

## EXHIBIT B

### Progression of June's Cognitive and Physical Decline Resulting in Dementia and Loss of Decision-Making Capacity

#### Introduction:

Progression of June's Cognitive and Physical Decline Resulting in Dementia and Loss of Decision-Making Capacity

This exhibit documents the long-term physical and cognitive decline of the Decedent, June Bloch, proving that long before 2021, she was mentally and physically incapable of making legal or financial decisions.

Medical evidence, behavioral records, and direct communications confirm that June suffered from severe cognitive impairment, executive dysfunction, and increasing dependency, rendering her highly vulnerable to manipulation and undue influence.

This exhibit directly supports the findings in:

- **EXHIBIT A** – Provides evidence that June's signature on the 2021 Will and Special Warranty Deed was forged.
- **EXHIBIT C** – Documents Jaden's formal efforts to report concerns about probate fraud and estate mismanagement to the appropriate authorities.
- **EXHIBIT D** – Contains family photographs spanning multiple decades, illustrating the lifelong close bond between June and Jaden, refuting any claims of estrangement. These images show that Jaden was an integral part of June's life, further disproving the legitimacy of her sudden exclusion from the fraudulent 2021 Will.
- **EXHIBIT E** – Contains direct messages from June between 2016–2019, demonstrating severe paranoia, erratic emotional outbursts, confusion, and memory lapses, all of which are hallmark symptoms of frontotemporal dementia (FTD) and alcohol-related dementia (ARD).
- **EXHIBIT F** – Documents how Lindsey systematically restricted June's access to information, concealed her declining cognitive state, and obstructed family intervention.
- **EXHIBIT G** – Establishes that by 2018, June was physically incapable of leaving home independently, confirming that she could not have voluntarily executed complex legal documents in 2021.
- **EXHIBIT H** – Contains communications from March 18, 2023, following June's death, which reveal Lindsey's continued efforts to obscure financial details and avoid transparency regarding the estate.
- **EXHIBIT I** – Details the specific behaviors Lindsey used to conceal elder financial abuse, undue influence, and estate fraud.
- **EXHIBIT J** – Provides a comprehensive timeline of June's health decline, psychological manipulation, and financial fraud from 2001-2023, establishing a clear pattern of elder abuse and undue influence.

## EXHIBIT B (Continued)

### Page 2 of 27

- **EXHIBIT K** – Documents financial exploitation and estate fund mismanagement by Lindsey and Jonathan, including their use of estate resources for personal home renovations instead of June's medical care. This exhibit provides direct evidence that essential funds that should have been allocated for June's well-being were instead diverted for personal gain, further substantiating claims of financial abuse and neglect.
- **EXHIBIT L** – Establishes that Lindsey and Jonathan's failure to maintain proper infection control, sanitation, and in-home caregiving directly contributed to June's fatal *C. difficile* reinfection, septic shock, and eventual death. This exhibit links their medical neglect to June's final health deterioration, as documented on her death certificate, and supports claims that their actions—or inaction—had fatal consequences.

By 2021, June had already been incapacitated for years, meaning all legal and financial documents executed during this period were invalid. The June 9, 2021, Special Warranty Deed and the September 15, 2021, Will should be voided, as they were executed while June was in a state of severe cognitive decline and complete dependency on Lindsey.

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## 2001 (Age 50): Early Indicators of Cognitive and Physical Deterioration

### Health Status:

By age 50, June's health had already begun declining due to the combined effects of rheumatoid arthritis, chronic alcohol consumption, and a nutrient-deficient diet. These conditions, along with long-term corticosteroid dependence and a sedentary lifestyle, severely impacted her physical and cognitive health, leading to increasing limitations that would progressively worsen over time.

Established advanced autoimmune disease and severe joint deformities:

- Rheumatoid arthritis caused progressive joint deformities, including:
  - Swan neck and boutonnière deformities that impaired fine motor function.
  - Rheumatoid nodules, indicating aggressive autoimmune disease progression.
  - Chronic pain and reduced mobility, requiring continuous medical intervention.
- By this time, her physical limitations made daily activities increasingly difficult without assistance.

### Long-term corticosteroid use and medical side effects:

- June relied on oral corticosteroids and disease-modifying antirheumatic drugs (DMARDs) to manage her rheumatoid arthritis.
- Well-documented corticosteroid side effects included:
  - Severe bone loss (osteoporosis), increasing her fracture risk.
  - Progressive muscle atrophy (sarcopenia), leading to weakness and mobility loss.

## **EXHIBIT B (Continued)**

### **Page 3 of 27**

- Immune suppression, making her vulnerable to recurrent infections.
- Her medical records indicate the likely development of plaque psoriasis, which would have required additional steroid treatment, further compounding her dependence on corticosteroids.

#### **Chronic alcohol consumption and systemic decline:**

- Alcohol abuse played a major role in her progressive physical and cognitive deterioration.
- Long-term heavy alcohol consumption:
  - Damaged gut health, reducing nutrient absorption.
  - Led to chronic vitamin B1 (thiamine) deficiency, a primary cause of Wernicke-Korsakoff Syndrome (WKS).
  - Exacerbated neuroinflammation, increasing the risk of Frontotemporal Dementia (FTD) and Alcohol-Related Dementia (ARD).

#### **Alcohol-related gut damage and malnutrition:**

- Alcohol impairs the body's ability to absorb essential nutrients, particularly:
  - Thiamine (B1), where deficiency directly leads to WKS, a condition marked by severe memory dysfunction and executive impairment.
  - Calcium, folate, and B vitamins, contributing to osteoporosis, cognitive decline, and systemic frailty.
- June's diet was composed primarily of calorie-dense, nutrient-poor foods, further exacerbating her decline.

#### **Alcohol-related brain damage and cognitive impairment:**

- Chronic alcohol use promoted neuroinflammation and oxidative stress, leading to:
  - Permanent damage to neurons in critical brain regions, accelerating the onset of dementia.
  - Increased aggression, paranoia, and emotional volatility, consistent with behaviors observed in later years.

#### **Impact on brain function:**

- Specific brain regions impaired by alcohol-related and autoimmune disease damage:
  - Mammillary bodies, thalamus, and hypothalamus – memory dysfunction and emotional dysregulation (WKS).
  - Prefrontal cortex – impaired judgment, paranoia, and emotional instability (FTD).
  - Temporal lobes – memory loss and aggressive behaviors (FTD).
  - Hippocampus – profound memory impairment (WKS and ARD).
  - Cerebellum – loss of balance and motor control (alcohol-induced atrophy).

## **EXHIBIT B (Continued)**

### **Page 4 of 27**

- Brainstem – weakening of vital autonomic functions, increasing susceptibility to infections.

#### **Alcohol-related bone and muscle deterioration:**

- Alcohol disrupted bone formation and muscle maintenance, worsening:
  - Osteoporosis – higher fracture risk.
  - Muscle wasting – increased frailty and dependency.
  - Systemic inflammation – accelerated autoimmune and neurodegenerative processes.

#### **Summary and Conclusion (2001):**

By 2001, June's severe autoimmune disease, chronic alcohol consumption, and long-term corticosteroid use had already placed her on a trajectory toward irreversible cognitive and physical decline. While she may have retained basic decision-making abilities at this stage, the combination of chronic inflammation, oxidative stress, nutrient deficiencies, and neurotoxic damage set the stage for a progressive loss of capacity.

Over the following two decades, these compounding medical conditions led to the development of:

- Frontotemporal Dementia (FTD)
- Alcohol-Related Dementia (ARD)
- Wernicke-Korsakoff Syndrome (WKS)
- Severe physical frailty
- Complete dependency on others for decision-making

By 2018, these issues had culminated in a noticeable cognitive decline and loss of independent function. June's aggressive behavior, paranoia, and impaired reasoning were clear indications of severe cognitive impairment, rendering her increasingly vulnerable to undue influence.

By 2021, she had long since lost the ability to make informed legal and financial decisions, making the June 9, 2021, Special Warranty Deed and September 15, 2021, Will legally invalid. These transactions occurred at a time when she lacked the ability to comprehend, resist manipulation, or make rational decisions.

The progression of her physical and mental deterioration must be understood as direct evidence of her inability to execute any legally binding documents in 2021, reinforcing the case for fraud, undue influence, and elder exploitation.

**EXHIBIT B (Continued)**  
**Page 5 of 27**

**2001–2015 (Ages 50–64): Progression of Physical Frailty, Bone Loss, and Muscle Wasting**

**Health Status:**

Between 2001 and 2015, June experienced a continuous decline in physical health due to a combination of rheumatoid arthritis, long-term corticosteroid use, alcohol consumption, systemic inflammation, and severe nutritional deficiencies. These factors led to progressive frailty, osteoporosis, muscle wasting (sarcopenia), and neurological damage that would later manifest as multiple forms of dementia.

**Severe rheumatoid arthritis and joint deformities:**

- Rheumatoid arthritis caused extreme joint deformities, making even basic daily tasks increasingly difficult:
  - Swan neck deformities and boutonnière deformities significantly impaired fine motor function.
  - Rheumatoid nodules around major joints, a sign of severe autoimmune progression, became more pronounced.
  - Persistent pain, swelling, and stiffness led to decreased mobility and a near-total reliance on prescription medications.

**Osteopenia and osteoporosis due to corticosteroid dependence:**

- Long-term corticosteroid use for RA treatment severely weakened June's bones, causing accelerated bone loss.
- Diagnosed with osteopenia and later osteoporosis, June faced an elevated risk of fractures.
- Repeated rounds of steroid therapy led to muscle atrophy, leaving her physically weaker with increasing difficulty performing daily activities.

**Psoriasis and potential pellagra-related skin conditions:**

- In addition to RA, June suffered from psoriasis, an autoimmune condition that required the use of powerful topical steroid creams.
- Her skin condition worsened over time, presenting as red, scaly patches—particularly on her forearms and lower legs, which were frequently exposed.
- These symptoms are also consistent with pellagra (niacin/B3 deficiency), a disease known to cause the “three D’s,”
  - dermatitis,
  - diarrhea, and
  - dementia

## **EXHIBIT B (Continued)**

### **Page 6 of 27**

—all of which would later become critical indicators of her cognitive decline and would later define aspects of June's everyday life.

#### **Chronic alcohol consumption and nutritional deficiencies:**

- June's long-term alcohol use exacerbated systemic inflammation, gut damage, and malabsorption of key nutrients, particularly B vitamins (B1-Thiamine and B3-Niacin).
- By impairing nutrient absorption, alcohol consumption accelerated neurodegeneration and significantly increased the risk of:
  - Wernicke-Korsakoff Syndrome (WKS),
  - alcohol-related dementia (ARD), and
  - frontotemporal dementia (FTD).
- Poor dietary habits and chronic inflammation resulted in protein-energy malnutrition and sarcopenia (muscle wasting), further limiting her mobility and independence.

#### **Alcohol-induced neuroinflammation and cognitive deterioration:**

- Chronic alcohol intake directly contributed to oxidative stress and neuroinflammation, damaging key brain regions.
- Key brain regions impacted:
  - Mammillary bodies, thalamus, and hypothalamus – Damaged by thiamine deficiency, leading to memory dysfunction and emotional instability.
  - Prefrontal cortex – Impaired judgment, paranoia, impulsivity, and personality shifts associated with FTD.
  - Temporal lobes – Memory loss and aggressive behaviors, common in ARD and FTD.
  - Hippocampus – Severe memory impairment, affecting long-term cognitive function.
  - Amygdala – Increased hostility, irrational emotional outbursts, and paranoia—behavioral changes that would manifest more prominently in later years.
  - Cerebellum – Motor coordination deficits, contributing to balance issues and falls.
  - Brainstem – Weakened autonomic functions, increasing susceptibility to infections and systemic failure.

#### **Social and Emotional Changes:**

- Throughout this period, June's increasing physical frailty and chronic illness caused her social world to shrink, making her more dependent on Lindsey for daily activities and emotional support.
- By her mid-50s, June rarely engaged in physical activity, becoming increasingly homebound.

## **EXHIBIT B (Continued)**

### **Page 7 of 27**

Despite maintaining some independence, she relied on Lindsey for transportation and household support.

- Alcohol remained a consistent presence in her life, accelerating neurological damage and emotional dysregulation.
- Lindsey gradually became her primary caregiver, decision-maker, and financial manager.

#### **Summary and Conclusion (2001–2015):**

By 2015, June's physical and cognitive health had already been severely compromised by:

- Multiple autoimmune diseases,
- long-term polypharmaceutical corticosteroid use,
- alcohol-induced brain damage,
- eroded gastrointestinal functioning, and
- severe nutritional deficiencies.

Her increasing:

- frailty,
- bone loss, and
- muscle atrophy

left her vulnerable to falls, fractures, and infections.

The cognitive decline had begun manifesting as:

- memory lapses,
- paranoia, and
- emotional outbursts,

all consistent with frontotemporal dementia (FTD) and alcohol-related brain damage.

Chronic alcohol consumption and malnutrition exacerbated her neurological decline, leading to progressive damage in critical brain regions responsible for memory, judgment, and emotional regulation.

By 2015, June had already developed a level of dependency on Lindsey, setting the stage for the emotional control and financial exploitation that would escalate in the following years. This period established the foundation of June's vulnerability to external influence, which would become fully realized in subsequent years, leading to her complete incapacity and financial manipulation.

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#### **2016–2017 (Ages 65–66): Cognitive and Behavioral Decline**

##### **Physical State:**

## **EXHIBIT B (Continued)**

### **Page 8 of 27**

Between 2016 and 2017, June's physical and cognitive health continued its decline. By this period, her mobility, coordination, and ability to engage in daily activities without assistance were significantly impaired. Her dependency on Lindsey increased as she struggled with severe rheumatoid arthritis, chronic pain, alcohol-related neurological damage, and worsening cognitive dysfunction.

- By 2016, June's muscle mass had severely diminished, and her joint deformities had become more pronounced, making even basic activities difficult.
- She suffered constant pain and discomfort from rheumatoid arthritis, skin conditions, and gastrointestinal discomfort further discouraging movement and reinforcing her increasingly sedentary lifestyle.
- She felt unable to drive safely on highways or unfamiliar roads, relying almost entirely on Lindsey and Jonathan for transportation.
- June's hand deformities worsened, significantly limiting her ability to cook, clean, and perform routine self-care without assistance.

#### **Increasing Emotional Instability and Isolation:**

- On October 17, 2016, June purchased the home next to her own at 5704 Trailridge Drive.
  - This decision ensured that Lindsey and Jonathan, the two people she was most dependent on, would always remain in close physical proximity.
  - June, whether consciously or subconsciously, recognized her own growing need for caretaking and security and structured her living situation accordingly.
  - While this arrangement provided her with immediate physical support, it also made it significantly easier for Lindsey to control June's environment, limit external contact, and conceal financial exploitation.
  - By placing herself within such close quarters to the people she trusted most, June inadvertently created conditions that isolated her further from outside support systems.

#### **Documented Cognitive and Behavioral Decline:**

- March 22, 2016 – June exhibited impatience, paranoia, and emotional volatility in text messages, demanding immediate responses and using emotionally charged language.
- November 22–24, 2016 (Thanksgiving Incident) – June forgot pre-arranged Thanksgiving dinner plans, leading to confusion and interpersonal conflict. She became hostile, aggressive, and unable to self-reflect, behaviors commonly linked to frontotemporal dementia (FTD) and alcohol-related cognitive impairment.
- December 2016 – June reconciled with Jaden after the Thanksgiving conflict, demonstrating moments of emotional clarity, a fluctuation typical in dementia patients.



## **EXHIBIT B (Continued)**

### **Page 9 of 27**

By 2017, June displayed more severe personality fluctuations, growing paranoia, and social withdrawal. She continued to rely heavily on Lindsey while experiencing erratic cognitive and emotional shifts.

- February–March 2017 (Lindsey’s Wedding)
  - June insisted that Jaden be involved in wedding activities, reinforcing their close relationship.
  - Lindsey excluded Jaden from the family portion of the wedding, despite June advocating for her.
  - June was highly intoxicated at the wedding, indicating ongoing alcohol dependency that further exacerbated her cognitive decline.
- November–December 2017
  - June and Jaden had one of their last genuine maternal bonding moments, where June expressed care and emotional support.
  - By the end of the year, June’s cognitive decline became increasingly apparent, and she was less communicative than in previous years, demonstrating a pattern of social withdrawal.

#### **Summary and Conclusion (2016–2017):**

By the end of 2017, June’s physical and cognitive deterioration had reached a critical threshold, making her even more vulnerable to external influence and manipulation.

- Her physical frailty, pain, and mobility limitations further isolated her, increasing her dependence on Lindsey.
- Her cognitive dysfunction escalated, with paranoia, memory lapses, and emotional volatility becoming more frequent and severe.
- Lindsey’s influence over June increased, with documented instances of her restricting June’s access to outside relationships and family members.
- Alcohol consumption continued to accelerate her neurodegeneration, worsening memory impairment and executive dysfunction.
- June’s purchase of 5704 Trailridge Drive in October 2016 ensured that Lindsey and Jonathan, the two people she depended on most, were always close by, which had the unintended consequence of making it easier for Lindsey to limit outside intervention and conceal financial exploitation.

This period marked a significant turning point in June’s decline, leading directly to the escalation of cognitive deterioration and complete loss of financial and legal decision-making capacity in subsequent years.

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#### **2018–2019 (Ages 67–68): Accelerated Behavioral and Cognitive Decline**

## **EXHIBIT B (Continued)**

### **Page 10 of 27**

#### **Physical and Cognitive State:**

By 2018, June's cognitive decline was severe and undeniable. Her paranoia, emotional instability, memory lapses, and executive dysfunction were no longer occasional incidents but defining aspects of her daily life. Her growing dependence on Lindsey and Jonathan further solidified Lindsey's ability to control June's interactions, finances, and overall perception of reality.

- June's physical frailty worsened, making her even more reliant on Lindsey for mobility, decision-making, and emotional support.
- Her memory lapses became more frequent and severe, causing confusion and agitation.
- She became increasingly paranoid, misinterpreting conversations, creating false accusations, and experiencing emotional breakdowns.
- Her emotional regulation completely deteriorated, shifting rapidly between affection and hostility, a hallmark of frontotemporal dementia (FTD).
- Lindsey remained June's constant companion, witnessing her cognitive and behavioral deterioration daily, while simultaneously ensuring no outside intervention could take place.

#### **Documented Cognitive and Behavioral Decline:**

- March 2018 – Emerging Isolation
  - June's communication with Jaden became increasingly infrequent and less engaging, suggesting social withdrawal.
  - The once lively, affectionate tone in her messages shifted to flat, unengaged responses, a hallmark of cognitive fatigue and emotional bluntingEXHIBIT\_E\_Communication....
- November 16, 2018 – Pre-Thanksgiving Conversation
  - June initially appeared emotionally stable, inviting Jaden to Thanksgiving and reacting kindly when Jaden declinedEXHIBIT\_E\_Communication....
- November 22, 2018 – Thanksgiving Incident
  - June's tone abruptly changed, becoming aggressive and paranoid.
  - She falsely accused Jaden of rejecting the family, despite her previous gracious acceptance of Jaden's plans.
  - This dramatic shift in behavior within a matter of days indicates external influence, cognitive instability, or bothEXHIBIT\_E\_Communication....
- December 7–8, 2018 – Psychotic Episode and Emotional Breakdown
  - June suffered a full paranoia-driven psychotic episode, falsely believing Jaden was dead.
  - She attempted to call emergency services, insisting that something terrible had happened to Jaden, even though Lindsey knew Jaden was fine and did nothing to stop June's distress.

## EXHIBIT B (Continued)

### Page 11 of 27

- This episode was not a moment of confusion—it was a catastrophic display of paranoia, emotional instability, and cognitive dysfunction.

#### **The Elephant in the Room – Jaden’s Evidence Only Shows a Fraction of the Truth:**

The documented incidents and insights provided to the court by Jaden Riley represent only small glimpses of June’s daily reality. These events should not be viewed as isolated occurrences but as evidence of a broader, more frequent pattern of cognitive decline and emotional instability that took place behind closed doors, where Lindsey was not just a witness but also an enabler.

June and Lindsey were deeply intertwined in each other’s lives. With the notable exception of her college years, Lindsey always lived within walking distance of June—if not directly next door. They did everything together. Lindsey was with June daily—driving her, shopping with her, eating meals together, and accompanying her in nearly all aspects of her routine.

Jaden, by contrast, was a consistent and significant presence in June’s life but was not enmeshed in her daily affairs to the same extent as Lindsey. While Jaden had meaningful interactions with June, Lindsey had near-unlimited access to every moment of June’s life. If Jaden, with her comparatively limited interactions, was able to witness multiple severe cognitive and behavioral symptoms during their exchanges, then Lindsey was experiencing these symptoms constantly.

The full extent of June’s decline is unknown because Lindsey actively concealed information, restricted external communication, and ensured that no outside party had the opportunity to observe June’s mental deterioration firsthand.

This concealment was made alarmingly easy due to June’s exceptionally small world and lack of external support systems. June herself acknowledged in her December 7, 2018, text message to Jaden that her life revolved around a tiny, isolated set of comforts:

- Her work as a high school librarian—a job that, by nature, was solitary and did not involve an active social life.
- Having a nice house—a material comfort that further tied her to her isolated world.
- Having a great cat—a reflection of her preference for solitude and a lack of meaningful human connections outside of her home.
- Having a great daughter (Lindsey) and a great son-in-law (Jonathan)—reinforcing that, apart from Jaden, Lindsey was the only person June considered part of her inner world.

## **EXHIBIT B (Continued)**

### **Page 12 of 27**

Notably absent from this list are friends, social engagements, extended family, or community involvement. June had no close friendships, did not participate in social clubs or activities, and had no professional relationships that extended beyond her workplace.

Because Jaden was the only surviving family member with a meaningful connection to June, Lindsey only needed to sever that one bond to achieve complete control over June's world. There were no other people June regularly confided in, no external observers who might notice and intervene, and no social safety net to provide an independent assessment of her condition. By isolating June from Jaden, Lindsey ensured there would be no resistance to her eventual financial and legal control.

#### **2019 – Lindsey's Increasing Control Over June:**

By 2019, June's cognitive abilities and independence had nearly disappeared, allowing Lindsey to fully dictate her reality.

- November 4, 2019 – Birthday Call and Psychological Breakdown
  - June called Jaden for her birthday but rapidly spiraled into paranoia and verbal aggression, demonstrating the same erratic behavioral patterns from 2018.
  - Lindsey acknowledged June's irrational outbursts but took no action to seek medical care or external intervention, reinforcing her willful neglect of June's deteriorating state.

#### **Summary and Conclusion (2018–2019):**

By the end of 2019, June was completely incapacitated in terms of cognitive function, emotional regulation, and independent decision-making.

- Her emotional outbursts became more severe, her memory lapses more frequent, and her executive function nearly nonexistent.
- Her behavioral changes, mood swings, paranoia, and withdrawal from outside relationships accelerated.
- Lindsey's control over June increased, as documented in multiple episodes where June relied exclusively on Lindsey for information and decisions.
- June's paranoia-driven breakdown in December 2018 was a clear indicator that she had lost the ability to reason independently.
- By the time legal and financial decisions were made in 2021, June had already been incapable of understanding or resisting undue influence for years.

**EXHIBIT B (Continued)**  
**Page 13 of 27**

**Adding Reasonable Context to the Available Evidence:**

Jaden's contributions to the court's understanding of June's life, health, and circumstances—including personal text messages, baseline knowledge of June's health, personal recollections, and access to limited documentation through public records—represent only a fraction of the full picture.

If these severe cognitive symptoms were captured in a way that could be clearly documented, shared, and presented as evidence—such as in text message conversations or during limited interactions—then they were unquestionably occurring behind closed doors in Lindsey's presence on a much larger and more frequent scale.

Lindsey had both the opportunity and the motive to conceal June's decline. She controlled every aspect of June's environment, including her financial, legal, and medical decisions.

This control was facilitated by June's extreme isolation. By June's own account, per her December 7, 2018, text message to Jaden, her world was extraordinarily small—limited to her home, her pet, her job, her son-in-law, Jonathan and her daughter, Lindsey. She had no close friends, no social groups, no independent relationships outside of Lindsey, and no external advocates monitoring her well-being.

With such a limited external network, all Lindsey had to do was remove Jaden from June's life to ensure no one would question her control or observe June's mental and emotional decline. Lindsey did not need to deceive an extended family, manipulate multiple friends, or navigate external scrutiny—she only needed to sever one relationship, and she successfully did so.

Even with only a small portion of available documentation, there is already overwhelming evidence of June's incapacity. Given Lindsey's established pattern of isolation, obstruction, and manipulation, it is not only reasonable but necessary to conclude that the full extent of June's cognitive dysfunction was far worse than what can be directly proven through the limited records available.

This period of 2018–2019 removes any doubt that June was highly susceptible to external manipulation and incapable of executing complex legal documents on her own volition during this time. Furthermore, her condition only deteriorated in the years that followed, rendering her even less capable of understanding, resisting undue influence, or making legally binding decisions by 2021. The continued progression of her cognitive decline, Lindsey's persistent isolation tactics, and June's paranoid psychotic episode provide irrefutable evidence of her incapacitation.

## EXHIBIT B (Continued)

### Page 14 of 27

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#### **2020–2021 (Ages 69–70): Severe Cognitive and Physical ImpairmentPhysical and Cognitive State**

##### **Physical and Cognitive State:**

By 2020, June's physical and cognitive deterioration was extreme, rendering her entirely dependent on Lindsey and Jonathan. The COVID-19 pandemic and subsequent lockdowns only accelerated her isolation, giving Lindsey unchecked control over June's daily life, medical decisions, and financial affairs.

- June's osteoporosis and severe muscle atrophy left her physically frail and increasingly immobile.
- Her cognitive impairment reached the point where she could no longer regulate her emotions, recall important information, or engage in logical reasoning.
- Her executive function was non-existent, making it impossible for her to independently manage finances, property, or legal documents.
- Lindsey had full control over June's medical access, ensuring that no outside professional could assess her mental state or intervene.

##### **The COVID-19 Lockdown – A Perfect Opportunity for Total Isolation:**

- Lindsey ensured that June was completely isolated during the pandemic, eliminating any external oversight.
- Jaden was entirely cut off from communication with June, as were any other potential external contacts who might have recognized her cognitive impairment.
- Without outside intervention, Lindsey's control over June's emotions, decisions, and finances reached its peak.

##### **Documented Cognitive and Behavioral Decline:**

- January 10, 2020 – Lindsey Acknowledges June's Erratic Behavior
  - Lindsey admitted in a message that June *"goes crazy every once in a while, then goes back to normal,"* confirming that her cognitive dysfunction was worsening and fluctuating.
  - Lindsey's casual dismissal of these behaviors suggests she was aware of June's decline yet did nothing to seek professional help.
- June 9, 2021 – Fraudulent Special Warranty Deed
  - Lindsey executed a fraudulent Special Warranty Deed, transferring June's home at 5704 Trailridge Drive into her name while June was in a state of severe cognitive decline.

## **EXHIBIT B (Continued)**

### **Page 15 of 27**

- Given June's documented inability to process complex legal and financial matters, this transaction should be considered invalid due to undue influence and incapacity.
- September 15, 2021 – Suspicious Will Execution
  - Lindsey arranged for the drafting and execution of a will that completely excluded Jaden, despite June's lifelong close relationship with her.
  - By this point, June's cognitive state had deteriorated so severely that she could not have comprehended or consented to major legal changes.
  - The law firm handling the probate financially benefited from ensuring that June's estate passed through probate rather than proper estate planning, further demonstrating potential collusion and exploitation.
- December 27, 2021 – Lindsey Finalizes the Theft
  - Lindsey added Jonathan as a 50% owner of the stolen home, ensuring that the fraudulent transfer became legally binding.
  - The property was then leveraged to secure a \$498,000 loan, proving that Lindsey had premeditated plans to financially exploit June's assets for personal gain.

#### **Summary and Conclusion (2020–2021):**

By the end of 2021, June was completely incapacitated, both physically and cognitively.

- Her severe cognitive impairment made it impossible for her to execute complex legal documents.
- The COVID-19 lockdown provided the perfect cover for Lindsey to isolate June completely, preventing external oversight.
- Lindsey executed a fraudulent property transfer, will, and financial transactions while June was in a state of total dependency.
- June's deteriorating health and lack of capacity confirm that these transactions were the direct result of undue influence, manipulation, and elder financial abuse.

The evidence is irrefutable—by 2021, June had long lost the ability to make independent legal and financial decisions, rendering all documents executed in that period invalid.

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#### **2022: Pre-Terminal Stage**

##### **Physical and Cognitive State:**

By 2022, June's cognitive and physical deterioration had reached a near-terminal stage. Her body was frail and weak, and she had no ability to function independently. Her executive function, memory, and emotional regulation were entirely compromised, leaving her fully dependent on Lindsey.

## **EXHIBIT B (Continued)**

### **Page 16 of 27**

- June's physical frailty continued worsening, with no medical intervention to address her failing health.
- No effort was made to seek dementia treatment or palliative care, further accelerating her suffering and decline.
- Lindsey continued to isolate June, ensuring no external oversight into her cognitive or medical condition.

#### **Total Isolation and Lindsey's Continued Neglect:**

By 2022, Lindsey had already solidified her control over June's assets and financial affairs. She had no incentive to provide medical care, as June's declining condition would soon allow her to fully inherit everything.

- Lindsey did not arrange for June to receive dementia care, neurological evaluations, or medical intervention, despite overwhelming evidence of her incapacitation.
- No outside party had access to June to witness her condition, as Lindsey kept her fully isolated.
- June's voice was completely erased, as she no longer had any independent agency to express her own needs or desires.

#### **Final Transactions and Legal Exploitation:**

- April 2022 – Release of Mortgage Lien
  - Lindsey executed the release of the mortgage lien on June's property, eliminating any outstanding debt obligations.
  - This transaction set the stage for Lindsey to take full ownership of the remaining estate with no financial burdensEXHIBIT\_C\_Email\_Sent\_t....

At this point, June was functionally gone. Lindsey's years of isolation, manipulation, and neglect had fully stripped her of any ability to resist or fight back.

#### **Summary and Conclusion (2022):**

By 2022, June's cognitive and physical health had collapsed entirely.

- She was incapable of caring for herself, managing her affairs, or comprehending the financial and legal decisions being made on her behalf.
- Lindsey had no reason to continue covering up June's decline—by this point, she had complete control over June's estate and was simply waiting for the inevitable.
- The absence of medical intervention, social interactions, and proper dementia care proves that Lindsey was not interested in June's well-being—only in maintaining her financial and legal power.
- By the end of 2022, June was completely isolated, neglected, and physically broken, with no external intervention to stop the continued abuse and exploitation.



## **EXHIBIT B (Continued)**

### **Page 17 of 27**

This period confirms that Lindsey's financial exploitation was not opportunistic but deliberate, calculated, and sustained until June's death.

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## **2023 (March 17): Death**

### **Final Days and Lindsey's Continued Concealment:**

By early 2023, June was in the final stage of her cognitive and physical decline. Her incapacitation was absolute, and she was completely dependent on Lindsey and Jonathan for care. Despite this, Lindsey made no effort to involve Jaden, the only other surviving family member, in June's final days or medical care.

- January 2023 – The Grocery Store Encounter
  - Jaden unexpectedly ran into Lindsey at a grocery store.
  - Lindsey failed to mention that June was critically ill or nearing death, simply stating that she had "a cold."
  - This deliberate omission underscores Lindsey's continued efforts to conceal June's condition and prevent Jaden from intervening.
- March 17, 2023 – June's Death
  - June passed away under Lindsey's control, with no external family members or outside caregivers involved.
  - Lindsey waited until the following day (March 18, 2023) to inform Jaden, despite knowing how much June meant to her.
  - This delay in notification served no practical purpose other than to further isolate Jaden and deprive her of the opportunity to say goodbye.

### **The Immediate Cover-Up and Estate Manipulation:**

- March 18, 2023 – The Day After June's Death
  - Jaden met with Lindsey and Jonathan in person to discuss June's passing.
  - Lindsey's demeanor lacked the expected grief or emotional distress that would be typical after losing a parent.
  - Instead of focusing on mourning or honoring June's memory, Lindsey was already focused on estate matters and securing her control over June's assets.
- April 2023 – The Probate Filing
  - Lindsey immediately initiated probate proceedings, submitting the fraudulent 2021 Will and ensuring she retained full control of June's estate.
  - The filing of probate was a calculated move, solidifying Lindsey's financial gain from years of elder exploitation and undue influence.

### **Summary and Conclusion (2023 – Death):**

## **EXHIBIT B (Continued)**

### **Page 18 of 27**

By the time of her death, June had long since lost the ability to make independent decisions.

- Lindsey controlled every aspect of her life, from her finances to her medical care, and ultimately, her death itself.
- Jaden was deliberately kept in the dark about June's condition, ensuring that no one outside Lindsey's immediate circle could intervene or advocate for June's well-being.
- The delayed notification of June's passing and Lindsey's immediate focus on securing the estate demonstrate a complete lack of regard for June as a person—only as an asset to be claimed.
- June's isolation in her final years, coupled with the fraudulent transactions executed in 2021, provide overwhelming evidence of financial exploitation, undue influence, and elder abuse.

June's death was not just the end of her life—it was the final step in Lindsey's years-long scheme to strip her of autonomy, assets, and dignity.

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### **Typical Ages of Onset for Dementias and June's History**

Below is a comparison of the typical ages of onset for Frontotemporal Dementia (FTD), Wernicke-Korsakoff Syndrome (WKS), and Alcohol-Related Dementia (ARD), along with how June's history aligns with these patterns. This analysis also explores how her long-term steroid medication use, combined with chronic alcohol consumption, may have accelerated the onset and severity of these conditions.

#### **1. Frontotemporal Dementia (FTD)**

##### **Typical Age of Onset:**

FTD generally occurs between ages 45 and 65, making it one of the earlier-onset dementias. Cases after 70 are rare.

##### **June's History:**

- June began exhibiting behavioral and emotional instability in her 50s, aligning closely with the typical onset of FTD.
- Paranoia, aggression, hostility, impulsivity, and emotional dysregulation were consistent with FTD's impact on the prefrontal cortex and temporal lobes.
- FTD is known for causing personality and behavioral changes before significant memory loss occurs, which aligns with June's early symptoms.

##### **Impact of Steroid and Alcohol Use:**

## **EXHIBIT B (Continued)**

### **Page 19 of 27**

- Steroids and chronic alcohol use exacerbate neuroinflammation and cause damage to the brain's executive function areas, including the prefrontal cortex.
- Chronic inflammation from rheumatoid arthritis and oxidative stress from alcohol consumption likely compounded her vulnerability, accelerating the onset and severity of FTD symptoms.

## **2. Wernicke-Korsakoff Syndrome (WKS)**

### **Typical Age of Onset:**

WKS is not tied to a specific age but is strongly associated with long-term alcohol use, typically manifesting in middle-aged to older adults (40s–70s). Its onset depends on the duration and severity of thiamine (Vitamin B1) deficiency.

### **June's History:**

- June's decades of alcohol consumption, combined with a nutritionally deficient diet, almost certainly led to thiamine deficiency—the key factor in WKS.
- Classic symptoms of WKS, such as confusion, memory gaps, and confabulation (filling in memory gaps with fabricated or distorted information), became evident as her health further deteriorated in her later years.

### **Impact of Steroid and Alcohol Use:**

- Chronic alcohol use is the primary cause of WKS, but steroid use may have worsened the condition by impairing nutrient absorption, increasing oxidative stress, and weakening overall physical resilience.
- This combination likely accelerated both the onset and the severity of WKS, making June's cognitive dysfunction more aggressive and irreversible.

## **3. Alcohol-Related Dementia (ARD)**

### **Typical Age of Onset:**

ARD typically manifests in mid-to-late life (40s–60s), depending on the duration and severity of alcohol misuse. Early onset can occur in cases of extreme alcohol abuse.

### **June's History:**

- June's lifelong pattern of alcohol consumption, combined with poor nutrition, perfectly fits the profile of ARD.
- Her symptoms of emotional dysregulation, impulsivity, paranoia, and progressive cognitive decline in her 50s and 60s suggest that ARD overlapped with FTD.

## **EXHIBIT B (Continued)**

### **Page 20 of 27**

- ARD and FTD share multiple symptoms due to their effects on the prefrontal cortex and temporal lobes.

#### **Impact of Steroid and Alcohol Use:**

- Long-term steroid use likely compounded the effects of alcohol, contributing to neuroinflammation, oxidative stress, and impaired brain repair mechanisms.
- Together, these factors likely brought on ARD symptoms earlier and amplified their severity.

#### **4. Accelerated Dementia Onset with Steroid and Alcohol Use**

The combination of steroid use and alcohol consumption significantly accelerated the onset of these dementias.

- Neuroinflammation: Both steroids and alcohol promote inflammation and oxidative stress, damaging neurons and hastening neurodegeneration.
- Immune Suppression: Chronic steroid use weakens the immune system, leaving the brain more vulnerable to infections, toxins, and alcohol-related damage.
- Nutrient Deficiency: Steroids and alcohol impair nutrient absorption, particularly of thiamine (Vitamin B1), calcium, and Vitamin D, increasing the risk of WKS, ARD, and osteoporosis.
- Synergistic Effects: The combination of these factors created a “perfect storm,” accelerating both the timeline and the severity of June’s cognitive and physical decline.

#### **5. Summary**

- FTD: Likely began in her 50s, consistent with typical onset and her early behavioral changes.
- WKS: Developed later, in line with her long-term alcohol use and thiamine deficiency, becoming more evident in her 60s and 70s.
- ARD: Overlapped with FTD, with symptoms of cognitive decline and emotional dysregulation appearing by her 50s.
- Alzheimer’s Disease: May have contributed to her cognitive decline in her 70s, but earlier symptoms align more closely with FTD, WKS, and ARD.
- Her steroid use, combined with chronic alcohol consumption and poor diet, almost certainly accelerated the onset and progression of these conditions, contributing to her physical frailty and severe cognitive decline in her final years.

#### **Conclusion**

June’s cognitive and physical decline was not the result of a single factor but a complex interplay of overlapping dementias, chronic alcohol consumption, steroid use, and severe

## **EXHIBIT B (Continued)**

### **Page 21 of 27**

nutritional deficiencies. The evidence suggests that her cognitive impairment began decades before 2021, rendering her incapable of executing legal and financial decisions long before Lindsey took advantage of her deteriorated state.

This overview demonstrates how multiple risk factors compounded over time, leading to progressive dementia, irreversible neurological damage, and the complete loss of independent decision-making capacity.

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### **EXHIBIT B: Summary and Conclusions**

1. June's Cognitive and Physical Decline Rendered Her Incapable of Legal and Financial Decision-Making Long Before 2021
  - The documented evidence in EXHIBIT B establishes that June's mental and physical capacity had been in steep decline for decades, with significant cognitive impairment evident as early as her 50s.
  - By 2018–2019, she was displaying severe symptoms consistent with frontotemporal dementia (FTD), alcohol-related dementia (ARD), and Wernicke-Korsakoff Syndrome (WKS), all of which progressively worsened until she was entirely incapacitated.
  - By 2021, June had long since lost the ability to understand, resist undue influence, or make legally binding decisions regarding her finances, property, or estate.
2. Lindsey Was in a Unique Position to Witness, Conceal, and Exploit June's Cognitive Decline
  - Lindsey and June were inseparable, with Lindsey living within walking distance or directly next door to June for the majority of her life.
  - Lindsey was June's sole caregiver and decision-maker, controlling her finances, mobility, and daily affairs.
  - Lindsey had full knowledge of June's cognitive and behavioral deterioration, which is evidenced in text messages where she acknowledged June's irrational and erratic behavior but did nothing to seek professional medical intervention.
  - By keeping June isolated and ensuring no external oversight, Lindsey created the conditions necessary to execute fraudulent legal transactions without challenge.
3. The Transactions Executed in 2021 Were Fraudulent and Invalid
  - June's documented symptoms—severe memory loss, paranoia, psychotic episodes, and loss of executive function—prove that she could not have understood or consented to financial transactions or estate planning documents.
  - The June 9, 2021, Special Warranty Deed transferring her property to Lindsey, and the September 15, 2021, Will completely excluding Jaden, were executed at a time when June was completely dependent on Lindsey and incapable of independent decision-making.

## **EXHIBIT B (Continued)**

### **Page 22 of 27**

- These transactions, when viewed in the context of June's extreme cognitive impairment, Lindsey's total control over her affairs, and the deliberate isolation of June from Jaden, are clear evidence of undue influence, financial exploitation, and elder abuse.
- 4. June's Extreme Isolation Allowed Lindsey to Conceal Her Mental Decline and Prevent External Intervention
  - By June's own words (as documented in her December 7, 2018, text message to Jaden), her world was extraordinarily small and consisted only of:
    - Her house – A material comfort that further reinforced her isolation.
    - Her job as a high school librarian – A solitary profession that did not provide an active social life.
    - Her cat – A source of companionship that further highlighted her lack of human connections.
    - Her daughter and son-in-law (Lindsey and Jonathan) – The only people she fully interacted with on a daily basis.
  - Notably absent from June's life were close friends, a social support network, or external relationships that could have observed and intervened in her deteriorating condition.
  - By cutting Jaden out of June's life, Lindsey ensured that there were no witnesses to June's cognitive decline and no one to challenge her increasing control over June's estate.
- 5. The COVID-19 Pandemic Allowed Lindsey to Further Isolate June and Prevent Any Oversight
  - The lockdowns of 2020 and 2021 gave Lindsey the perfect opportunity to keep June completely isolated from the outside world.
  - Jaden, who was already being pushed out of June's life, was entirely cut off from communication, as were any other potential contacts who might have recognized June's incapacity.
  - This provided Lindsey with the opportunity to finalize her exploitation—executing the fraudulent property transfer, will, and financial transactions without any outside scrutiny.
- 6. Lindsey's Actions in the Final Months of June's Life Prove That Her Intent Was Never to Care for June—Only to Secure Her Estate
  - Lindsey never sought medical intervention or palliative care for June, despite overwhelming evidence of her incapacitation.
  - Lindsey deliberately concealed June's failing health from Jaden, as seen in the January 2023 grocery store encounter where she lied about June's condition, claiming she only had a cold.
  - When June died on March 17, 2023, Lindsey waited a full day before informing Jaden, depriving her of any opportunity to say goodbye.

## **EXHIBIT B (Continued)**

### **Page 23 of 27**

- Lindsey's behavior immediately after June's death was not that of a grieving daughter but of someone focused solely on securing assets, as she quickly moved to:
  - File probate on the fraudulent 2021 Will
  - Finalize control over June's estate
  - Ensure that Jaden had no legal recourse to contest the transactions
- 7. The Evidence in EXHIBIT B Overwhelmingly Supports a Case for Undue Influence, Financial Exploitation, and Elder Abuse
  - June's health history and cognitive decline establish that she was incapable of executing legal and financial transactions in 2021.
  - Lindsey's position as sole caregiver, control over June's estate, and pattern of isolation and concealment provide clear indicators of undue influence.
  - The financial transactions Lindsey executed—particularly the property transfers, will revisions, and mortgage manipulations—were deliberately structured to benefit Lindsey while June was in a state of incapacity.
  - The complete exclusion of Jaden from June's final years and estate planning is both suspicious and legally indefensible given the documented history of their close relationship.

### **Final Conclusion**

The evidence presented in EXHIBIT B eliminates any reasonable doubt that June was incapacitated and vulnerable to undue influence well before 2021. It also proves that Lindsey systematically exploited June's condition for financial gain, cutting off Jaden to ensure no one could intervene.

This pattern of isolation, financial exploitation, and concealment constitutes elder abuse, fraud, and undue influence and supports the invalidation of all legal and financial documents executed in 2021 under Lindsey's direction.

**EXHIBIT B (Continued)**  
**Page 24 of 27**

| <b>Dementia Indicators</b>      |                                      |  |                                 |                            |
|---------------------------------|--------------------------------------|--|---------------------------------|----------------------------|
| <b>Indicator/Symptom</b>        | <b>Frontotemporal Dementia (FTD)</b> | <b>Wernicke-Korsakoff Syndrome (WKS)</b> | <b>Alcohol-Related Dementia</b> | <b>Alzheimer's Disease</b> |
| Confabulation                   | FALSE                                | TRUE                                     | FALSE                           | FALSE                      |
| Short-term memory loss          | FALSE                                | TRUE                                     | TRUE                            | TRUE                       |
| Long-term memory loss           | FALSE                                | TRUE                                     | TRUE                            | TRUE                       |
| Extreme emotional dysregulation | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| Paranoia                        | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| Aggression                      | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| Hostile or abusive language     | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| Poor impulse control            | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| Disorganized speech             | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| Difficulty making new memories  | FALSE                                | TRUE                                     | TRUE                            | TRUE                       |
| Loss of vocabulary              | TRUE                                 | FALSE                                    | FALSE                           | FALSE                      |
| Physical frailty                | FALSE                                | TRUE                                     | TRUE                            | TRUE                       |
| Hallucinations                  | FALSE                                | FALSE                                    | TRUE                            | TRUE                       |
| Poor coordination               | FALSE                                | TRUE                                     | TRUE                            | FALSE                      |
| Severe apathy                   | TRUE                                 | FALSE                                    | TRUE                            | TRUE                       |
| Confusion                       | TRUE                                 | TRUE                                     | TRUE                            | TRUE                       |
| Rapid personality changes       | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| Inappropriate social behavior   | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| Inability to plan or organize   | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| Repetition of actions or words  | FALSE                                | FALSE                                    | TRUE                            | TRUE                       |
| Severe malnutrition             | FALSE                                | TRUE                                     | TRUE                            | FALSE                      |
| Delusions                       | FALSE                                | TRUE                                     | TRUE                            | FALSE                      |



**EXHIBIT B (Continued)**  
**Page 25 of 27**

| <b>Dementia Brain Areas Affected</b>   |                                      |  |                                 |                            |
|--|--------------------------------------|--|---------------------------------|----------------------------|
| <b>Brain Area Affected</b>   | <b>Frontotemporal Dementia (FTD)</b> | <b>Wernicke-Korsakoff Syndrome (WKS)</b> | <b>Alcohol-Related Dementia</b> | <b>Alzheimer's Disease</b> |
| <b>Prefrontal Cortex</b><br>- Emotional Regulation<br>- Impulse Control<br>- Decision-Making | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| <b>Temporal Lobes</b><br>- Emotional Regulation<br>- Language<br>- Memory                    | TRUE                                 | FALSE                                    | TRUE                            | TRUE                       |
| <b>Amygdala</b><br>- Emotional Processing<br>- Paranoia<br>- Aggression                      | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| <b>Hippocampus</b><br>- Memory Formation<br>- Learning<br>- Spatial Navigation               | FALSE                                | TRUE                                     | TRUE                            | TRUE                       |
| <b>Cerebellum</b><br>- Balance<br>- Coordination<br>- Fine Motor Skills                      | FALSE                                | FALSE                                    | TRUE                            | FALSE                      |
| <b>Thalamus</b><br>- Sensory Processing<br>- Emotional Regulation<br>- Consciousness         | FALSE                                | TRUE                                     | TRUE                            | FALSE                      |
| <b>Hypothalamus</b><br>- Autonomic Functions<br>- Hormonal Regulation<br>- Stress Response   | FALSE                                | TRUE                                     | FALSE                           | FALSE                      |
| <b>Mammillary Bodies</b><br>- Memory Processing<br>- Spatial Memory                          | FALSE                                | TRUE                                     | FALSE                           | FALSE                      |
| <b>Brainstem</b><br>- Basic Life Functions<br>- Autonomic Processes                          | FALSE                                | TRUE                                     | TRUE                            | TRUE                       |
| <b>Motor Cortex</b><br>- Voluntary Movement<br>- Muscle Control                              | TRUE                                 | FALSE                                    | TRUE                            | FALSE                      |
| <b>Parietal Lobes</b><br>- Sensory Integration<br>- Spatial Orientation                      | TRUE                                 | FALSE                                    | FALSE                           | TRUE                       |


**EXHIBIT B (Continued)**  
**Page 26 of 27**

| <b>Dementia Nutrient Deficiencies</b>    |                                      |  |                                 |                            |
|--|--------------------------------------|--|---------------------------------|----------------------------|
| <b>Nutrient Deficiency</b>               | <b>Frontotemporal Dementia (FTD)</b> | <b>Wernicke-Korsakoff Syndrome (WKS)</b> | <b>Alcohol-Related Dementia</b> | <b>Alzheimer's Disease</b> |
| <b>Vitamin B1 (Thiamine)</b>             | FALSE                                | TRUE                                     | FALSE                           | FALSE                      |
| <b>Vitamin B3 (Niacin)</b>               | FALSE                                | TRUE                                     | TRUE                            | TRUE                       |
| <b>Vitamin B12 (Cobalamin)</b>           | FALSE                                | FALSE                                    | TRUE                            | TRUE                       |
| <b>Vitamin B9 (Folate)</b>               | FALSE                                | FALSE                                    | TRUE                            | TRUE                       |
| <b>Vitamin D</b>                         | FALSE                                | FALSE                                    | TRUE                            | TRUE                       |
| <b>Omega-3 Fatty Acids</b>               | FALSE                                | FALSE                                    | TRUE                            | TRUE                       |
| <b>Antioxidants (Vitamins C &amp; E)</b> | FALSE                                | FALSE                                    | FALSE                           | TRUE                       |
| <b>Iron</b>                              | FALSE                                | FALSE                                    | FALSE                           | TRUE                       |
| <b>Zinc</b>                              | FALSE                                | FALSE                                    | FALSE                           | TRUE                       |
| <b>Copper</b>                            | FALSE                                | FALSE                                    | FALSE                           | TRUE                       |
| <b>Magnesium</b>                         | FALSE                                | FALSE                                    | FALSE                           | TRUE                       |

**EXHIBIT B (Continued)**  
**Page 27 of 27**

**CERTIFICATE OF ACCURACY**

I certify that the attached document, marked Exhibit B, is a true and correct copy of the original record, correspondence, or evidence in my possession. This exhibit is submitted to the Travis County Clerk for filing on February 12, 2025, in support of my claims in this matter; and that service upon all required parties shall be completed pursuant to the Texas Rules of Civil Procedure upon court acceptance and processing. I will comply with all instructions from the court regarding service and notification of interested parties.

A handwritten signature in black ink, appearing to read 'JADEN ALEXANDRA RILEY', with a stylized, cursive-like script.

**JADEN ALEXANDRA RILEY**  
**Petitioner, Pro Se**