offered in a Motion for Summary Judgment are construed in the light most favorable to the non-moving party. *Hoopes v. Hammargren*, 102 Nev. 425, 429, 725

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P.2d 238, 241 (1986). However, the non-moving party still "bears the burden to 'do more than 1 simply show that there is some metaphysical doubt' as to the operative facts in order to avoid 2 summary judgment being entered." Wood, 121 Nev. at 732, 121 P.3d at 1031. 3 4 The non-moving party bears the burden to set forth specific facts demonstrating the 5 existence of a "genuine" issue for trial or have summary judgment entered against him. Collins v. 6 Union Federal Savings & Loan, 99 Nev. 284, 294, 662 P.2d 610, 618-619 (1983). When there is 7 no genuine issue of material fact and the non-moving party provides no admissible evidence to the 8 contrary, summary judgment is "mandated." Celotex Corp. v. Catrett, 477 US 317, 322 (1986). 9 b. The Supreme Court's Recent Didier Decision Mandates Summary 10 Judgment in Favor of Plaintiff 11 The Nevada Supreme Court, in the recent May 31, 2019 opinion of *Didier v. Sotolongo* 12 provided the following analysis of this exact scenario. It stated the following: 13 It follows that where a plaintiff presents an expert opinion 14 establishing causation and damages for a subjective injury to a reasonable degree of medical probability, the defendant must 15 thereafter provide an expert opinion that would tend to rebut the plaintiff's position. Stated another way, a defendant may not 16 rely on layperson testimony to rebut an expert's opinion establishing causation for the injury and damages. 17 18 Didier v. Sotolongo, 76289, 2019 WL 2339970, at *2 (Nev. May 31, 2019), unpublished (emphasis 19 added). 20 In Didier, the trial court found the Plaintiff had established causation and damages as a 21 matter of law with regard to certain medical treatment and costs because the Defendant presented 22 no expert evidence to contradict the testimony of the plaintiff's treating doctors. On appeal, the 23 Nevada Supreme Court affirmed the decision. 24 Similarly here, Plaintiff has established medical causation and the reasonableness and customary nature for her **past** treatment and injury. Plaintiff has also established the necessity snf 25 reasonableness and customary nature of past and future medical specials. Further, Defendant 26 has not produced any expert testimony to the contrary. As a result, partial summary judgment is 27 required on: 28

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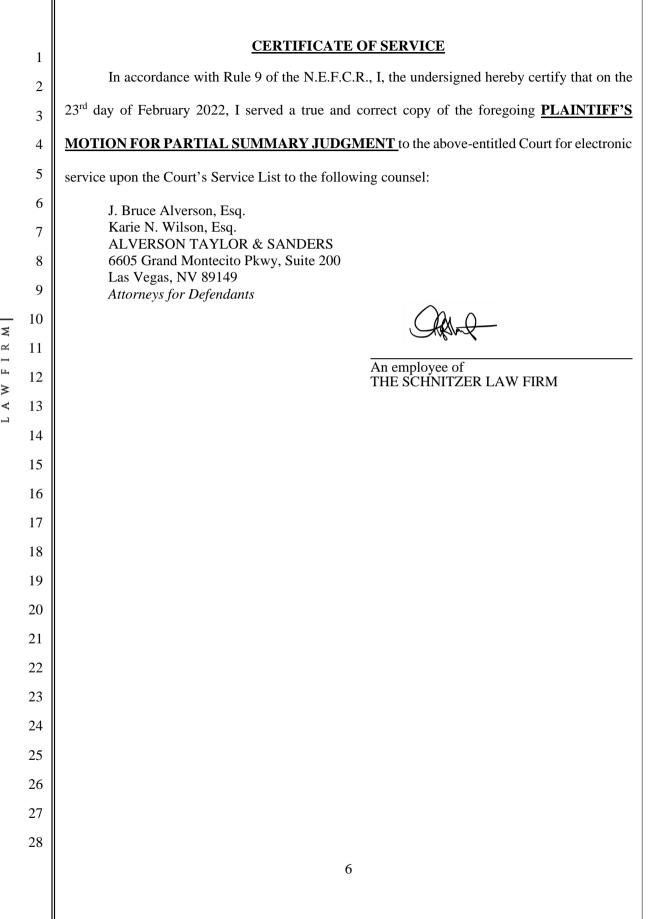
1. Causation of past medical specials; 1 2. Reasonableness and customary nature of past medical 2 specials in the amount of \$2,054.00; 3 3. Causation of future medical specials; and 4 4. Reasonableness and customary nature of future medical 5 specials in the amount of \$13,800.00. 6 IV. **CONCLUSION** 7 Based upon the foregoing, Didier mandates this Court enter partial summary judgment 8 because Defendant does not have an expert to contradict Plaintiff's treating providers regarding: 9 1. Causation of past medical specials; 10 2. Reasonableness and customary nature of past medical 11 specials in the amount of \$2,054.00; 12 3. Causation of future medical specials; and 13 4. Reasonableness and customary nature of future medical 14 specials in the amount of \$13,800.00. 15 DATED this 23rd day of February 2022. 16 17 BY 18 ITZER, ESO. JORDAN P Nevada Bar No. 10744 19 THE SCHNITZER LAW FIRM 9205 W. Russell Road, Suite 240 20 Las Vegas, Nevada 89148 Attorney for Plaintiff 21 22 23 24 25 26 27 28 5

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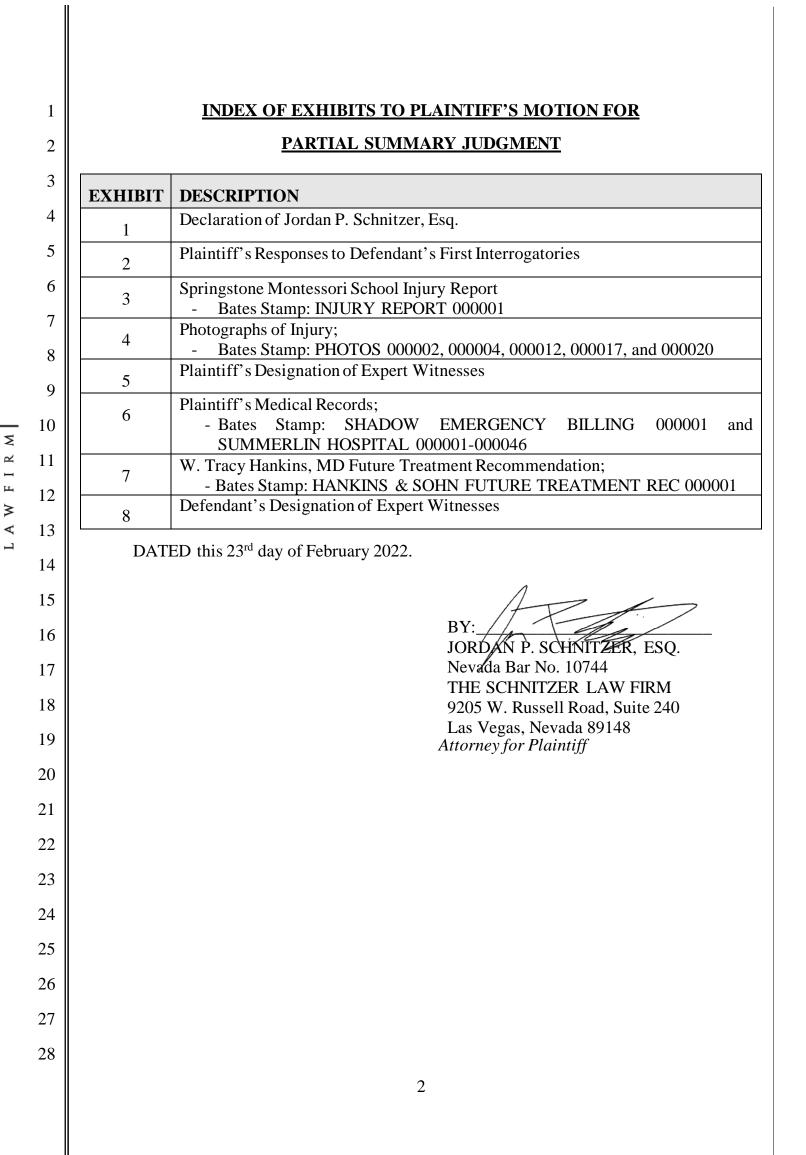
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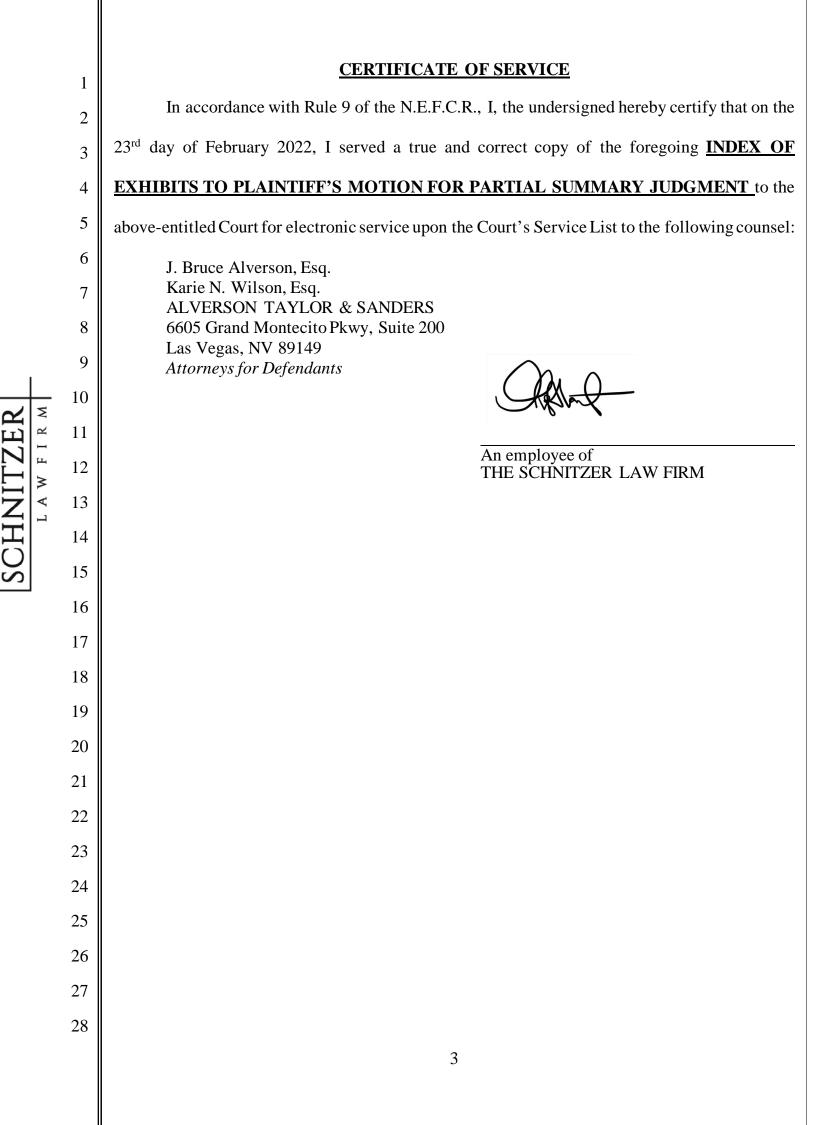


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THE SCHNITZER LAWFIRM	1 2 3 4 5 6	JORDAN P. SCHNITZER, ESQ. Nevada Bar No. 10744 THE SCHNITZER LAW FIRM 9205 W. Russell Road, Suite 240 Las Vegas, Nevada 89148 Telephone: (702) 960-4050 Facsimile: (702) 960-4092 Jordan@TheSchnitzerLawFirm.com Attorney for Plaintiff	Electronically Filed 2/23/2022 3:11 PM Steven D. Grierson CLERK OF THE COURT	
	7	DISTRICT COURT		
	8	CLARK COUNTY, NEVADA		
	9 10	JASMIN LAUDIG, a minor, by and through her	Case No.: A-20-808230-C	
	11	father, JOHN LAUDIG, an individual; Plaintiff,	Dept. No.: 21	
	12	VS.		
	13	LANDS, INC. dba SPRINGSTONE LAKES MONTESSORI SCHOOL, a domestic	<u>INDEX OF EXHIBITS TO</u> PLAINTIFF'S MOTION FOR	
	14 15	corporation; SPRINGLANDS LLC, a domestic limited liability corporation; DOES 1 through 10,	PARTIAL SUMMARY JUDGMENT	
	16	and ROE CORPORATIONS 1 through 20, inclusive, Defendants.		
	17			
	18	Plaintiff, JASMIN LAUDIG, by and through her attorney of record Jordan P. Schnitzer, Esq. of The Schnitzer Law Firm; hereby submit their Index of Exhibits to Motion for Partial		
	19 20			
	21	Summary Judgment DATED this 23 rd day of February 2022.	1	
	22	Diffied this 25° day of roordary 2022.	BY: JORDAN P. SCHNITZER, ESQ.	
	23		Nevada Bar No. 10744 THE SCHNITZER LAW FIRM	
	24 25		9205 W. Russell Road, Suite 240 Las Vegas, Nevada 89148	
	23 26		Attorney for Plaintiff	
	27			
	28			
		1		
		Case Number: A-20-808230-C		

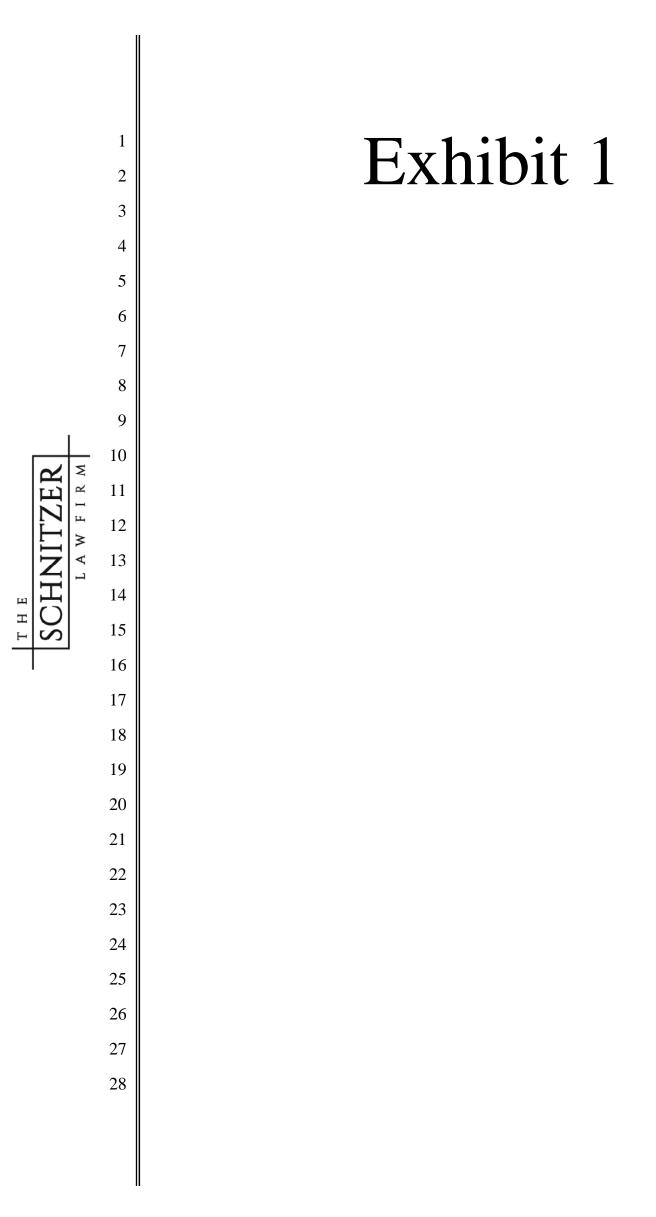


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DECLARATION OF JORDAN P. SCHNITZER, ESQ. IN SUPPORT OF PLAINTIFF'S MOTION FOR PARTIAL SUMMARY JUDGMENT

I, JORDAN P. SCHNITZER, ESQ., declare as follows:

1. I am a licensed attorney in good standing and am admitted to practice law in all Courts in the State of Nevada.

2. I am the founding attorney with The Schnitzer Law Firm. (hereinafter the "Firm").

3. That this firm has been retained to represent Plaintiff, JASMIN LAUDIG in the instant matter.

4. That I have personal knowledge of the matters stated forth in this Declaration and could testify as a competent witness if called upon to do so.

5. That I am making this Declaration in good faith on behalf of Plaintiff's Motion for Partial Summary Judgment.

6. Exhibit 2 is a true and correct copy of Plaintiff's Responses to Defendant's First Interrogatories.

7. **Exhibit 3** is a true and correct copy of Springstone Montessori School Injury Report. Bates Stamp: INJURY REPORT 000001.

8. Exhibit 4 is a true and correct copy of photographs of Plaintiff's injury. Bates Stamp: PHOTOS 000002, 000004, 000012, 000017, and 000020.

9. Exhibit 5 is a true and correct copy of Plaintiff's Designation of Expert Witnesses.

10. Exhibit 6 is a true and correct copy of Plaintiff's Medical Records. Bates Stamp:
 SHADOW EMERGENCY BILLING 000001 and SUMMERLIN HOSPITAL 000001-000046.

11. **Exhibit 7** is a true and correct copy of W. Tracy Hankins, MD Future Treatment Recommendation. Bates Stamp: HANKINS & SOHN FUTURE TREATMENT REC 000001.

12. Exhibit 8 is a true and correct copy of Defendant's Designation of Expert Witnesses.I declare under the penalty of perjury under the laws of the United States of America thatthe foregoing is true and correct. I declare under the penalty of perjury under the laws of theUnited States of America that the foregoing is true and correct.

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DATED this 23rd day of February 2022.

JORDAN P. SCHNITZER, ESQ.

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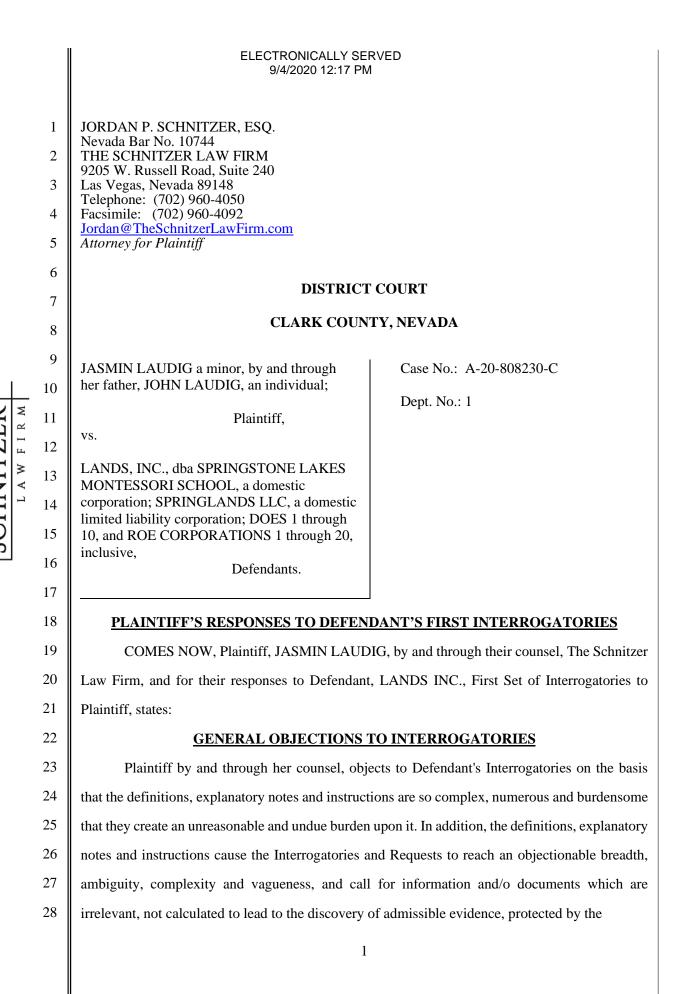


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Exhibit 2



attorney/client privilege or attorney work product doctrine and are beyond the permissible scope
 of discovery.

Plaintiff further objects to any answers or responses protected by the attorney/client
privilege, or the attorney work product doctrine.

Plaintiff further objects to any answers or responses irrelevant to the subject matter of this action and not reasonably calculated to lead to the discovery of admissible evidence.

7 No response, nor subsequent response, constitutes a waiver of any other objection pursuant to these

8 Interrogatories and requests, or to other similar requests that may be propounded at a later time.

Subject to the general objections made above, Plaintiff responds to each Interrogatory as follows:

INTERROGATORY NO. 1:

Please state all names by which you have been known, your present address, date of birth, and social security number.

<u>RESPONSE TO INTERROGATORY 1:</u>

Jasmin Pera Laudig, , Las Vegas, NV 89135, 2012, XXX-

XX-9124.

17 INTERROGATORY NO. 2:

Please describe in detail how the incident alleged in your Complaint occurred, includingspecific identification of where, when, and how Plaintiff allegedly fell.

20 **<u>RESPONSE TO INTERROGATORY 2:</u>**

21 We got a call from the Montessori School that Jasmin had fallen on the ground while 22 playing during her recess. John picked her up from school and she had a medical glove filled with 23 ice pressed up against her face and her shirt was bloody. We moved the glove and saw a hole in 24 the middle of her cheek. We cleaned it and took pictures and took her to the emergency room. The 25 doctor said she was injured by a pointed object piercing her face. The ER surgeon came to look 26 over the injury and decided to use medical glue to close up the wound. After that, the next day we 27 went back to the school and asked for some more details about what happened. The receptionist at 28 the time, Jenny Lee, informed us that she had "hit the ground" while they were playing by the gate.

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She said there was a report, but they never gave me the report they wrote. I called a few other Mother's of students in class with Jasmin, while Jasmin was in the ER. Amber Beech, mother of Lux Beech told us that her child, Jasmin and a few other kids were running back and forth playing by the gate. Lux told his mother that Jasmin fell against the gate and there was a lot of blood. A few days later I ran into a teacher from the school at Target, Ms. Anca and she said that she was sorry and confirmed that Jasmin must have hit the gate.

7 INTERROGATORY NO. 3.:

8 If you contend the subject incident occurred as the result of an allegedly "dangerous" 9 condition on Defendant's premises, please state with specificity what you alleged to be the 10 dangerous condition.

<u>RESPONSE TO INTERROGATORY 3:</u>

The gate surrounding the recess area had a sharp, pointed part that pierced her cheek.

INTERROGATORY NO. 4.:

If you contend Defendant had prior notice of the allegedly dangerous condition, please state the basis for this belief, including whether, when, and how you notified Defendant of the allegedly dangerous condition.

17 **RESPONSE TO INTERROGATORY 4:**

Discovery is ongoing, however, upon information and belief, the condition of the fence existed prior to this incident.

20 INTERROGATORY NO. 5:

If you contend that you informed Defendant of an allegedly dangerous condition, please identify: (a) the names of the individual(s) you informed; (b) when and where each notification was made to each individual; and (c) the substance of the notification or information you conveyed.

24 **<u>RESPONSE TO INTERROGATORY 5:</u>**

Please see response to Interrogatory No. 2.

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INTERROGATORY NO. 6:

Please identify all current or former employees of Defendant who have been interviewedby or on behalf of Plaintiff with regard to this lawsuit and/or the incident alleged in your

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2 **<u>RESPONSE TO INTERROGATORY 6:</u>**

Please see response to Interrogatory No. 2.

INTERROGATORY NO. 7:

5 If you contend that Defendant, or any employee, agent or representative thereof, has made 6 any statement or admission, whether oral, written, or recorded, which supports the allegations in 7 your Complaint, please identify (a) the name of the individual making the statement or admission 8 and his or her relationship to Defendant; (b) when and where the statement or admission was made; 9 (c) the individual or individuals present when the statement or admission was made; and (d) the 10 substance of the statement or admission.

RESPONSE TO INTERROGATORY 7:

Please see Interrogatory No. 2. Additionally, Ms. Anka and I ran into each other at Target and that when we spoke about Jasmin. She said she was sorry, and she was sure Jasmin hit the gate.

<u>INTERROGATORY NO. 8:</u>

Identify all persons known to you, or based upon your knowledge, information or belief, who: (a) were eyewitnesses to the incident; (b) were with you in the 24 hours preceding the incident; (c) came to the incident scene at the time of the incident, or within the following 24 hours; and (d) were police officers, fire department personal, doctors, EMT personnel, ambulance attendants, or other persons who treated or talked with you at the scene of the incident alleged in your Complaint.

22 **RESPONSE TO INTERROGATORY 8:**

Objection, this request is compound. Without waiving said objection, please see response to Interrogatory No. 2. Also, the school did not call us right away so we can't know who was there at that moment. Also, they never gave me a report, so I don't have that information. All other information regarding medical treatment has already been given. Please see Bates Stamps SHADOW EMERGENCY BILLING 000001, and SUMMERLIN HOSPTIAL 000001-000046.



1 INTERROGATORY NO. 9:

Please identify each person who to your knowledge, information, or belief has any
knowledge or information regarding the facts or circumstances which are the subject matter of
your Complaint, including but not limited to any issues of negligence, liability, causation, injuries,
and/or damages.

6 **RESPONSE TO INTERROGATORY 9:**

The children who were there, Ms. Michelle (Jasmin's teacher), Jenny Lee and Ms. Anka.

INTERROGATORY NO.: 10:

Please state the identity (name, address, and telephone number) of every treating, attending or consulting physician, psychologist, psychiatrist, therapist, healthcare professional, or any other person administering any type or form of healthcare or healing arts for any physical or mental injury, illness, complaint, or condition that JASMIN LAUDIG alleges to have suffered as a result of the incident alleged in your Complaint.

RESPONSE TO INTERROGATORY 10:

Objection, this request seeks information protected by attorney-work product with respect to consulting doctors. Any non-privileged providers have been disclosed pursuant to NRCP 16.1.

17 INTERROGATORY NO. 11:

Describe in detail the medical expenses you incurred as a result of the incident in question,
including but not limited to a statement of the amount of damages claimed.

20 **RESPONSE TO INTERROGATOY NO. 11:**

Please see NRCP 16.1 disclosures.

22 INTERROGATORY NO. 12:

If any healthcare provider has advised that JASMIN LAUDIG requires future or additional

24 treatment for any injuries that you attribute to the subject incident, please state for each injury the

25 name and address of each healthcare provider, and the nature, duration, and estimated cost of the

26 treatment.

27 **RESPONSE TO INTERRAGATORY NO. 12:**

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Please see Bates Stamps HANKINS AND SOHN FUTURE TREATMENT 000001.

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1 INTERROGATORY NO. 13:

Please state in detail any and all of JASMIN LAUDIG's injuries, illnesses, or psychiatric/psychological disorders or conditions requiring treatment or examination by a physician, psychologist, psychiatrist, therapist, healthcare professional or any other person administering any type or form of healthcare or healing arts within the five (5) years preceding the subject incident, and state the names and addresses of each medical provider.

7 **RESPONSE TO INTERRAGATORY NO. 13:**

8 Objection, this request is overbroad and not proportional to the needs of the case. Without 9 waiving said objection, Jasmin was 4 at the time of the injury. She had no major medical issues at 0 all until this incident.

INTERROGATORY NO. 14:

12 With respect to any payments or benefits which are available or which have been made to 13 JASMIN LAUDIG by any source for injuries or any other alleged losses arising from the subject 14 incident, please state the amount and payee of each benefit; the name and address of the person, 15 insurance company, corporation or other entity making each payment or benefit available; and the 16 nature of each payment or benefit made (e.g. medical payment benefits, Workers' Compensation, 17 group or individual disability benefits, group or individual medical coverage, coverage provided by a policy provided by the U.S. or state government, Medicare, Medicaid, or Social Security, 18 19 etc.). This interrogatory is propounded in order to comply with the Medicare reporting 20 requirements mandated by Section 111 of the Medicare and Medicaid Extension Act of 2007.

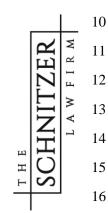
21 **RESPONSE TO INTERROGATORY NO. 15:**

22

Objection, this request inappropriately seeks collateral source information.

23 INTERROGATORY NO. 15:

If you have ever applied for or received any benefits from Medicare or Medicaid at any time, whether prior to or after the incident that is the subject of your Complaint, please identify the date(s) on which you applied for these benefits and the date you first received benefits. This request is propounded in order to comply with the Medicare reporting requirements mandated by Section 111 of the Medicare and Medicaid Extension Act of 2007.



1 **RESPONSE TO INTERROGATORY NO. 15:**

N/A.

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3 INTERROGATORY NO. 16:

If you have ever applied for or received any benefits from Social Security Administration
at any time, whether prior to or after the incident that is the subject of your Complaint, please
identify the date(s) which you applied for benefits or the date you first received benefits from the
Social Security Administration.

8 **RESPONSE TO INTERROGATORY NO. 16:**

N/A.

INTERROGATORY NO. 17:

If you are a member of or belong to any social networking websites (i.e. MySpace, Facebook, Twitter, Instagram, etc.), provide all such website information, including but not limited to the name of the networking website, any and all screen names, registered and/or utilized, the date you became a member of each website, and the last time you logged on to each website.

<u>RESPONSE TO INTERROGATORY NO. 17:</u>

Objection, this request is neither relevant nor likely to lead to the discovery of admissible evidence.

18 INTERROGATORY NO. 18:

If you have ever maintained or utilized a blog or website related to your individual
activities, interests, and/or hobbies, provide all information related to the same, including the URL,
any individuals or companies who have maintained the same, and the date each blog website was
established.

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THE SCHNITZER LAWFIRM

1 **<u>RESPONSE TO INTERROGATORY NO. 18:</u>**

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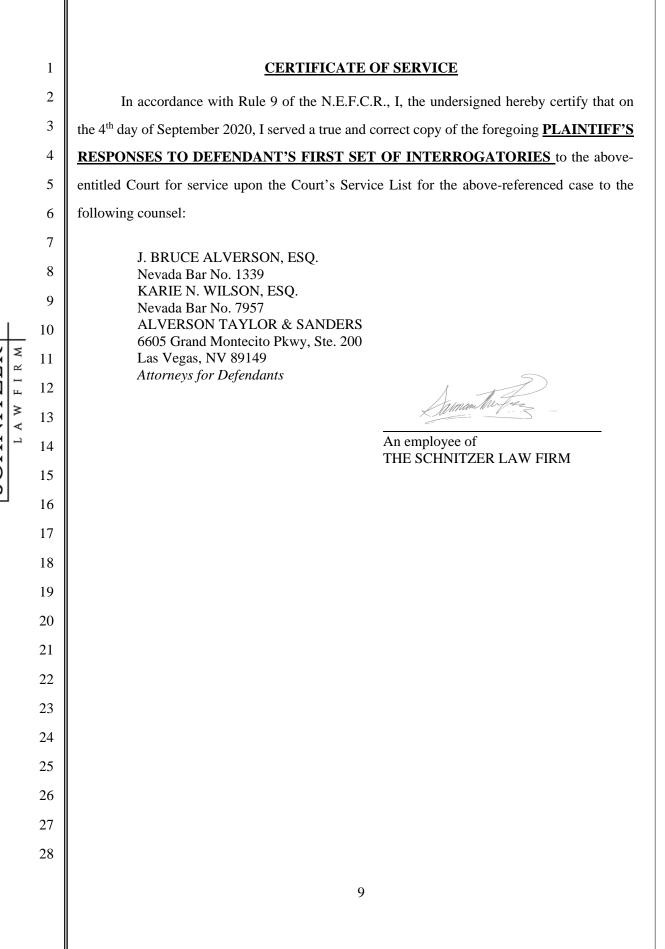
Objection, this request is neither relevant nor likely to lead to the discovery of admissible evidence.

DATED this 4th day of September 2020.

BY:

JORDAN P. SCHNITZER, ESQ. Nevada Bar No. 10744 THE SCHNITZER LAW FIRM 9205 W. Russell Road, Suite 240 Las Vegas, Nevada 89148 Telephone: (702) 960-4050 *Attorney for Plaintiff*





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PETAPP000031

VERIFICATION

2 STATE OF NEVADA

) SS.:

4 COUNTY OF CLARK

The undersigned, YASEMIN LAUDIG, under penalties of perjury, declares that they are the Mother of the Plaintiff; they have read the foregoing PLAINTIFF'S ANSWERS TO DEFENDANT'S FIRST SET OF INTERROGATORIES and knows the contents thereof; the same is true of their own personal knowledge, except for those matters therein contained upon information and belief, and as to those matters, they believe them to be true.

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YASEMIN LAUDIG

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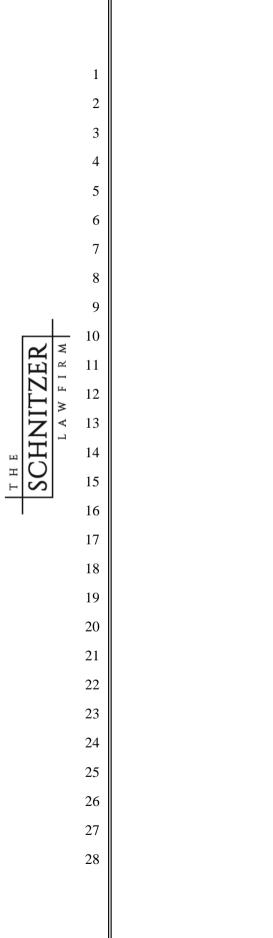


Exhibit 3



Injury Report

Date: 2/13/17

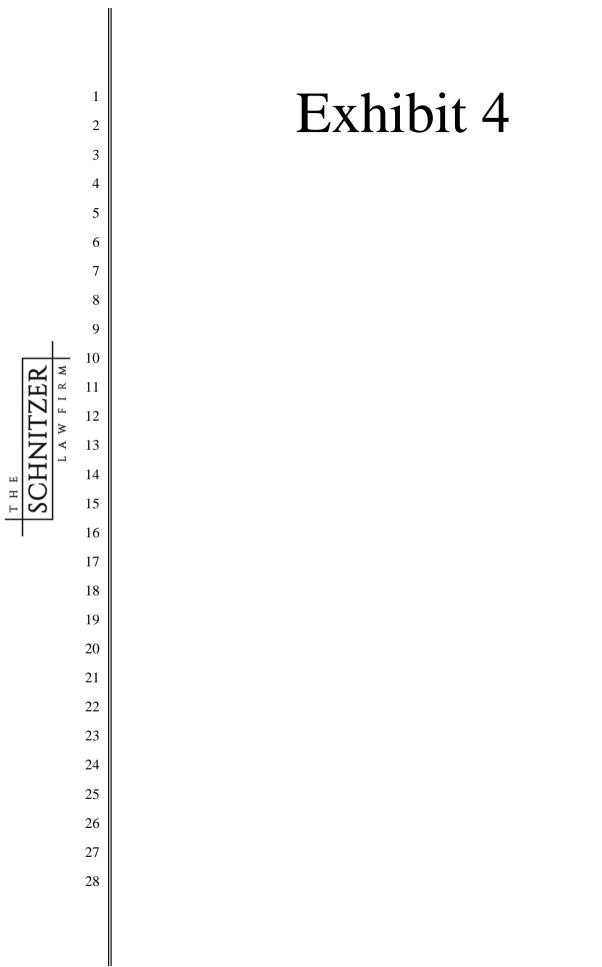
Child's Name:	Jasmin Landing				
Time of Incident:	4:20				
Nature of Injury: fell, gash on Check					
Additional Information: Uh	üle outside Jasmin was				
running when S	he fill when she was				
approaching The	e teacher, I noticed				
	Check and pleeding.				
Response and first aid given:	took to office for immediate first aid, applied ice.				
Teacher that responded:	Michela				
Parent contacted?	Yes No Which Parent: Mom Jasmina				
How parent was contacted: APhone Email Time: 4 20 pm					
Who contacted parent: Kpisten Lavachek					
Does the child need to be picked up?	⊠Yes □No				
Date parent messaged to sign report	2/13/17				
	\wedge				

Muchelle Deto Teacher Signature

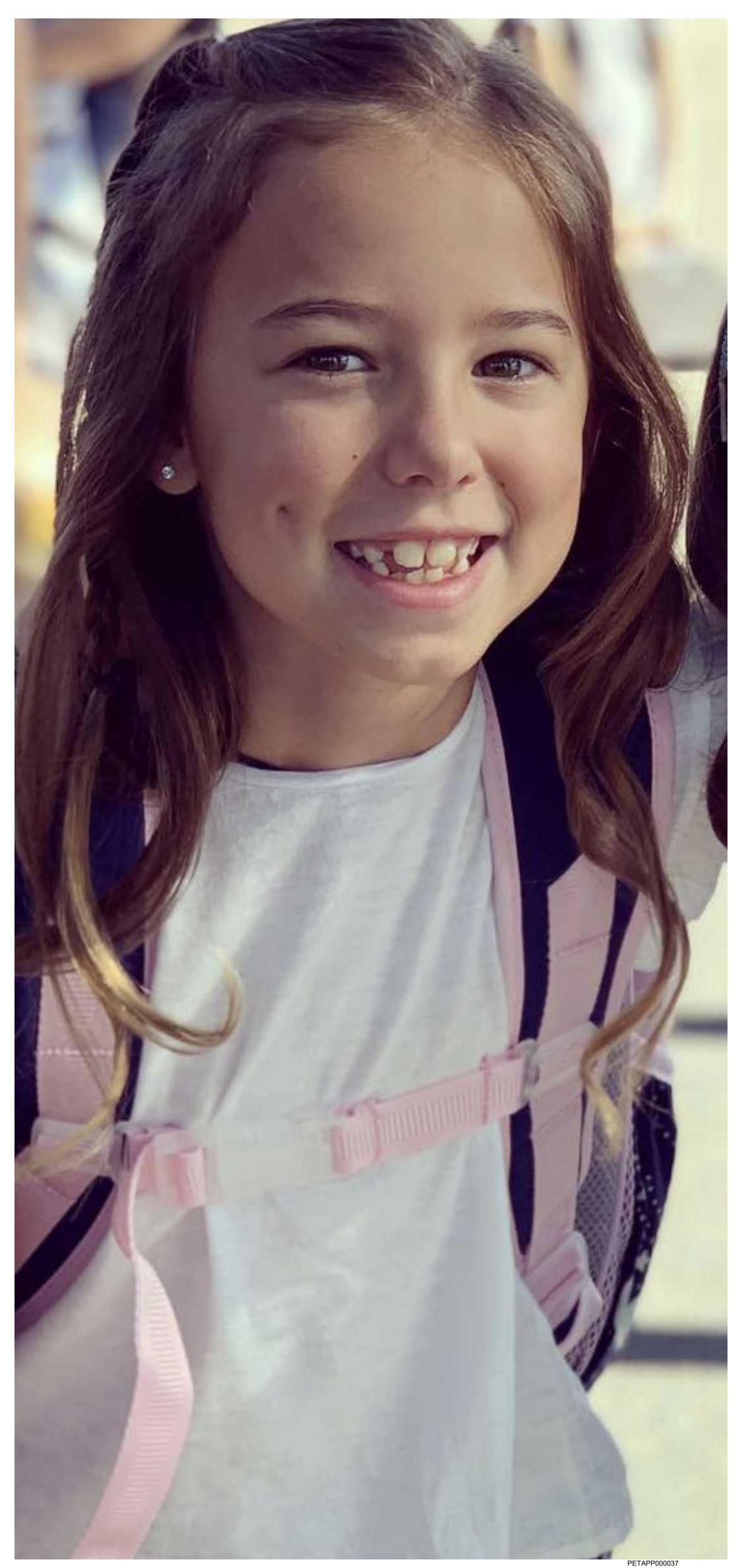
Administration Signature

Parent Signature

When the incident/accident is more serious in nature, fax a copy of the report to Child Care Licensing Fax #(702) 486-6660.







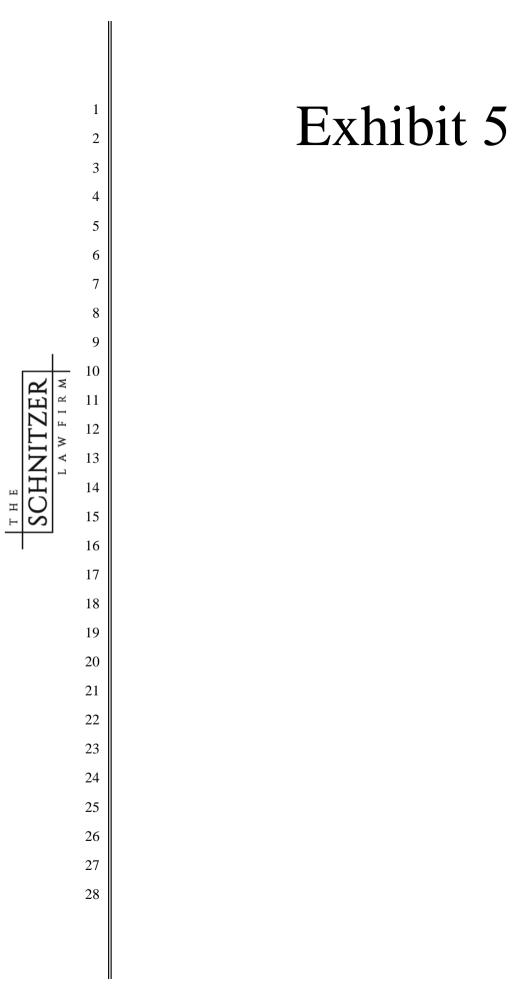












		ELECTRONICALLY SERVI 7/20/2021 6:09 PM	ED		
	1	JORDAN P. SCHNITZER, ESQ.			
	2	Nevada Bar No. 10744 THE SCHNITZER LAW FIRM			
	3	9205 W. Russell Road, Suite 240 Las Vegas, Nevada 89148			
	4	Telephone: (702) 960-4050 Facsimile: (702) 960-4092			
	5	Jordan@TheSchnitzerLawFirm.com Attorney for Plaintiff			
	6	DISTRICT	OUDT		
	7	DISTRICT C			
	8	CLARK COUNTY, NEVADA			
	9	JASMIN LAUDIG, a minor, by and through her	Case No.: A-20-808230-C		
	10	father, JOHN LAUDIG, an individual;	Dept. No.: 21		
\mathbf{R}	11	Plaintiff,	-		
	12	vs.	PLAINTIFF'S DESIGNATION OF EXPERT WITNESSES		
	13	LANDS, INC., dba SPRINGSTONE LAKES			
H	14	MONTESSORI SCHOOL, a domestic corporation; SPRINGLANDS LLC, a domestic limited liability			
SCHNITZER LAWFIRN	15	corporation; DOES 1 through 10, and ROE CORPORATIONS 1 through 20, inclusive,			
	16				
	17	Defendants.			
	18	COMES NOW, Plaintiff JASMIN LAUDIG, by and through her counsel, TH			
	19	SCHNITZER LAW FIRM, and submits the following her Designation of Expert Witnesses as			
	20	follows:			
	21	<u>RETAINED EXPERT:</u>			
	22	1. R.P. Phelps Jefferey Anderson			
	23	Phelps Consulting Group LLC P.O. Box 751750			
	24	Las Vegas, NV 89136			
	25	R.P. Phelps and Jefferey Anderson are constr	ruction and maintenance experts. R.P. Phelps		
	26	is a licensed general contractor with over 40 years	of experience. Mr. Phelps also is a licensed		
	27	insurance adjuster, Member of the ICC (International	•		
	28	the site inspection and took the photos at that site in	spection. Mr. Phelps is a retained expert and		
		1			
		Case Number: A-20-808230-C			

ТНЕ

will provide expert opinions and testimony as to his opinion and comparison to The Industry standard of care regarding safe premises and construction in environments such as the one at issue 2 within the Industry, specifically, that Defendant fell below the standard of care. See Mr. Phelps's 3 expert report attached hereto as Exhibit "1", Bates Stamp: EXPERT PHELPS 000001-000003 4 and Exhibit "2", Bates Stamp: EXPERT PHELPS 000004-000006 5

The bases of Mr. Phelps's opinions include, but are not limited to, his education, training and experience, any scholarly articles addressed in his report or any other documents identified in his report. Mr. Phelps reserves the right to amend and/or supplement his expert report and opinions pending review of additional records, items and testimony in this matter.

This statement of the subject matter of his testimony and the summary of facts and opinions is for the purpose of expert disclosure only and is not intended to be a complete statement of all opinions to be expressed, the basis or reasons therefor, or of the data or other information considered by the witness in forming the opinions.

Each of his opinions as described above is expected to be provided to a reasonable degree of certainty. Mr. Phelps's CV, Testimony List and fee schedule are attached hereto as Exhibit "3", Bates Stamp: PHELPS 000001-000009

NON-RETAINED EXPERTS

1. John J. Kim, MD Rachel D. Lovera, RN Corrie Rocco, RN Person(s) Most Knowledgeable and/or Custodian of Records Summerlin Hospital 657 N. Town Center Drive Las Vegas, NV 89144

John J. Kim, MD, Rachel D. Lovera, RN, and Corrie Rocco, RN, are medical professionals at Summerlin Hospital. They provided care and treatment to Plaintiff for injuries sustained in the subject incident. They will provide testimony regarding the diagnosis and prognosis of Plaintiff, treatment rendered, the amounts billed, and opinions formed during the course of treatment as partially set forth in Bates Stamp: SUMMERLIN 000001-000046. They are expected to provide expert testimony relating to and in accordance with his review of Plaintiff's medical records, their medical chart, any documents reviewed outside of their medical chart, opinions regarding past

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medical care and/or treatment, and opinions regarding Plaintiff's need for future care and/or 1 treatment, including the treatment of other medical providers. They will also provide opinions 2 regarding the causation of Plaintiff's injuries and the necessity and reasonableness of Plaintiff's 3 past and future medical expenses. They will also provide testimony in defense of any criticism 4 of their treatment and may review materials as part of any such rebuttal. 5

They treated Plaintiff on 2/14/2017 and the records from any future treatment will be disclosed. They will testify about their observations of Plaintiff, conversations with Plaintiff, the diagnosis[es] of Plaintiff, including but not limited to,

- Laceration of right cheek
 - Animation deformity which requires surgical revision to release the scar from the underlying tissues and reclose the wound in layers. Due to Plaintiff's age the surgical revision would need to be performed under general anesthesia. The cost for surgery, including surgery center, anesthesia, surgeon's fee and follow up is \$13,800.

that the cause of those injuries/conditions and symptoms associated with such injuries/conditions was the incident of 2/13/2017, that such injuries/conditions make Plaintiff more susceptible to future injuries and pain, that the past, current, and future treatment for those injuries is reasonable and necessary. They will also testify that the testing and treatment from Summerlin Hospital, Shadow Emergency Physicians, and Hankins and Sohn Plastic Surgery Associates was reasonable, necessary and related to the incident, that the injuries/conditions caused pain, suffering, and anguish, and that the injuries and conditions caused limitations and restrictions of daily activities, including work activities.

21 They will also testify about the reasonableness of their charges, the charges of any facility 22 utilized by them, the charges of any providers where they referred Plaintiff, the charges of 23 providers where Plaintiff was referred to them and all other medical providers including those set 24 forth in Plaintiff's computation of damages, currently as follows:

25	Provider	Date(s) Of Service	Amount
	Summerlin Hospital	2/14/17	\$522.00
26	Shadow Emergency Physicians, PLLC	2/14/17	\$1,532.00
27	Hankins and Sohn Plastic Surgery Associates	11/15/18	
21		TOTAL	\$2,054.00
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This statement of the subject matter of John J. Kim, MD, Rachel D. Lovera, RN, and Corrie Rocco, RN's testimony, and the summary of facts and opinions is for the purpose of 2 disclosing a non-retained expert witness under N.R.C.P. 16.1(a)(2)(B) and is not intended to be a 3 complete statement of all opinions to be expressed, the basis or reasons therefor, or of the data or 4 other information considered by the witness in forming the opinions. 5

It is anticipated that their testimony in this matter will be based upon their training, education and experience in their area(s) of practice and/or expertise, set forth above, in the community(ies) they practices, as well as the local community where this action takes place and their familiarity with community standards of reasonable billing for like or similar services rendered.

This statement of the subject matter of their testimony and the summary of facts and opinions is for the purpose of expert disclosure only and is not intended to be a complete statement of all opinions to be expressed, the basis or reasons therefor, or of the data or other information considered by the witness in forming the opinions.

Each of their opinions as described above is expected to be provided to a reasonable degree of medical certainty. Their CV and fee schedule will be furnished upon receipt. It is estimated that their hourly rate will be the same or similar as other similar professionals with similar education, training and experience.

> 2. John J. Kim, MD Person(s) Most Knowledgeable and/or Custodian of Records Shadow Emergency Physicians, PLLC 1000 River Road, Suite 100 Conshohoken, PA 19428

22 John J. Kim, MD, is a medical professional at Shadow Emergency Physicians, 23 PLLC. They provided care and treatment to Plaintiff for injuries sustained in the subject incident. 24 They will provide testimony regarding the diagnosis and prognosis of Plaintiff, treatment 25 rendered, the amounts billed, and opinions formed during the course of treatment as partially set 26 forth in Bates Stamp: SHADOW EMERGENCY BILLING 000001. They are expected to provide expert testimony relating to and in accordance with his review of Plaintiff's medical 27 28 records, their medical chart, any documents reviewed outside of their medical chart, opinions

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regarding past medical care and/or treatment, and opinions regarding Plaintiff's need for future 1 care and/or treatment, including the treatment of other medical providers. They will also provide 2 opinions regarding the causation of Plaintiff's injuries and the necessity and reasonableness of 3 Plaintiff's past and future medical expenses. They will also provide testimony in defense of any 4 criticism of their treatment and may review materials as part of any such rebuttal. 5

They treated Plaintiff on 2/14/2017 and the records from any future treatment will be disclosed. They will testify about their observations of Plaintiff, conversations with Plaintiff, the diagnosis[es] of Plaintiff, including but not limited to,

- Laceration of right cheek
 - Animation deformity which requires surgical revision to release the scar from the underlying tissues and reclose the wound in layers. Due to Plaintiff's age the surgical revision would need to be performed under general anesthesia. The cost for surgery, including surgery center, anesthesia, surgeon's fee and follow up is \$13,800.

that the cause of those injuries/conditions and symptoms associated with such injuries/conditions was the incident of 2/13/2017, that such injuries/conditions make Plaintiff more susceptible to future injuries and pain, that the past, current, and future treatment for those injuries is reasonable and necessary. They will also testify that the testing and treatment from Summerlin Hospital, Shadow Emergency Physicians, and Hankins and Sohn Plastic Surgery Associates was reasonable, necessary and related to the incident, that the injuries/conditions caused pain, suffering, and anguish, and that the injuries and conditions caused limitations and restrictions of daily activities, including work activities.

21 They will also testify about the reasonableness of their charges, the charges of any facility 22 utilized by them, the charges of any providers where they referred Plaintiff, the charges of 23 providers where Plaintiff was referred to them and all other medical providers including those set 24 forth in Plaintiff's computation of damages, currently as follows:

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27	Hankins and Sohn Plastic Surgery Associates	11/15/18	
21		TOTAL	\$2,054.00
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This statement of the subject matter of John J. Kim, MD's testimony, and the summary of facts and opinions is for the purpose of disclosing a non-retained expert witness under N.R.C.P. 16.1 (a)(2)(B) and is not intended to be a complete statement of all opinions to be expressed, the basis or reasons therefor, or of the data or other information considered by the witness in forming the opinions.

It is anticipated that their testimony in this matter will be based upon their training, education and experience in their area(s) of practice and/or expertise, set forth above, in the community(ies) they practices, as well as the local community where this action takes place and their familiarity with community standards of reasonable billing for like or similar services rendered.

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Each of their opinions as described above is expected to be provided to a reasonable degree of medical certainty. Their CV and fee schedule will be furnished upon receipt. It is estimated that their hourly rate will be the same or similar as other similar professionals with similar education, training and experience.

> 3. W. Tracey Hankins, MD Person(s) Most Knowledgeable and/or Custodian of Records Hankins & Sohn Plastic Surgery Associates 60 North Pecos Road Henderson, NV 89074

22 W. Tracey Hankins, MD, is a medical professional at Hankins & Sohn Plastic Surgery 23 Associates. They provided care and treatment to Plaintiff for injuries sustained in the subject 24 incident. They will provide testimony regarding the diagnosis and prognosis of Plaintiff, treatment 25 rendered, the amounts billed, and opinions formed during the course of treatment as partially set 26 forth in Bates Stamp: HANKINS & SOHN FUTURE TREATMENT REC 000001. They are expected to provide expert testimony relating to and in accordance with his review of Plaintiff's 27 medical records, their medical chart, any documents reviewed outside of their medical chart, 28

opinions regarding past medical care and/or treatment, and opinions regarding Plaintiff's need for 1 future care and/or treatment, including the treatment of other medical providers. They will also 2 provide opinions regarding the causation of Plaintiff's injuries and the necessity and 3 reasonableness of Plaintiff's past and future medical expenses. They will also provide testimony 4 in defense of any criticism of their treatment and may review materials as part of any such rebuttal. 5

They treated Plaintiff on 11/15/18 and the records from any future treatment will be disclosed. They will testify about their observations of Plaintiff, conversations with Plaintiff, the diagnosis[es] of Plaintiff, including but not limited to,

- Laceration of right cheek
 - Animation deformity which requires surgical revision to release the scar from the underlying tissues and reclose the wound in layers. Due to Plaintiff's age the surgical revision would need to be performed under general anesthesia. The cost for surgery, including surgery center, anesthesia, surgeon's fee and follow up is \$13,800.

that the cause of those injuries/conditions and symptoms associated with such injuries/conditions was the incident of 2/13/2017, that such injuries/conditions make Plaintiff more susceptible to future injuries and pain, that the past, current, and future treatment for those injuries is reasonable and necessary. They will also testify that the testing and treatment from Summerlin Hospital, Shadow Emergency Physicians, and Hankins and Sohn Plastic Surgery Associates was reasonable, necessary and related to the incident, that the injuries/conditions caused pain, suffering, and anguish, and that the injuries and conditions caused limitations and restrictions of daily activities, including work activities.

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N.R.C.P. 16.1 (a)(2)(B) and is not intended to be a complete statement of all opinions to be 3 expressed, the basis or reasons therefor, or of the data or other information considered by the 4 witness in forming the opinions. 5 It is anticipated that their testimony in this matter will be based upon their training, 6 7 8 9

education and experience in their area(s) of practice and/or expertise, set forth above, in the community(ies) they practices, as well as the local community where this action takes place and their familiarity with community standards of reasonable billing for like or similar services rendered.

This statement of the subject matter of W. Tracey Hankins, MD's testimony, and the

summary of facts and opinions is for the purpose of disclosing a non-retained expert witness under

This statement of the subject matter of their testimony and the summary of facts and opinions is for the purpose of expert disclosure only and is not intended to be a complete statement of all opinions to be expressed, the basis or reasons therefor, or of the data or other information considered by the witness in forming the opinions.

Each of his opinions as described above is expected to be provided to a reasonable degree of certainty. W. Tracey Hankins, MD's CV, Testimony List and fee schedule are attached hereto as Exhibit "4", Bates Stamp: HANKINS 000001-000004

DATED this 20th day of July 2021.

THE SCHNITZER LAW FIRM

Bv:

JORDÁN P. SCHNITZER, ESQ. Nevada Bar No. 10744 9205 W. Russell Road, Suite 240 Las Vegas, Nevada 89148 Telephone: (702) 960-4050 Facsimile: (702) 960-4092 Attorney for Plaintiff

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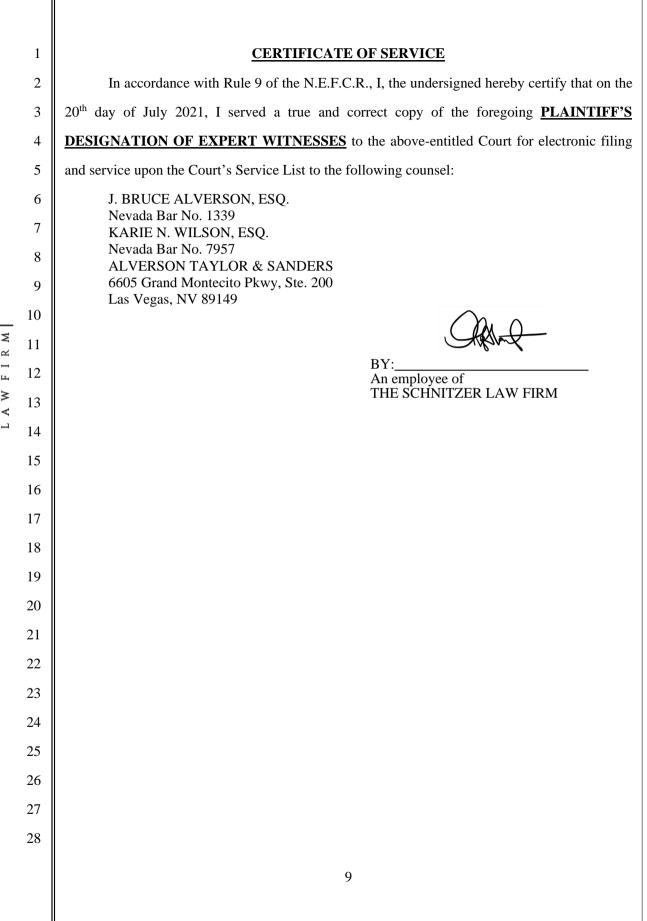
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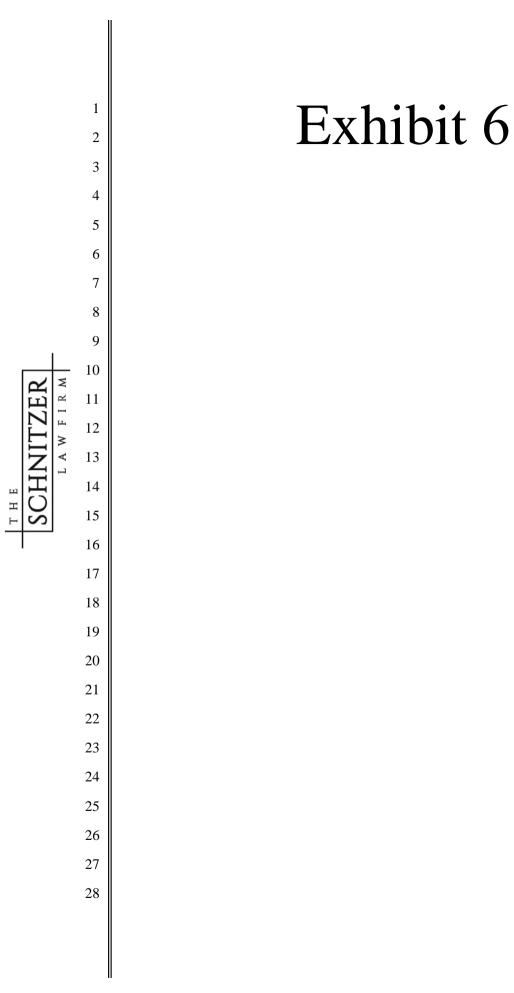
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SHADOW EMERG PHYSICIANS, PLLC PO BOX 13917 PHILADELPHIA, PA 19101-3917

TAX ID# 75-2807737

#00000VSD73435665# JOHN M LAUDIG

#BWNJFDB

221904-0000013825690-06

VSD

STATEMENT OF ACCOUNT (0)

Statement Date: 11/22/18

	Amount You Owe:	\$0.00
	Due Date:	12/12/18
Access Code:	0203-13825690	
Patient Name:	JASMIN P LAUDIG	
Account Numb	<i>er:</i> VSD13825690	

Pay Online WWW.MYMEDICALPAYMENTS.COM 1-800-355-2470 MON-FRI 7:00AM - 3:00PM

Services provided at:

SUMMERLIN HOSPITAL MEDICAL CENTER - 657 TOWN CENTER DRIVE - LAS VEGAS NV 89144-6367

Date of Service	CPT Code	Description	Provider	Charges	Payments or Adjustments	Explanation	Amount You Owe	
02/14/2017	99282	EMERG INJURY EVAL & MGMT-LVL 2	DR. KIM	\$541.00	\$541.00	1,2	\$0.00	
02/14/2017	12011	WOUND REP 0-2.5CM FACE ETC	DR. KIM	\$869.00	\$869.00	1,2	\$0.00	
02/14/2017	99053	SRVCS REQSTD 10PM - 8AM IN ER	DR. KIM	\$47.00	\$47.00	1	\$0.00	
02/14/2017	94760	NON-INVASIVE PULSE OXIMETRY	DR. KIM	\$66.00	\$66.00	1	\$0.00	
2. INSURANC								
	Total Charges:\$1,523.00Current Patient Responsibility:\$0.00							
			Insurance In	formation:				

Insurance 1: HEALTH PLAN OF NEVADA-HPN - HEALTH PLAN OF NEVA

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR REMITTANCE.

Pay Online WWW.MYMEDICALPAYMENTS.COM

Statement Date:	11/22/18
Account Number:	VSD13825690
Patient Name:	JASMIN P LAUDIO

Patient Name:	JASMIN P LAUDIG
Guarantor:	

JOHN M LAUDIG

Payment Due By:		12/12/18	
Amount Due:		\$0.00	
	Amount Enclos	ed:	
ΡΑΥ	\$0.00	BY	DUE DATE

221904000013825690000000000000000000

Make Check/Money Order payable to:

SHADOW EMERG PHYSICIANS, PLLC VSD PO BOX 13917 PHILADELPHIA, PA 19101-3917

If your address has changed, check this box and complete the reverse side of this form.

PETAPP000052

Page 1

HCI TYPE CYCI INS. H LAUI	T PATIENT NAME DIG , JASMIN PERA	F 657 T LAS V 866 8 FEI #	1	2R 1047 :ex age admiss:	14/17	89144- F		
GUARANTOS NAMO AND ADDRESS	3 PH: (702)556-			I S	INSURANCE COMPA		MUMBER POLICE 0601	xumber 1150302
DATE OF	DESCRIPTION OF HOSPITAL SERVICES	SERVICE	TOTAL CHARGES	EST. COVERAGE	EST. COVERAGE	AMOUNT PAYMENT EST. COVERAGE	EST. COVERAGE	PATIENT
02/14 3mleve	L OF CURRENT CH 43022201 001 99 L 2 ED W/O PROC 43034958 001	282		1815.00. 10. 1 ADJUSTME 522.00	INS.CO. NO. 2	INS.CO. MG. 3	1375.00. 30. 4	тиоома
02/14	ATISTICAL CHARGE 88811492 001 CARD PAYMENT		150.00-					150.00-
SUMMA	ARY OF CURRENT P.	AY/ADJ	150.00-					150.00-
SUMMA	ARY OF CURRENT C. EMERGENCY ROOM		522.00	522.00				
	OTAL OF CURR. C OYER INFORMATION CENTERRA UNKNOWN LAS VEGAS NV 8	:	522.00	522.00				
ACC	R RELATIONSHIP: DATE: 02/13/17 GNOSIS:	F TYPE: S01.411A S01.411A		IE: 5:00 ON W/O FB	OF RIGHT	ACE: CHEEK ANI CHEEK ANI		А
	AMOUNTS DUE SUMMERLIN HO		EIVABLES,	L.L.C.				
PATIENT	TALS NUMBER NUMBER ON ALL 1 NUMBER ON ALL 1 AND CORRESPONDER MERLIN HOSP MED	NQUIRIES CE.	ADDITIONAN FOR ANY C MENT WAS DO NOT PA	522.00 PATIENT BILLIN HARGES NOT POSTEI PREPARED, OR IF YANY PART OF THO IMATED INSURANCE	IG MAY BE NECESSA) WHEN THIS STATE INSURANCE CARRIER E AMOUNTS SHOWN	-		150.00-

LAS VEGAS,NV

SHM- Summerlin Hospital Medical Center 657 Town Center Drive Las Vegas, NV 89144-6367

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575

Admit: 2/14/2017 Disch: 2/14/2017 Disch Time: 05:55 PST FIN: SHM0000013825690 Attending: Kim MD, John J

DOB/Sex: 2012 / Female

Allergies							
Substance Allergy Type Reaction Symptom Reviewed Reaction Status Date/Time							
No Known Allergies	Allergy	2/14/2017 03:16 PST	Active				

Medical Record

Print Date/Time 11/9/2018 09:21 PST

Report Request ID: 352007601

Page 1 of 57

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Facesheets

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION: Facesheets 2/14/2017 00:00 PST Unauth

FACE SHEET REGISTRATION FORM_20170214.pdf

Please click on link to see image.

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Admission

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION: Admission 2/14/2017 00:00 PST Auth (Verified)

INSURANCE CARD AND PT IDENTIFICATION_20170214.pdf

Please click on link to see image.

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Patient Education Notes

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION: ED Education - Text 2/14/2017 05:53 PST Auth (Verified) Lovera RN,Rachel D (2/14/2017 05:53 PST) Lovera RN,Rachel D (2/14/2017 05:53 PST)

ED Education Needs Entered On: 2/14/2017 5:54 PST Performed On: 2/14/2017 5:53 PST by Lovera RN, Rachel D

Education History

Learning Needs : No Data Available Education History : Education

No Data Available

Education

Home Caregiver Present for Session : Yes Responsible Learner(s) : No Data Available Teaching Method : Explanation, Printed materials Barriers To Learning : None evident

<u>General Education Peds Ongoing</u> Recognition of Symptoms : Verbalizes understanding Symptom Control : Verbalizes understanding

ED Safety/Infection Control Ed Grid Hand Washing : Verbalizes understanding Hygiene : Verbalizes understanding Signs of Infection : Verbalizes understanding

ED Post Hospitalization Education Grid Disease Process: Verbalizes understanding Follow-Up Care/Appointment: Verbalizes understanding Potential Complications: Verbalizes understanding When to Call Health Care Provider: Verbalizes understanding Lovera RN. Rachel D - 2/14/2017 5:53 PST

Lovera RN, Rachel D - 2/14/2017 5:53 PST

Print Date/Time 11/9/2018 09:21 PST

Medical Record

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department

2/14/2017 05:55 PST SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION:

ED Clinical Summary

ED Clinical Summary 2/14/2017 05:55 PST Auth (Verified) Lovera RN,Rachel D (2/14/2017 05:55 PST) Lovera RN,Rachel D (2/14/2017 05:55 PST)

SHM- Summerlin Hospital Medical Center 657 Town Center Drive Las Vegas, NV 89144-6367 http://www.summerlinhospital.com/ (702) 233-7000

SUMMARY OF CARE

This document contains CONFIDENTIAL health information that is legally privileged. Please be sure to take this document to your follow-up appointment so that your provider has access to the necessary information about your recent hospitalization.

Patient Information:

Name: LAUDIG, JASMIN PERA Sex: Female MRN: SHM4882575 Arrival Date: 2/14/2017 3:11 AM Age: 4 Years Language: ENG-English FIN: SHM0000013825690 Disposition: ED Home, Routine DOB: 2012 12:00 AM PCP: Nyarko MD, Michael O FC: Discharge: 2/14/2017 5:54 AM ED Depart Time:

2/14/2017 5:54 AM

Diagnosis:Laceration of cheek, right

Visit Summary For JASMIN LAUDIG

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 4 years Sex: Female DOB: 06/02/2012 MRN: 4882575 Address: 1302 SURREY DOWNS LN LAS VEGAS, NV 891351315 Home: 7025567496 Work: -- Mobile: --Primary Care Provider: Nyarko MD, Michael O Race: White Ethnicity: Non-Hispanic Language: ENG-English Health Plan: --

Problems

Print Date/Time 11/9/2018 09:21 PST N

Medical Record

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department

No Problems Documented

Follow Up

With: Michael Nyarko, PED

Care Team

Attending: ED, Staff Physician

Admitting: ED, Staff Physician

Consulting:

Allergies No Known Allergies

Medical Information

Prescriptions Given to Patient/Caregiver(s):

Home Medications per Patient/Caregiver(s):

Smoking Status

Never smoker

Functional Status

Mode of Discharge: Ambulates without assistance

Home Equipment:

Print Date/Time 11/9/2018 09:21 PST Medical Record

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department

Level of Consciousness:

Affect/Behavior:

Activities of Daily Living:

Care Plan

Patient Education Information:

Instructions Provided:

LACERATION, Face (Dermabond)

Physician Documentation / Notes:

Patient:LAUDIG, JASMIN PERAMRN: SHM4882575FIN: SHM0000013825690Age:4 yearsSex:FemaleDOB:06/02/12Associated Diagnoses:Laceration of cheek, rightAuthor:Kim, John J MD

Basic Information

Time seen: Date & time 02/14/17 05:34:00, Provider Assignment Kim, John J MD assigned at 02/14/2017 04:21

History source: Patient. History limitation: None. Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint 02/14/17 03:17 PST Chief Complaint Fell at 1700 at preschool. Hit right cheek on the ground. Cleaned and steri strips applied.

History of Present Illness

The patient presents with facial injury. The onset was 12 hours ago. The course/duration of symptoms is constant. Type of injury: fall, laceration and direct blow. The location where the incident occurred was at school. Prior episodes: none.

Fell at home and hit her cheek on the ground. Patient had a laceration to the right cheek which her mother put Steri-Strips over. Concerned about adequacy of closure.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI. Skin symptoms: Negative except as documented in HPI. ENMT symptoms: Negative except as documented in HPI. Respiratory symptoms: Negative except as documented in HPI, No shortness of breath, Cardiovascular symptoms: Negative except as documented in HPI, No chest pain, Gastrointestinal symptoms: Negative except as documented in HPI, No abdominal pain, Genitourinary symptoms: Negative except as documented in HPI. Musculoskeletal symptoms: Negative except as documented in HPI.

Print Date/Time 11/9/2018 09:21 PST Medical Record

Page 14 of 57

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690

Emergency Department

FIN:

Neurologic symptoms: Negative except as documented in HPI. **Psychiatric symptoms:** Negative except as documented in HPI. **Additional review of systems information:** All other systems reviewed and otherwise negative.

Health Status

Allergies:

Allergic Reactions (Selected) No Known Allergies, Per nurse's notes.

Medications: Review/Insert Medication List (Selected)

, Per nurse's notes.

Immunizations: Per nurse's notes.

Past Medical/ Family/ Social History

Medical history

Reviewed as documented in chart. **Medical history:** Include medical history No active or resolved past medical history items have been selected or recorded., PMH/Problems ST No problems documented. , Reviewed as documented in chart. **Surgical history:** No active procedure history items have been selected or recorded.

Family history:

No family history items have been selected or recorded., Reviewed as documented in chart.

Social history: Drug use: Denies. Social history: Social History ST

Social & Psychosocial Habits

Tobacco

02/14/2017 **Smoking History:** Never smoker. **Problem list:** Per nurse's notes.

Physical Examination

Vital Signs Vital Signs (ST)						
<u>Vital Signs (24 hrs)</u>	Last	<u>Charted</u>	<u>Minin</u>	<u>num</u>	<u>Maxir</u>	<u>num</u>
Temp	36.6	(FEB 14 03:15)	36.6	(FEB 14 03:15)	36.6	(FEB 14 03:15)
Apical Heart Rate	85	(FEB 14 03:15)	85	(FEB 14 03:15)	85	(FEB 14 03:15)
SpO2	99	(FEB 14 03:15)	99	(FEB 14 03:15)	99	(FEB 14 03:15)
	Room air	Ro	oom air	Ro	om air	
Measurements						
02/14/17 03:17 PST		Height Method BSA Measured Body Mass Index Measured		Measured 0.5 m2 sured 92.63 kg/m	n2	
Print Date/Time 11/9/2018	09:21 PST	Medical Reco	ord			Page 15 of 57

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department					
02/14/17 03:17 PST	Height Weight Daily Weight kg Weight Method Weight Method	46 cm 19.6 kg 19.6 kg Measured Measured .			
Basic Oxygen Information	2				
02/14/17 03:15 PST	Oxygen Therapy SpO2	Room air 99 % .			
 Physician interpretation of pulse oximetry: Normal. General: Alert, no acute distress. Skin: steri strips removed. patient has an irregular wound of r cheek, shallow Eye: Extraocular movements are intact. Ears, nose, mouth and throat: Oral mucosa moist. Cardiovascular Respiratory: Respirations are non-labored. Gastrointestinal: Soft. Musculoskeletal: No deformity. Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed. Lymphatics Psychiatric: Cooperative, appropriate mood & affect. 					



Medical Decision Making Orders Review/Insert Order Profile (Selected) Inpatient Orders Ordered ED Reassessment: Vital Signs Mobile: Canceled ED Triage Mobile: Completed ED Nursing Exam: .

Procedure

Laceration repair Confirmed: Time-out taken prior to procedure. Consent: Patient, Has given verbal consent.

Print Date/Time 11/9/2018 09:21 PST

Medical Record

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 2012 / Female DOB/Sex: Attending: Kim MD, John J

Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690 FIN:

Emergency Department

Description/ repair

Laceration 1 cm in length.Face: right, cheek. Shape: irregular. Depth: subcutaneous. Details: clean. Neurovascular/ tendon exam: intact. Preparation: sterile field established, H2O2. Irrigation: minimal, with saline. Debridement: none. Skin closure: Dermabond. Complexity: single layer. No Anesthesia. Post procedure exam: Circulation, motor, sensory examination intact, Bleeding controlled. Complications: None. Patient tolerated: Well. Performed by: Self. Total time: 30 minutes.

Impression and Plan

Laceration of cheek, right - ICD10-CM S01.411A,

Plan Condition: Stable. Patient was given the following educational materials: LACERATION, Face (Dermabond). Follow up with: Michael Nyarko, PED Within 5-7 days. Counseled: Family. Disposition: Launch Disposition Order Admit/Transfer/Discharge: Discharge Request (Order): 02/14/17 05:38 PST, Home Routine.

2/14/2017 05:55 PST SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION:

ED Patient Education Note 2/14/2017 05:55 PST Modified Lovera RN, Rachel D (2/14/2017 05:55 PST) Lovera RN, Rachel D (2/14/2017 05:55 PST); Kim, John J MD (2/14/2017 05:38 PST)

ED Patient Education Note

Trauma

Laceration, Face (Skin Olue)

A laceration is a cut through the skin. A laceration on your face has been closed with a type of skin glue.

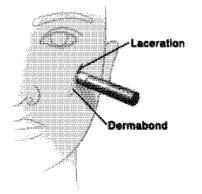
Print Date/Time 11/9/2018 09:21 PST

Medical Record

Page 17 of 57

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department



Home Care

Medications: Acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) may be taken for pain, unless another pain medicine was prescribed. <u>NOTE:</u> If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medications.

General Care:

- Keep the wound clean and dry. You may shower or bathe as usual, but do not use soaps, lotions, or ointments on the wound area. Do not scrub the wound. After bathing, pat the wound dry with a soft towel.
 - Do not scratch, rub, or pick at the film. Do not place tape directly over the film.
- Do not apply liquids (such as peroxide), ointments, or creams to the wound while the film is in place.
 - Most facial skin wounds heal without problems. However, an infection sometimes occurs despite proper treatment. Therefore, watch for the signs of infection listed below.

Follow Up

as directed by the doctor or our staff. The skin glue film will fall off naturally in 5 to 10 days.

Get Prompt Medical Attention

if any of the following occur:

Signs of infection:

· Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider

Print Date/Time 11/9/2018 09:21 PST Medical Record

Page 18 of 57

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department

- · Increasing pain in the wound
- · Increasing redness or swelling
- Pus coming from the wound
- Wound bleeds more than a small amount or bleeding doesn't stop
- Wound edges come apart

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2/14/2017 05:55 PST SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION:

ED Patient Summary

ED Patient Summary 2/14/2017 05:55 PST Auth (Verified) Lovera RN,Rachel D (2/14/2017 05:55 PST) Lovera RN,Rachel D (2/14/2017 05:55 PST)

SUMMERLIN HOSPITAL MEDICAL CENTER

Confirmation of Receipt of Instructions

Name: LAUDIG, JASMIN PERA

Age: 4 Years Date of Birth: 6/02/2012 12:00 AM

MRN: SHM4882575 FIN: Arrival Time: 2/14/2017 3:11 AM

Diagnosis: Laceration of cheek, right

Patient Visit Summary:

LAUDIG, JASMIN PERA has been provided patient education materials, follow-up instructions and prescriptions.

My Signature Below Indicates:

> I have received and understood the oral instructions regarding my current medical problem.

- > I will arrange follow-up care as instructed, outlined in this and any following page(s).
- > I acknowledge continuing medications prescribed by my regular doctor.
- > I acknowledge receipt of the written instructions as outlined in this and any previous page(s).
- > I will read and review these instructions.

> I acknowledge that I will contact my Primary Care Physician or return to the Emergency Department immediately if symptoms worsen or persist.

() Patient Refuses to Sign

Print Date/Time 11/9/2018 09:21 PST Medical Record

Page 19 of 57

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department

() Patient Left Without Signing

() Patient was informed of their non-emergent status

Patient Signature

Parent / Guardian (if patient is a minor)

Nurse Signature (if not patient signature)

Hospital Witness Signature (if no patient signature)

NOTE: Permanent Medical Record

SUMMERLIN HOSPITAL MEDICAL CENTER

657 Town Center Drive, Las Vegas, NV 89144

www.summerlinhospital.com

(702) 233-7000

Name: LAUDIG, JASMIN PERA

Age: 4 Years Date of Birth: 6/02/2012 12:00 AM

MRN: SHM4882575 FIN: Arrival Time: 2/14/2017 3:11 AM

Diagnosis: Laceration of cheek, right

Emergency Department Care Team:

Provider: ED, Staff Physician; Kim, John J MD

The Emergency Department physician has reviewed the information that you have provided concerning medications that have been prescribed previously and found there to be no conflict with any therapy recommended by the Emergency Department physicians. Unless instructed by the Emergency Department physicians or discontinue specific medications, you should continue medications prescribed by your regular doctor and follow-up with your doctor or with the physician/facility recommended by the ED as appropriate.

If you plan on operating a motor vehicle or using any dangerous equipment within the next several hours, please check with your physician or nurse to make sure that none of the medicines that you received in the Emergency Department could interfere with your performance of these tasks.

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SHM- Summerlin	Hospital	Medical	Center
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Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department

The physicians and staff of the Summerlin Hospital Medical Center encourage you to lead a healthy lifestyle. If you smoke, we strongly urge you to quit. Contact your local American Lung Association for additional information.

Allergies:

No Known Allergies

Vaccination/Immunologic Information

Prescriptions Given to Patient/Caregiver(s):

Medication Special Considerations:

Patient Education Materials Provided:

LACERATION, Face (Dermabond)

Comment:

Follow-up Instructions:

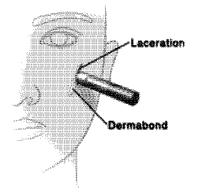
With:	Address:	When:
Michael Nyarko, PED	10105 BANBURRY CROSS DR,	Within 5-7 days
	SUITE 370 LAS VEGAS, NV	
	891440000	
	(702)260-4525 Business (1)	

Laceration, Face (Skin Glue)

A laceration is a cut through the skin. A laceration on your face has been closed with a type of skin glue.

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department



Home Care

Medications: Acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) may be taken for pain, unless another pain medicine was prescribed. <u>NOTE:</u> If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medications.

General Care:

- Keep the wound clean and dry. You may shower or bathe as usual, but do not use soaps, lotions, or ointments on the wound area. Do not scrub the wound. After bathing, pat the wound dry with a soft towel.
- Do not scratch, rub, or pick at the film. Do not place tape directly over the film.
- Do not apply liquids (such as peroxide), ointments, or creams to the wound while the film is in place.
 - Most facial skin wounds heal without problems. However, an infection sometimes occurs despite proper treatment. Therefore, watch for the signs of infection listed below.

Follow Up

as directed by the doctor or our staff. The skin glue film will fall off naturally in 5 to 10 days.

Get Prompt Medical Attention

if any of the following occur:

Signs of infection:

Print Date/Time 11/9/2018 09:21 PST Medical Record

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Emergency Department

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

- Fever of 100.4°°F (38°°C) or higher, or as directed by your healthcare provider
- · Increasing pain in the wound
- · Increasing redness or swelling
- · Pus coming from the wound
- Wound bleeds more than a small amount or bleeding doesn"t stop
- Wound edges come apart

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Major Tests and Procedures:

The following procedures and tests were performed during your ED visit.

Laboratory Orders

No laboratory orders were placed.

Radiology Orders No radiology orders were placed.

Cardiology Orders No cardiology orders were placed.

2/14/2017 05:33 PST
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Injury of face

Patient:LAUDIG, JASMIN PERAMRN: SHM4882575Age:4 yearsSex:FemaleDOB:06/02/12Associated Diagnoses:Laceration of cheek, rightAuthor:Kim, John J MD

FIN: SHM0000013825690

Kim, John J MD (2/14/2017 05:38 PST) Kim, John J MD (2/14/2017 05:38 PST)

ED Physician Record 2/14/2017 05:33 PST Auth (Verified)

Basic Information

Time seen: Date & time 02/14/17 05:34:00, Provider Assignment Kim, John J MD assigned at 02/14/2017 04:21

History source: Patient. History limitation: None. Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint

Print Date/Time 11/9/2018 09:21 PST Medical Record

Page 23 of 57

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690

Emergency Department

02/14/17 03:17 PST Chief Complaint Cleaned and steri strips applied. .

Fell at 1700 at preschool. Hit right cheek on the ground.

FIN:

History of Present Illness

The patient presents with facial injury. The onset was 12 hours ago. The course/duration of symptoms is constant. Type of injury: fall, laceration and direct blow. The location where the incident occurred was at school. Prior episodes: none.

Fell at home and hit her cheek on the ground. Patient had a laceration to the right cheek which her mother put Steri-Strips over. Concerned about adequacy of closure.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI. Skin symptoms: Negative except as documented in HPI. ENMT symptoms: Negative except as documented in HPI. Respiratory symptoms: Negative except as documented in HPI, No shortness of breath, Cardiovascular symptoms: Negative except as documented in HPI, No chest pain, Gastrointestinal symptoms: Negative except as documented in HPI, No abdominal pain, Genitourinary symptoms: Negative except as documented in HPI. Musculoskeletal symptoms: Negative except as documented in HPI. Neurologic symptoms: Negative except as documented in HPI. Psychiatric symptoms: Negative except as documented in HPI. Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies:

Allergic Reactions (Selected) No Known Allergies, Per nurse's notes. Medications: Review/Insert Medication List (Selected) , Per nurse's notes.

Immunizations: Per nurse's notes.

Past Medical/ Family/ Social History

Medical history

Reviewed as documented in chart. Medical history: Include medical history No active or resolved past medical history items have been selected or recorded., PMH/Problems ST No problems documented. , Reviewed as documented in chart. Surgical history: No active procedure history items have been selected or recorded.. Family history: No family history items have been selected or recorded., Reviewed as documented in chart. Social history: Drug use: Denies. Social history: Social History ST <u>Social & Psychosocial Habits</u>

Print Date/Time 11/9/2018 09:21 PST

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department

Tobacco

02/14/2017 Smoking History: Never smoker. Problem list: Per nurse's notes.

Physical Examination

Vital Signs (24 hrs)	Last	Charted	Minim	um		Maxir	num
Temp	36.6	(FEB 14 03:15)		(FEB 14 0)3:15)	36.6	(FEB 14 03:15)
Apical Heart Rate	85	(FEB 14 03:15)	85	、 (FEB 14 0		85	(FEB 14 03:15)
SpO2	99	(FEB 14 03:15)	99	、 (FEB 14 0)3:15)	99	(FEB 14 03:15)
R	oom air	Ro	om air		Roo	m air	
Measurements							
02/14/17 03:17	/ PST	Height Method BSA Measured Body Mass Ind		0.5	sured m2		
02/14/17 03:17	7 PST	Height Weight Daily Weight Weight Methoo Weight Methoo	kg 1	46 19. 19. Mea			
Basic Oxygen Informatio		_					
02/14/17 03:19 Physician interpretation of		Oxygen Therag Sp02 ximetry: Normal	ρy	Roc 99	mair %.		
General: Alert, no ac							
Skin: steri strips reme			wound	ofrcheek, s	shallow		
Eye: Extraocular mov							
Ears, nose, mouth ai Cardiovascular	nd throat	: Oral mucosa mois	st.				
Respiratory: Respira Gastrointestinal: So Musculoskeletal: No Neurological: Alert a Lymphatics	ft. deformit	у.	time, an	d situation,	No focal r	neurolo	gical deficit obser

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012 / FemaleAttending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department



Medical Decision Making

Orders Review/Insert Order Profile (Selected) Inpatient Orders Ordered ED Reassessment: Vital Signs Mobile: Canceled ED Triage Mobile: Completed ED Nursing Exam: .

Procedure

Laceration repair

Confirmed: Time-out taken prior to procedure. **Consent:** Patient, Has given verbal consent.

Description/ repair

Laceration 1 cm in length Face: right, cheek. Shape: irregular. Depth: subcutaneous. Details: clean. Neurovascular/ tendon exam: intact. Preparation: sterile field established, H2O2. Irrigation: minimal, with saline. Debridement: none. Skin closure: Dermabond. Complexity: single layer. No Anesthesia. Post procedure exam: Circulation, motor, sensory examination intact, Bleeding controlled. Complications: None. Patient tolerated: Well. Performed by: Self. Total time: 30 minutes.

Impression and Plan

Laceration of cheek, right - ICD10-CM S01.411A, Print Date/Time 11/9/2018 09:21 PST Medical Record

Page 26 of 57

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Emergency Department

Plan

Condition: Stable. Patient was given the following educational materials: LACERATION, Face (Dermabond). Follow up with: Michael Nyarko, PED Within 5-7 days. Counseled: Family. Disposition: Launch Disposition Order Admit/Transfer/Discharge: Discharge Request (Order): 02/14/17 05:38 PST, Home Routine.

Electronically Signed By: Kim, John On: 02.14.2017 05:38 PST

Print Date/Time 11/9/2018 09:21 PST

Medical Record

MRN: SHM4882575 FIN: SHM0000013825690

Attachment(s): 2/14/2017 05:33 PST



Facility: SHM Center

Page 28 of 57

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 2012 / Female DOB/Sex: Attending: Kim MD, John J

Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690 FIN:

Emergency Department

2/14/2017 03:37 PST SERVICE DATE/TIME: **RESULT STATUS:** PERFORM INFORMATION: SIGN INFORMATION:

Triage Note 2/14/2017 03:37 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:37 PST) Lovera RN, Rachel D (2/14/2017 03:37 PST)

ED Triage RFV/Problems Entered On: 2/14/2017 3:37 PST Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

Reason for Visit/Medical History ED

Reviewed Past Medical HX with Patient : Yes

Lovera RN, Rachel D - 2/14/2017 3:37 PST (As Of: 2/14/2017 03:37:31 PST)

2/14/2017 03:37 PST SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION:

Triage Note 2/14/2017 03:37 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:37 PST) Lovera RN, Rachel D (2/14/2017 03:37 PST)

ED Abuse/Neglect Peds Entered On: 2/14/2017 3:37 PST Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

Abuse/Neglect Assessment

Threatened/Physically Hurt in past year : No ED DV Harm or Neglect Question : No Abuse and Neglect Types : None

Lovera RN, Rachel D - 2/14/2017 3:37 PST

2/14/2017 03:37 PST SERVICE DATE/TIME: **RESULT STATUS:** PERFORM INFORMATION: SIGN INFORMATION:

Triage Note 2/14/2017 03:37 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:37 PST) Lovera RN, Rachel D (2/14/2017 03:37 PST)

ED Triage General/Screening Peds Entered On: 2/14/2017 3:37 PST Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

Print Date/Time 11/9/2018 09:21 PST

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female

Attending: Kim MD, John J

Emergency Department

General/Screenings Peds

Suicidal Risk Assessment : No suicidal risk indicators identified Document Fall Risk Screening : Pass Immunizations Current : Yes Clinical Trial Participant -- MU: None

Lovera RN, Rachel D - 2/14/2017 3:37 PST

Admit: 2/14/2017

Disch: 2/14/2017

SHM0000013825690

2/14/2017 03:36 PST SERVICE DATE/TIME: **RESULT STATUS:** PERFORM INFORMATION: SIGN INFORMATION:

Triage Note 2/14/2017 03:36 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:36 PST) Lovera RN, Rachel D (2/14/2017 03:36 PST)

FIN:

ED Languages Entered On: 2/14/2017 3:37 PST Performed On: 2/14/2017 3:36 PST by Lovera RN, Rachel D

Languages

Preferred Languages : N/A due to age or patient condition Parent/Guardian/Surrogate Preferred Languages : English

Lovera RN. Rachel D - 2/14/2017 3:36 PST

2/14/2017 03:36 PST SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION:

Triage Note 2/14/2017 03:36 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:36 PST) Lovera RN, Rachel D (2/14/2017 03:36 PST)

ED Social History Entered On: 2/14/2017 3:36 PST Performed On: 2/14/2017 3:36 PST by Lovera RN, Rachel D

Social History

Smoking History--MU: Never smoker Tobacco Use Screening : Yes Cultural Practices to be honored? : No Is Blood Transfusion Acceptable to Patient : Yes

Social History

Lovera RN, Rachel D - 2/14/2017 3:36 PST

(As Of: 2/14/2017 03:36:57 PST)

Tobacco Use Screening Tobacco Use Last 30 Days : No tobacco use of any form

Print Date/Time 11/9/2018 09:21 PST Medical Record Page 30 of 57

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690

Emergency Department

Lovera RN, Rachel D - 2/14/2017 3:36 PST

2/14/2017 03:16 PST SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION: Triage Note 2/14/2017 03:16 PST Auth (Verified) Rocco RN,Carrie (2/14/2017 03:16 PST) Rocco RN,Carrie (2/14/2017 03:16 PST)

FIN:

ED Triage Primary Pain Assessment Entered On: 2/14/2017 3:16 PST Performed On: 2/14/2017 3:16 PST by Rocco RN, Carrie

Primary Pain FACES Pain Scale Score : 6 = Hurts even more

Rocco RN, Carrie - 2/14/2017 3:16 PST

2/14/2017 03:15 PST SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION: Triage Note 2/14/2017 03:15 PST Auth (Verified) Rocco RN,Carrie (2/14/2017 03:15 PST) Rocco RN,Carrie (2/14/2017 03:15 PST)

ED Triage Vitals Entered On: 2/14/2017 3:15 PST Performed On: 2/14/2017 3:15 PST by Rocco RN, Carrie

ED Vitals

Peripheral Pulse Rate: 85 bpm Apical Heart Rate: 85 bpm O2 Therapy: Room air SpO2: 99 % Temperature: 36.6 DegC Temperature Convert C to F: 97.9 DegF Temperature Method: Temporal Artery

Rocco RN, Carrie - 2/14/2017 3:15 PST

Print Date/Time 11/9/2018 09:21 PST

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Consents

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION: Clinical Consents 2/14/2017 00:00 PST Auth (Verified)

Consents_20170214.pdf

Please click on link to see image.

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017

	Or	ders		
Order: Vital Signs Mobile				
Order Date/Time: 2/14/2017 03:1	1 PST			
Signed Date/Time: 2/14/2017 03:	11 PST			
1	partment Status: continued	Catalog Type: Patier	nt Care	Activity Type: Basic Care
End-state Date/Time: 2/14/2017 0)8:01 PST	End-state Reason:		di ana manana manana Minana manana m
Ordering Physician: SYSTEM		Consulting Physicia	n:	
Entered By: SYSTEM on 2/14/20				
Order Details: 2/14/17 3:11:22 AM				
Order Comment: Ordered by Disc				
Action Type: Discontinue		2/14/2017 11:01 EST	(
Responsible Provider/Electronica Signed by: SYSTEM	lly Supervising Provid	er:	Communi	cation Type:
Order Details: 02/14/17 3:11:22 P	ST, Routine			
Review Information:				
Doctor Cosign: Not Required				
Order Comment:				
Action Type: Order		2/14/2017 03:11 PST		
Responsible Provider/Electronically Supervising Provi Signed by: SYSTEM		er:	Communi	ication Type: Discern Expert
Order Details: 02/14/17 3:11:22 P	ST, Routine			
Review Information: Doctor Cosign: Not Required				*****
Order Comment: Ordered by Disc	ærn Expert.			

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012 / FemaleAttending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017

	Orders	
Order: ED Triage Mobile		
Order Date/Time: 2/14/2017 03:11 PST		
Signed Date/Time: 2/14/2017 03:11 PST		
Order Status: Canceled Departme	nt Status: Canceled Catalog Type: Patier	nt Care Activity Type: Basic Care
End-state Date/Time: 2/14/2017 03:11 P	ST End-state Reason: [Duplicate Order
Ordering Physician: SYSTEM	Consulting Physicial	n:
Entered By: SYSTEM on 2/14/2017 03:1	1 PST	
Order Details: 2/14/17 3:11:22 AM PST,	Routine, Constant order	
Order Comment: Ordered by Discern Ex	pert.	
Action Type: Cancel	Action Date/Time: 2/14/2017 03:11 PST	Action Personnel: SYSTEM
Responsible Provider/Electronically Signed by: SYSTEM	Supervising Provider:	Communication Type: Discern Expert
Order Details: 02/14/17 3:11:22 PST, Ro	utine, Constant order	
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 2/14/2017 03:11 PST	Action Personnel: SYSTEM
Responsible Provider/Electronically Signed by: SYSTEM	Supervising Provider:	Communication Type: Discern Expert
Order Details: 02/14/17 3:11:22 PST, Ro	utine, Constant order	
Review Information:		
Doctor Cosign: Not Required		
Order Comment: Ordered by Discern Ex	pert.	

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012 / FemaleAttending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017

	Or	ders		
Order: ED Reassessment				
Order Date/Time: 2/14/2017 03:17	PST			
Signed Date/Time: 2/14/2017 03:17	7 PST			
1 I I I I I I I I I I I I I I I I I I I	artment Status: continued	Catalog Type: Patier	nt Care	Activity Type: Patient Care
End-state Date/Time: 2/14/2017 08	3:01 PST	End-state Reason:		
Ordering Physician: SYSTEM		Consulting Physicia	n:	
Entered By: SYSTEM on 2/14/2017				
Order Details: 2/14/17 3:17:03 AM				
Order Comment: Order Placed by I				
Action Type: Discontinue		2/14/2017 11:01 EST	Action Pe	rsonnel: SYSTEM
Responsible Provider/Electronically Signed by: SYSTEM	y Supervising Provide	er:	Communi	ication Type:
Order Details: 02/14/17 3:17:03 PS	ST, Routine			
Review Information:				
Doctor Cosign: Not Required				
Order Comment:				
Action Type: Order		2/14/2017 03:17 PST		
Responsible Provider/Electronically Supervising Provi Signed by: SYSTEM		er:	Communi	ication Type: Discern Expert
Order Details: 02/14/17 3:17:03 PS	T. Routine			
Review Information: Doctor Cosign: Not Required				
Order Comment: Order Placed by I	Discern Rule			

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017

FIN: SHM0000013825690

		Ore	ders		
Order: ED Nursing Exam					
Order Date/Time: 2/14/2017	03:17 PST				
Signed Date/Time: 2/14/2017	7 03:17 PST	Г			
Order Status: Completed	Departme Complete		Catalog Type: Patier	nt Care	Activity Type: Patient Care
End-state Date/Time: 2/14/20	017 04:52 F	'ST	End-state Reason:		
Ordering Physician: SYSTEM	٨		Consulting Physicial	n:	
Entered By: SYSTEM on 2/1	4/2017 03:1	I7 PST			
Order Details: 2/14/17 3:17:0	3 AM PST,	NOW, Once, Stop d	ate 2/14/17 4:52:16 A	M PST	
Order Comment: Order Place	ed by Disce	rn Rule			
Action Type: Complete		Action Date/Time: 2	2/14/2017 04:52 PST	Action Pe	ersonnel: Lovera RN,Rachel D
Responsible Provider/Electro Signed by: SYSTEM	onically	Supervising Provide	ЭГ:	Commun	ication Type:
Order Details: 02/14/17 3:17	:03 PST, NO	W, Once, Stop date	02/14/17 3:17:03 PS	ST	
Review Information: Doctor Cosign: Not Required					
Order Comment:					
Action Type: Order		Action Date/Time: 2	2/14/2017 03:17 PST	Action Pe	ersonnel: SYSTEM
Responsible Provider/Electronically Supervising Pro		Supervising Provide	er: Communication Type: Discern Ex		ication Type: Discern Expert
Signed by: SYSTEM		***			
Order Details: 02/14/17 3:17	:03 PST, NO	DW, Once, Stop date	e 02/14/17 3:17:03 PS	ST	
Review Information:					
Doctor Cosign: Not Required					
Order Comment: Order Place	ed by Disce	rn Rule			

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017

		Or	ders		
Order: Discharge Request					
Order Date/Time: 2/14/2017 0	5:38 PST				
Signed Date/Time: 2/14/2017		-			
Order Status: Discontinued	Discontinued Department Status:				Activity Type:
	Discontinu		Admit/Transfer/Obse	ervation	Admit/Transfer/Observation
End-state Date/Time: 2/15/20		'ST	End-state Reason:		
Ordering Physician: Kim, John			Consulting Physicia	n:	
Entered By: Kim, John J MD o					
Order Details: 2/14/17 5:38:00	AMPSI,	Home Routine			
Order Comment:					******
Action Type: Discontinue			2/15/2017 09:02 EST		
Responsible Provider/Electror Signed by: Kim,John J MD	nically	Supervising Provide	er:	Commun	ication Type:
Order Details: 02/14/17 5:38:0	0 PST, Ho	me Routine		***************	
Review Information:					
Doctor Cosign: Not Required					
Order Comment:		1997 bar	19 19 19 19 19 19 19 19 19 19 19 19 19 1	an man man man man man man man man man m	
Action Type: Order		Action Date/Time: 2	2/14/2017 05:38 PST	Action Pe	rsonnel: Kim,John J MD
Responsible Provider/Electror	nically	Supervising Provide	er:	Commun	ication Type: Written
Signed by: Kim,John J MD	·				•
Order Details: 02/14/17 5:38:0	00 PST, Ho	me Routine	a na an	an han man man man man man man man man man m	
Review Information:					
Nurse Review: Electronically S	Signed, Lo	vera RN,Rachel D o	n 2/14/2017 05:39 P	ST	
Doctor Cosign: Not Required					
Order Comment:					
Order: Complete Document Order Date/Time: 2/17/2017 0 Signed Date/Time: 2/17/2017	7:38 PST				
Order Status: Ordered		nt Status: Ordered	Catalog Type: Patie	nt Care	Activity Type: Patient Care
End-state Date/Time: 2/17/20			End-state Reason:		
Ordering Physician: SYSTEM			Consulting Physicia	n:	
Entered By: SYSTEM on 2/17		88 PST	****		
Order Details: 2/17/17 7:38:01	AM PST,	Routine, Stop date 2	2/17/17 7:38:01 AM F	PST	
Order Comment: Ordered by I					
Action Type: Order		Action Date/Time: 2	2/17/2017 07:38 PST	Action Pe	rsonnel: SYSTEM
Responsible Provider/Electror		Supervising Provide			ication Type: Discern Expert
Signed by: SYSTEM					
Order Details: 02/17/17 7:38:0)1 PST, Ro	outine, Stop date 02/	17/17 7:38:01 PST		
Review Information:					
Doctor Cosign: Not Required					
Order Comment: Ordered by I	Discern Ex	pert.			

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Infusion Start/Stop

Infusion Billing Report

02/14/17 03:11 PST to 11/09/18 09:20 PST

LAUDIG, JASMIN PERA FIN 13825690 Emergency Location: SHM ED

MRN 4882575

No Results Qualified.

Print Date/Time 11/9/2018 09:21 PST

Medical Record

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Assessment Forms

DOCUMENT TYPE: SERVICE DATE/TIME: RESULT STATUS: PERFORMED INFORMATION: SIGNED INFORMATION: ED Vital Signs and Pain - Text 2/14/2017 05:43 PST Auth (Verified) Lovera RN,Rachel D (2/14/2017 05:43 PST) Lovera RN,Rachel D (2/14/2017 05:43 PST)

ED Reassess / Vital Signs and Pain Adult Entered On: 2/14/2017 5:53 PST Performed On: 2/14/2017 5:43 PST by Lovera RN, Rachel D

Primary Pain FACES Pain Scale Score : 0 = No hurt

ED Nurse Reassessment

Nursing Note : Dermabond done by md and pt discharging home. Pt awake and alert Lovera RN, Rachel D - 2/14/2017 5:43 PST

Discharge Care Plan

Mode of Discharge : Ambulates without assistance Discharge Transportation : Police Accompanied By : Father Lovera RN, Rachel D - 2/14/2017 5:43 PST

Lovera RN, Rachel D - 2/14/2017 5:43 PST

DOCUMENT TYPE: SERVICE DATE/TIME: RESULT STATUS: PERFORMED INFORMATION: SIGNED INFORMATION: QM SEP-1 Triage Screen-Text 2/14/2017 03:16 PST Auth (Verified) Rocco RN,Carrie (2/14/2017 03:16 PST) Rocco RN,Carrie (2/14/2017 03:16 PST)

QM SEP-1 Triage Screen v5.0 Entered On: 2/14/2017 3:16 PST Performed On: 2/14/2017 3:16 PST by Rocco RN, Carrie

QM SEP-1 Triage Screen *Reg SEP Susp Infection UHS* : No

Rocco RN, Carrie - 2/14/2017 3:16 PST

Print Date/Time 11/9/2018 09:21 PST

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD, John J

Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690 FIN:

ED Nursing Documentation

DOCUMENT TYPE: SERVICE DATE/TIME: **RESULT STATUS:** PERFORMED INFORMATION: SIGNED INFORMATION:

Triage Note 2/14/2017 03:37 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:37 PST) Lovera RN, Rachel D (2/14/2017 03:37 PST)

ED Triage RFV/Problems Entered On: 2/14/2017 3:37 PST Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

Reason for Visit/Medical History ED

Reviewed Past Medical HX with Patient : Yes

Lovera RN, Rachel D - 2/14/2017 3:37 PST (As Of: 2/14/2017 03:37:31 PST)

DOCUMENT TYPE: SERVICE DATE/TIME: **RESULT STATUS:** PERFORMED INFORMATION: SIGNED INFORMATION:

Triage Note 2/14/2017 03:37 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:37 PST) Lovera RN, Rachel D (2/14/2017 03:37 PST)

ED Abuse/Neglect Peds Entered On: 2/14/2017 3:37 PST Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

Abuse/Neglect Assessment

Threatened/Physically Hurt in past year : No ED DV Harm or Neglect Question : No Abuse and Neglect Types : None

Lovera RN, Rachel D - 2/14/2017 3:37 PST

DOCUMENT TYPE: SERVICE DATE/TIME: **RESULT STATUS:** PERFORMED INFORMATION: SIGNED INFORMATION:

Triage Note 2/14/2017 03:37 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:37 PST) Lovera RN, Rachel D (2/14/2017 03:37 PST)

ED Triage General/Screening Peds Entered On: 2/14/2017 3:37 PST Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

Print Date/Time 11/9/2018 09:21 PST

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD, John J

ED Nursing Documentation

General/Screenings Peds

Suicidal Risk Assessment : No suicidal risk indicators identified Document Fall Risk Screening : Pass Immunizations Current : Yes Clinical Trial Participant -- MU: None

Lovera RN, Rachel D - 2/14/2017 3:37 PST

Admit: 2/14/2017

Disch: 2/14/2017

SHM0000013825690

DOCUMENT TYPE: SERVICE DATE/TIME: **RESULT STATUS:** PERFORMED INFORMATION: SIGNED INFORMATION:

Triage Note 2/14/2017 03:36 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:36 PST) Lovera RN, Rachel D (2/14/2017 03:36 PST)

FIN:

ED Languages Entered On: 2/14/2017 3:37 PST Performed On: 2/14/2017 3:36 PST by Lovera RN, Rachel D

Languages

Preferred Languages : N/A due to age or patient condition Parent/Guardian/Surrogate Preferred Languages : English

Lovera RN. Rachel D - 2/14/2017 3:36 PST

DOCUMENT TYPE: SERVICE DATE/TIME: **RESULT STATUS:** PERFORMED INFORMATION: SIGNED INFORMATION:

Triage Note 2/14/2017 03:36 PST Auth (Verified) Lovera RN, Rachel D (2/14/2017 03:36 PST) Lovera RN, Rachel D (2/14/2017 03:36 PST)

ED Social History Entered On: 2/14/2017 3:36 PST Performed On: 2/14/2017 3:36 PST by Lovera RN, Rachel D

Social History

Smoking History--MU: Never smoker Tobacco Use Screening : Yes Cultural Practices to be honored? : No Is Blood Transfusion Acceptable to Patient : Yes

Social History

Lovera RN, Rachel D - 2/14/2017 3:36 PST

(As Of: 2/14/2017 03:36:57 PST)

Tobacco Use Screening Tobacco Use Last 30 Days : No tobacco use of any form

Print Date/Time 11/9/2018 09:21 PST Medical Record Page 46 of 57

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690

ED Nursing Documentation

Lovera RN, Rachel D - 2/14/2017 3:36 PST

DOCUMENT TYPE: SERVICE DATE/TIME: RESULT STATUS: PERFORMED INFORMATION: SIGNED INFORMATION: Triage Note 2/14/2017 03:16 PST Auth (Verified) Rocco RN,Carrie (2/14/2017 03:16 PST) Rocco RN,Carrie (2/14/2017 03:16 PST)

FIN:

ED Triage Primary Pain Assessment Entered On: 2/14/2017 3:16 PST Performed On: 2/14/2017 3:16 PST by Rocco RN, Carrie

Primary Pain FACES Pain Scale Score : 6 = Hurts even more

Rocco RN, Carrie - 2/14/2017 3:16 PST

DOCUMENT TYPE: SERVICE DATE/TIME: RESULT STATUS: PERFORMED INFORMATION: SIGNED INFORMATION: Triage Note 2/14/2017 03:15 PST Auth (Verified) Rocco RN,Carrie (2/14/2017 03:15 PST) Rocco RN,Carrie (2/14/2017 03:15 PST)

ED Triage Vitals Entered On: 2/14/2017 3:15 PST Performed On: 2/14/2017 3:15 PST by Rocco RN, Carrie

ED Vitals

Peripheral Pulse Rate: 85 bpm Apical Heart Rate: 85 bpm O2 Therapy: Room air SpO2: 99 % Temperature: 36.6 DegC Temperature Convert C to F: 97.9 DegF Temperature Method: Temporal Artery

Rocco RN, Carrie - 2/14/2017 3:15 PST

Print Date/Time 11/9/2018 09:21 PST

FIN:

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012 / FemaleAttending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690

 Diagnoses

 Diagnosis: Laceration of cheek,right (Qualifier:)

 Secondary Description:

 Last Reviewed Date: 2/14/2017 05:38 PST; Kim,John J

 Responsible Provider: Kim,John J MD

 MD

 Diagnosis Date: 2/14/2017

 Status: Active

 Classification: Medical; Clinical Service: Non-Specified; Confirmation: Confirmed; Code: S01.411A (ICD-10-CM);

 Ranking: ; Severity : ; Severity Class: ; Certainty: ; Probability: 0; Type: Discharge; Priority:

Print Date/Time 11/9/2018 09:21 PST

Medical Record

FIN:

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 DOB/Sex: 2012 / Female Attending: Kim MD,John J Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690

Triage

Recorded Date 2	2/14/2017	2/14/2	017
Recorded Time 0		A TATATATATATATATATATATATATATATATATATAT	
Recorded By Roc	co RN,Carrie	Rocco RN	,Carrie
Procedure			
Chief Complaint	-	See Bel	OW T1
Tracking Acuity 4 -	Less Urgent	-	

Textual Results

T1:

2/14/2017 03:17 PST (Chief Complaint) Fell at 1700 at preschool. Hit right cheek on the ground. Cleaned and steri strips applied.

Print Date/Time 11/9/2018 09:21 PST

Medical Record

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Measurements

• 03:17 PST	2/14/2017 03:17 PST
/ Rocco RN,Carrie	Rocco RN,Carrie
-	46
Measured	-
-	19.6
-	19.6
-	Measured
	Measured
0.5	
92.63	-
	e 03:17 PST Rocco RN,Carrie - Measured - - - 0.5

Print Date/Time 11/9/2018 09:21 PST

Medical Record

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Vital Signs

Recorded Date Recorded Time Recorded By	
Procedure	
Temperature (Route Not Specified)	36.6
Temperature Convert C to F	97.9
Temperature Method	Temporal Artery
Apical Heart Rate	85
Peripheral Pulse Rate	85
SpO2	99
Oxygen Therapy	Room air

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Pain Assessment						
Recorded Date	2/14/2017	2/14/2017				
	05:43 PST	03:16 PST				
Recorded By						
Procedure						
FACES Pain Scale Score	0 = No hurt	6 = Hurts even more				

Print Date/Time 11/9/2018 09:21 PST

Medical Record

FIN:

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690

	Assessments and Treatments								
Procedure	Recorded By	05:16 PST SYSTEM		2/14/2017 04:49 PST SYSTEM		2/14/2017 04:48 PST SYSTEM			
Visitor Status				Yes					

Record	ied Date 2/14/2017	2/14/2017	2/14/2017
Record	led Time 04:00 PST	04:00 PST	03:45 PST
Reco	orded By SYSTEM	SYSTEM	Lovera RN,Rachel D
Procedure			
Visitor Status	Yes	Yes	-
HEENT Basic Assessment	-	-	See Below ^{T1}
Cardiovascular Basic Assessment	-	-	See Below ^{T2}
Respiratory Basic Assessment	-	-	No cough, Respirations unlabored
Gastrointestinal Basic Assessment	-	-	No nausea, No vomiting
Genitourinary Basic Assessment	-	-	N/A
Musculoskeletal Basic Assessment	-	-	See Below ^{T3}
Integumentary Symptoms	-	-	Skin abnormality
Neuro Basic Assessment	-	-	See Below ^{T4}
Other: right cheek Right		******	***************************************
Skin Abnormality Type	-	-	Lacerations

Textual Results

T1: 2/14/2017 03:45 PST (HEENT Basic Assessment)

No eye, nose, or ear deformity, No eye, nose, or ear drainage, Tongue pink, intact

T2: 2/14/2017 03:45 PST (Cardiovascular Basic Assessment)

Nail beds pink, No edema, Tolerates activity

T3: 2/14/2017 03:45 PST (Musculoskeletal Basic Assessment)

Ambulates without difficulty, Normal range of motion, No contractures, deformities, No swelling T4: 2/14/2017 03:45 PST (Neuro Basic Assessment)

Affect calm, cooperative, and appropriate, Alert, Moves all extremities equally

Recorded Date Recorded Time		2/14/2017 03:36 PST	2/14/2017 03.15 PST
	Lovera RN,Rachel D	Lovera RN,Rachel D	Rocco RN,Carrie
Oxygen Therapy			Room air
SpO2	-	-	99
Suicidal Risk Assessment	See Below ^{T5}	-	-
Threatened/Physically Hurt in Past Year	No	-	-
Cultural Practices to be honored?	-	No	-

Textual Results

T5: 2/14/2017 03:37 PST (Suicidal Risk Assessment) No suicidal risk indicators identified

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012 / FemaleAttending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

	As	sessments	s and Treatn	nents		
	Recorded Date Recorded Time		2/14/2017 03:11 PST	2/14/2017 03:11 PST	2/14/2017 03:11 PST	
Procedure	Recorded By		SYSTEM	SYSTEM	SYSTEM	
isitor Status		Yes	Yes	Yes	Yes	

Print Date/Time 11/9/2018 09:21 PST

Medical Record

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 FIN: SHM0000013825690

Infection Control

······································	Able to obtain
MRSA Screen Hx MRSA	No
C.diff Screening	No
Travel Out of Country	No
TB Risk Score	0
History of TB	See Below ^{⊤1}
Symptoms of TB	No symptoms of TB
Recorded By Procedure	03:35 PST Lovera RN,Rachel D

Textual Results

T1: 2/14/2017 03:35 PST (History of TB) No known history of exposure to TB

Print Date/Time 11/9/2018 09:21 PST

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690

Patient and Family Education

FIN:

Recorded Date	2/14/2017
Recorded Time Recorded By	05:53 PST Lovera RN,Rachel D
Procedure	
Barriers to Learning	None evident
Ed-Disease Process	Verbalizes understanding
Ed-Follow-Up Care/Appointment	Verbalizes understanding
Ed-Hand Washing	Verbalizes understanding
Home Caregiver Present for Session	Yes
Ed-Hygiene	Verbalizes understanding
Ed-Potential Complications	Verbalizes understanding
Ed-Recognition of Symptoms	Verbalizes understanding
Responsible Learner/s Present	See Below ^{T1}
Ed-Signs of Infection	Verbalizes understanding
Ed-Symptom Control	Verbalizes understanding
Teaching Method	Explanation, Printed materials
Ed-When to Call Health Care Provider	Verbalizes understanding

Textual Results

T1: 2/14/2017 05:53 PST (Responsible Learner/s Present) No Data Available

Print Date/Time 11/9/2018 09:21 PST

Medical Record

FIN:

-

No

Patient:LAUDIG, JASMIN PERAMRN:SHM4882575DOB/Sex:2012Attending:Kim MD,John J

Tobacco Use Last 30 Days

Reg SEP Susp Infection UHS

Admit: 2/14/2017 Disch: 2/14/2017 SHM0000013825690

 Quality Measure Info

 Recorded Date
 2/14/2017
 2/14/2017

 Recorded Time
 03:36 PST
 03:16 PST

 Recorded By
 Lovera RN,Rachel D
 Rocco RN, Carrie

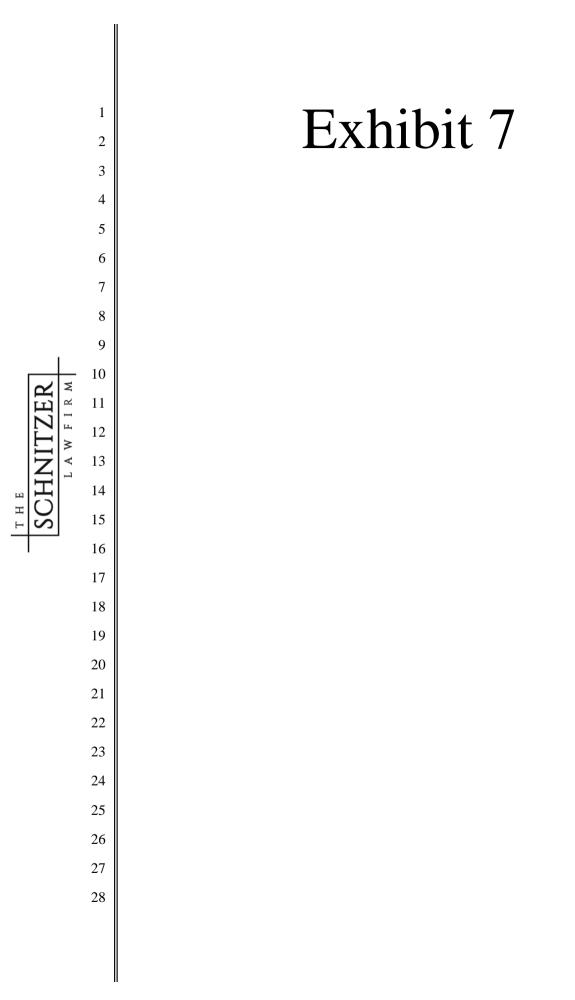
 Procedure
 Yes

No tobacco use of any form

-

Print Date/Time 11/9/2018 09:21 PST

Medical Record



HANKINS AND SOHN PLASTIC SURGERY ASSOCITES

60 N. Pecos Road HENDERSON, NV 89074 PHONE- 702-897-1330 FAX- 702-897-9499

IME

DATE: 11/15/2018 PATIENT: Jasmin Laudig To: Jordan Schnitzer, Esquire

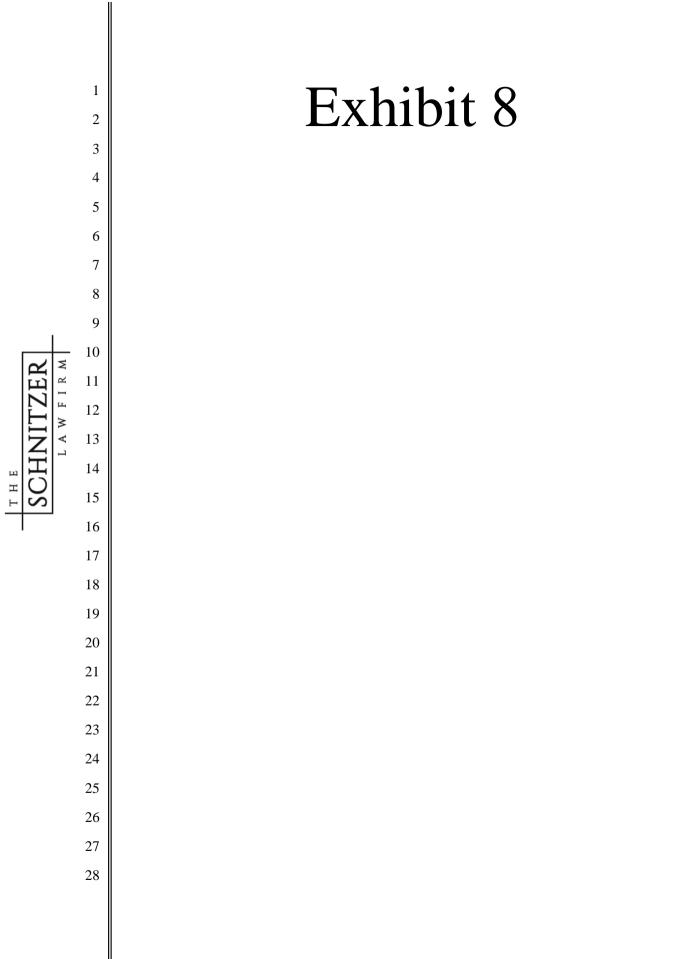
Dear Mr. Schnitzer,

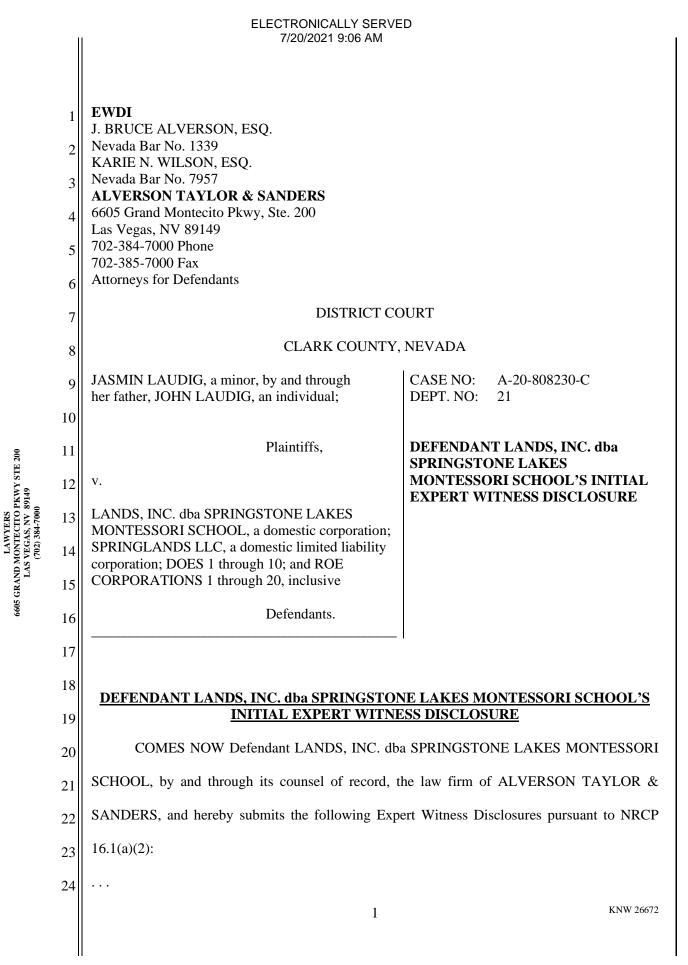
Today I evaluated Jasmin Laudig for injuries which occurred on 02/13/2017, when she fell against a sharp metal object. I discussed the immediate wound care with her mother, who is a nurse, and my understanding is as follows: Mom initially cleaned the wound and applied a butterfly type dressing. Then Jasmin was taken to the ER where the physician utilized Dermabond to "close" the wound. Unfortunately, the fact that the wound wasn't closed in layers despite the fact that the wound was quite deep (from photos Mom took of the injury the day it occurred), has resulted in a wound with a significant "puckering" that occurs when Jasmin smiles. This is very noticeable with almost any degree of animation of the mouth.

The scar itself has healed quite well, but the animation deformity requires surgical revision to release the scar from the underlying tissues and reclose the wound in layers. Due to Jasmin's age, this would need to be performed under general anesthesia, and the costs for this surgery, including surgery center, anesthesia, surgeon's fees and all follow-up care would be 13, 800.00. Within a reasonable degree of medical certainty, the deformity which exists on Jasmin's cheek is related to the injury which occurred on 02/13/2017.

Sincerely,

W. Tracy Hankins, MD Certified by the American Board of Plastic Surgery





ALVERSON TAYLOR & SANDERS

ALVERSON TAYLOR & SANDERS LAWYERS 6605 GRAND MONTECITO PKWY STE 200 LAS VEGAS, NV 89149 (702) 384-7000

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WITNESSES

 Daniel S. Grant, R.A., NCARB, CXLT Rimkus Consulting Group, Inc. 6001 S. Decatur Blvd., Suite P Las Vegas, NV 89118

Mr. Grant is by education, experience, and training an expert in the areas of construction design, defect, and safety. Mr. Grant has experience in determining the standard of care, industry standards, and applicable codes in his assessment of premise liability disputes. Mr. Grant is expected to testify regarding Plaintiff's allegations of defect and/or maintenance related to the fencing surrounding the playground at Springstone Lakes Montessori School. Additionally, Mr. Grant is expected to evaluate the standard of care owed by Springstone Lakes Montessori School, the maintenance of the gate and/or fence, and the subject incident.

Mr. Grant may add to, delete from, modify, or change his expected testimony, depending 12 upon the nature of further information obtained between now and the time of trial, and the 13 deposition and trial testimony of other witnesses in this case. Mr. Grant is familiar with the facts 14 of this case, has agreed to testify at trial, and will be prepared to give a meaningful deposition, 15 although his opinions will not be finalized until he becomes fully aware of Plaintiff's contentions 16 and the opinions of all experts, which have not been fully ascertained at this time. Copies of Mr. 17 Grant's expert report, *curriculum vitae*, testimony list, and fee schedule are attached hereto as 18 Exhibit A. 19

Defendant reserves the right to supplement this list as discovery continues.

Defendant reserves the right to notice any expert depositions and/or call experts at trial as designated by any party to the litigation whether that party remains a party at the time of trial.

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KNW 26672

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Defendant reserves the right to introduce competent former testimony from the above stated expert witnesses or any other expert witness in the event any such witness is unavailable for trial as permitted by applicable Nevada Revised Statutes and/or Civil Procedure.

1 5 11

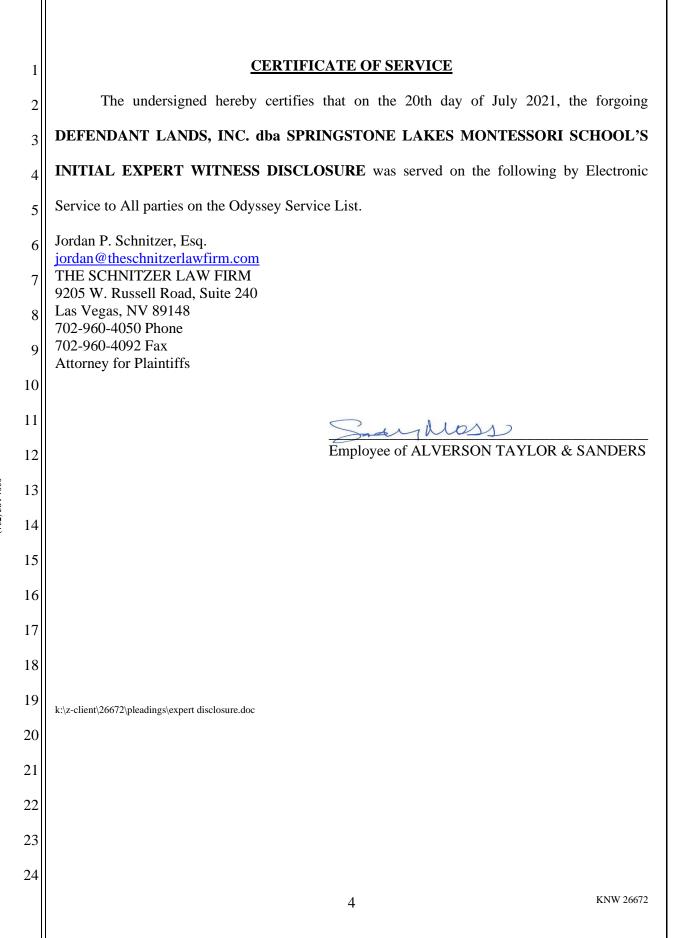
Dated this 20th day of July 2021.

ALVERSON TAYLOR & SANDERS

2/ila

J. BRUCE ALVERSON, ESQ. Nevada Bar No. 1339 KARIE N. WILSON, ESQ. Nevada Bar No. 7957 6605 Grand Montecito Pkwy, Ste. 200 Las Vegas, NV 89149 702-384-7000 Phone 702-385-7000 Fax Attorneys for Defendants

KNW 26672



AL VERSON TAYLOR & SANDERS LAWYERS 6605 GRAND MONTECTTO PKWY STE 200 LAS VEGAS, NV 89149 (702) 384-7000

EXHIBIT C

		CASE NO. A-20-808230-C
Jasmin La	udig, Plaintiff(s) vs. Lands Inc., Defendant(s)	§ Case Type: Negligence - Premises Liability
ouonini Eu		S Date Field: 01/09/2020 S Location: Department 21
		S Cross-Reference Case Number: A808230
		9 §
		PARTY INFORMATION
		Lead Attorneys
Defendant	Lands Inc. Doing Business As Springstone Lakes Montessori School	J. Bruce Alverson Relained
		702-384-7000(W)
	Andread and a late A	
Defendant	Springlands LLC	J, Bruce Alverson Rotained
		702-384-7000(W)
Plaintiff	Laudig, Jasmin	Jordan Schnitzer
		Retained 702-960-4050(W)
		EVENTS & ORDERS OF THE COURT
05/16/2022	DISPOSITIONS Partial Summary Judgment (Judicial Officer: Clark Newberry, Tara)	
	Debtors: Lands Inc. (Defendant). Springlands LLC (Defendant)	
	Creditors: Jasmin Laudig (Plaintiff) Judgment: 05/16/2022, Docket: 05/17/2022 Total Judgment: 15,854,00	
	iotal sudginent. Ts,os+,os	
01/00/0000	OTHER EVENTS AND HEARINGS Initial Appearance Fee Disclosure Doc ID# 1	
01/09/2020	[1] Plaintiff's Initial Appearance Fee Disclosure	
01/09/2020	Complaint Doc ID# 2 [2] Complaint	
01/09/2020	Summons Electronically Issued - Service Pending Doc ID# 3 [3] Plaintiff's Summons to LANDS, INC.	
01/09/2020	Summons Electronically Issued - Service Pending Doc ID# 4 [4] Plaintiff's Summons to SPRINGLANDS LLC	
04/27/2020	Affidavit of Service Doc ID# 5 [5] Affidavit of Service Lands Inc. Affidavit of Service Doc ID# 6	
04/27/2020	Affidavit of Service Doc ID# 6 [6] Affidavit of Service Springlands LLC Initial Appearance Fee Disclosure Doc ID# 7	
05/05/2020	[7] Initial Appearance Fee Disclosure (NRS Chapter 19)	
05/05/2020	Answer to Complaint Doc ID# 8 I81 Defendants' Answer to Plaintiff's Complaint	
05/05/2020	Demand for Jury Trial Doc ID# 9 [9] Defendants' Demand for Jury Trial	
05/26/2020	Request for Exemption From Arbitration Doc ID# 10 [10] Request for Exemption from Arbitration	
05/28/2020	[10] request on A Order to Amend Doc ID# 11 [11] Stipulation and Order to Amend Caption	
05/29/2020	[1] Subalation and Orban D America Support Notice of Entry of Stipulation and Order to Amend Caption	
06/02/2020	Opposition to Request for Exemption Doc ID# 13 [13] Defendant Lands Inc. dba Springstone Lakes Montessori School and Springlands LLC's Objection to Plaintiff's Re	suppler Examples from
06/09/2020	Arbitration Commissioners Decision on Request for Exemption - Granted Doc ID# 14	quest for Exemption more
07/22/2020	Joint Case Conference Report Doc ID# 15	
	[15] Joint Case Conference Report	
08/07/2020	Notice of Taking Deposition Doc ID# 16 [16] Notice of Taking Videotaped Deposition of Yasemin Laudig	
08/20/2020	Scheduling and Trial Order Doc ID# 17 [17] Scheduling Order and Order Setting Civil Jury Trial and Calendar Call	
09/21/2020	Filing Fee Remittance Doc ID# 18 [18] Filing Fee Remittance	
09/21/2020	Stipulation and Order Doc ID# 19 [19] Stipulation and Order Allowing Defendants to Issue Subpoenas to Plaintiff's Medical Providers	
09/24/2020	Notice of Entry of Stipulation and Order Doc ID# 20 [20] Notice of Entry of Stipulation and Order	
10/01/2020	Notice of Taking Deposition Doc ID# 21 [21] Notice of Taking the Deposition of the Custodian of Records for Summerlin Hospital Medical Center	
10/22/2020	Amended Notice of Taking Deposition Doc ID# 22 [22] First Amended Notice of Taking Deposition of Yasemin Laudig	
11/13/2020	Amended Notice of Taking Deposition Doc ID# 23 [23] Second Amended Notice of Taking the Videotaped Deposition of Yasemin Laudig	
11/23/2020	[24] Third Amended Notice of Taking The Videotaped Deposition of Yasemin Laudig [24] Third Amended Notice of Taking The Videotaped Deposition of Yasemin Laudig	
12/03/2020	Amended Notice of Taking The Videotaped Deposition of Tasemin Ladidg [25] Fourth Amended Notice of Taking the Videotaped Deposition of Yasemin Ladidg	
12/15/2020	Notice of Intent Doc ID# 26	
12/23/2020	[26] Seven Day Notice of Intent to Serve a Subpoena for Deposition Pursuant to NRCP 45(a)(4)(a) Notice of Taking Deposition Doc ID# 27	
12/23/2020	[27] Notice of Taking Videotaped Deposition of Shimrit Yonasy Amended Notice of Taking Deposition Doc ID# 28	
01/04/2021	[28] First Amended Notice of Taking Deposition of Shimrit Yonasy (Updated Zoom Information Case Reassigned to Department 21	
01/14/2021	Judicial Reassignment to Judge Tara Clark Newberry Amended Notice of Taking Deposition Doc ID# 29	
04/02/2021	[29] Second Amended Notice of Taking Deposition of Shimrit Yonasy (Updated Time) Motion Doc ID# 30	
04/06/2021	[30] Defendants Motion to Compel the Deposition of Plaintiff Jasmin Laudig Clerk's Notice of Hearing Doc ID# 31	
04/16/2021	[31] Notice of Hearing Opposition to Motion Doc ID# 32	
04/22/2021	[32] Plaintiff's Partial Opposition to Defendants' Motion to Compel Deposition of Plaintiff, Jasmin Laudig Stipulation and Order to Extend Discovery Deadlines Doc ID# 33	
04/23/2021	[33] STIPULATION AND (PROPOSED) ORDER EXTENDING DISCOVERY DEADLINES BY SIXTY DAYS (First Requ Notice of Entry of Stipulation and Order Doc ID# 34	vest)
05/04/2021	[34] Notice of Entry of Stipulation and Order Reply in Support Doc ID# 35	
05/11/2021	[35] Defendants' Reply in Support of Motion to Compel the Deposition of Plaintiff Jasmin Laudig Motion to Compel (9:00 AM) (Judicial Officer Truman, Erin)	
	Defendants Motion to Compet the Deposition of Plaintiff Jasmin Laudig Parties Present	
	Minutes	
05/25/2021	Result: Granted Discovery Commissioners Report and Recommendations Doc ID# 36	
06/11/2021	(36) Discovery Commissioner's Report and Recommendations - Originals Order Doc ID# 37	
06/11/2021	[37] Order RE. Discovery Commissioner s Report and Recommendations [CANCELED Status Check: Compliance (3:00 AM) (Judicial Officer Truman, Erin)	
00/17/2021	Vacated	
07/08/2021	Status Check: Compliance / 5-11-2021 DCRR Notice of Taking Deposition Doc ID# 38 //SN Midee of Taking the Deposition of Dialatiff Japania Laudia	
08/24/2021	[38] Notice of Taking the Deposition of Plaintiff Jasmin Laudig Disclosure Statement Doc ID# 39	
09/24/2021	[39] Defendant Lands, Inc. dba Springstone Lakes Montessori School's NRCP 7.1 Disclosure Statement Affidavit of Service Doc ID# 40	
10/01/2021	[40] Affidavit of Service Stipulation and Order to Extend Discovery Deadlines Doc ID# 41	
10/04/2021	[41] Stipulation and Order Extending Discovery Deadlines (Second Request) Affidavit of Service Doc ID# 42	
10/05/2021	[42] Affidavit of Service Doc ID# 43	
02/23/2022	[43] Affidavit of Service Motion for Partial Summary Judgment Doc ID# 44	
02/23/2022	[44] Plaintiff's Motion For Partial Summary Judgment Exhibits Doc ID# 45	
02/24/2022	[45] Exhibits to Plaintiff's Motion for Partial Summary Judgment Clerk's Notice of Hearing Doc ID# 46	
03/04/2022	[46] Notice of Hearing Motion in Limine Doc ID# 47	
	[47] Defendant Lands, Inc. dba Springstone Lakes Montessori School's Motion in Limine No. 2 to Exclude or Limit the Randle P. Phelps	Opinions and Testimony of
03/04/2022	Motion in Limine Doc ID# 48 [48] Defendent Lands, Inc. dba Springstone Lakes Montessori School's Motion in Limine No. 1 to Exclude Certain Irrely	evant Documents
03/04/2022	[46] Defendant Lands, inc. dba Springstone Lakes Montesson Schoor's Motion in Limine No. 1 to Exclude Certain Irrel Motion for Partial Summary Judgment Doc ID# 49 [49] Defendant's Motion for Partial Summary Judgment	
03/04/2022	Clerk's Notice of Hearing Doc ID# 50	
03/04/2022	[50] Notice of Hearing Motion in Limine Doc ID# 51 [51] District Addices in the Net Addices of Advances of Advances I and	
03/04/2022	[51] Plaintiff's Motion in Limine No. 1: Preclude Admission/Reference of Attorney Liens Motion in Limine Doc ID# 52 (2010) Interference of Attorney Liens No. 2: Preclude Existence of Attorney Liens	D::-
03/04/2022	[52] Plaintiff's Motion in Limine No. 2: Exclude Evidence of Any Granted or Waiver Past Medical Specials and Medical Motion to Strike Doc ID# 53	DINS
03/07/2022	[53] Motion to Strike Defendant's Expert for Failure to Obey Subpeona Duces Tecum Clerk's Notice of Hearing Doc ID# 54	
		PETAPP000106

 [54] Notice of Hearing

 Opposition to Motion For Summary Judgment
 Doc ID# 55

 [55] Defendant's Opposition to Plaintiff's Motion for Partial Summary Judgment

 Clerk's Notice of Nonconforming Document
 Doc ID# 56

 [56] Clerk's Notice of Nonconforming Document
 Doc ID# 57

 [57] Clerk's Notice of Nonconforming Document
 Doc ID# 57

 [57] Clerk's Notice of Nonconforming Document
 Doc ID# 57

 [57] Clerk's Notice of Nonconforming Document
 Doc ID# 57

 [58] Defendant Lands, Inc. the Samgstone Lakes Montessori School Opposition to Plaintiff's Motion to Strike Defendent's Expert for I

 Opposition to Motion in Limine
 Doc ID# 59

 [59] Defendant Lands, Inc. the Samgstone Lakes Montessori School Opposition to Plaintiff's Motion in Limine No. 1

 Oppesition to Motion in Limine
 Doc ID# 50

 [60] Defendant Lands, Inc. the Samgstone Lakes Montessori School Opposition to Plaintiff's Motion in Limine No. 2

 Per-Trai Disclosure
 Doc ID# 61

 [61] Defendant Lands, Inc. the Samgstone Lakes Montessori School Spre-Trial Disclosures

 [62] Plaintiff's Motion in Limine
 Doc ID# 62

 [63] Plaintiff's Motion for Summary Judgment
 Doc ID# 63

 [64] Plaintiff's Doposition to Defendant's Motion for Partial Summary Judgment
 Doc ID# 64

 [65] Plaintiff's Opposition to De 03/09/202 03/09/202 03/09/202 03/15/202 ingstone Lakes Montessori School Opposition to Plaintiff's Motion to Strike Defendant's Expert for Failure to 03/17/202 03/17/202 03/18/202 03/18/202 03/18/2022 03/18/202 03/18/202 03/21/202 03/21/202 03/21/202 Clerk's Notice of Hearing Uoc tu-e oo [68] Notice of Hearing Doc ID# 69 [69] Notice of Rescheduling of Hearing Notice of Rescheduling of Hearing Notice of Rescheduling of Hearing Calendar Call (9:30 AN) (Judicial Officer Clark Newberry, Tara) 03/23/202 03/23/202 03/29/202 Parties Present Minutes 03/30/2022 Reset by Court to 03/29/2022 03/31/2022 Reset by Court to 03/31/2022 O3317/022 Hesis to your to 03/30/2022
 Result: Motion Granted
 Result Wouth 03/30/2022
 Result: Motion Granted
 Resply in Support Do CD0 71
 [7] Detendant's Reply in Support of Motion for Partial Summary Judgment
 Joinder to Motion in Limine
 Noc DB 73
 [7] Johandant Spinglands LLC's Joinder to Defendant Lands, Inc. dba Springstone Lakes Montessori School's Motion in Limine No. 1 to Exclude
 Cartain Irrelevant Doc DB 74
 [7] Johandant Spinglands LLC's Joinder to Defendant Lands, Inc. dba Springstone Lakes Montessori School's Motion in Limine No. 1 to Exclude
 Cartain Irrelevant Doc DB 75
 [7] Johandang of Hearing
 Doc DB 75
 [7] Johandang of Hearing
 Doc DB 77
 [7] Joint Motion to Charge of Hearing
 Motion S for Daring
 [7] Joint Motion to Continue Thai (30 MM (Judgia) All Care Contains Thai o
 [7] Joint Motion to Continue Thai on Order Stortening Time
 Minutas
 Joint Motion to Continue Thai on Order Stortening Time
 Jimina
 Journal Motion to Continue Thai on Order Stortening Time
 Jimina 03/31/2022 Reset by Court to 03/30/2022 04/08/202 04/08/202 04/12/202 04/12/202 04/14/202 04/14/202 04/15/202 04/15/202
 Minutes

 04/27/2022 Reset by Court to 04/15/2022

 Result: Granted

 Amended Order Setting Jury Trial
 Doc D# 78

 [76] Arended Order Setting Jury Trial
 Doc D# 78

 [76] Arended Order Setting Jury Trial
 Doc D# 78

 [76] Arended Order Setting Jury Trial
 Doc D# 78

 [76] Arended Order Setting Jury Trial
 Doc D# 78

 [76] Arended Order Setting Jury Trial
 Doc D# 78

 [76] Definition
 Doc D# 80

 [80] Hauff Ts Reply to Opposition
 Doc D# 81

 [81] Plautiff Setting Trapid Cooposition Motion in Limine No. 1: Preclude Admission of Attorney Liens

 [82] Plautiff Setting Trapid Cooposition Motion in Limine No. 2: Exclude Evidence of Granted or Waived Past Medical Specials and Bills

 [82] Plautiff Setting Trapid Cooposition Motion to Strike Defendant's Expert

 [83] Plautiff Setting Trapid Cooposition to Motion for Partial Summary Judgment

 [84] Plautiff Setting Summary Judgment (30 AM) (Judicial Officer Clark Newberry, Tara)

 Plautiff Setting Summary Judgment

 [80] Constant

 [80] Constant

 [81] Setting Summary Judgment

 [82] Order Setting Summary Judgment

 [83] Order Setting Summary Judgment

 [83] Order Setting Summary Judgme Minutes 04/18/202 04/20/202 04/20/202 04/20/202 04/20/2023 04/20/202 04/27/2022 Result: Granted Motion for Partial Summary Judgment (9:30 AM) (Judicial Officer Clark Newberry, Tara) Defendant's Motion for Partial Summary Judgment 04/27/2022 04/20/2022 Reset by Court to 04/27/2022 04/20/2022 Reset by Court to 04/27/2022 Result: Denies Motion In Limine (9:30 AM) (Judicial Officer Clark Newberry, Tara) Plaintiff Motion in Limine No. 1: Preclude Admission/Reference of Attorney Liens Result: Granted Motion In Limine (9:30 AM) (Judicial Officer Clark Newberry, Tara) Plaintiff Motion in Limine No. 2: Exclude Evidence of Any Granted or Waiver Past Medical Specials and Medical Bills Result: Granted 04/27/2023 04/27/202 sult: Granted tion in Limine (9:30 AM) (Judicial Officer Clark Newberry, Tara) fotion to Strike Defendant's Expert for Failure to Obey Subpeona Duces Tecum 04/27/202 Motion to Strike Unternovana surgering Result: Defendent Ruling Motion in Limine (9:30 AM) (Judicial Officer Clark Newberry, Tara) Defendant Lands, Inc. dba Springstone Lakes Montesson' School's Motion in Limine No. 1 to Exclude Certain Irrelevant Documents 04/27/202 Defendant Lands, Inc. dba Springsume Lance management Sectors Result: Denied Whitou Prejudice Motion in Limine (9:30 AM) (Judicial Officer Clark Newberry, Tara) Defendant Lands, Inc. dba Springstone Lakes Montesson' School's Motion in Limine No. 2 to Exclude or Limit the Opinions and Testimony of 04/27/202
 Bardito P. Phepis

 Result: Denies

 Result: Denied

 Secult: Denied

 Defender: Springlands LLC2 Submer to Defendent's Motion for Partial Summary Judgment and to Defendent's Reply in Support of Motion for Partial Summary Judgment

 Result: Denied

 Defender: Springlands LLC2 Submer to Defendent's Newberry, Tara)

 Defender: Springlands LLC2 Submer to Defendent's Newberry, Tara)

 Defender: Springlands LLC2 Submer to Defendent's Newberry, Tara)

 Defender: Springlands LLC2 Submer to Defendent Springlands LLC2 Submer to Partial Summary Judgment

 Result: Denied

 Bendent Springlands LLC2 Submer to Defendent 04/27/202 04/27/202 04/27/2023 04/27/202 Vacated Joint Motion to Continue Trial on Order Shortening Time All Pending Motions (9:30 AM) (Judicial Officer Clark Newberry, Tara) 04/27/2022 Parties Present Minutes Millutus Result: Matter Heard Order Granting Motion Doc ID# 84 [84] ORDER GRANTING JOINT MOTION TO CONTINUE TRIAL ON ORDER SHORTENING TIME CANCELED Jury Trial (9:00 AM) (Judicial Officer Clark Newberry, Tara) 04/28/202 05/16/2022 Vacated 04/18/2022 Reset by Court to 04/18/2022 Out in 2022 Head by Court to 04/18/2022
 Out 10 04/18/2022
 Order Doc D# 85
 Sigl Order Reading Value of 16/16/2022
 Order Doc D# 85
 Sigl Order Regarding Value for Notice Value
 Sigl Order Regarding Value for Notice Value
 Sigl Order Regarding Value
 Sigl Order R 04/18/2022 Reset by Court to 04/18/2022 05/16/2022 05/16/202 05/16/202 05/16/2022 05/17/202 05/17/2022 05/17/202 05/17/202: 05/25/2022 05/25/2022 Vacated - Duplicate Entry 06/08/2022 Calendar Call (9:30 AM) (Judicial Officer Clark Newberry, Tara) 06/27/2022 Jury Trial (9:00 AM) (Judicial Officer Clark Newberry, Tara)

Defendant Lands Inc. Total Financial Assessment Total Payments and Credits Balance Due as of 05/23/2022 FINANCIAL INFORMATION



05/05/2020 05/05/2020 03/04/2022 03/04/2022 Efile Payment 03/04/2022 Efile Payment

Defendant Springlands LLC Total Financial Assessment Total Payments and Credits Balance Due as of 05/23/2022

09/21/2020 09/21/2020 04/08/2022 04/08/2022 04/08/2022 04/08/2022

Plaintiff Laudig, Jasmin Total Financial Assessment Total Payments and Credits Balance Due as of 05/23/2022

01/09/2020 01/09/2020 Efile Payment 02/23/2022 Efile Payment Efile Payment

Receipt # 2020-01604-CCCLK Receipt # 2022-10939-CCCLK

Receipt # 2020-23812-CCCLK

Receipt # 2022-13200-CCCLK

Receipt # 2020-52534-CCCLK

Receipt # 2022-21170-CCCLK

LANDS, INC. Lands Inc.

Springlands LLC Springlands LLC

Laudig, Yasemin Laudig, Jasmin