



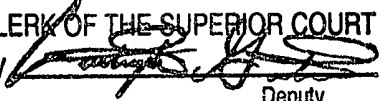
21116881

Aric N. Williams, Esq., SBN 304775  
**LAW OFFICES OF ARIC N. WILLIAMS**  
 633 W. 5<sup>th</sup> Street, 26<sup>th</sup> Floor  
 Los Angeles, CA 90071  
 Telephone: (305) 766-0219  
 Facsimile: (305) 440-0906

**FILED**  
**ALAMEDA COUNTY**

JAN 23 2019

The attorney for Plaintiff Dean N. Williams

CLERK OF THE SUPERIOR COURT  
 By   
 Deputy

**SUPERIOR COURT OF CALIFORNIA**  
**COUNTY OF ALAMEDA**

DEAN N. WILLIAMS, an Individual,  
  
 Plaintiff,

Case No. **HG19003608**

vs.

**VERIFIED COMPLAINT**

KAISER FOUNDATION HOSPITALS, a  
 California corporation; KAISER  
 FOUNDATION HEALTH PLAN, INC., a  
 California corporation; Dr. Hon Lee, an  
 Individual; and DOES 1 through 50  
 inclusive,  
  
 Defendants.

COMES Now, Plaintiff DEAN N. WILLIAMS, who alleges as follows his Complaint  
 against Defendants and each of them:

**PARTIES**

1. Plaintiff Dean N. Williams brings this action as an individual.
2. Defendant Kaiser Foundation Hospitals is a California corporation doing business at 280 W. MacArthur Boulevard, Oakland, CA 94611. Defendant's principal place of business in California is at One Kaiser Plaza, Oakland, CA 94612.

**BY FAX**

- 1 3. Defendant Kaiser Foundation Health Plan, Inc., is a California corporation with its  
2 principal place of business at One Kaiser, Plaza, Oakland, CA 94612.
- 3 4. Dr. Hon Lee, (herein after "Lee") is a licensed Medical Doctor, license number:  
4 G84585 doing business in the County of Santa Clara, California at 710 Lawrence  
5 Expressway Santa Clara CA 95051. Dr. Lee works for Kaiser.
- 6
- 7 5. Plaintiff is ignorant of the names and capacities of DOES 1 through 50 and sues  
8 them as DOES 1 through 50, inclusive. Plaintiff will amend this action to allege  
9 these DOE defendants' names and capacities when ascertained. Each of the  
10 defendants herein is responsible in some manner for the occurrences, injuries, and  
11 damages herein, and that these defendants' acts and omissions directly and  
12 proximately caused the damages. Each defendant herein was the agent of each of  
13 the remaining defendants, and in doing these things alleged herein were acting  
14 within the course and scope of their agency.

15 **FACTUAL ALLEGATIONS**

- 16 6. Mr. Williams is 56-years of age and has been a Kaiser Foundation member  
17 (through his employer) since 2002.
- 18 7. Mr. Williams has been gainfully employed for 30-years with Lawrence Livermore  
19 National Security, LLC ("LLNS"). On the date of Mr. Williams' injuries, he was  
20 employed as a Computer Science Project Leader with LLNS.
- 21
- 22 8. Before Mr. Williams' injuries, he was very active and ran 6-miles three times a  
23 week. Additionally, Mr. Williams rode his bicycle 12 to 15 miles each day.
- 24 9. On October 9, 2017, Mr. Williams experienced heart palpitations and a "swishing  
25 sound in his chest." Therefore, an appointment with Kaiser in Walnut Creek was  
26 scheduled for October 23, 2017.
- 27
- 28

1 10. During the October 23, 2017 examination, it was discovered that Mr. Williams had  
2 a loud murmur. Subsequently, Mr. Williams had an echocardiogram that revealed  
3 a preserved LV systolic function with evidence for an enlarged aortic root at 5.9  
4 cm. There was evidence of a moderate aortic insufficiency and moderate mitral  
5 regurgitation. Consequently, Dr. Shachi Shah (of Kaiser Walnut Creek)  
6 determined that Mr. Williams would be severely functionally impaired if he  
7 returned to work in any capacity.  
8

9  
10 11. Dr. Shah ordered Mr. Williams to be "placed off work" status from October 23,  
11 2017, through January 31, 2018. Following the completion of the examination, Mr.  
12 Williams was scheduled to return to Kaiser on October 27, 2017, for cardiac  
13 catheterization.  
14

15 12. On November 10, 2017, Mr. Williams had an aortic root repair by surgically  
16 placing a "sleeve" on the dilated aorta. Mr. Williams also endured a mitral valve  
17 replacement. This surgical intervention was complicated, as Mr. Williams had an  
18 iatrogenic postoperative myocardial infarction related to the "sleeve" that was  
19 utilized for the aortic repair impinging on the left main coronary artery.  
20

21 13. On November 17, 2017, Mr. Williams had additional surgery for revision of the  
22 aortic sleeve. With this surgery, Williams gradually recovered. However, Mr.  
23 Williams was noted to have left ventricular (LV) systolic dysfunction with an LV  
24 ejection fraction of 30 – 35% related to the iatrogenic myocardial infarction.  
25 Afterward, on November 21, 2017, Mr. Williams was discharged from the hospital  
26 to recover at home. Additionally, the treatment plan for Mr. Williams included a  
27 repeat coronary angiography in 6 – 8 weeks.  
28

1 14. On January 12, 2018, Mr. Williams had a repeated cardiac catheterization that  
2 demonstrated no significant residual coronary artery obstruction. Additionally, a  
3 10% residual left main coronary artery narrowing was observed, and an  
4 intravascular ultrasound was completed on Mr. Williams, which demonstrated no  
5 significant diseases in Mr. Williams' coronary artery.  
6

7 15. On January 31, 2018, a referral cardiac surgeon (Dr. Vicken Melikian) at Kaiser  
8 San Francisco examined Mr. Williams. This examination concluded that Mr.  
9 Williams displayed "slow improvement" with his shortness of breath while  
10 walking uphill or within one flight of stairs. Furthermore, Mr. Williams had an  
11 echocardiogram that demonstrated LV systolic dysfunction with an LV ejection  
12 fraction (EF) of 40%.  
13

14 16. On February 18, 2018, Mr. Williams experienced sharp chest pains, and his  
15 temperature reached 102.4°F. Therefore, Mr. Williams was transported to the  
16 Emergency Room at Kaiser in Walnut Creek and was diagnosed with Pericarditis.  
17 Consequently, Mr. Williams was given antibiotics, 600 mg Motrin, colchicine, and  
18 an ECHO to rule out pericardial effusion. The echocardiogram demonstrated  
19 significant LV systolic dysfunction with an LV ejection fraction of 30-36%, and  
20 the aortic root was dilated at 5.2 cm.  
21

22 17. On March 16, 2018, Mr. Williams was examined by his cardiologist at Kaiser  
23 Walnut Creek. During this examination, Mr. Williams reported shortness of breath  
24 with exertion, diminished stamina, and felt overwhelmed. Therefore, Mr.  
25 Williams was referred to the Congestive Heart Failure (CHF) Care Management  
26 Program.  
27

28 18. On March 23, 2018, Mr. Williams was transported to Kaiser Martinez and enrolled  
in the CHF Care Management Program. Following the enrollment and

1 examination, Mr. Williams was advised to telephonically follow-up on March 30,  
2 2018.

3  
4 19. Once enrolled in the CHF Care Management Program, Mr. Williams had weekly  
5 telephonic appointments regarding his health condition.

6 20. During Mr. Williams telephonic appointment with the CHF Care Management  
7 Program on April 20, 2018, he reported that he was feeling stressed and that his  
8 blood pressure was elevated because of the stress.

9  
10 21. During Mr. Williams telephonic appointment with the CHF Care Management  
11 Program on April 27, 2018, he reported that he was feeling stressed and that his  
12 blood pressure was elevated because of the stress.

13 22. During Mr. Williams telephonic appointment with the CHF Care Management  
14 Program on May 4, 2018, he reported that he was feeling stressed and that his  
15 blood pressure was elevated because of the stress.

16  
17 23. On May 10, 2018, Mr. Williams contacted Kaiser Martinez at the CHF Care  
18 Management Program for his weekly appointment and requested for Kaiser to  
19 acquire a second opinion from an outside evaluation with a Cardiologist at  
20 Stanford University. Mr. Williams was denied his request and informed that he  
21 could obtain a second opinion from Stanford University, but would be required to  
22 pay for the visit out-of-pocket.

23  
24 24. During Mr. Williams telephonic appointment with the CHF Care Management  
25 Program on May 18, 2018, he reported that he was feeling stressed and that his  
26 blood pressure was elevated because of the stress. Mr. Williams requested that he  
27 be considered for long-term disability. Mr. Williams also made a second requested  
28

1 for Kaiser to sponsor an outside examination by a Cardiologist at Stanford  
2 University, which was ultimately denied.

3  
4 25. On May 30, 2018, Mr. Williams was seen at Kaiser Walnut Creek by his  
5 cardiologist, Dr. Rogers. This appointment was in response to Mr. Williams  
6 reporting that he was experiencing shortness of breath while walking uphill or  
7 climbing stairs. Consequently, Mr. Williams' May 21, 2018 echocardiogram was  
8 reviewed, and the conclusion was that Mr. Williams was demonstrating an LV  
9 ejection fraction of 40 – 45%. Mr. Williams also reported to Kaiser that he was  
10 still unable to return to work. Appropriately, Dr. Rogers continued Mr. Williams'  
11 "placed off work" status from May 30, 2018, to November 30, 2018.  
12

13 26. On June 11, 2018, Mr. Williams paid out-of-pocket for evaluation by a cardiologist  
14 at the Stanford University Medical Center's Advanced Heart Failure Clinic. The  
15 Stanford Cardiologist's examination concluded that Mr. Williams still reported  
16 shortness of breath on exertion, especially when climbing upstairs or walking  
17 uphill. The Stanford Cardiologist assessed Mr. Williams' LV ejection fraction and  
18 recommended that Mr. Williams continue taking his medication regimen and  
19 repeat the computed tomography (CT) angiogram of his ascending aortic  
20 aneurysm. The Stanford Cardiologist also recommended augmenting Mr.  
21 Williams' antiadrenergic therapy. Furthermore, once the CT imaging was  
22 completed, the Stanford Cardiologist requested to review Mr. Williams' case with  
23 his Stanford cardiac surgeon colleagues and provide Mr. Williams with additional  
24 recommendations.  
25  
26  
27  
28

1 27. On August 4, 2018, Mr. Williams' Thoracic CT Scan was conducted. The results  
2 revealed an increase in the size of Mr. Williams' aneurysm. Therefore, the Stanford  
3 Cardiologist recommended that Mr. Williams have a surgical repair of an aortic  
4 aneurysm.  
5

6 A. In contrast, Dr. Vicken Melikian of Kaiser San Francisco reviewed Mr.

7 Williams' August 4, 2018, Thoracic CT Scan and determined that an MRI  
8 on Mr. Williams' chest be conducted in 6-months (February 2019) to  
9 evaluate the size of the aortic root, and to evaluate in 6-months MV and LV  
10 function. CT report, which stated "Stable chest CTA. Persistent aneurysm  
11 at the level of the sinuses of Valsalva measuring 5.5 cm."  
12

13 28. On September 6, 2018, due to the diagnosis of ascending thoracic aortic aneurysm  
14 and cardiomyopathy, Dr. Rogers of Kaiser Walnut Creek placed Mr. Williams on  
15 an "off work" from September 6, 2018, to February 28, 2019.  
16

17  
18 **FIRST CAUSE OF ACTION**

19 *(Medical Negligence against all DEFENDANTS)*

20 29. Plaintiff hereby realleges and incorporates by reference the allegations contained in  
21 Paragraphs 1-28.

22 30. A physician is negligent if he or she fails to use the level of skill, knowledge, and  
23 care in diagnosis and treatment that other reasonably careful physicians would use  
24 in the same or similar circumstances. This level of expertise, knowledge, and care  
25 is referred to as "the standard of care."

26 31. Plaintiff was under the care of the DEFENDANTS.

27 32. By the aforesaid, DEFENDANTS owed a duty of ordinary care to Plaintiff, to use  
28 the degree of care and skill that a reasonably prudent hospital operator, physician,

1 surgeon, nurse, or health care provider or administrator would use, given his or her  
2 knowledge, training, expertise, and skill.

3 33. By the aforesaid, all DEFENDANTS owed a duty of ordinary care to the Plaintiff,  
4 including the degree of care and skill given their knowledge, training, expertise,  
5 and skill.  
6

7 34. During the period of their care of the Plaintiff each of the DEFENDANTS  
8 negligently disregarded the aforesaid perils and high probability of injury posed to  
9 the Plaintiff for their failure to comply with their standards of care to provide care  
10 which a reasonably prudent hospital operator, physician, surgeon, nurse, or health  
11 care provider or administrator would use, and in doing so failed to comply with  
12 their duties under the standards of care as set forth above.  
13

14 35. DEFENDANTS breach the aforesaid duties of care.  
15

16 36. As a direct and proximate cause of the DEFENDANTS' breach of duty, Plaintiff  
17 suffered severe damages.

18 37. As a direct and legal result of the aforesaid, the Plaintiff sustained injuries. As a  
19 further direct and legal result of the aforesaid, the Plaintiff sustained lost income.

20 38. An award of general and special damages for Plaintiff's pain and suffering as well  
21 as economic damages in a sum according to proof at trial, is justified and  
22 appropriate.  
23

## 24 **SECOND CAUSE OF ACTION**

25 *(Willful Misconduct v. all DEFENDANTS)*

26 39. Plaintiff re-alleges and incorporates by reference the allegations contained in  
27 Paragraphs 1 through 28 as if fully set forth herein and further alleges as follows:  
28



1 40. During the period of their care of the Plaintiff, each of the DEFENDANTS knew  
2 or should have known the perils posed to the Plaintiff for their failure to comply  
3 with their duties of care to provide care, which a reasonably prudent hospital  
4 operator, physician, surgeon, nurse, or health care provider or administrator would  
5 use, exposing Plaintiff to the high probability of his injuries.  
6

7 41. During the period of their care of the Plaintiff, each of the DEFENDANTS knew  
8 or should have known the perils posed to the Plaintiff for their failure to comply  
9 with their standards of care to provide care which a reasonably prudent hospital  
10 operator, physician, surgeon, nurse, or health care provider or administrator would  
11 use, exposing Plaintiff to the high probability of his injuries.  
12

13 42. During the period of their care of the Plaintiff each of the DEFENDANTS  
14 knowingly disregarded the aforesaid perils and high probability of injury to the  
15 Plaintiff, and in doing so failed to comply with their duties under the standards of  
16 care as set forth above.  
17

18 43. Their willful misconduct and failures include:

19 a. Failure of the Cardiac Surgeon (Dr. Han Lee) in the November 10, 2017  
20 cardiac surgery to ensure that the aortic root was properly wrapped with the  
21 prosthetic. Due to the Cardiac Surgeon's failure, Mr. Williams' aortic root has  
22 re-expanded to a severe aneurysm post-surgery and will require another cardiac  
23 surgery.  
24

25 b. Failure of the Cardiac Surgeon (Dr. Han Lee) in the Nov 10, 2017 cardiac  
26 surgery to determine that the wrap was occluding eighty percent (80%) of the  
27 main-line coronary artery preventing adequate blood flow to the heart and  
28

1 causing an iatrogenic heart attack, loss of heart function, cardiac muscular  
2 death, and Plaintiff's ejection fraction to severely decline from 65% pre-  
3 operation to 30% post-operation.  
4

5 c. Failure of the Cardiac Surgeon (Dr. Han Lee) to act immediately to determine  
6 the cause of Mr. Williams' signs and symptoms of a heart attack. On  
7 November 16, 2017 (Postop Day 6), upon the insistence of Mr. Williams'  
8 family, the Cardiac Surgeon (Dr. Han Lee) reconsidered the signs and  
9 symptoms of Mr. Williams' heart attack, made a referral to the cardiologist,  
10 and ordered an angiogram.  
11

12 d. Failure of the Cardiac Surgeon (Dr. Han Lee) to act immediately to remediate  
13 the improperly wrapped prosthetic on the ascending aorta at the time of the  
14 determination. Mr. Williams acted as his own advocate to escalate the urgency  
15 of his surgery to correct the improperly placed aortic wrap.  
16

17 e. There was a seven-day delay from the time of Mr. Williams' initial cardiac  
18 surgery on Nov 10, 2017 to his interventional surgery on Nov 17, 2017 to fix  
19 the improperly placed prosthetic on the ascending aorta. Mr. Williams'  
20 sustained an iatrogenic heart attack for seven days prior to the Cardiac Surgeon  
21 (Dr. Han Lee) releasing the occluded main-line coronary artery.  
22

23 f. Failure of the Anesthesiologist in the Nov 10, 2018 cardiac surgery to  
24 adequately administer anesthesia during surgery causing the Plaintiff to wake  
25 up during surgery and leading to severe mental trauma manifested in night  
26 terrors, lack of sleep, and clinically diagnosed Post Traumatic Stress Disorder.  
27  
28

- 1 g. Failure of the Cardiac Surgeon (Dr. Han Lee) and the Cardiologist (Dr. Waldo  
2 Joseph) to properly inform Plaintiff of 50% chance of developing post-  
3 operative risk, namely pericarditis.  
4
- 5 h. Failure of the Cardiologist (Dr. Waldo Joseph) to properly monitor the Plaintiff  
6 after surgery when he developed pericarditis three months after surgery.  
7
- 8 i. Failure of the Cardiologist (Dr. Waldo Joseph) to adequately meet Plaintiff's  
9 medical needs after he developed pericarditis three months after surgery.  
10
- 11 j. Failure of the Cardiac Surgeon (Dr. Han Lee) to properly inform the Plaintiff  
12 and discuss the events that took place during and after the surgery, so the  
13 Plaintiff had a full understanding of the surgery's outcome as well as life-  
14 altering affects and future risk associated with the surgery, namely the heart  
15 attack, in order to have a complete understanding of his health's condition  
16 when contemplating future medical decisions. On the Nov 10, 2017 cardiac  
17 surgery, Mr. Williams' chest cavity was closed and re-opened. However, Dr.  
18 Han Lee did not disclose this information to the patient or to the patient's  
19 family. However, due to the inadequate administration of anesthesia, Mr.  
20 Williams recalls many of the events that took place during this surgery  
21 including being closed and re-opened. When Mr. Williams recalled these  
22 memories, Dr. Lee confirmed that Mr. Williams had been closed and re-opened  
23 and that "your recall is accurate." Prior to this conversation between Dr. Lee  
24 and Mr. Williams, this information had not been disclosed to Mr. Williams or  
25 Mr. Williams' family. This information is also not documented in Mr.  
26  
27  
28

1 Williams chart. In addition, the reason for Mr. Williams needing to be re-  
2 opened was not disclosed.

3 k. Failure on the part of Kaiser Permanente to conduct a thorough investigation  
4 regarding the errors made during the surgery as well as inform the Plaintiff of  
5 the investigative findings and actions taken.  
6

7 44. By the aforesaid, DEFENDANTS have acted in conscious disregard of the  
8 probability of Plaintiff's undesired and unauthorized injuries.

9 45. As a direct and proximate cause of the DEFENDANTS' breach of duty, Plaintiff  
10 suffered severe economic and non-economic damages.  
11

12 46. An award of general and special damages for Plaintiff's pain and suffering as well  
13 as economic damages in a sum according to proof at trial, is justified and  
14 appropriate.  
15

### 16 **THIRD CAUSE OF ACTION**

17 *(Fraudulent Concealment v. all DEFENDANTS)*

18 47. Plaintiff re-alleges and incorporates by reference the allegations contained in  
19 Paragraphs 1 through 28 as if fully set forth herein and further alleges as follows:

20 48. All DEFENDANTS, and each of them individually and collectively had the duty to  
21 disclose the following facts to the Plaintiff, by their fiduciary relationship to the  
22 Plaintiff as a healthcare provider/patient.

23 49. All DEFENDANTS, and each of them individually and collectively, intentionally  
24 failed to disclose specific facts to the Plaintiff, including the following:  
25

26 a. Why did the surgery take ten (10) hours instead of five (5) as initially  
27 discussed with the surgeon?  
28

- 1 b. Why did the medical records state that the surgery took five (5) hours instead  
2 of (10) hours?  
3  
4 c. Why did the Plaintiff require an abnormally large volume of blood transfusions  
5 during surgery?  
6  
7 d. Why did the Plaintiff wake up in the middle of surgery?  
8  
9 e. Why did the Plaintiff have a heart attack during surgery and sustain an  
10 iatrogenic heart attack for 7 days?  
11  
12 f. Why did the surgeon fail to confirm that the aortic root was properly wrapped  
13 with the prosthetic before closing the Plaintiff's chest?  
14  
15 g. Why did the surgeon fail to determine that the wrap was occluding the main  
16 line coronary artery?  
17  
18 h. Why did the Defendants fail to confirm proper blood circulation through the  
19 coronary artery?  
20  
21 i. Why did the Defendants fail to act immediately to determine the cause of the  
22 irregular post-operative heart irregularities and delay by 7 days?  
23  
24 j. Why did the Defendants fail to act immediately to cure the improperly  
25 wrapped prosthetic around the aortic root once the determination was made?  
26  
27 k. Why did the Defendants fail to properly inform the Plaintiff of the 50% chance  
28 of developing post-operative risks, namely pericarditis?  
l. Why did the Defendants wait seven (7) days to have an interventional surgery  
to fix the improperly wrapped prosthetic around the aorta?  
m. Why did the Defendants fail to disclose the results of its investigation  
regarding the mistakes made during the surgery?

1 50. Each Defendant had the opportunity to disclose these facts, but all DEFENDANTS  
2 failed to do so.

3 51. DEFENDANTS disclosed some facts to Plaintiff but intentionally failed to  
4 disclose other facts making the disclosure deceptive.

5 52. DEFENDANTS intentionally failed to disclose specific facts that were known only  
6 to them and the Plaintiff could not have discovered these facts.

7 53. Despite multiple requests, DEFENDANTS prevented Plaintiff from discovering  
8 these facts.

9 54. Had the omitted information been disclosed, the Plaintiff reasonably would have  
10 behaved differently.

11 55. The failure to make these said disclosures were the result of reckless, inexcusable,  
12 and egregiously lazy derelict of duty on the parts of DEFENDANTS.

13 56. Plaintiff relied on the assumed good faith of DEFENDANTS, and as a direct and  
14 proximate result of said reliance, Plaintiff failed to receive appropriate and timely  
15 treatment.

16 57. Plaintiff was harmed, and Defendant's concealment was a substantial factor in  
17 causing Plaintiff's harm.

18 58. By the aforesaid, DEFENDANTS have acted with fraud and an award of general  
19 and punitive damages for Plaintiff's pain and suffering as well as economic  
20 damages in a sum according to proof at trial, is justified and appropriate.

21  
22  
23  
24  
25  
26  
27 **FOURTH CAUSE OF ACTION**

28 *(Constructive Fraud v. all DEFENDANTS)*

1 59. Plaintiff re-alleges and incorporates by reference the allegations contained in  
2 Paragraphs 1 through 28 as if fully set forth herein and further alleges as follows:

3 60. By their "healthcare provider/patient relationship" with Plaintiff, DEFENDANTS  
4 and each of them owed a fiduciary duty to Plaintiff to disclose the facts set forth as  
5 "a-m" in paragraph 49.  
6

7 61. DEFENDANTS intentionally breached the aforesaid fiduciary duty to disclose the  
8 following information to the Plaintiff. Said breaches were financially motivated  
9 and intentional and directly and legally resulted in Plaintiff's injuries.  
10

11 62. By the aforesaid, DEFENDANTS and each of them has acted with fraud and an  
12 award of general and punitive damages for Plaintiff's pain and suffering as well as  
13 economic damages in a sum according to proof at trial, is justified and appropriate.  
14

15  
16  
17 **FIFTH CAUSE OF ACTION**

18 *(Breach of Fiduciary Duty v. all DEFENDANTS)*

19 63. Plaintiff re-alleges and incorporates by reference the allegations contained in  
20 Paragraphs 1 through 28 as if fully set forth herein and further alleges as follows:

21 64. By their "healthcare provider/patient relationship" with Plaintiff, Defendant and  
22 each of them had a fiduciary duty to Plaintiff to act with the utmost good faith and  
23 in his best interest.  
24

25 65. DEFENDANTS breached their fiduciary duty to Plaintiff in the ways set forth as  
26 "a-m" in paragraph 49.  
27  
28

1 66. By the aforesaid, DEFENDANTS and each of them acted with recklessness,  
2 oppression, and intentionally in breach of their duties as healthcare providers.

3 67. As a direct and legal result of the aforesaid, Plaintiff was injured and obtained  
4 severe Congestive Heart Failure (CHF) due to an iatrogenic heart attack for 7 days  
5 post-surgery.  
6

7 68. An award of general and special damages for Plaintiff's pain and suffering as well  
8 as economic damages in a sum according to proof at trial, is justified and  
9 appropriate.  
10

11  
12 **PRAYER FOR RELIEF**

13 **WHEREFORE**, Plaintiff Dean N. Williams, an Individual, prays for judgment  
14 against the Defendants, each of them as follows:

- 15 1. For general and special damages according to proof  
16 2. For economic damages  
17 3. For Punitive damages in connection to the 4<sup>th</sup> and 5<sup>th</sup> causes of action  
18 4. For attorney fees and costs, including expert costs  
19 5. For such other and further relief as the court deems just and proper  
20

21  
22 Dated: January 22, 2019 .

**LAW OFFICES OF ARIC N. WILLIAMS**

23  
24 *Aric N. Williams*

25  
26  
27 **Aric N. Williams**

28 **Attorney for Plaintiff**



**VERIFICATION**

I, Dean N. Williams, declare as follows:


1. I am the Plaintiff in this action, and I make this Verification.

2. I have read the VERIFIED COMPLAINT about Medical Negligence.

3. The matters stated in the foregoing Verified Complaint are true of my knowledge except as to those matters that are stated on information and belief, and as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated this 22 day of January 2019, at Livermore, CA

  
Dean N. Williams, Declarant