

EXHIBIT A

Discover CD

Prepared on October 20, 2003

Sources of Discover money - Deposits are in \$ with dates and source

3/4/98	Eileen Bay	Terence's sister	3000
4/21/98	Thea Enos	Terence Finnan Joint Account #095-52865-2 at HSBC	44,000
6/9/98	Specialized Economic	Partnership	9000
12/14/98	Thea Enos	Terence's mother	3000
12/28/98	Thea Enos	"	3000
12/28/98	Thea Enos	"	8544
12/30/98	Thea Enos	"	2356
2/10/99	Thea Enos	"	1000
4/16/99	Thea Enos	"	1020
6/7/99	Thea Enos	"	1025
6/8/99	Specialized Economic	Terence-Marsha Partnership	2691
8/16/99	Thea Enos	Terence's mother	1121
8/30/99	Thea Enos	"	1542
9/10/99	Thea Enos	"	14,327
9/27/99	Dennis Finnan	Terence's brother	4400
10/11/99	Thea Enos	Terence's mother	1621
1/28/00	Specialized Economic	Terence-Marsha Partnership	
			12,101
2/7/00	Specialized Economic	"	14,955

TOTAL = \$117,315

1. The above was used to open a Discover CD on 3/7/2000 with \$106,223.94 in joint names, which matured on 3/7/2001.
2. This CD was rolled over with only \$73,513.00 on 3/7/2001 which matured on 3/7/2002 with \$74,700.69.
3. The CD in 2 above was rolled over and combined with other deposits below described at \$95,687.61 on 3/7/2002 to mature on 3/7/2003. Thus the CD Marsha transferred to herself.

Deposits to Discover used to fund difference between \$95,687.61 and \$74,700.08

3/29/00	Specialized Economic	Partnership	14,955
3/26/01	Thea Enos	Terence's mother	10,000

Total for rollover addition = \$24,955

Exhibit A -source of Discover CD Funds

MONEY MARKET ACCOUNT
 SPECIALIZED ECONOMIC SERVICES
 MARSHA KAMERON
 P.O. BOX 9155
 BARDONIA, NY 10954

No. 1060
 Date 6/4/98

Reserve Fund
 Nine thousand \$ 9,000.00

NORTH FORK BANK
 NEW CITY, NY 10956

From Discover Savings
 Reserve Fund

⑆02⑆4079⑆2⑆⑆2624⑆00334⑆5⑆ ⑆060 ⑆0000900000⑆

MONEY MARKET ACCOUNT
 SPECIALIZED ECONOMIC SERVICES
 MARSHA KAMERON
 P.O. BOX 9155
 BARDONIA, NY 10954

No. 1072
 Date 6/7/99

Reserve Fund
 Two thousand six hundred twenty one \$ 2,621.00

NORTH FORK BANK
 NEW CITY, NY 10956

From Discover Savings
 Reserve Fund

⑆02⑆4079⑆2⑆⑆2624⑆00334⑆5⑆ ⑆072 ⑆0000269100⑆

MONEY MARKET ACCOUNT
 SPECIALIZED ECONOMIC SERVICES
 MARSHA A. KAMERON
 P.O. BOX 299
 BARONIA, NY 10940

No. 1096
 Date Jan 24, 2000

Marsha Kameron
 Twelve thousand one hundred one \$ 12,101.00

NORTH FORK BANK
 NEW CITY, NY 10956

From Discover
 Reserve Fund

⑆02⑆4079⑆2⑆⑆2624⑆00334⑆5⑆ ⑆096 ⑆0001210100⑆

Exhibit of
 5 partnership
 checks made
 out for Discover
 Bank deposit
 Submitted in
 court
 4/23/2004

MONEY MARKET ACCOUNT
 SPECIALIZED ECONOMIC SERVICES
 MARSHA A. KAMERON
 P.O. BOX 239
 KEENE, NY 12942

31-717214
 252401346
 NY 1102
 Date 3/27/2000

\$ 11,023.00
 Eleven thousand twenty three —

NORTH FORK BANK
 NEW CITY, NY 10956
 Name: Assen Savings Terence Fannon

⑆0 214079⑆ 21⑆ 2624⑆ 00334⑆ 5⑆ 1102 ⑆0001102300⑆

MONEY MARKET ACCOUNT
 SPECIALIZED ECONOMIC SERVICES
 MARSHA A. KAMERON
 P.O. BOX 239
 KEENE, NY 12942

31-717214
 252401346
 NY 1097
 Date Feb 7, 2000

\$ 14,955.00
 Fourteen thousand nine hundred fifty five —

NORTH FORK BANK
 NEW CITY, NY 10956
 Name: Assen Savings Terence Fannon

⑆0 214079⑆ 21⑆ 2624⑆ 00334⑆ 5⑆ 1097 ⑆0001495500⑆



Exhibit showing \$44,000 check from funds of which Marsha had no part, i.e. Terence Finnan and Thea Enos which were deposited in Discover Bank



Champlain Valley Physicians
Hospital Medical Center
75 Beekman Street
Plattsburgh, New York 12901-1493

Stephens M. Mundy, CHE
President

Telephone: 518-561-2000
www.cvph.org

TO: Whom it May Concern

FROM: Mary E. Glen

DATE: May 29, 2008

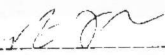
SUBJECT: Terence Finnan ER Visit 04/10/08 - 04/11/08 (Phy T Sheet, Phy Order Sheet,
Nursing T Sheet, Discharge Instructions pg. 2)

I, Mary Glen, Supervisor of Medical Information Services, do hereby certify and authenticate, as provided by Rule 4518, Subdivision C, Civil Practice Law and Rules, that the copy annexed hereto is an exact photocopy of the original records of CVPH Medical Center which has been delegated to my possession, custody and control by CVPH Medical Center.

I further certify that the original record, of which the copy annexed is a photocopy, was made in the regular course of business of CVPH Medical Center to make such record and such record was made at the time of each event recorded in it or within a reasonable time thereafter.

The CVPH Medical Center medical record contains documentation from inpatient admissions, outpatient surgeries, and emergency room visits.

Any records or copies of records from another facility are not certified as true or complete.



Mary E. Glen
Supervisor/Medical Information Services

96 Physician Order Sheet

ATP for _____
 completed at: _____ Initials _____

LABS "circle"	TIME	STANDARD PANELS "tabs only"	TIME
• ABC	_____	• Cardiac Panel	_____
• CBC	_____	• Trauma Panel	_____
• CMP	_____	• CSF protocol	_____
• BMP	_____	• Hepatic function Panel	_____
HCG	_____	• RAYS / IMBIBATIONS TIME	
PT	_____	• CXR / PA / LAT	_____
PTT	_____	• Ultrasound	_____
• D-dimer	_____	• pelvic abdominal	_____
• ESR	_____	• RUQ renal	_____
• Strep Screen	_____	• Venous doppler	_____
• Throat Culture	_____	• of _____	_____
• Mono spot	_____	• KUB flat upright	_____
• Lipase	_____	• CT	_____
• UA clean cath	_____	• head C-spine abdomen	_____
• Urine culture	_____	• pelvis chest angiogram	_____
• Urine Drug Screen	_____	• with or w/o contrast	_____
• Ethanol level	_____	• Trauma portables:	_____
• Wound culture:	_____	• Lateral C-spine / AP CXR /	_____
• site _____	_____	• AP pelvis	_____
• Blood culture x _____	_____	• Full C-Spine	_____
• Sputum culture	_____	• 3 view 5 view	_____
• Stool culture	_____	• Acute Abd Series	_____
• C. diff toxin	_____	• V / Q Scan	_____
• Stool WBCs	_____	CARDIORESPIRATORY	
• Stool Ova and Para	_____	• EKG	_____
• GC/Chlamydia antigen	_____	• ABG RA _____ L O2	_____
• Drug levels: ASA	_____	Time _____	_____
• Carboxyhemoglobin	_____		
• Type and Screen	_____		
• Type & Cross	_____		
for _____ units	_____		

Initial Nursing Orders

Noted

Cardiac Monitor

Pulse Oximeter

Oxygen _____ L NC
 titrate to keep sat greater than 95%

Fully Disrobe / Gown

Orthostatic vital signs

Neuro checks q _____

IV _____ @ _____ mL/hr

IV Bolus _____ mL over _____

Saline lock

Albuterol 2.5 mg / Nebulizer _____
 Continuous for _____ min
 q _____ min x _____

Atrovent 0.5 mg / Nebulizer _____

Pain medications

Acetaminophen _____ mg PO PR

Ibuprofen _____ mg PO PR

Morphine _____ mg IV q _____
 min pm pain greater than ____/10,
 sbp greater than _____

Demerol _____ mg IV q _____
 min pm pain greater than ____/10,
 sbp greater than _____

Antiemetic

Phenergan _____ mg _____

Reglan _____ mg _____

Follow Schedule A for Insulin Coverage

Subsequent Orders

Noted

Time _____ Orders _____

Please repeat: BP HR RR O₂ Sat Temp _____

May be off cardiac monitor for radiology studies or transport

Admit to observation status for _____

10:15 - 81 mg ASA x 2 chewed ✓
 - 1" NTG paste ✓
 - 5 mg IV Enoxaparin ✓
 x 3 ID SBP 75/55, HR 75 ✓

PHYSICIAN SIGNATURES

1 _____
 2 _____

PLEASE CALL DOCTOR
 Time Ordered _____ Doctor _____ Returned Call _____

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 CVPH Medical Center
 Plattsburgh, NY
EMERGENCY PHYSICIAN RECORD



FINNAN, TERENCE L
 134873
 84/18/88 87404737
 64 Y 18/18/1943
 MR (518)576-9734 H

CONSULTANT / ATTENDING NOTE

time: _____

ADDITIONAL PROGRESS NOTES

continued from template

4/1/08 09:00

EXERCISE: mild inferior ST segment depression

ECG

BP 100/60 pulse 60/100

No hypoxia

Imp: Atypical CP in very anxious male established w/o CAD & cardiomyopathy that is currently scheduled to see Siuffi, MD on 5/9/08 to consider AICD.

Rec: if SPECT (ischemia) then pt OK for D/C but must keep Flu & LCCA.


If SPECT clearly (ischemia) then advise Reiner & Makhsous to help sort disposition note - pt has not had a call here to date.

see dictation

L. Finn

Additional progress notes section with horizontal lines and a vertical dashed line on the right side.

FINNAN, TERENCE L
 134873
 04/18/88
 64 Y 10/18/1943
 MR (518)576-9734 H



33 Chest Pain (5)

TIME SEEN: 10:15 ROOM: 1 EMS Arrival
ECC Physician: [Signature] PCP: Dr. Demuro / Dr. [Signature]
HISTORIAN: patient spouse paramedics
HX / EXAM LIMITED BY:
EMS Medical Control Provided.
Pt from: home other Street

HPI

chief complaint: chest pain / discomfort
started: ~75 minutes ago
time course: still present gone now lasted resolved on arrival in ED
constant "waxing & waning" intermittent episodes lasting worse / persistent since

quality: pressure tightness indigestion burning dull aching sharp stabbing "numbness" "like prior MI"
location of pain: [Diagram of chest and back with arrows pointing to the chest area]

radiation: none diagrammed above
arm / back / neck / jaw / tooth pain

associated symptoms: nausea / vomiting shortness of breath coughing / blood sweating syncope palpitations
feeling of "doom"
worsened by: change in position relieved by: nitroglycerin 1 2 3 sitting up patient's own supply rest given by paramedics antacids relief: none / partial / complete / transient nothing nothing Oxygen NRB L

onset during: sleep rest light activity severity: maximum (1-10) 4
mod / heavy exertion mild moderate severe
emotional upset when seen in ED (1-10) 1
cannot recall gone almost gone mild moderate severe
Orin residual discomfort in arm (R/L)

Evaluation / treatment PTA: by patient paramedics
heart rate: unknown monitor
treatment: Valsalva / carotid massage Adenocard / Verapamil / Lidocaine

Similar symptoms previously angina "heart pain"
Recently seen / treated by doctor: Dr. Demuro last week

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CVPH Medical Center
Plattsburgh, NY
EMERGENCY PHYSICIAN RECORD



ROS

CHEST / CONST
fever
chills
cough
sputum
ankle swelling
calf / leg pain
hand / arm pain
NEURO
headache
blackouts
EYES / ENT
blurred vision
sore throat
GI / GU
abdominal pain
black / bloody stools
problems urinating
SKIN / LYMPH / MS
rash / swelling
joint pain
All systems neg except as marked

PAST HX

negative *MI risk factors records reviewed
transfer / nursing home paperwork reviewed
high blood pressure COPD
diabetes Type 1 / Type 2 collapsed lung stroke
diet Aeral Lipulin peptic ulcer
high cholesterol documented? yes no
heart disease gall stones
heart attack (MI) kidney disease / dialysis
angina / heart failure GERD / liver disease / pancreatitis
DVT / PE risk factors *TAD risk factors:
DVT cancer recent surgery pregnancy connective tissue
leg swelling bedridden paralysis Turners, etc. coarctation of aorta

Surgeries / Procedures

cardiac bypass none
cardiac cath / stent
angioplasty
thrombolytics
pacemaker
stress test
cholecystectomy
appendectomy
hysterectomy
endoscopy
dental work
indwelling device line / port catheter / dialysis graft

Medications

none nurses note
reviewed
NSAID acetaminophen BCP's
ASA within last 24 hours

Allergies

NKDA
nurses note reviewed

SOCIAL HX

*smoker
Recent ETOH 2 drinks wk / day
*drug use / abuse (cocaine / IV)

FAMILY HX

CAD (less than 55yo / greater than 55yo)
aortic aneurysm

FINNAN, TERENCE L
134873
04/10/00 87404737
64 Y 10/10/1943
MR (510)576-9734 H

Nursing Assessment / PCR reviewed Vitals reviewed
 bilateral BP's reviewed

PHYSICAL EXAM

General Appearance mild/moderate/severe distress
 no acute distress anxious/lethargic
 alert

EENT sclera/oculus/pale conjunctivae
 EOM palsy/anisocoria
 ENT nml inspection pharyngeal erythema
 pharynx nml abnml TM/hearing deficit
 abnormal oral exam

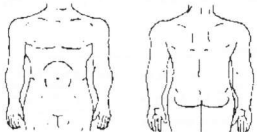
NECK thyromegaly
 nml inspection lymphadenopathy
 no carotid bruit subcutaneous emphysema

RESPIRATORY see diagram
 no resp. distress respiratory distress
 chest non-tender manifests distinct pain on movement
 nml breath sounds R/L arm trunk
 no pleuritic chest pain splinting/decr air mvmt
 wheezes/rales/rhonchi

CVS irregularly irregular rhythm
 regular rate, rhythm extrasystoles (occasional/frequent)
 no murmur tachycardia/bradycardia
 no gallop PMI displaced laterally
 no friction rub JVD present
 pulses full/equal murmur grade /6 sys/dias
 cresc/cresc-decresc/decresc

gallop (S3/S4)
 friction rub/Hamman's crunch
 decreased pulse(s)
 R carotid fem dors ped
 L carotid fem dors ped

T = tenderness
 G = guarding
 R = rebound
 m = mild
 mod = moderate
 sv = severe
 (e.g. Tsv = severe tenderness)



ABDOMEN tenderness/guarding/rebound
 non-tender abnml bowel sounds
 no organomegaly hepatomegaly/splenomegaly/mass
 no distention bruit

RECTAL black/bloody/heme pos. stool
 non-tender tenderness
 heme neg stool

SKIN cyanosis/diaphoresis/pallor
 color nml, no rash skin rash zoster-like
 warm, dry embolic lesions
 signs of IVDA

EXTREMITIES pedal edema
 non-tender calf tenderness
 normal ROM clubbing
 no pedal edema Homan's sign
 no calf tenderness CORDS

NEURO / PSYCH disoriented to person/place/time
 oriented x3 depressed affect
 mood/affect nml facial droop
 CN's nml as tested weakness/sensory loss
 no motor/snsry deficit

LABS, EKG & XRAYs

CBC normal except
Chemistries CK 77
CK Index normal except
Na Troponin
K 0.03
Cl #2.5-03
CO2 #16-03
AG #4 #16-03
BUN 20 PTT 23.6-2
Creat INR 1.7
Gluc D-Dimer
Ca

EKG MONITOR STRIP NSR Rate
 EKG NML Interpret by me Reviewed by me Rate 39
 NSR nml intensity nml axis nml QRS nml ST/T

ECG #11 unchanged from #10
 not changed from 26 March 2008
 Repeat EKG unchanged/
 CXR Interpret by me Reviewed by me Discsd w/ radiologist
 nml/ (RAD) no infiltrates nml heart size nml mediastinum

not changed from 2007
 Pulse Ox % on RA/ L/ % at (time)

TREATMENT
Medications Given: time:
 ASA ACE inhibitor Beta Blockers Thrombolytics Nitrates

Discharge Medications:
PROGRESS Time 11:25 unchanged improved re-examined
 No CP. Give pt. 4 pills. Assess L. 200. 200.
 000. No CP. mit 200. 4 pills. 200. 200.
 Quality measures addressed see addendum.

Dr. [Signature] called at 11:20
 Recommendation: will see pt in: office/ECC/hospital/other
 Care turned over to [Signature] at [Signature]
 Counselled patient/family regarding Additional history from:
 lab/lab results diagnosis need for follow-up family caretaker paramedics
 prior records ordered Rx given
CRIT CARE TIME (excluding separately billable procedures)
 30-74 min 75-104 min min

CLINICAL IMPRESSION

Chest Pain Acute MI
 precordial/painful respirations Pneumonia
 chest wall/discomfort Pericarditis - acute
 tightness/pressure/angina Acute Aortic Dissection
 Dyspnea - acute Pulmonary Embolism
 Costochondritis - acute Acute Pulmonary Edema
 Myofascial Strain - acute CPE
 Viral Syndrome - acute Atrial Fibrillation - rapid vent. response
 Bronchitis - acute controlled/uncontrolled new-onset
 Viral Pleuritis (Pleurisy) acute/chronic
 Abnormal EKG Pneumothorax
 GERD Pneumomediastinum

DISPOSITION: discharge expired admit AMA
 Time left before eval complete transfer to
 EMTALA/EMC present EMTALA/EMC absent stable
1st PHYSICIAN SIGNATURE: [Signature]
2nd PHYSICIAN SIGNATURE: [Signature]
3rd PHYSICIAN SIGNATURE: [Signature]
 Dictated Addendum Template Complete

FINNAN, TERENCE L
 134873 87404737
 04/10/08
 64 Y 10/10/1943
 HR (518)576-9734 H

18 Chest Pain Complaints

ROOM _____ AT _____
NAME _____ AGE _____
To be seen by: ECC MD PCP _____

PRE HOSPITAL CARE / TRIAGE NURSING ASSESSMENT

ESI Acuity: 1 2 3 4 5 MRSA VRE
referred by: _____
ARRIVED BY: PA with: self from: _____
NEW ESI ACUITY: 1 2 3 4 5

EMS: # 10 BP _____ P _____ R _____ IV _____ O2 _____
CM _____

head immobilization c-collar backboard GCS
CIP - ASA - NS2
VSS
Triage RN Signature [Signature]

VITALS time: 10:10
BP 190 P 76 RR 18 temp 98.2 TM 0 R
O₂ Sat% 100 RA 0.2 L

PAIN LEVEL current: 0 /10 max _____ /10 acceptable _____ /10

CHIEF COMPLAINT Chest Pain
started _____ min / hrs ago _____ LMP _____

nausea / vomiting x _____ shortness of breath
weakness _____ diaphoretic _____

location of pain:
radiation (show radiation: _____)
quality:
pressure _____
tightness _____
indigestion _____
burning _____
dull / aching _____
sharp / stabbing _____
"pain" _____
"numbness" _____
"like prior MI" _____

PAST MEDICAL HX negative
bleeding disorders _____ GI _____
blood Tx reaction _____ GU _____
cancer _____ glaucoma _____
cardiac MI x 2 HTN's _____
communicable disease CVA neuro _____
diabetes _____ psych _____
dialysis _____ resp _____
difficulties: hearing / speech _____ seizures lost _____
eyesight PCN teaching sheet given _____
tubes / devices and sites and purpose _____

SOCIAL HX
tobacco use smoking hx within last year Y or N if yes, _____ brochure offered
drugs / alcohol use, last drink _____
ATB exposure / symptoms _____
has been physically hurt or threatened by someone close _____

RN Signature [Signature]

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CVPH Medical Center
Plattsburgh, NY
EMERGENCY NURSING RECORD



INITIAL ASSESSMENT TIME: 10:10

GENERAL APPEARANCE
 no acute distress mild / moderate / severe distress
 alert anxious / decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT
 independent ADL assisted / total care
 appears well nourished obese / malnourished
 recent weight loss / gain

RESPIRATORY
 no resp distress mild / moderate / severe distress
 normal breath sounds wheezes / rales / rhonchi
 decreased breath sounds retractions / splinting
 accessory muscle use orthopnea / exertional SOB / tripod
 stridor

CVS
 regular rate tachycardia / bradycardia / irr. rhythm
 pulses strong pulse deficit
 normal cap refill cap refill greater than 2 sec
 skin warm & dry cool / diaphoretic
 pale / cyanotic / mottled

NEURO
 oriented x 3 disoriented to person / place / time
 confused weakness / sensory loss

EXTREMITIES
 non-tender calf tenderness
 moves all extremities limited ROM
 no pedal edema pedal edema

ABDOMEN
 normal inspection tenderness / guarding / rebound
 soft, non-tender rigid / distended
 bowel sounds present hypoactive / hyperactive bowel snds

RN Signature _____

TIME	ACTIONS / PATIENT TEACHING TIMES	INIT
	ID band applied <u>ID band verified</u>	
	pulse oximeter <u>O₂ L via</u>	
	labs <u>Xrays</u>	
	EKG <u>U/A</u>	
	cardiac monitor	
	Accu-Chek	
	Q 2hr IV checks	
	bed low position <u>side rails up x1 x2</u>	
	call light in reach <u>head of bed elevated</u>	
	conscious sedation protocol implemented	
	blood transfusion protocol implemented	

	SIGNATURE	INITIAL
RN #1	<u>[Signature]</u>	
RN #2		
RN #3		
RN #4		

FINNAN, TERENCE L
134873
B4/10/08 87404737
64 Y 10/10/1943
MR (518)576-9734 H

Page # _____

ADDITIONAL NOTES continued from template

Diagn. of SOB - ASV
Meds - P. J. S. R.

Page # _____

ADDITIONAL NOTES continued from template

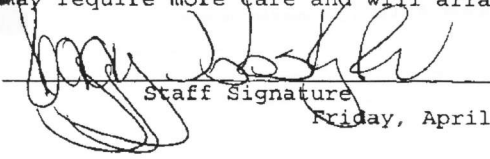
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INTAKE		OUTPUT	
IV:		Urine:	
PO:		Emesis:	
Other:		Blood-Approx.	
Total:		Total:	

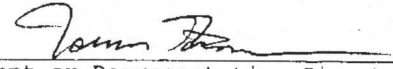
	SIGNATURE	INITIAL
RN #1	[Signature]	[Initials]
RN #2	[Signature]	[Initials]
RN #3	[Signature]	[Initials]
RN #4		

* print as available

I acknowledge receipt of these instructions. I understand that my condition may require more care and will arrange for further treatment as recommended.



Staff Signature



Patient or Representative Signature

Friday, April 11, 2008 - 11:56 AM