**IN THE STATE COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY**

**STATE OF GEORGIA**

|  |  |  |
| --- | --- | --- |
| JANE DOE, as surviving spouse of JOHN DOE, and DAUGHTER DOE, as Executor of the Estate of JOHN DOE, | )  )  )  ) |  |
| Plaintiffs, | ) |  |
| v. | ) | Civil Action File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HOSPITAL, its agent and employees; MEDICAL CENTER; REGISTERED NURSE; CARDIAC CATHETERIZATION TECHNICIAN; PHYSICIAN GROUP; DOCTOR; and NURSE PRACTITIONER | )  )  )  )  )  ) |  |
| Defendants, | ) |  |

**COMPLAINT**

COME NOW Plaintiffs Jane Doe, as surviving spouse of John Doe, Deceased, and Daughter Doe, as Executor of the Estate of John Doe, Deceased, and file this their Complaint against Defendants Hospital, its agents and employees; Medical Center; Registered Nurse; Cardiac Catheterization Technician; Physician Group; Doctor; and Nurse Practitioner, showing the Court the following:

**Parties, Jurisdiction, Venue, and Service of Process**

1.

Plaintiff Jane Doe is a resident of Duluth, Georgia. Plaintiff is the surviving spouse of john Doe, Deceased, and brings this case to recover for the wrongful death of John Doe, Deceased, her spouse.

2.

Plaintiff Daughter Doe was lawfully appointed as Successor Executor of the Estate of John Doe, Deceased, on March 25, 2019, and brings this case as the appropriate representative of John Doe, Deceased, to recover all damages allowed by law.

3.

Defendant Hospital is a domestic non-profit corporation organized under the laws of the State of Georgia and is authorized to conduct business in the State of Georgia. Upon information and belief, it owns and operates Defendant Medical Center, and other health facilities and hospitals throughout the county of Georgia, Georgia. Its principal place of business is located at Address. Defendant Hospital may be served through its agent, as listed with the Georgia Secretary of State, Registered Agent, at Address, in Georgia County. Defendant Hospital is subject to the jurisdiction and venue of this Court.

4.

Defendant Medical Center is a domestic non-profit corporation organized under the law of the State of Georgia and is authorized to conduct business in the State of Georgia. Upon information and belief, it is a medical center and employs physicians, nurses, and technicians who have privileges to practice medicine and/or nursing and deliver heath care to patients like John Doe. Its principal place of business is located at Address. Defendant Medical Center may be served through its agent, as listed with the Georgia Secretary of State, Registered Agent, at Address, in Georgia County. Defendant Medical Center is subject to the jurisdiction and venue of this Court.

5.

Defendant Registered Nurse (“RN”’) is a registered nurse licensed to practice nursing in the State of Georgia. Upon information and belief, Defendant RN was employed as a registered nurse at Defendant Medical Center when John Doe was a patient on May 18, 2017. Upon information and belief, Defendant RN can be served at her personal residence located at Address, in Georgia County. Defendant RN is subject to the jurisdiction and venue of this Court.

6.

Defendant Cardiac Catheterization Technician (“CCT”), is a cardiac catheterization technician licensed to practice in the State of Georgia. Upon information and belief, Defendant CCT was employed as a cardiac catheterization technician at Defendant Gwinnett Medical Center when John Doe was a patient on May 18, 2017. Upon information and belief, Defendant CCT can be served at her personal residence located at Address, in Georgia County. Defendant CCT is subject to the jurisdiction and venue of this Court.

7.

Defendant Physician Group is a domestic limited liability company organized under the law of the State of Georgia and is authorized to conduct business in the State of Georgia. Upon information and belief, it is a medical center and employs physicians, nurses, and technicians who have privileges to practice medicine and/or nursing and deliver heath care to patients like John Doe. Its principle office address is Address, in Georgia County. Defendant PHYSICIAN GROUP may be served through its registered agent, Registered Agent at Address in Georgia County. Defendant Physician Group is subject to the jurisdiction and venue of this Court.

8.

Defendant Doctor is a cardiologist licensed to practice in the State of Georgia. Upon information and belief, Defendant Doctor was employed as a cardiologist at Defendant Physician Group when John Doe was a patient on May 18, 2017. Upon information and belief, Defendant Doctor can be served at his personal residence located at Address, in Georgia County. Defendant Doctor is subject to the jurisdiction and venue of this Court.

9.

Defendant Nurse Practitioner (“NP”) is a nurse practitioner licensed to practice nursing in the State of Georgia. Upon information and belief, Defendant NP was employed as a nurse practitioner at Defendant Medical Center when John Doe was a patient on May 18, 2017. Upon information and belief, Defendant NP can be served at her personal residence located at Address, in Georgia County. Defendant NP is subject to the jurisdiction and venue of this Court.

10.

At all times relevant hereto, Defendants Hospital and Medical Center were responsible to John Doe, Deceased as the employer and principal of its agents and/or Defendants RN and CCT pursuant to the principles of *respondeat superior,* actual, apparent, and ostensible agency for all negligent acts and omissions attributable to their employees and Defendants NP, RN, and CCT with regard to their treatment of John Doe, Deceased.

11.

At all times relevant hereto, Defendant Physician Group were responsible to John Doe, Deceased as the employer and principal of its agents and/or Defendant Doctor and NP pursuant to the principles of *respondeat superior,* actual, apparent, and ostensible agency for all negligent acts and omissions attributable to their employees and Defendant Doctor with regard to their treatment of John Doe, Deceased.

12.

At all times relevant hereto, all the named Defendants and their employees had a medical provider/hospital-patient relationship with John Doe, were joint tortfeasors, and jointly and severally liable to the Plaintiffs for negligent acts and omissions described and alleged herein. The acts as set forth herein, including but not limited to the death of John Doe, giving rise to this cause of action in Georiga County, Georgia, within the jurisdiction of this Court. Jurisdiction and venue are proper in this Court.

**Facts**

13.

Decedent John Doe (“Mr. Doe”) was a sixty-five-year-old male with multiple risk factors for Coronary Artery Disease, including, but not limited to diabetes with elevated HGB A1C, hypertension, hyperlipidemia, and a family history of premature Coronary Artery Disease.

14.

On October 10, 2016, a CT Coronary Calcium Screening demonstrated a total calcium score of 196, which was evidence of moderate atherosclerosis plaque. Mild Coronary Artery Disease was noted to be highly likely and significant narrowing of the coronary arteries was possible.

15.

On May 11, 2017, Mr. Doe presented to Physician Group with chief complaints and for follow-up of chest pains and dyspnea. Defendant Doctor documented that he had major risk factors for Coronary Artery Disease and that he had complained of 6 months of exertional dyspnea and chest pressure. Defendant Doctor recommended a follow-up cardiac stress test and noted that he will most likely need a Lexiscan because of his inability to complete a treadmill test.

16.

On May 18, 2017, Mr. Doe presented to Medical Center for an outpatient cardiac exercise stress test. His history included being seen the previous week by Defendant Doctor, his attending cardiologist for exertional chest discomfort, and was there for the follow-up stress test.

17.

At 7:27 a.m., Mr. Doe’s resting ECG demonstrated a sinus rhythm with non-specific ST-T wave changes. His resting blood pressure and heart rate were 152/93 and 85. During the stress test Mr. Doe complained of chest pains (3/10) and the stress ECG was noted to demonstrate a sinus rhythm with a right bundle branch block and ST depression – horizontal – inferolateral with frequent PVSs/PACs.

18.

At 8:13 a.m., Mr. Doe’s ECG at 1 minute and 59 seconds into the stress test and on the treadmill demonstrated an ST depression significant in leads I, II, AVF, V4, V5, and V6. His heart rate was 116 beats per minute.

19.

At 8:17 a.m., Mr. Doe’s heart rate was 117. His ECG at 5 minutes and 46 seconds into the stress test demonstrated an ST segment depression in leads I, II AVF, and V3-V6. He had inverted T waves in leads III and AVL, continued ST segment elevation in V1 with PVSs/PACs, and a new bundle branch block in lead AVL.

20.

At 8:18 a.m., after approximately 1 minute into the recovery phase of the stress test, Mr. Doe’s ECG continued with significant ST depression in leads I, AVF, V4-V6, and ST elevation in V1. There are also frequent PVCs, and his heart rate was 116. The computer interpretation for the ECG was atrial fibrillation with PVCs or aberrantly conducted complexes; an incomplete right bundle branch block; marked ST abnormality with a possible inferolateral, subendocardial injury.

21.

At 8:20 a.m., Lexiscan was given via an IV so that Mr. Doe could perform a pharmacologic stress test.

22.

Between 8:20 and 8:22 a.m., Mr. Doe’s ECG at 3 ½ to 5 minutes into the recovery phase continued with ST depression in leads I, II, AVL, and V4-V6, complexes in lead III, which now appeared widened with a T wave abnormality, and ST elevations continued in lead V1. Mr. Doe’s blood pressure was 185/108, and his heart rate was 97.

23.

The computer interpretation of this ECG was sinus tachycardia with frequent PVCs. There was a marked ST abnormality with a possible inferolateral subendocardial injury.

24.

At 8:24 a.m., Mr. Doe was given Aminophylline 50 milligrams via IV and Zofran 4 milligrams. His blood pressure was 152/93.

25.

At 8:25 a.m., Mr. Doe’s ECG at 8 to 9 minutes into his recovery phase demonstrated that all his abnormalities continued without change. His sinus rhythm was with frequent PVC’s. His blood pressure was 145/85 with a heart rate of 118.

26.

At 8:26 a.m., Mr. Doe’s blood pressure was 151/89, and there were no changes to the ECG, which continued to have marked abnormalities.

27.

At 8:28 a.m., almost 11 minutes into Mr. Doe’s recovery phase, there were no changes to the ECG with abnormalities continuing and no improvement.

28.

At 8:30 a.m., almost 13 minutes into his recovery phase, Mr. Doe’s last ECG documented, demonstrated no significant changes. He continued with ST segment depression in leads I, II, and AVL, and minor improvements in leads V5-V6. Less of an ST segment elevation was documented in lead V4. No blood pressure was documented.

29.

Apparently, somehow, Defendant MEDICAL CENTER nurses and others, including Defendant RN and Defendant CCT allowed and/or discharged Mr. Doe to leave the hospital.

30.

At 9:16 a.m., an EMS record demonstrated a call had been made to 911. At approximately 9:24 a.m., EMS found Mr. Doe unresponsive in and/or beside his car at the intersection of the Hospital Drive and Medical Center Road. Mr. Doe was in cardiac arrest. The EMS records documented between 9:28 a.m. – 9:35 a.m., that Mr. Doe had “improved.” His pulse was noted at 9:29 a.m. as 159 and 101 at 9:35 a.m. A 3 lead ECG demonstrated Ventricular Fibrillation (V-Fib) at 9:27 a.m., 9:28 a.m., and 9:32 a.m. Pulseless Electrical Activity (PEA) was detected at 9:37 a.m. and 9:39 a.m.

31.

EMS began ACLS protocol, and Mr. Doe was ventilated by an ambu bag, defibrillated 3 times, and CPR was performed with ACLS medications. He was transported to the Medical Cneter emergency room. There was no change in his condition enroute to the hospital.

32.

At 9:39 a.m., Mr. Doe arrived in the Medical Center emergency room with CPR in progress. However, he was unresponsive with his pupils fixed/dilated and no spontaneous respirations. The emergency room physician intubated him and documented a history of a cardiac stress test earlier that morning. ACLS protocol was continued with only a brief period of Doppler pulse detected.

33.

At 9:58 a.m., Defendant Doctor came to the emergency room. A cardiac ultrasound was performed, and no activity was demonstrated. Mr. Doe was pronounced dead at 10:01 a.m. His body was released by the coroner to a funeral home.

34.

At 1:51 p.m., Defendant Doctor dictated a late note regarding Mr. Doe’s nuclear cardiac stress test report. In this late note, Defendant Doctor noted Mr. Doe had a resting ECG that demonstrated sinus rhythm; non-specific ST-T wave changes; a resting heart rate of 85; a resting BP of 152/93; and that Mr. Doe’s stress test had been completed per pharmacologic protocol. His peak blood pressure was 185/180. His peak heart rate was 130. His APMHR was 84%. ECG findings were sinus rhythm with a right bundle branch block. Arrhythmias were PACs/PVCs. Physical symptoms were “3/10” chest pain, which resolved at rest. His stress summary was a right bundle branch block (RBBB) and ST depression horizontal and inferolateral.

35.

Mr. Doe’s imaging results demonstrated an ejection fraction of 74% (stress) and 90% (rest).

36.

Defendant Doctor concluded that Mr. Doe exercised 3 minutes and 25 seconds using the Bruce protocol and switched to Lexiscan due to dyspnea and fatigue. The findings were tomographic images, which demonstrated a small partial reversable perfusion abnormality of mild intensity in the inferior wall. Mr. Doe’s left ventricular ejection fraction was normal. He was suspicious for myocardial ischemia. Defendant Doctor’s recommendation was, given the constellation of chest pain, ECG changes, and abnormal perfusion in the left anterior descending coronary artery (LAD) and the right coronary artery (RCA) territory, that cardiac catheterization was needed if clinically appropriate, or the cardiac catheterization should be considered if clinically appropriate.

37.

Another late note was dictated by Defendant NP at 1:59 p.m. She noted that she was dictating information while it was fresh in her memory. She stated that Mr. Doe had not taken his blood pressure medicine prior to the stress test, and that his blood pressure was slightly elevated. She ordered IV Hydralazine.

38.

Defendant NP further documented that Mr. Doe was unable to walk on the stress test and stated that he had some dyspnea and was fatigued. The treadmill was stopped, and he was put on a stretcher with Lexi DIMPS (Dual Isotope Myocardial Perfusion Scan), which was completed. Mr. Doe had some nausea with emesis after the Lexiscan and was given Aminophylline and Zofran.

39.

Defendant NP documented that Mr. Doe had chest pressure and an ST depression on the ECG. She noted that she went and retrieved the test and went to Defendant Doctor to have him read it. When she went downstairs, Defendant NP found that Mr. Doe had been discharged.

40.

The Medical Center nurses said to Defendant NP that Mr. Doe was pain free and felt well with no complaints. They also told Defendant NP that they would call him regarding his test results. She later heard that Mr. Doe was in the emergency room receiving CPR.

41.

Defendant NP documented that Mr. Doe had some ST depression while on the treadmill due to fatigue and was switched to a Lexiscan for the rest of the procedure. Defendant NP documented, “I went under the camera to do some additional stress test [*sic*] and I did have concerns and wanted Defendant Doctor to look at his EKG and to read the stress test, but when I went downstairs, I found that nursing had discharged [Mr. Doe] per protocol.”

**COUNT I**

**Specific Act of Professional Negligence Required by O.C.G.A. § 9-11-9.1**

42.

Plaintiffs hereby incorporates their allegations from Paragraphs 1-41 as fully set forth herein.

**Defendant Registered Nurse**

43.

At all times relevant hereto, Defendant RN had a duty to Mr. Doe to provide the standard of care normally exercise by registered nurses under like circumstances and similar surrounding circumstances. Defendant RN was negligent in her care and treatment of Mr. Doe. More specifically, Defendant RN deviated from the standard of care by discharging Mr. Doe from the hospital after abnormal cardiac stress tests, serial ECGs, and evidence of underlying Coronary Artery Disease and/or myocardial ischemia or infarction. Defendant RN also deviated from the standard of care by failing to alert the cardiologist that Mr. Doe did not return to baseline after the stress test and take his vital signs, ECG rhythm, and blood pressure and to clarify with the cardiologist and/or nurse practitioner if it was safe to allow Mr. Doe to be discharged from the hospital.

44.

Attached to this Complaint as Plaintiffs’ Exhibit “A” and “C” are the Affidavits of Expert Doctor and Expert RN, respectively, which meet the requirements of O.C.G.A. § 9-11-9.1, and O.C.G.A § 24-7-702. They are incorporated by reference as if fully set out in this paragraph of the Complaint.

45.

As a direct and proximate result of Defendant RN’s negligence, Mr. Doe experienced severe pain and anguish, incurred medical expenses, suffered injuries, and an untimely death.

46.

Defendants Hospital and Medical Center are vicariously liable for all of the negligent acts and/or omissions described herein of its agent and employee, Defendant RN.

47.

Defendants RN, Hospital, and Medical Center, and all other named Defendants are joint tortfeasors and as such are jointly and severally liable to the Plaintiffs for the negligent acts and omissions described and alleged herein.

**Defendant Cardiac Catheterization Technician**

48.

At all times relevant hereto, Defendant CCT, had a duty to Mr. Doe to provide the standard of care normally exercise by cardiac catheterization technicians under like circumstances and similar surrounding circumstances. Defendant CCT was negligent in her care and treatment of Mr. Doe. More specifically, Defendant CCT deviated from the standard of care by discharging Mr. Doe from the hospital after abnormal cardiac stress tests, serial ECGs, and evidence of underlying Coronary Artery Disease and/or myocardial ischemia or infarction. Defendant CCT also deviated from the standard of care by failing to alert the cardiologist that Mr. Doe did not return to baseline after the stress test and take his vital signs, ECG rhythm, and blood pressure and to clarify with the cardiologist and/or nurse practitioner if it was safe to allow Mr. Doe to be discharged from the hospital.

49.

Attached to this Complaint as Plaintiffs’ Exhibit “A” and “C” are the Affidavits of Expert Doctor and Expert RN, respectively, which meet the requirements of O.C.G.A. § 9-11-9.1, and O.C.G.A § 24-7-702. They are incorporated by reference as if fully set out in this paragraph of the Complaint.

50.

As a direct and proximate result of Defendant CCT’s negligence, Mr. Doe experienced severe pain and anguish, incurred medical expenses, suffered injuries, and an untimely death.

51.

Defendants Hospital and Medical Center are vicariously liable for all of the negligent acts and/or omissions described herein of its agent and employee, Defendant CCT.

52.

Defendants CCT, Hospital, and Medical Center, and all other named Defendants are joint tortfeasors and as such are jointly and severally liable to the Plaintiffs for the negligent acts and omissions described and alleged herein.

**Defendant Hospital and/or Medical Center**

53.

At all times relevant hereto, Defendant Hospital and/or Medical Center and its agents or employees, including professional and non-professional nursing and/or technician staff, owed a duty of care to Mr. Doe according to the standard of care ordinarily exercised by hospitals and healthcare facilities under like conditions and similar surrounding circumstances. Defendant Hospital and/or Medical Center and its agents and/or employees were negligent and breached their duty to Mr. Doe. More specifically, Defendant Hospital and/or Medical Center and its agents or employees, and professional and non-professional healthcare and nursing and/or technician staff failed to appropriately evaluate and/or notify the attending cardiologist of John Doe’s abnormal cardiac stress tests, serial ECGs, and evidence of underlying Coronary Artery Disease and/or myocardial ischemia or infarction. Furthermore, Defendant Hospital and/or Medical Center and their/its agents or employees including the nursing staff failed to communicate to the attending physician that Mr. Doe was not to be discharged or leave the hospital.

54.

Attached to this Complaint as Plaintiffs’ Exhibit “A,” “B,” and “C” are the Affidavits of Expert Doctor, Expert APN-c, and Expert RN, respectively, which meet the requirements of O.C.G.A. § 9-11-9.1, and O.C.G.A § 24-7-702. They are incorporated by reference as if fully set out in this paragraph of the Complaint.

55.

As a direct and proximate result of this negligence by Defendant Hospital and/or Medical Center and their/its agents and employees including the nursing department and the professional and non-professional nursing and technician staff, Mr. Doe experienced severe pain and anguish, incurred medical expenses, suffered injuries, and an untimely death.

56.

Defendant Hospital is vicariously liable for all of the negligent acts described herein and attributable to its agents and/or employees.

57.

Defendants Hospital, and Medical Center are joint tortfeasors with all other named Defendants and are jointly and severally responsible for the negligent acts and/or omissions of their agents and/or employees including all breaches of the standard of care.

**Defendant Physician Group**

58.

At all times relevant hereto, Defendant Physician Group and its agents or employees, including professional and non-professional nursing and/or technician staff, owed a duty of care to Mr. Doe according to the standard of care ordinarily exercised by hospitals and healthcare facilities under like conditions and similar surrounding circumstances. Defendant Physician Group and its agents and/or employees were negligent and breached their duty to Mr. Doe. More specifically, Defendant Physician Group and its agents or employees, including Defendant Doctor and Defendant NP, professional and non-professional healthcare and nursing, and/or technician staff failed to appropriately evaluate and/or notify the attending cardiologist of John Doe’s abnormal cardiac stress tests, serial ECGs, and evidence of underlying Coronary Artery Disease and/or myocardial ischemia or infarction. Furthermore, this Defendant Physician Group and its agents or employees failed to communicate to nursing staff and/or Mr. Doe that he was not to be discharged or leave the hospital.

59.

Attached to this Complaint as Plaintiffs’ Exhibit “A” and “B” are the Affidavits of Expert Doctor and Expert APN-c, respectively, which meet the requirements of O.C.G.A. § 9-11-9.1, and O.C.G.A § 24-7-702. They are incorporated by reference as if fully set out in this paragraph of the Complaint.

60.

As a direct and proximate result of this negligence by Defendant Physician Group and its agents and employees, including Defendants Doctor and NP, Mr. Doe experienced severe pain and anguish, incurred medical expenses, suffered injuries, and an untimely death.

61.

Defendant Physician Group is vicariously liable for all of the negligent acts described herein and attributable to its agents and/or employees including Defendants Doctor and NP.

62.

Defendant Physician Group is a joint tortfeasor with all other named Defendants and is jointly and severally responsible for the negligent acts and/or omissions of its agents and/or employees including all breaches of the standard of care.

**Defendant Doctor**

63.

At all times relevant hereto, Defendant Doctor had a duty to Mr. Doe to provide the standard of care normally exercise by cardiologists under like circumstances and similar surrounding circumstances. Defendant Doctor was negligent in his care and treatment of Mr. Doe. More specifically, Defendant Doctor deviated from the standard of care by allowing Mr. Doe to be discharged from the hospital after abnormal cardiac stress tests, serial ECGs, and evidence of underlying Coronary Artery Disease and/or myocardial ischemia or infarction. Defendant Doctor also deviated from the standard of care by failing to communicate clearly to the Medical Center nursing and technician staff that Mr. Doe was not to leave the hospital after his last ECG and failing to notify timely the cardiologist after Mr. Doe was unable to complete the exercise stress test.

64.

Attached to this Complaint as Plaintiffs’ Exhibit “A” is the Affidavit of Expert Doctor which meets the requirements of O.C.G.A. § 9-11-9.1, and O.C.G.A § 24-7-702. It is incorporated by reference as if fully set out in this paragraph of the Complaint.

65.

As a direct and proximate result of Defendant Doctor’s negligence, Mr. Doe experienced severe pain and anguish, incurred medical expenses, suffered injuries, and an untimely death.

66.

Defendant Physician Group are vicariously liable for all of the negligent acts and/or omissions described herein of its agent and employee, Defendant Doctor.

67.

Defendants Doctor, Physician Group, and all other named Defendants are joint tortfeasors and as such are jointly and severally liable to the Plaintiffs for the negligent acts and omissions described and alleged herein.

**Defendant NP**

68.

At all times relevant hereto, Defendant NP, had a duty to Mr. Doe to provide the standard of care normally exercise by nurse practitioners under like circumstances and similar surrounding circumstances. Defendant NP was negligent in her care and treatment of Mr. Doe. More specifically, Defendant NP deviated from the standard of care by allowing Mr. Doe to be discharged from the hospital after abnormal cardiac stress tests, serial ECGs, and evidence of underlying Coronary Artery Disease and/or myocardial ischemia or infarction. Defendant NP also deviated from the standard of care by failing to communicate clearly to the Medical Center nursing and technician staff that Mr. Doe was not to leave the hospital after his last ECG and failing to notify timely the cardiologist after Mr. Doe was unable to complete the exercise stress test.

69.

Attached to this Complaint as Plaintiffs’ Exhibit “A” and “B” are the Affidavits of Expert Doctor and Expert APN-c, respectively, which meet the requirements of O.C.G.A. § 9-11-9.1, and O.C.G.A § 24-7-702. They are incorporated by reference as if fully set out in this paragraph of the Complaint.

70.

As a direct and proximate result of this negligence by Defendant NP, Mr. Doe, experienced severe pain and anguish, incurred medical expenses, suffered injuries, and an untimely death.

71.

Defendant Physician Group are vicariously liable for all of the negligent acts and/or omissions described herein of its agent and employee, Defendant NP.

72.

Defendants NP, Defendant Physician Group, and all other named Defendants are joint tortfeasors and as such are jointly and severally liable to the Plaintiffs for the negligent acts and omissions described and alleged herein.

**DAMAGES**

73.

Plaintiffs claim at least the following damages:

1. general compensatory damages for the Deceased’s personal injury and physical and mental pain and suffering prior to his death;
2. special damages and medical and funeral expenses incurred by Plaintiffs; and
3. wrongful death damages in the amount of the full value of the life of John Doe, the Deceased.

**WHEREFORE,** Plaintiffs request the following:

1. That each Defendant be served with process;
2. That Plaintiffs Jane Doe, as surviving spouse of John Doe, recover from Defendants jointly and severally the full value of John Doe’s life as determined by a fair and impartial jury in excess of Ten Thousand Dollars ($10,000);
3. That Plaintiff Daughter Doe, as Executor of the Estate of John Doe recover from Defendants jointly and severally for John Doe’s pain and suffering, medical expenses, funeral expenses, general damages, special damages, and any other amount as determined by a fair and proper jury in an amount in excess of Ten Thousand Dollars ($10,000);
4. Plaintiffs have a trial by jury on all issues on this action; and
5. That Plaintiffs have such further relief that she may be entitled.

**PLAINTIFFS HEREBY DEMAND A TRIAL BY JURY.**

This \_\_\_\_\_ day of \_\_\_\_\_, 2021.