ins is E.anion" $G$ "reverrea to in the afravit of Lrioner..Andre Bouchard sworn berore mo at Maple Ridge


December 7, 2010

To Whom It May Concern,

Lionel Bouchard, age $863 / 4$, has been a patient of mine since February 2008.
During the course of the past three years, I have attended to Mr. Bouchard regularly, almost on a monthly basis for regular check-ups, flu shots, renewal of his blood pressure pills and other medications, quite normal for someone of Mr. Bouchard's age.

As I have stated previously, Mr. Bouchard is very competent to look after his own affairs.
The reason for Mr. Bouchard's initial visit with me at the Care Clinic here in Maple Ridge, B.C. in February 2008, was as a result of the panic and stress he was experiencing, this after after just having received a call from his daughter, Lynda Staub of Manitoba, accusing him of something very preposterous - simply in order to keep him out of Manitoba!

I wish to go on record stating my concerns over the abuse and stress that Mr. Bouchard's family of Manitoba, have subjected him to over the years since I have had Lionel as a patient.

Yours truly,


Dr. P. Williams
22323 Selkird Avenue
Maple Ridge, B.C.
V2X 2X6

January 21,2010
Via Fax: 204-945-7130

Court of Queens Bench 408 York Avenue, Winnipeg, Manitoba

File \# 090192671
File \# 090192674
File\#090192675

## Re: Lionel Bouchard ..

With respect to Mr. Lionel Bouchard, Mr. Bouchara has been a patient of mine since the spring of 2008.

Since then, Mr. Bouchard continues on a monthly basis to visit my offices in order to renew his prescriptions for high blood pressure. etc

In 2009, Mr. Bouchard underwent a medical competency examination for his driver licence.
in my opinion Mr. Lionel Bouchard appears competent to deal with his own affairs and quite capable of making decisions on his own.

Rhulecurs
Or. P. Williams

> DR. P. WILLIAMS
> 22313 Selkirk Avenue Maple Ridge, B.C.
> V2X $2 \times 6$

December 7, 2010

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Yours truly,


Dr. P. Williams
22323 Selkird Avenue
Maple Ridge, B.C.
V2X 2X6
f ough there is, of course, no legal restriction in the parties to a conflict discussing resolution of issues L...ween themselves, there are a few reasons why I would suggest they not do so in this case until the terms of any settlement are finalized between counsel. In saying this, I realize that your client may be looking for suitable accommodation for his father, but I suggest even this step be guided by counsel to ensure we are all on the same page.

In this case, be aware of the following reasons why I am convinced that counsel be the only negotiators:
(a) In the circumstances of this case there is a presumption on your client of undue influence in achieving any settlement of any issues between father and son that would not be arguable if the settlement process were conducted between their respective counsel and, thus, they each have received independent legal advice;
(b) Your client apparently brought Dr. Bruce Jamieson to the Sunday meeting of the parties to discuss settlement, much to the surprise of my client and Mr. Slegers. I am advised that Dr. Jamieson apparently conducted an interview of my client and pronounced him capable of handling his own affairs! If your client did in fact invite this doctor to be present to examine my client, he has acted inappropriately to say the least and clearly has attempted to prejudice my client's rights; and
(c) As I told you over the telephone on Tuesday, last, at that same meeting your client presented my client with two discharges of the two caveats our office registered against the farm lands. Apparently, they were drafted by a daughter of my client, Lynda Staub, who is an emplayee of the Land Titles Office. Such action was also inappropriate in view of the fact that this action is an obvious attempt to take advantage of my client and, once again, to prejudice his rights by having him discharge his legitimate claims against his son. This is particularly reprehensible behavior in the face of their knowledge that their father has legal counsel.

Accordingly, in addition to your request to your client to tell his father to call me at the above number as soon as possible, I request you advise your client to then stay away from my client and not to have any further contact whatsoever with him except as advised by you, his counsel, as such contact may be agreed between counsel.

Thank-you,

## Winston

Winston F. Smith, Q.C.
Hook \& Smith
Barristers, Solicitors \& Notaries Public
201-3111 Portage Ave.
Winnipeg, Manitoba
R3K 0W4
off: 204-885-4520
fax: 204-837-9846
res: 204-488-0765
cel: 204-955-0001
email: wsmith@hookandsmith.com
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No virus found in this incoming message.
(029585) BODCHARD LIONEL

PO Box 127
ELIS MB ROE OHO
CONSULTANT LETTER
Cholinesterase inhibitors.

AItID-
Male (82) 22ปan24
THy ; $277639 / 103065440$ [Cons) (cons)
$\qquad$

Po. 1 ib 4
r. $1 ; 4$

Page 3
LV. *not fourier"

Hame: (204) 353-5820
work: N/A

If family feel Mr, Bouchmird in not: ompecent to handle his own affairs and there is any intention of pursuing thin in the courts, I would suggest referring Mr. Boucher to Dr. Barry Campbell at st. Boniface Hospital for a formal competency mesesmment. In my view he is capable of fully participating in decisions related to finances, health and living circumstances. Themis for referring this very pleasant mana.
Sincerely Yours


Howard Zacharias, M.D.
$\mathrm{Hz} / \mathrm{sdl}$
CC Bruce Jamieson

Kelly Land [kpl@cgklaw.ca]
Monday, August 18, 2008 7:11 AM
Winston Smith
Re: Bouchard v. Bouchard

## Winston

I am out of the office for the next few days. I am aware thought my client, who in turn has been advised by Mr. Slegers, that your client is being pushed very hard from Marlene in BC.
We have been guided in this matter by your strong assertion that your client is competent and capable of giving instruction regardless of the family pressure he is under.
My client does not want to be seen as trying to manipulate the situation and therefore I have advised him to avoid initiating any discussion with his father until the matters are resolved. He has accepted that Mr. Slegers will look after his fathers interests as a neutral third party and communicate anything of a personal nature to my client. All legal matters remain between our offices.
I await your letter of settlement once you have your instructions from Mr . Bouchard at your earliest convenience.
Kelly P. Land
Chapman Goddard Kagan
Barristers \& Solicitors
1864 Portage Avenue
Winnipeg, MB R3J 0H2
Ph: (204) 888-7973
Fax:(204) 832-3461

This email may be privileged or confidential and is intended for the use of the addressee or their designated agent only. Any unauthorized distribution, copying, disclosure or dissemination of the contents of this communication is prohibited. If you receive this email in error or by accident, please notify Chapman Goddard Kagan immediately at (204) 888-7973. Thank you.
----- Original Message -----
From: Winston Smith
To: kpl@cgklaw.ca
Sent: Friday, August 15, 2008 2:08 PM
Subject: RE: Bouchard v. Bouchard
Kelly,
I am presently out of the office and will be absent until August 26th.
Before leaving my office yesterday I drafted a letter to you setting forth the proposal to settle both the life estate and debt claim issues. During the course of my meeting with my client over the last few days, I realized that your client appears to be in contact with my client. In fact Andy called my office on Tuesday looking for Mike Slegers and, apparently, had been waiting for both Mr. Slegers and my client outside my office as they had traveled together from Elie to Winnipeg. The association seemed to be a follow-up to the meeting on Sunday between our respective clients and Mr. Slegers at which the initial settlement discussions commenced.

I now am awaiting my client's review and approval of the settlement proposal before I can send it on to you. However, despite my efforts to contact my client or Mr. Slegers, I am unable to do so and the reason for that is he, apparently, is meeting with your client and Mr. Slegers. Would you be so kind as to call your client and ask him to have his father call me at my lake number 1-204-349-8470.

Although there is, of course, no legal restriction in the parties to a conflict discussing resolution of issues between themselves, there are a few reasons why I would suggest they not do so in this case until the terms of any settlement are

AytyD
Male (82) 22Jan24
Ins: $277639 / 103065440$

Home: (204) 353-5820
Work: $N / A$ chat he could remaln liviking with his son, has dane some combining for doing so. He enjoym work ago and feels he could still do that. He his son' b business a year ago an which he purohases from suppiters on also reports that he gelis ensh whe customers, but he feelg he may have to Lake winnipeg and then arive and the long diatances involved. He has give this up due to hout not driving since his accident but has hopes of oeen oooperacive about not ing able to drive locally in the Eutuxe.
Mr. Bouchard is very fortheoming about his financial circumstances. He volunteered what his assers were, what kins incorne and obligations are. where he does his banking. He has a will and he has given power of Attornay to a deughter. He took pains to explain that he wanta to treat all hi\& children fairly and equitiobly, but he doesn't have large savings to diatribute.
He gives a detailed account of his famill's eircumatances. He knows all his children, their wherembouts and their jobs. He feela he has a good relationship with all of then, but he wowiles about motives behind the aotions of his deughter Erom B.C.
Throughout the interview Mx. Bouchard shows a realintic and reasoned approach to his circumstances and to planning for his furure, His thought content and proceas is Innear and appropriate. He is attentive and socilally appropriate. There is no evidence of a mood disorder.
In summary Mr. Bowchard underatands the circumstances relevent to bis situation and appreciates the consequences of various decisions the needs to make. Hh has m reasoned approach to decisiomaking and is eagmr to cooperate with family and professionals in this regard. He is concerned about being pressuread by hia danghter to make decisions that be does not agree with. I asked him is no felt he could sitand up to rhis pressure and he indicated it was tims that be became more firm. I abked him what he would do if she becane more torcetul, and he said he would have to call police and ask her not to come visit him any longer.
MI. Bouchard has evidence of mild cogniltive impaimment but he is not
dementing at this point. (stage $3 / 6$ on the Giobal Deterioration Scale.) I consider Lionel capable of participailng fully in decisionmaking regarding his living arrangements and an confident that he meets criteria for capacity to handle Einamaes and insexuct an attorney. Medical information should be provided to fanily only with Mr. Bownard's consent. From a cognitive point of viem, I have no resexvarions bioout his eapacity to drive, however driving competency may need to be tasted further. I see no indication for his needing to be on major trangililizers. At this stage of cognitive function there is inadequate evidence to guggeat the use of cholinesterase benefit for Recent studies on mild cognitive impaimment have not shown bemefit for

CONFIDENTIAL FAX TRANSMISSION
Date: $\qquad$
To: Lionel Bouchard
Fax\#: 604-465-56.32
From: Heather Clark-Geriatric Mental Health
No. of pages: $\qquad$ (including this cover page)
re: Dr. Nadella's Report





Message:
Please find attached Dr. Nadefla's dictated and sipped report regarding your appointment on july $20,2010$. Thanks. weather
$\qquad$
$\qquad$


Abnormal?
Confidential?
Writer met today with cliant and his daughter Maziene in the Mental Meadth office for an initial assessment.

Client and his daughter tell me his menory is good. He is most concerned. about his upcoming assessment to renew his drrivers license. Clieat does ant. have any complaints about memory of any phyaical concerns.

Client is incependent in $A D L^{\prime} s$ and IADL's. Client coes not use walking ails and there have been no falls. He reports no problems with sleeping. He sleaps approximately nine hours fer night. He says that his appetite is finc. He has been trying to loae weight at the advice of his physcian and he has lost 401 bs over the last year. Self report of eaergy level and mood are girod.

On cogmitive testing elient scored $74 / 200$ on the 3 MS and $20 / 30$ on the MMSE Tr, must be caken into accouns Enat flijent mas oniy recieved a grade three ed acation and French is his firet language, although he is fluent in minginith. Puints were lost on mental reversal (4/7), first and second recall
$(7 / 9,8 / 9)$, temporal and spatial orientation (14/15, $3 / 5$ ), verbal fluency $(4 / 10)$, similarieies (1/6), repeeition (2/5), and pentagon conaezuceion correctly. Client was able to draw a clock face but could pome siace the hand:; in.
The test scores and previous medical bistory indicate that there may be a vascular dementia process starting. Our psychiatiist, Dr. Nadella, will bis seeing the client on July 20 th for a Eommal, assemment. please forward any recent medical and/or biood tegts for this cilient. A CT scan would be helusul ith making a definitive diagnosis of dementia and an BCG would be used in determining the client's eligiblity for a cholinosterase inhibitor.
Writer will liase with elient's Gp, Dr. Williiams, and daughter Marlene in the interim as zeceqsa:y.

Heather clark, msych, Bsw, Rsw

| Note Type | Descriptidem |
| :--- | :--- |
| No TYPQ | NONE |

FRASER HEALTE AUTHORITY
MAPLE RIDGE MRHTYAL EEAETH CEANTRS
\#500 - 22470 Dewdmey Trunk Road
Maple Ridge, B.C.
V2X $5 Z 6$
Telephone (604) 476-7165
Report number: 1008-0077

Name: BOUCHARD, LIONEI ANEREY
Unit \#: 51910048
Service Date: 20/07/10
Birchdate: $22 / 01 / 24$ PHN:
family doctor: *Dr. P. Nilficians

INIT, PHYSICIAN CONSULT - MR
Reason for Referral
Mr. Bouchard is an 86 year old divorced Caucasian gentleman who had been referred by his GP, Dr. Williams, EOZ a psycho geriatric evaluation following a request from the family on his ability for self care and to look after himself. He was reviewed at Maple Ridge Mental Health Centre on the $20 t h$ of July, 2010 , where he was seen along with his daughter.

## History of Presenting Complaint

I was informed that Mr. Bouchard has lived all hia life int Manitoba and has moved to viait his daughter about two years ago. He has been living locally fce the past two years. Following his referral, he was seen for a cognitive assessment by Heather Clark, a colleague on the geriatric mental health team, who gathered all the background information. It was recorded that there was some concerns regarding the move from the family in Manitoba two years ago. Apparently, home nealth, the police and the pGNT were involved in the investigation and subsequently found that the client had moved on his own accord to viait hia daughter. We were alao informed by Lionel, as well as his daughter, that he is planning to move back to Manitoba thia Eall.

His daughter informed us that they wanted an assessment as he was due to have his renewal of driver's dicense at the time. She denied any concerns with his memory and there was no report of any acute mentall health issues. He reports his sleep and appetite being normal and his mood was subjectively and sojectively eathymic. He de屯cribed his mamory as okay, although he occasionally has some diffizulty remembering names. He denied any problems with orientation within or outside the rouge. He denied any word finding difficulties and migplacing things. He denied any rime at home, like burning the pans, or wandering and getifing logt. There was no history guggeative of confusion. He informed us that he got his driven' in fense renewed anil his daughter explained that he doesn't drive in BC but she wanta him to have his d:iver's license renewed, as he will need it when he recurns back to Manicoba. He th apparently living with his daughter and we were made to maderetand that he manages his uwn finances.

He denied any ideas of self harm or harm to others. There was no zepo:t of paranoia or pgychosis in the past or preaent. His attention and concentration havis been good and he enjoys his walks. He is Eull mobile, continent and he has mearing impitirment secondary to the concussion injury he guffexed in $z=$ and is due for a change in his hearing aid in the coming months.

Past Psychiatrde History
Nil of note.

## Past Medical History

Client suffered a concussion injury in 2005 after falling on ice and re had hypertension and hernia repair in the past. He has a cataract and curnently wears glasses and hearing aids. He did not report any allergien to medicatims.

MAPLE RIDGE MBNTAL HEALTH CENTRE
INIT. RHYSICIAN CONSULT - MR

Name: BOUCHAPD,LIONISL AND\$EY
Service Date: 20/07/10

He is a non moker and dxinks alcomol on special occasions and never takes any drugs The medication list included Amlodiplne lomg once daily, Terazosin $2 \pi g$ once daily, Terazosin 2 mg once daily, Ramipril 10 mg once daily, Detrol 2 mg once claily, Amiprosol 20 mg once daily, ASA Blmg per day, Vitamin Bl2 and Furasemide.

Family and Personal History
He was born and brought up in Mandtoba and the oldest of a ten sibship. His parents passed away a long time ago of natuxal causes. He worked gor the municipality in Manitoba of road maintenance for thircy years. He was divorced about 25 years ago and had mine children, with the marriage. All of the family, apart from this daughter, live back in Manitoba. He reports coming to $B C$ to visit his daughter and $n$ ow plans to go back. Following the concussion injury, we were made to understand tha there was a claim that was settled with money. He reports enjoying gardening and plays bingo. He socializes well with family and friende.

He is fully independent in all of his activities of daily living.

## Mental Status Examination

Revealed an 86 year old pleasant Caucasian male who presented with a pood level of self care and his behavior was pppropriate. He maintained good eye contact and no abnormal moments were noted. His speech was spontaneous and normal in tone and content. Hia mood was subjectively and objectively euthymic and there were no ideas of :eif harm or harm to others. There were no thought or perceptual abnommalities to reporl: With regard to hds cognition, an initial assessment by Heather he scored $20 / 30$ on MM:SB and $74 / 100$ on 3MS. Learning about the scores, Mr. Bouchard and his daughter informer that he had only a grade chree level education and had dififeulties mpeling the vords and arithmetics. When I repeated the MMEE today he acored about 25/30 and attention and calculation have been taken way he scored $22 / 25$. He lost one point oil deayed recall. one on three stage command, que on copying intergecting pentagons. He is orientated to time place and person and his attention and concentration were within normal range. He was able to give logical history. No major short tern or long term merlory difficultieg were noted apart from bome difficulties remumbering namer. He has good insighe and his judgment is in tact.

In summary, Mr. Bouchard is an 86 year ole divorced Caucusian gentlemen who was referred for a geriatric assessment of his ability to sejf care on the request of the family. There were no mental health eoncerns from the fanily of the cilent, and lost a few points on the MMS and MMMS with the CT report suggestive of advanced involutional changes related to age. It is possible from the CT report and difficulties remembering mames and cognitive assessment scores that early dementia is setting in. No risks were identified at thig time, due to his cognitive deficits.

## Diagnosis

Axis I - Cognitive disorder (NOS), Mild cognitive impaifment, Query to rule out mild dementia, possibly Alzheimer's type.
Axis II - Norie
Axis III - Hastory of concussion in"ury, hypertension anc hernia repadr. Some hearang and visual impairment secondary to cataract.
Axis $V$ - GAF $=70$
Maragement Plan
I have explained to both Mr. Bouchaind and his daughter about the possioiliey of mild

Run: 31/08/10-10:30 by Macrae, Sarah
dementia, which needs further review of his cognitive testing given ris educational background. I have also informed about the jrreveraibility and progressive nature of dementia and the current available treatment options. Given his impeniling move in the fall, he was not keen for a trial of cognitive enhancers at this time, but I have advised him to see his family practitioner on return to Manitoba if ha notices any further deterioration in his cognition or wishes to be considered for cognitive enhancers. He was discharged back to his GF's care.

## R. nodllur

DR. RAJASREE NADELLA

**Subject to revision within 10 days of eranscription
Transcribed by: Macrae, sarah Dictared by: NADELLA, RAJASREE

Copies to: DR. WILLIAMS

Date: 10/08/10
Date 20/07/10

