Excerpt of Exhibit 1: hearing testimony of Ami P. Desai, M.D. and Nick Gorsline, May 7, 2025 (tr. pp. 43-68)

Thanks for your attention.

In addition to Nona's testimony, we have two qualified experts to attest to Lawre's decline. We want to release the expert witnesses as they have professional obligations to patients in their care. So they will share their testimony first, and then Nona will present.

First you'll hear from Dr. Desai, Lawre's doctor, whose extensive credentials have been provided. Dr. Desai will present her medical assessment of Lawre's progressively diminished capacity during precisely the period when these wrongful financial decisions were made.

Dr. Desai.

ADMINISTRATOR ORDOWER: Before we take her, I have another question or two for you.

During the years between 2018 and 2022, let's say, did Lawrence handle any other financial matters of the family, like reviewing tax returns and --

MS. TEPPER: He would sign his tax returns. We sent all the information to our --

our accountant sends me a sheet, and we go through -- I go through and prepare all the documents. And then he says -- he puts a mark where to sign because it is all done digitally and -- except for the paper that we have to sign. And Lawre signs a paper, and then I fax it over to our accountant. So he would sign.

MR. TEPPER WEINER: Tell him that you did handle all the --

ADMINISTRATOR ORDOWER: I assume --

MS. TEPPER: Yeah, I did handle all the finances of the family. Lawre didn't do that.

ADMINISTRATOR ORDOWER: Okay. And I assume he was no longer practicing law at this point.

MS. TEPPER: He retired in 2018.

ADMINISTRATOR ORDOWER: Okay. Great. Thank you.

And then so I guess you wish to call --

MS. TEPPER: Dr. Desai.

ADMINISTRATOR ORDOWER: -- Dr. Desai now.

All right. Dr. Desai, first you should unmute yourself, please.

DR. DESAI: Absolutely. Thank you.

ADMINISTRATOR ORDOWER: Would you raise your right hand.

(Witness sworn.)

ADMINISTRATOR ORDOWER: All right. You can question her, Ms. Tepper.

DR. DESAI: Okay.

ADMINISTRATOR ORDOWER: Weiner.

DR. DESAI: All right. So I'll go ahead and make the -- I wrote a statement, so I'll read off my statement. And let me know if you have any questions.

Lawrence Weiner passed at 82 years old with lung cancer, hypertension, hyperlipidemia, coronary artery disease, nonprostatic hypertrophy, sarcoidosis, Barrett's esophagus, and Parkinson's disease.

I was his primary care doctor since July 26, 2010. When he was 69 years old, he started seeing me for primary care. I was his primary care doctor until 2023 when he succumbed to lung cancer.

I could speak to many of Mr. Weiner's health issues given that I was the longitudinal care physician and saw him through many different illnesses.

I will particularly focus on the question of Mr. Weiner's cognitive status.

The initial signs of his cognitive status, of his cognitive -- the initial signs of his cognitive decline was noted in a July 12, 2017 visit at which time he reported an incident driving in his neighborhood earlier that year and increased forgetfulness.

At this time he was referred to a neuropsychologist for testing. He scored a 26 out of 30 on his mini mental status exam with Dr. Nancy Kennedy on September 26, 2027.

On page 2 her report, she states Mr. Weiner obtained a score of 26 out of 30 on the MMSC, mini mental status exam, which is within the mildly impaired range for his age and education.

He lost one point for an error in spelling the word "world" backwards. One point for failure to recall one out of three words

after a brief delay. And two points for errors in carrying out a three-step command.

He was advised to follow up with a neurologist for ongoing evaluation and treatment. We agreed that he would go back for periodic neuropsyche testing to understand the rate of any decline.

He saw the neurologist, Dr. Allan Burke, and was subsequently diagnosed. Also diagnosed with Parkinson's disease. Then, as you know, much of the world, including the medical world, came to a standstill in 2020.

Nonetheless, Mr. Weiner tried his best to combat the symptoms he felt from his medical conditions and likely his neurodegenerative diseases, including the Parkinson's and mild cognitive impairment.

We tried changing medications, treating various health conditions, like urinary tract infections, a serious skin rash called bullous pemphigoid, prostate disease. But his decline continued.

He was told to get a CT scan August 28, 2020 for -- and that's one of my

visits -- for the end of October to follow a nodule in his lung.

He had to be reminded in November. November 17, 2020 I actually had to speak to his wife Terri so that the lung CT could get done as it had not been done yet.

He was also undergoing a prostate biopsy at the same time. It seemed he could not organize himself. This is something I had not had to do prior for his healthcare. And he had multiple complex health situations prior to this. And specifically I'm referring to calling his family members, like Terri.

On 12/1/2020 I had left a message for Mr. Weiner regarding the lung and asking him to see a lung specialist. He had obtained the scan by then.

He calls back on December 16, 2020 asking what his next treatment plan is.

On 12/17/2020 my assistant called him back and also spoke to his wife to make sure that, again, he has follow-up with the lung specialist.

After this time, as of all of

2020, his wife Terri was with him at all his appointments making sure he understood the next plan as he was not able to manage himself.

As of October 6, 2021, according to a neurology note, he was no longer driving, which evidently had even -- he had stopped driving even prior to that after that accident in 2017.

As of February 1st, 2023 his cognition was so significantly impaired that he scored a 12 out of 28 on that same memory test or similar memory test, which is considered significantly impaired. Or severely impaired.

The decline was gradual. And it was very difficult to understand what deficiencies were present at what times.

I have presented a very high-level medical summary based on my records and consultations over the years for Mr. Weiner. I noticed a decline and there is a documented decline that Mr. Weiner's -- that even Mr. Weiner's strong drive for independence, kindness, and charisma couldn't cover the deficits in his functioning from 2017 onward.

A clinician need only ask, does Lawre seem different? And from 2017 onward, the answer would have been yes.

ARBITRATOR ORDOWER: Okay. Thank you.

DR. DESAI: I hope that makes sense.

MR. TEPPER WEINER: Your Honor, I would like to let Dr. Desai get back to patient care and whatever else she is doing.

Can you give us your phone number one more time that I am going to write down right here? And then we can -- can we call you back if needed during these proceedings?

DR. DESAI: Sure. Although I think Mr. Ordower might have had questions.

But my cell phone is [redacted]

MR. TEPPER WEINER: Sorry. My mom had it and then we couldn't find it.

DR. DESAI: Oh, yeah. No worries.

MR. TEPPER WEINER: Okay. So get on with your day. Thank you so much.

Oh, sorry. What?

ADMINISTRATOR ORDOWER: I guess I do have one or two questions maybe.

DR. DESAI: Absolutely. I don't know if it is -- if you ever think it is part of your job to recommend to families that people -- like if someone shifts their financial affairs to someone who is more competent.

First -- my first question is, do you make that kind of recommendation; and secondly, did you make that -- if you ever do, did you do -- do or consider anything like that in this case?

DR. DESAI: That is a wonderful question. And I might need to ask you to repeat both questions because I'll take it in two parts.

So the first question was do I have recommend- -- uh-huh.

ARBITRATOR ORDOWER: Yeah. Do you ever recommend that -- to families of people who are mentally impaired that they make other arrangements for looking -- to make sure that someone is not doing something that is harmful to themselves financially or, you know, rationally?

DR. DESAI: Understood. I generally don't make recommendations about financial sort of responsibilities. However, it does get

included in an overall assessment of somebody's activities of daily living.

And so when somebody has, you know, an abnormal neuropsych testing, I kind of think about it -- and because I'm his primary care doctor and I'm an internist, general internist by training, I don't have any one specific expertise. But I do notice things. And I will bring up things like, okay, well, you know, Lawre, why don't we bring Terri in on this or a family member in on this medical decision.

And specifically, obviously, I am focused on the medical care which was becoming so complex and so I might -- I generally don't think so much about, well, you should arrange for somebody else to do your finances.

Also that's a very difficult assessment to make for an internist. I think generally a neurologist or a psychiatrist is generally involved there or a neuropsychologist.

And I can imagine that if there wasn't a prostate cancer biopsy situation and a lung cancer situation, and if we were only dealing with neurological disease, that that

would have been the next step is to do some sort of official neuropsyche testing again. So that was the long answer.

So the short answer is no, I generally don't think about finances. But I do think about the others.

ADMINISTRATOR ORDOWER: So you're more concerned with keeping him alive and healthy and that kind of stuff, rather than his administrative --

DR. DESAI: Correct. Correct.

ADMINISTRATOR ORDOWER: Okay.

DR. DESAI: And then the second part of your question was?

ADMINISTRATOR ORDOWER: Whether you had made any actual recommendation.

DR. DESAI: Recommendations. So to Terri, I didn't make any specific recommendation about his financial concerns. But I was pretty, I guess, insistent to talk to her about getting the scans done.

ADMINISTRATOR ORDOWER: Okay.

DR. DESAI: Yeah.

ADMINISTRATOR ORDOWER: All right.

Good. That's all the questions I have.

If Ms. Tepper or Mr. Weiner have any other questions or --

MR. TEPPER WEINER: I just want to thank you for your testimony and your time away from patient care.

I want to let you know that, for the record, I did submit your written testimony, and I believe that that was totally sufficient. And for to take you -- to pull you away from your -- everything, for to present what was evidently clear, I think -- I just want to truly thank you for that.

I just have one last thing. Can you verify that his -- my father's neurologist, that he retired? We would have had the neurologist here and done this, but he retired and he's gone.

And, I mean, I could have hired a private detective and tried to track him down, but the reason the neurologist isn't testifying is he's gone.

DR. DESAI: I wasn't -- I wasn't specifically aware that Dr. Burke had retired,

but I knew that he was very close to retiring.

MR. TEPPER WEINER: Yeah.

DR. DESAI: Even as of 2020. So --

MR. TEPPER WEINER: Okay. Thank you again so much. We'll call you if we need you, but feel free to get on with your day. And if we do need you, we'll give you like -- how much time would you need? Like a half an hour to log on or 20 minutes or something?

DR. DESAI: Yeah. Or 15 minutes. That would be fine.

MR. TEPPER WEINER: Okay. I'll call you 15 minutes ahead. Assume that we don't need you anymore and that you did a great job and you're truly appreciated. Thanks for --

(Simultaneous speakers.)

ARBITRATOR ORDOWER: Thank you, Dr. Desai.

DR. DESAI: Thank you for your work. I appreciate everybody.

ADMINISTRATOR ORDOWER: Okay.

MS. TEPPER: And now Nick Gorsline, Lawre's physical therapist, with outstanding credentials in working with Parkinson's patients.

He worked with Lawre for years and saw his increasingly -- increasing cognitive decline.

And I'll move over so that Nick can take that place.

MR. GORSLINE: Thank you.

Good morning, everyone.

ADMINISTRATOR ORDOWER: Good morning. Would you raise your right hand, please.

(Witness sworn.)

ARBITRATOR ORDOWER: Thank you.

MR. GORSLINE: Good morning, everyone. Good morning, Mr. Ordower.

I want to just make a clarification. So I'm not a physical therapist; I'm a personal trainer. So I do have a "PT" after my name, but it stands for personal trainer.

But real quick, I just want to just read off a statement that I have prepared. Just want to say thank you for the opportunity to testify today.

A brief summary of who I am and my credentials are. My name is Nick Gorsline. I'm a certified personal trainer specializing in

Parkinson's disease. I went to the school of NPTI of Chicago, as well as the International Sports Sciences Association.

I hold a Rock Steady Boxing certification specializing in Parkinson's disease. And have over 11 years of specialized experience working primarily with Parkinson's disease clients.

I currently serve as a personal trainer and group fitness instructor at the not for profit NeuroBalance Center in Barrington, Illinois.

I'm prepared to provide the following detailed testimony regarding my observation -- observations of Mr. Weiner's cognitive and physical decline supported by contemporaneous documentation and professional assessment records.

From my previous written -- my previous written testimony, I served as Mr. Lawrence J. Weiner's personal trainer and group fitness instructor from January 2019 until December 2023.

During this period, I personally

conducted and documented over 400 individual sessions with Mr. Weiner, which placed me in a unique position to witness the progression of his condition.

Based on my extensive documentation and direct observations, I can confirm that Mr. Weiner experienced progressive decline in both his physical capabilities and cognitive function over the time I worked with him.

Beginning in 2020, I noted significant progression in both motor skills and cognitive symptoms. I observed marked changes in his ability to follow complex instructions and increasing need for simplified communication and repeated directions and a notable decline in his ability to maintain focus and complete sequential tasks.

Beginning in 2020 -- or sorry -- just following along here. As Mr. Weiner's dedicated Parkinson's therapy trainer, I consistently challenged him to reach his physical potential while maintaining a vigilant awareness of his evolving capabilities. My professional

responsibility was to push him appropriately to maximize his physical and mental well-being and longevity while ensuring his safety remained paramount.

Through hundreds of documented training sessions spanning the years I worked with him, I established a unique vantage point to systematically observe Mr. Weiner's cognitive and physical functioning.

My training sessions created controlled environments where I could consistently evaluate his ability to comprehend and follow multi-step exercise instructions, retain information between sessions, maintain appropriate spatial awareness during movement, make sound judgments about his physical limitations, process and respond to verbal cues in realtime.

These regular interactions allowed me to detect subtle changes that might not be apparent in brief occasional encounters. I maintained detailed session notes, documented observed changes and response time to verbal and visual instructions, ability to recall previously

learned exercise patterns, decision-making regarding appropriate weights and resistance, spatial awareness during balance and coordination exercises, and consistency and followed -- following established routines.

As a Parkinson's fitness professional with specialized knowledge of physical and cognitive integration, I was positioned to recognize when Mr. Weiner's limitations were changing. This enabled me to adjust my training protocols accordingly, maintaining his safety while still providing the beneficial physical challenges critical to prolonging his quality of life.

My professional observations, documented consistently over the years, provided longitudinal perspective on progressive changes and Mr. Weiner's functional abilities that complement medical assessments and family observations.

My extensive experience with Parkinson's patients, combined with my professional certifications and my multiple times per week interaction with Mr. Weiner's --

Mr. Weiner provides me with the expertise to assess and testify about the progression of his condition.

Few individuals outside his immediate family had such consistent long-term exposure to observe and document his decline. He relied on and trusted my professional instruction without question, which I used to help him to the best of my abilities.

The cognitive challenges I observed in Mr. Weiner starting in 2020 was evident as he continued to participate in physical -- in personal therapy sessions.

While he could perform some routine physical movements that had become habitual through repetition that he had previously mastered, his ability to learn new exercise patterns, follow multi-step instructions, or adapt to changes became increasingly compromised.

This demonstrates how he could maintain certain practiced cognitive activities, like accessing familiar applications on his phone, while still experiencing significant

impairment in higher cognitive functions, like complex decision-making, information processing, and adapting to unfamiliar situations.

I never saw him drive to a single one of my Parkinson's therapy sessions. He was always driven and picked up mostly by Jordan and Terri, and sometimes our volunteer NeuroBalance shuttle. In my professional opinion, Mr. Weiner was completely unable to operate a motor vehicle.

Mr. Weiner was a joy to work with. He was a wonderful man. And his decline from Parkinson's was so sad to see.

And I hope this helps.

ADMINISTRATOR ORDOWER: Thank you.

MR. TEPPER WEINER: To make a few comments at this point. Your Honor, this man is an angel on the planet. He prolonged my father's life. And every time I went in there, I thanked him. And all the Parkinson's patients, they would all look up and say, yes, he is helping so much. I made sure that -- Nick, did I ask you to tell the truth, the whole truth, and nothing but the truth explicitly before this?

MR. GORSLINE: Yes, that's correct.

MR. TEPPER WEINER: I just want to --

ADMINISTRATOR ORDOWER: Okay. I actually have a couple of questions, and it is -- it may be slightly unexpected or whatever.

Did you -- who paid for your services? Was it, like, billed to an insurance company or did he -- did Lawrence pay for it personally or how did that -- how were you compensated?

MR. GORSLINE: Yes, Mr. Ordower. So all services were paid out of pocket.

ADMINISTRATOR ORDOWER: Okay. And during the four years, did you raise your fees?

MR. GORSLINE: We did not.

ADMINISTRATOR ORDOWER: Okay. Did you ever discuss any financial matters with him?

MR. GORSLINE: No.

ADMINISTRATOR ORDOWER: And did -- in your role as a personal trainer, I mean, other than the ability to -- I mean, I assume that that's mainly physical exercising and balancing work and physical stuff that -- as opposed to mental exercise. Is that fair to say?

MR. GORSLINE: So at the NeuroBalance Center we specialize with the brain. And yes, we do do the body as well, but we specialize in multiple neurodegenerative diseases, such as Parkinson's, multiple sclerosis, traumatic brain injuries, strokes, cerebral palsy. These are all serious conditions that can have a profound effect on their mental state.

And so what we do is a lot of times we intertwine mental exercises along with physical exercises. So yes, the physical component is there, but we also do the mental component as well.

One of the certifications that I hold, the Rock Steady Boxing certification in Indianapolis, Indiana, we primarily focus on working with brain exercises to slow down the progression of Parkinson's.

So we would do, you know, a specific, you know, math exercises, with particular punches. We would also do dual task exercises. So you would have to maybe count backwards from 50 by threes while sitting to standing. And a lot of times Mr. Weiner could

not do that. He would count upwards or he would count random sporadic numbers.

Just for instance another -- just kind of another example, there was a time when we were having a board meeting at the center, and there was a sign that clearly said, you know, board meeting in progress, please do not enter. He willingly entered the board meeting constantly shouting at times when it was inappropriate to do so.

There was multiple times where I had to redirect him on specific exercises to go back to specific stations. And sometimes he would walk to the other room by himself.

There were many times he would call people by other names when, you know, sometimes he would know their name and there are many times he did not. So --

ADMINISTRATOR ORDOWER: I assume -- didn't really have any occasion to talk to anyone outside of his family about his condition, right? Or maybe administrators of your place.

MR. GORSLINE: There were -- so in Barrington, it is a very tight -- tight-knit

community. It -- so there is a lot of other people that were not family at the center that were friends of Lawre's, and they would have their specific, you know, encounters with him as well and -- and everyone that was at the center during the classes and whatnot could see the cognitive decline.

There were plenty of times in the classes that he participated in, we would have over 10 to 12 different people in that room.

ADMINISTRATOR ORDOWER: Okay. All right. I don't have any other questions.

Mr. Weiner or Ms. Tepper.

MR. TEPPER WEINER: I would just like to state for the record, again, that I submitted twice, an initial letter to Oppenheimer's complaint department and a formal expert witness letter detailing all this that was evidently clear and that I -- again, did you have to take the day off of work?

MR. GORSLINE: Yes.

MR. TEPPER WEINER: How did that make you feel not being around your -- mother, please let me finish, please. Thank you.

How did that make you feel not being with your Parkinson's patients? Did you have remorse that you couldn't be with your current patients today?

MR. GORSLINE: I am disappointed just because on a regular basis I serve anywhere from 20 to 40 different men and women with Parkinson's, multiple sclerosis. You know, a lot of neurocognitive diseases that direly need my help as a daily service. Not just for their physical capabilities, but for their emotional --

MR. TEPPER WEINER: Right.

MR. GORSLINE: -- capabilities and mental capabilities.

MR. TEPPER WEINER: So for the record, I had -- I felt that it was totally unnecessary for his live testimony and -- but -- and I appreciate you to the highest degree. You're an angel.

This man is an angel on the planet, your Honor.

ADMINISTRATOR ORDOWER: Okay. All right. Well, thank you for your testimony, and you are excused, unless Ms. Tepper has anything

further for you.

MR. GORSLINE: Okay. Thank you, Mr. Ordower. Thank you for your time, everyone.

MS. TEPPER: Thank you.

MR. GORSLINE: You're welcome. Thank you.

MS. TEPPER: Now --

ADMINISTRATOR ORDOWER: Okay.

MS. TEPPER: Now Nona will present, my daughter.

MS. ULLMAN: Thank you, mom.

ADMINISTRATOR ORDOWER: Okay.

MS. ULLMAN: I'm Lawrence Weiner's daughter.

ARBITRATOR ORDOWER: Sorry. Could you raise your hand, please.

(Witness sworn.)

ARBITRATOR ORDOWER: You may proceed.

MS. ULLMAN: I am Lawrence Weiner's daughter. And I have lived in Chappaqua, New York since 2005.

A little bit about my background. I'm a former managing director at the accounting/consulting firm KPMG Consulting where