SUPREME COURT NO. 93905-5

SUPREME COURT OF THE STATE OF WASHINGTON

ESTATE OF JOAN R. EIKUM
by and through its Personal Representative, JOHN J. EIKUM, and JOAN R. EIKUM, by and through her Personal Representative,

Petitioner,

v.

SAMUEL JOSEPH, D.O,

Respondent.

REPLY TO ANSWER TO PETITION FOR REVIEW

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I. REPLY

A. This Supreme Court's *Backlund and Sauerwein* decisions do not accord a physician immunity from an informed consent claim. The argument that *Eikum* applies the immunity *Backlund* and *Sauerwein* already grant shows the need for review.

Division III's *Eikum v Joseph* decision sustains a trial court's dismissal of an informed consent claim. It applies *Backlund v. Univ. of Washington*[1] to support dismissal even though the Petitioner Estate created a genuine issue of material fact as to whether Respondent Samuel Joseph had "ruled out" heart disease.[2] Respondent Joseph's testimony that he had ruled out heart disease was disputed by other physicians, and inconsistent with his own medical record.[3] The Eikum Estate argues that while

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[1] *Backlund v. Univ. of Washington*, 137 Wn.2d 651, 975 P.2d 950 (1999).

[2] *Estate of Eikum v. Joseph,* 196 Wn.App. 1005 at * 5 (2016)(holding that "[W]e need not determine whether *Gates* would have applied to the facts of this case because *Backlund* expressly controls," distinguishing *Gates v. Jensen,* 92 Wn.2d 246 (1979).

[3] Dr. Joseph's medical record contains test after test showing signs and symptoms of heart disease, tests titled "Abnormal," Dr. Joseph's notes reflects his suspicion of heart disease, his Jan. 21, 2009 note lists syncope with uncertain etiology as the very origin of the need for a cardiology consult, RP 1941-42, that note reflects his intent to provide Joan Eikum a cardiology consult, and he ordered specific cardiac testing thereafter—a Holter monitor—which again came out abnormal, among other testimony. Plaintiffs' experts testified that Dr. Joseph would plainly be aware of the cardiac aspects to Joan Eikum's symptoms, that he plainly considered trying to exclude heart disease, but didn't, that he noted that a cardiac consultation was in order, but didn't get it, and that he then cleared Joan Eikum for surgery without telling her or the operating surgeon about these facts, offering only a diagnostic opinion of "ready for surgery."

Backlund may be read to create an affirmative defense, any such defense must be proved by a preponderance of the evidence, just as any other negligence based affirmative defense must be proved.[4] Dr. Joseph thus responds to claim that *Backlund* renders disputed evidence of no concern, because *Backlund* grants a physician immunity from suit, not simply an affirmative defense that must be proved. *Backlund* allegedly allows that immunity upon the physician's sole utterance of the magic words, "I ruled it out." Dr. Joseph argues that Division III properly interpreted both *Backlund*, and *Anaya Gomez v. Sauerwein,*[5] to grant him immunity from suit solely upon his statement: "I ruled it out."[6] Because he gave that testimony for himself, he argues, an informed consent claim against him "***is not actionable.***"[7] This argument apparently arises from language in *Sauerwein, w*hich states: "As we stated in *Backlund* ... [A] physician who misdiagnoses the patient's condition ... may not be subject to an action

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[4] *See, e.g.*, 6 Wash. Prac., Wash. Pattern Jury Instr. Civ. WPI 21.05 (6th ed.)(Burden of Proof on the Issues—Affirmative Defense Other Than Contributory Negligence/Assumption of Risk))

[5] *Anaya Gomez v. Sauerwein,* 180 Wn.2d 610 (2014).

[6] Per Division III, "(Dr. Joseph) expressly told the jury that...He testified that....Since the doctor had concluded that there was no heart disease, the trial court correctly applied *Backlund* and took the informed consent issue from the jury. While Dr. Joseph had not yet determined what had caused the incident, he had ruled out a heart condition as the cause." *Eikum,* 196 Wn.App. 1005 at *5.

[7] *Response, p. 12, emphasis in original.*

based on failure to secure informed consent."[8] According to Dr. Joseph, Division III thus properly held that the trial court "took the informed consent issue from the jury," regardless of disputed evidence. *Eikum*, at *5.

But in the presence of disputed evidence, the only viable means of sustaining a directed verdict is to import some form of claim immunity. And indeed that is what Dr. Joseph is doing, and attributing to *Backlund* and *Sauerwein*.

Specifically, absolute immunity protects an entity completely against suit.[9] This is because a status gives rise to the immunity in spite of controverted facts over what that individual did. Absolute immunity is not dependent on what the defendant does, it is dependent on who he or she is. *See, e.g. Lutheran Day Care,* 119 Wn.2d at 105, 107 (discussing, e.g., judicial and quasi-judicial immunity, and holding that absolute immunity for judges is necessary because of their function). Here, Dr. Joseph argues that he gains such a protected status once he testifies that he ruled out a disease, that is, upon his testimony, he may not be subject to an action for

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[8] *Sauerwein,* 180 Wn.2d at 618, citing *Backlund*, 137 Wn.2d at 661, *emphasis added.*

[9] *Janaszak v. State*, 172 Wn.App. 1036 (2013); and *see Lutheran Day Care v. Snohomish Cty.*, 119 Wn.2d 91, 99 (1992), discussing the immunity that attends certain statutes in order to allow duties to be carried out, i.e., judicial immunity.

informed consent. That is absolute immunity. He is claiming that his own testimony gives him the equivalent of a "status" that cannot be disputed. The immunity is absolute, because even qualified immunity must be proved in the presence of disputed evidence.[10] An official must show that his conduct was justified by "an objectively reasonable belief that it was lawful." *Triplett,* 193 Wn.App at 510, citing *Gomez v. Toledo.* A plaintiff may overcome that immunity by creating genuine issues of material fact. *Janaszak*, 173 Wn. App. at 716. Here, Dr. Joseph argues that *Eikum* does not conflict with *Backlund* and *Sauerwein* in sustaining a directed verdict on disputed evidence, because *Eikum* only enforces that precedent by honoring the physician's immunity. This is an unprecedented read of *Backlund*, *Sauerwein*, and even of *Eikum,* and it calls for review.

The Estate submits that this court intended no such thing in *Backlund*, because nowhere in RCW 7.70.030 or .050 are medical providers accorded immunity from suit—either absolute or qualified. This is a negligence case, with negligence burdens of proof.

It is for this Court alone to resolve the question of whether its language in *Backlund* and *Sauerwein* bestows immunity on a physician

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[10] *See, e.g., Triplett v. Washington State Dep't of Soc. & Health Servs.*, 193 Wn.App. 497, 509–10, *as amended on denial of reconsideration* (June 21, 2016), *review denied sub nom.* 186 Wn.2d 1023 (2016), citing *Gomez v. Toledo,* 446 U.S. 635, 639–40 (1980), *Pearson v. Callahan,* 555 U.S. 223, 232 (2009).

from suit under RCW 7.70.050, because that is how *Eikum* is being read.

Moreover, Dr. Joseph's position confirms the conflict, with quite the opposite result, between Division III's *Eikum* and Division II's decision in *Flyte v. Summit View Clinic.*[11] In the latter, Division II holds that a physician's testimony that he excluded a disease can be controverted by evidence showing that he did not do so, and thus made a genuine issue of material fact for a jury.[12] The argument that *Eikum* stands for immunity, and is only enforcing *Sauerwein* and *Backlund,* conflicts with *Flyte*, and should be reviewed.

B. *Sauerwein* does not create a presumption against informed consent liability; *Sauerwein's* apologia should be clarified.

Respondent argues that another facet of *Sauerwein* is also consistent with *Eikum.* The *Sauerwein* court made its ruling of law along with this apologia: "Given the unique factual situation in *Gates,* it is unlikely we will ever see such a case again." 180 Wn.2d at 626. While

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[11] *Flyte v. Summit View Clinic*, 183 Wn.App. 559 (2014).

[12] The defendant physician's testimony in *Flyte* for the Respondent "was based solely on his records...," and "those records were equivocal on the issue of whether he had ruled out influenza, thus creating an issue of fact." *See Response Brief, p. 14,* citing *Flyte* at 577. Dr. Joseph's records were also equivocal, as is conceded by the Respondent. *See Response Brief, p. 3,* citing *RP 1941, identifying Dr. Joseph's Jan. 21, 2009 note which lists syncope with uncertain etiology as the very origin of the need for a cardiology consult. RP 1941-42.* This note was followed by an abnormal Holter monitor test.

concurring in the result, Justice Gonzalez warned against this language, writing "Providers must secure informed consent regardless of whether diagnosis rose to the proper standard of care." *Sauerwein*, 180 Wn.2d at 630. Justice Gonzalez rejected what he called "a distortion of the '*Backlund* rule'—that a plaintiff cannot bring both an informed consent and a negligence claim." *Id.* Justice Gonzalez reads *Backlund* to say that "negligence and informed consent are merely alternative methods of imposing liability. While it may be rare that the same set of facts will support both claims, we should not foreclose the possibility that a single course of events or treatment could give rise to both." *Id.* Justice Gonzalez sees the situation, not as one where dismissal of alternative theories of liability is warranted, but where, as necessary, the remedy can be crafted by the trial court in the event of positive verdicts on both alternative theories to avoid double liability: "Concerns about double-damages may be well taken, but I am certain that our trial courts are capable of crafting judgments that avoid such windfalls." *Sauerwein*, 180 Wn.2d at 631, *emphasis added. Eikum* is that warning come to life. *Eikum* says that the *Sauerwein* majority "expressly stated that an informed consent claim cannot be based on the same facts as a negligence claim." *Eikum*, at *4, citing *Sauerwein* at "617-623." This is not the *Sauerwein* holding.

Sauerwein is self-limiting. It states: "Therefore, under *Backlund* and *Keogan,* informed consent is available only when there is something to inform the patient about." *Id.*[13] Whether there is something to inform the patient about is up to the jury. On the one hand, one can only inform another of what one knows; but on the other hand, what one actually knows is subject to dispute. Being adamant that one doesn't know doesn't mean that one doesn't know; and certainly not where the evidence shows that one plainly did know. But Division III reads this limiting language as a literal preclusion against allowing both forms of statutory liability to be tried in the same case under RCW 7.70.030. That isn't what RCW 7.70.030 says. That isn't what *Backlund* says. That is exactly what Justice Gonzalez warned against.

Similarly, *Sauerwein* also says in its conclusion that: "Given the vast number of false positive test results that occur in Washington on a daily basis, imposing a duty on health care providers to inform every patient about every test result would be unduly burdensome, pointless, and unwise." *Id., 626-27.* Dr. Joseph therefore establishes his own immunity by testifying that Joan Eikums' abnormal tests were plainly not worth mentioning to her. *Gates v. Jensen* says this is a violation of informed

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[13] *180 Wn.2d. at 626-627, citing Backlund,* 137 Wn.2d 651, and *Keogan v. Holy Family Hospital,* 95 Wn.2d 306 (1980).

consent. [14]

The evolution of *Sauerwein* and *Backlund* to *Eikum,* and what is now argued as immunity from suit, is in contradiction of *Gates v. Jensen* and *Flyte v. Summit View Clinic* and needs review. *Eikum* is a worthy vehicle for that review, because the pre-surgical clearance process at issue in *Eikum* exists to inform the surgical participants—the patient and the operating surgeon—of heart health. It is because of the pre-surgical clearance investigation and advice process that the patient decides if they are sufficiently "heart healthy" for the surgery. It is because of the pre-surgical investigation and advice process that the operating surgeon decides if the patient is sufficiently heart healthy for surgery. The participants in the surgical process are dependent on being properly informed, and the pre-surgical process is designed to inform. *Sauerwein* says "patients have a right to be informed about a known or likely condition that can be readily diagnosed and treated." 180 Wn.2d at 626, reaffirming *Gates v. Jensen.* RCW 7.70.050 says that a physician

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[14] In *Gates,* the ophthalmologist had consistently high eye pressure readings that pointed to higher risk for glaucoma over a *two year* period, whereas Dr. Sauerwein's only contact with Mrs. Anaya was a phoned-in lab report and her medical record. It was a "'significant fact[ ]' that the ophthalmologist had available 'two additional diagnostic tests for glaucoma which are simple, inexpensive, and risk free.' The choice the ophthalmologist could have put to Mrs. Gates was whether to do the additional testing in light of her borderline test result. Given the small cost and effort of those tests, the decision was relatively easy." *Sauerwein,* 180 Wn.2d at 621, citing *Gates,* 92 Wn.2d at 248.

breaches his or her duty to secure an informed consent when that provider fails to inform the patient of a material fact or facts relating to the treatment. How fitting, then, is the language of both *Sauerwein* and RCW 7.70.050 as applied to a pre-surgical clearance process where the physician's very purpose is to investigate and inform on the health of a heart, where the pre-surgical clearance process is designed to ferret out the non-healthy heart, and where the record evidence shows multiple symptom of heart disease, multiple abnormal cardiac-related EKG and Holter monitor tests?

John Eikum testified that, even if Dr. Joseph provided standard of care medical treatment in his "clearance," his wife would not have gone into surgery had she known of her abnormal test results. *RP 980-81.* Had Dr. Joseph simply disclosed what only he had in his possession, Joan Eikum would have saved her own life. Here, the right to informed consent was more critical to Joan Eikum's safety than Dr. Joseph's standard of care of medical treatment.

This is why *Eikum* should be reviewed. The Estate submits that the jury gets to make the decision of whether Dr. Joseph breached his duty to tell Joan Eikum the material facts relating to his diagnosis. The Estate submits that a doctor's testimony that he excluded a disease, decided

multiple abnormal cardiac tests were evidence of nothing, and decided that informing Joan Eikum about them was "pointless," does not and cannot result in de facto immunity in his favor against an informed consent claim. This Court should review Division III's ruling.

C. Respondent confirms the conflict between Appellate Divisions, and *Eikum's* conflict with *Gates v. Jensen.*

Respondent describes *Flyte v. Summit View Clinic*, 183 Wn.App. 559 (2014) in a way that confirms the conflict between Division III and Division II. The *Flyte* medical provider "failed to provide informed consent by not telling a (pregnant patient with flu-like symptoms) about the H1N1 epidemic, and public health alert recommendations for treating pregnant women prophylactically with Tamiflu." *See Response Brief, p. 14.* Similarly, in *Eikum*, Dr. Joseph failed to provide informed consent by not telling (a presurgical clearance patient with abnormal cardiac symptoms and abnormal test results) about the well-known probability of the very heart disease she was there to exclude. In *Eikum*, similar to *Flyte*, there was no need for a conclusive diagnosis. The very point of the medical assessment was to identify the risk of (heart health), not just for the ensuing surgeon, but so the patient could choose wisely.

Respondent confirms that *Eikum* contradicts *Gates v. Jensen*—

where a patient's consistently high eye pressure readings (similar to Eikum's cardiac tests) pointed to a higher risk for a specific condition (here, heart dysfunction), and the physician was well aware of those consistent results. *See Response Brief, p. 17.*[15] In *Eikum*, Dr. Joseph didn't tell Joan Eikum about abnormal test results and cardiac symptoms he had gathered and noted over a period of months—all pointing to a high risk of cardiac disease. A jury could readily have found that what Dr. Joseph gathered and knew were material facts important to any surgical patient in their surgical clearance, and that Joan Eikum had a right to know them.

These conflicts warrant review.

D. <u>ER 803(a)(18) is the sole protection against deception.</u>

Respondent's argument is the strongest argument for why ER 803(a)(18)'s authority should be reviewed. The deception that went on in the courtroom, that impacted the jury, that successfully mired Division III in misinformation and thus misconstruction, is again parlayed here. The document Dr. Joseph claims exculpated him was not a document the Estate was ever allowed to see. It was never in the courtroom. The cardiac risk index that was presented by Dr. Joseph as the standard of care

[15] *Gates v. Jensen,* 92 Wn.2d at 248.

is the **2007** risk index. The error is not about "a" revised cardiac risk index (as if there is a single index). *See Response Brief, p. 17.* It is not about "the" revised cardiac risk index (as if there is a single index). *Id. at 17.* It is not about "Harrison's Principles of Internal Medicine as an authoritative treatise" (which does not contain the relevant risk index). *Response Brief, p. 18.* It is not about "the" revised cardiac index that was "printed in Harrison's" (because there was no risk index in Harrison's, and certainly not the 2007 one that applied to Ms. Eikum). *Response Brief, p. 18.* The Harrison's book is not "the entire treatise" at issue (the Harrison's treatise was never *at* issue). *Response Brief, p. 18.* What happened at trial was that the Respondent pretended to present the Harrison's treatise as if it contained the relevant risk index—the 2007 index—but it didn't contain that index, and this is how the entire dispute got underway. Handing the Estate's counsel the Harrison's treatise and allowing questioning from it is irrelevant, because Harrison's didn't contain the 2007 risk index.

The deception of this argument is blatant, because the record shows defense counsel admitting near the end of the trial in yet another futile bench conference that he never had the 2007 risk index in his possession in the first place, that he had just procured it "yesterday," and that he wouldn't bring it to court anyway. *RP 1835:25, attached at*

Appendix A. Yet the same deception used to sideline Division III, the trial court, and thus necessarily, the jury, is again offered here.

This is why the hearsay exception of ER 803(a)(18) needs review. Had the rule been enforced as written, there would be no deception to argue over, and no need to necessarily repeatedly attempt to clarify. The importance of the rule is plain. Mr. Eikum requests review.[16]

II. CONCLUSION

Petitioner John Eikum requests review.

DATED this 5th day of January, 2017.

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[16] Division III erroneously holds that the Estate did not raise an objection to hearsay. *Eikum* at *6, citing "RP 1016-1101." This is incorrect. The trial court accepted the litany of objections made as hearsay objections or it would not have continued referencing ER 803(a)(18), which is an exception to the hearsay rule. Moreover, the Estate submitted an Appendix of twenty seven pages showing record cites to the continuing myriad of objections unsuccessfully made to attempt to procure the proper risk index from Dr. Joseph. Those efforts start early in the record at RP 443-451, and continue throughout trial in spite of the trial court repeatedly allowing the representations as to content under ER 803(a)(18).

CERTIFICATE OF SERVICE

The undersigned hereby certifies that she is a person of such age and discretion as to be competent to serve papers; and that on **January 5, 2017**, she served a copy of the foregoing document to the following individuals in the manner indicated below:

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DATED this 5th day of **January, 2017.**

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SUPREME COURT OF THE STATE OF WASHINGTON

ESTATE OF JOAN R. EIKUM By and through its Personal Representative, **JOHN J. EIKUM, and JOAN R. EIKUM,** By and through her Personal Representative, **Petitioner,** **v.** **SAMUEL JOSEPH, D.O.,** **Respondent.**	**SUPREME COURT No. 93905-5** **CERTIFICATE OF MAILING**

TINA INGRAM, duly sworn upon oath, deposes and states as follows:

1. I certify that I am a person of such age and discretion as to be competent to serve papers.

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addresses stated below, which are the last known addresses, and by depositing said envelopes and contents in the United States mail at Spokane, Washington.

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I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT.

Signed at Spokane, Washington on this **5th** day of **January, 2017.**

/s/Tina Ingram
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APPENDIX A

IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF SPOKANE

ESTATE OF JOAN R. EIKUM by and through its Personal Representative, JOHN J. EIKUM and JOAN R. EIKUM, by and through her Personal Representatives, Plaintiffs, vs. SAMUEL JOSEPH, D.O., Defendant.	)	SPOKANE COUNTY SUPERIOR COURT NO. 12-2-01990-2 COURT OF APPEALS NO. 32934-8-III

VERBATIM REPORT OF PROCEEDINGS
HONORABLE ANNETTE S. PLESE
OCTOBER 1, 2014
Vol. VIII of X

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MR. KING: 803 and prior rulings, Your Honor.

THE COURT: I would reject it based on prior rulings. You going to mark them separately as P70 and P71?

MS. SCHULTZ: I could do that, Your Honor. So P70 would be it's a two page document.

THE COURT: Okay.

MS. SCHULTZ: And P71 would be the accompanying article.

THE COURT: Okay.

Q (By Ms. Schultz) Sir, are you familiar with those two documents or actually more properly it's one document, but it has the schematic as a pullout. Are you familiar with this table?

A I'm going to answer your first question first about the document. (Pause) I'm not sure this is the full document.

Q Is P70, sir, the circulation from the AHA in two pages? Is that the schematic that has the table underneath the schematic?

MR. KING: Your Honor, may we approach?

THE COURT: Yes.

(BENCH CONFERENCE HELD.)

MR. KING: Your Honor, just having the document marked as something of the ACC AHA 2007 guidelines not the guidelines, themselves. So I acquired yesterday the document. Then counsel needs to do the same thing and

saying as counsel's represented to the Court on.

THE COURT: I'm going to let her ask him about it and reject them. It's not going to be entered, but she can ask them about it and what they have and identify on cross exactly what they are.

MR. KING: Thank you.

(BENCH CONFERENCE CONCLUDED.)

Q (By Ms. Schultz) Sir, do you recognize the schematic on P70?

A Yes, I do.

Q What is it?

A It's a kind of a condensed schematic of clearing somebody for surgery or a pre-op evaluation.

Q And when you go to P71, do you see that same schematic within the content of the entire document that goes on for about 30 pages it looks like, and specifically, sir, you take a look at there's a table of contents, and then there is a schematic, the met table at 1979, and then the schematic at 1981.

Is that the 2007 version of the risk index?

A Yes, that's a version of the schematic that's explained in the verbiage of this document of which quite a bit is not here. This might be an executive summary or something like that, but it's not the full document.

Q Sir, on the -- I just want to back up for just a minute.

OFFICE RECEPTIONIST, CLERK

From: OFFICE RECEPTIONIST, CLERK
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Subject: RE: Supreme Court Case No: 93905-5 Estate of Joan Eikum v Samuel Joseph D.O. REPLY TO PETITION FOR REVIEW --CORRECTED TOA PAGE iii

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Subject: RE: Supreme Court Case No: 93905-5 Estate of Joan Eikum v Samuel Joseph D.O. REPLY TO PETITION FOR REVIEW --CORRECTED TOA PAGE iii

To the Clerk:

Per my staff call to your office this morning, attached is a **corrected page iii** for the **TOA** in the Petitioner Estate of Joan Eikum's Reply to the Respondent's Answer to our Petition for Review.

I understand this page can be sent to replace the original. Thank you.

This case is:
Estate of Joan R. Eikum, Petitioner v Samuel Joseph D.O., Respondent
Supreme Court Cause No. 93905-5

The filing attorney is Mary E Schultz, WSBA #14198 at Mary@MSchultz.com.

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From: OFFICE RECEPTIONIST, CLERK
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To: OFFICE RECEPTIONIST, CLERK <SUPREME@COURTS.WA.GOV>
Cc: Mary Schultz <MSchultz@MSchultz.com>; Diana Nelson <Diana@MSchultz.com>; James King <JKing@ecl-law.com>; Kathy Schulman <KSchulman@ecl-law.com>; ed@bruyalawfirm.com; 'mary@favros.com' <mary@favros.com>
Subject: RE: Supreme Court Case No: 93905-5 Estate of Joan Eikum v Samuel Joseph D.O. CERTIFICATE OF MAILING for REPLY TO PETITION FOR REVIEW

To the Clerk:

Attached is the Certificate of Mailing to the Petitioner Estate of Joan Eikum's Reply to the Respondent's Answer to our Petition for Review.

This case is :
Estate of Joan R. Eikum, Petitioner v. Samuel Joseph, D.O., Respondent
Supreme Court Cause No. 93905-5

The filing attorney is Mary E. Schultz, WSBA #14198 at Mary@MSchultz.com , phone: (509) 245-3522, ext. 306.

Sincerely,

Tina Ingram
Senior Paralegal
Mary Schultz Law, P.S.
Phone: (509) 245-3522, ext. 302
Email: tina@mschultz.com

From: Mary Schultz
Sent: Thursday, January 05, 2017 4:55 PM
To: 'Supreme@courts.wa.gov' <Supreme@courts.wa.gov>
Cc: ed@bruyalawfirm.com; mary@favros.com; Jim King (jking@ecl-law.com) <jking@ecl-law.com>; kschulman@ecl-law.com
Subject: Supreme Court Case No: 93905-5 Estate of Joan Eikum v Samuel Joseph D.O. REPLY TO PETITION FOR REVIEW

To the Clerk:

Attached is Petitioner Estate of Joan Eikum's Reply to the Respondent's Answer to our Petition for Review.

This case is:
Estate of Joan R. Eikum, Petitioner v Samuel Joseph D.O., Respondent
Supreme Court Cause No. 93905-5

The filing attorney is Mary E Schultz, WSBA #14198 at Mary@MSchultz.com.

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