

ATTACHMENT C
RESPONDENT'S ARGUMENT

" Respondents Argument "
Against the Proposed Decision

3-25-16

Pg. 1

I Sherry Hilton-Barton Am the wife of James Hilton the member of Cal-Pers. My argument is that I am the wife of James Hilton. And have been since 1-13-89 We were married by a minister in a chapel, and my father gave me away in Mexico. Death did us part 10-26-13. We both Honored, Obed, and Cherished each other every single day. We put ourselves out to the world, and our community as a married couple, never separated. We were soul mates, our hearts beat as one. When my husband died I felt like I lost my bloodstream. 24 years together as God is my witness, does consummate a marriage it is true fact that we were married in Mexico and still are. My husband's retirement date of 12-30-2010 was not a planned early date. It was a act of God he was terminally ill. He was forced to retire with ALS a no cause no cure disease all of a sudden he ^{was} ill and like lightning, three years later he was gone from my sight. As planned we did remain on 7-9-2013 to be married one year prior to his normal planned early retirement at age 62 on 7-25-2014. If he had lived to see his 62nd birthday. Our plans were shattered God took him away from me and all of us, before he was able to retire on our planned date. And that is not my fault. ALS devoured him

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And ate up every muscle in his body from the inside out. All we could do was except it. He was dying I could only love him that much more. He was falling down at work, he fell out of the Commuter Van at work one day. He was falling down a lot and hurting himself at work. His speech was slurred to where you could not understand what he was saying. Lost the use of his right arm & hand. And we did remain one year prior to our planned date for his retirement. 7-25-14 at 62.

Domestic Partners: are two adults who choose to share one another's lives in an intimate, and committed relationship of mutual caring for each other. And who filed separate income tax returns, and we did.

My husband signed a financial, and medical power of attorney that is legally notarized. That I hold to give me the power to make decisions for him before his death. Which gave me the power to make his pension decisions his decisions were mine as well as his by law, by marriage.

I finally had to stop feeding him, he could not swallow. It was the hardest thing I have ever done in my life. He bragged how I was his cook. He also signed a no resuscitation order (enclosed) He wanted no feeding tubes no resuscitation. I had to honor his request for 14 days with no food no water nothing! I watched

his body shut down one organ at a time. The morphine I gave him every hour for the severe pain he was in had to sit in his mouth and drip down his throat. I could only dab his lips with a small sponge for water. I lost a good job of 8 years with Parks & Recreation. We didn't need a piece of paper to say we were married for 24 years we were married period Heart & Sole. We vowed our lives together.

My Husband was medically forced to retire Disabled. We had no control over not only his life but mine as well and now I live with the pain & brutal memories of him slowly dying of ALS. I could have kept him alive with feeding tubes, but till his 62nd Birthday but he suffered long enough there was no cure. 7-25-14

The retirement paper work my Husband filled out did you expect him to lie on paper. And it doesn't prove his heart felt everyday way of living as married.

The Administrative judge assigned to my case was sick in court in San Diego. She had to leave the court room a number of times because she had to much phlem in her throat. She just wanted to get on with the case. My case did not have her undivided attention for her to make a justified Professional decision.

The attorney for Cal Pers and Daniel Skolfield also left the court room several times. I never left once.

Three days after my Husband died I was on the phone with Daniel Skolfield he was telling me that I was not eligible for several continuance. Sobbing & Grieving I said to him No this can't be.

Because I had to miss so much work caring for my husband I lost a good job that I loved. And my husband left me with \$120,000. Debt. I am not able to get the same pay. I also have limited use of my left arm. I became partially disabled because I hurt my self lifting my husband with no one to help. I am struggling very bad to keep paying the bills. I can't even sleep on my left side at night from the aching pain in my arm.

I have rotator cuff syndrome. and now I have no insurance to even get a prescription for medication.

I am very worried I am going to end up homeless and it scares me real bad. Jim would never want me to ever be homeless. Everything was so bad & we had no control over anything. It all happened so fast.

I don't like life anymore and I don't deserve what has happened we were married one year prior to his 7-25-14 retirement date. Within one year of your rules. Why can't you see we were married for 25 years. There was no life insurance he was sick when he got the policy they said no. He already cashed out most of his deferred comp.

I will Lose My house, My Car, My job everything
And be homeless on the street I have no one. Daniel
replied to me " OH Well Thats the way Its going To Be"
I was shocked at his attitude and hung up Balling
my eyes out.

I feel no matter what Proof I give for the truth of
this Case there Will be no justice. It is wrong
so very very wrong to deny me the security my
husband gave, me that we had together.

We had big Plans for our future together after his
62nd Birthday. We were going to have a Bussiness
Called "Speedy's Collectables" Speedy was the
Nic Name the City gave him. He already got the
Bussiness license (enclosed) and we had all the
Inventory to open shop. We were pretty excited. for
a while. I just want to go forward with my life with
the security we had when he was alive.

Its that so much to ask and deserve I am his
Wife and always will be and no one can take that
away from me!

Thank You Sherry Hilton Barton

This Case does need Precedents designated. The a/s
is the Uncontrolled reason for being deprived of our planned
retirement date for the survivor continuance as a domestic
Partner for 24 years prior to the members Death, and being
Re married one Year Prior to the planned retirement Date.
I would like to be able to open Speedy's Collectables for
Speedy.

ACKNOWLEDGMENT 3/27/16

James Hilton and Sherry Barton were
witnessed as a married couple in a
committed relationship of marriage. By
the following people and they resided
at
from 1989 to 2013

<u>PRINT NAME</u>	<u>SIGN NAME</u>	<u>YOUR ADDRESS</u>	<u>years witnessed</u>
William R Proby ^{SR}	<i>[Signature]</i>	<i>[Address]</i>	(20) years
GARRY THOMAS GORDON SR.	<i>[Signature]</i>	<i>[Address]</i>	(17) years
Victoria Madrid	<i>[Signature]</i>	<i>[Address]</i>	(24) years
Veronica Corrella	<i>[Signature]</i>	<i>[Address]</i>	(15) years
Mr Oscar TORRALBA	<i>[Signature]</i>	<i>[Address]</i>	(17) years
Oscar Torralba	<i>[Signature]</i>	<i>[Address]</i>	(19) year
JESUS Meza	<i>[Signature]</i>	<i>[Address]</i>	

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY**Patient Information**

Name (last, first, middle): <i>Hilton, James</i>	Date of Birth:	Gender: <input checked="" type="radio"/> M <input type="radio"/> F
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Health Care Provider Assisting with Form Preparation

Name: <i>Stephanie Simons</i>	Title: <i>Nurse</i>	Phone Number:
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Additional Contact

Name: <i>Sharry Barton-Hilton</i>	Relationship to Patient: <i>Spouse</i>	Phone Number:
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Directions for Health Care Provider**Completing POLST**

- Completing a POLST form is voluntary. California law requires that a POLST form be followed by health care providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders.
- POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort Measures."
- Treatment of dehydration prolongs life. If person desires IV fluids, indicate "Limited Interventions" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.
For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY



EMSA #111 B
(Effective 4/1/2011)

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

Patient Last Name: <i>Hilton</i>	Date Form Prepared: <i>7/23/13</i>
Patient First Name: <i>James</i>	Patient Date of Birth: <i>11/23/51</i>
Patient Middle Name:	Medical Record #: (optional)

A CARDIOPULMONARY RESUSCITATION (CPR): *If person has no pulse and is not breathing. When NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Check One

- Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)
- Do Not Attempt Resuscitation/DNR (Allow Natural Death)

B MEDICAL INTERVENTIONS: *If person has pulse and/or is breathing.*

Check One

- Comfort Measures Only** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. *Transfer to hospital only if comfort needs cannot be met in current location.*
- Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
 - Transfer to hospital only if comfort needs cannot be met in current location.*
- Full Treatment** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. *Transfer to hospital if indicated. Includes intensive care.*

Additional Orders: _____

C ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

Check One

- No artificial means of nutrition, including feeding tubes. Additional Orders: _____
- Trial period of artificial nutrition, including feeding tubes. _____
- Long-term artificial nutrition, including feeding tubes. _____

D INFORMATION AND SIGNATURES:

Discussed with: Patient (Patient Has Capacity) Legally Recognized Decisionmaker

Advance Directive dated _____ available and reviewed → Health Care Agent if named in Advance Directive:
Name: *Sherry Hilton Bar ten-Hilton*
Phone: _____ *(spouse)*

Advance Directive not available

No Advance Directive

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name: <i>Randall Taw</i>	Physician Phone Number: <i>951-353-5120</i>	Physician License Number: <i>662879</i>
Physician Signature: (required) <i>R Taw</i>	Date: <i>8/6/13</i>	

Signature of Patient or Legally Recognized Decisionmaker

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name: <i>James Hilton</i>	Relationship: (write self if patient) <i>self</i>
Signature: (required) <i>JM</i>	Date: <i>7/23/13</i>
Address: _____	Evening Phone Number: _____
Daytime Phone Number: _____	

DISCHARGED

BUSINESS REGISTRATION CERTIFICATE

CITY OF JURUPA VALLEY

The person, firm or corporation named below is hereby registered to engage in the business, profession, or trade described below in the City of Jurupa Valley for the period indicated. This certificate is issued pursuant and subject to all laws and ordinances which are applicable to the conduct of such business in the City of Jurupa Valley. Issuance of this certificate is not an endorsement, nor certification of compliance with applicable local, state and/or federal laws and ordinances. This certificate is issued without verification that the business is subject to or exempt from licensing by the State of California.

BUSINESS NAME: SPEEDY COLLECTORS

BUSINESS TYPE: SALES

BUSINESS LOCATION:

DESCRIPTION: COINS & ACCESSORIES

BUSINESS OWNER: James Peterson

Business Registration Number: 0435

Expiration Date: 2/22/14

TO BE POSTED IN A CONSPICUOUS PLACE

NOT TRANSFERABLE