

COMMONWEALTH OF THE BAHAMAS
IN THE SUPREME COURT
Common Law and Equity Division
Claim No. 2013/CLE/gen/01365

BETWEEN:

LENDEISHA CULMER-HANNA

Claimant

AND

DR. LESLIE W. CULMER

First Defendant

AND

ACL MEDICAL OFFICE CENTRE

Second Defendant

Before: Registrar Renaldo Toote

Appearances: Yolanda Rolle of Counsel for the Claimant
No Appearance of Counsel for the Defendants

Hearing date(s): 19 February 2025

ASSESSMENT OF DAMAGES

INTRODUCTION

- [1]. This matter comes before the Court for the assessment of damages following the judgment on liability delivered by Senior Justice Indra H. Charles on 19 January 2023.
- [2]. In that judgment, the Defendants were found to have breached their duty of care owed to the Claimant in the prenatal management of her pregnancy and the intrapartum delivery of her first child at Princess Margaret Hospital on 6 August 2012. The Defendants were held jointly and severally liable for the loss and damage resulting from that negligence and the matter was ordered to be assessed by a Registrar of the Supreme Court.
- [3]. The Defendants, although duly served with notice of this hearing, neither attended nor were represented during the Assessment. I am satisfied as to proper service and therefore proceeded in their absence. It is perhaps, a missed opportunity, for any party that declines to contest the evidence, must accept that the Court will assess it without the benefit of their perspective.
- [4]. Nevertheless, their non-participation does not diminish the Claimant's burden to strictly prove special damages and general damages on the balance of probabilities. Default of appearance does not amount to an automatic acceptance of any figure claimed by the Claimant and does not infer a windfall. The Court remains duty bound to scrutinize the evidence presented and to ensure that any award is fair, reasonable, and properly substantiated.

BACKGROUND

- [5]. The factual matrix for this assessment is adopted from the judgment of *Charles, Snr. J.* wherein, the Court determined that the Claimant's son, ("Baby Hanna"), died as a result of shoulder dystocia during labour, leading to an acute and fatal episode of oxygen deprivation.
- [6]. The summary of facts from the trial established that in 2012, Mrs. Hanna, a 30-year-old high-risk patient with a history of obesity and diabetes, received prenatal care from the First Defendant - Dr. Leslie Culmer. Following a 24-minute complicated vaginal delivery on 6 August 2012, Dr. Culmer attempted a manual rotation, the 10-pound 10-ounce infant was eventually delivered without a heartbeat, with the cause of death disputed between shoulder dystocia and abruptio placentae.
- [7]. During the trial, the Defendants argued that Mrs. Hanna suffered abruptio placentae (which is the separation of the placenta from the uterine wall) which the learned judge expressly ruled out, finding it inconsistent with the contemporaneous clinical observations and the resulting autopsy evidence. The medical evidence at trial disclosed

that Mrs. Hanna's placenta and membranes were intact and the recorded clinical evidence was inconsistent with Dr. Culmer's testimony of placenta abruption. *Charles, Snr. J.* accepted the expert medical evidence of Dr. Charles Stoopack a Obstetrician and Gynecologist (OB/GYN) in Carlsbad, California, as the most reliable on these issues, and his findings form the foundation for judgment.

[8]. As to the prenatal period, the Court found that the Defendants failed to conduct adequate antenatal examinations during the pregnancy which presented known risk factors. The Defendants (i) did not diagnose gestational diabetes, (ii) did not conduct appropriate late-term fetal monitoring, and (iii) did not order a third-trimester ultrasound to assess for fetal macrosomia. These omissions fell below the standard of a reasonably competent obstetric medical care which materially increased the risk of Baby Hanna suffering shoulder dystocia.

[9]. As to the intrapartum period, the Court further determined that the Defendants failed to employ the recognized sequence of obstetric manoeuvres during pregnancy complications in response to shoulder dystocia, including (i) the McRoberts position, (ii) suprapubic pressure, (iii) the Woods' screw manoeuvre, and (iv) delivery of the posterior arm. These omissions were found to be significant departures from competent intrapartum management. On the accepted expert evidence, the fatal outcome was avoidable had proper emergency manoeuvres been executed promptly.

THE EVIDENCE

[10]. The Claimant relied on several witness testimonies for the purposes of this assessment, all of which were filed, served, and placed before the Court without contradiction. The Court summarizes them as follows:

- (i) The *Witness Statement of Lendeisha Culmer-Hanna* (filed 22 May 2024), in which she gives a vivid and credible account of the labour and delivery, including the traumatic circumstances surrounding the birth of her first child, her direct witnessing of the unsuccessful resuscitation, and the profound and lasting psychological impact of the loss. She also describes the manner in which the Defendants' conduct has shaped her reproductive experiences thereafter.
- (ii) The *Witness Statement of Gloria Watkins* (filed 22 May 2024), a lay witness whose testimony corroborates the Claimant's emotional and behavioral changes immediately following the stillbirth and in the months that followed. Ms. Watkins describes observable depressive symptoms, social withdrawal, and the deterioration of the Claimant's mood and daily functioning.
- (iii) The *Witness Statement and medical reports of Dr. Charles Stoopack* (filed 22 May 2024), consisting of his witness statement and multiple medical reports

compiled across several years, appearing at Tabs 6, 8, 12, 18, 19, 20, and 26 of the Claimant's Bundle. Dr. Stoopack, served as the Claimant's principal medical expert during the liability phase. His findings accepted by *Charles, Snr. J.* addresses the nature and method of the obstetric errors that led to the stillbirth, as well as the foreseeable physical and psychological results.

- (iv) The *Witness Statement of Dr. Desdemona Curtis-Downes* (filed 16 July 2024), the Claimant's attending clinical psychiatrist, who first assessed the Claimant on 14 August 2012, eight days after the stillbirth. Her evidence is the foundation for the assessment of psychiatric injury, including the diagnosis of Major Depressive Disorder precipitated by a traumatic perinatal loss.
- (v) A Bundle of Documents filed on 19 August 2024, comprising more than seventy tabbed exhibits which include medical invoices, pharmacy receipts, laboratory records, hospital notes, correspondence, and other contemporaneous documentation relevant to the nature of physical and psychological injuries.

[11]. The Defendants filed no evidence and advanced no expert testimony in response. The Claimant's factual and expert evidence is therefore uncontroverted. The Court finds the Claimant's narrative credible and consistent. The evidence of Dr. Stoopack and Dr. Curtis-Downes, both experts of suitable expertise and experience, is accepted in the absence of any competing opinion. Notwithstanding the Defendants' default, the Court has approached each head of loss with the required degree of scrutiny. The burden of proof remains with the Plaintiff, and the Court is satisfied that the evidence, taken as a whole, meets the required standard.

SPECIAL DAMAGES

[12]. It is settled law that special damages must be specifically pleaded and strictly proven. A claimant who alleges special damage must prove the same. As *Barnett C.J.* stated in *Russell v Simms et al*, 2008/CLE/gen/00440:

“[A] person who alleges special damage must prove the same. It is not in general sufficient for him merely to plead special damage and thereafter recite in oath the same facts, or give evidence in an affidavit without any supporting credible evidence, and sit back expecting the tribunal of fact to accept his evidence as true in its entirety, merely because the aforesaid evidence is uncontroverted...”

[13]. Notwithstanding, there is a further legal principle, which states “where an item is modest, clearly articulated, uncontested and obviously connected to the injury”, the Court may allow it notwithstanding the absence of a discrete receipt. This legal principle is cautiously applied in this jurisdiction, although established by *Lord Diplock* in the English case *Ratcliffe v Evans [1892] 2 QB 524*. It does not relax the standard of proof

but acknowledges that strict proof may be satisfied by credible evidence where the expenditure is inherently plausible and causally self-evident.

[14]. In the Jamaican case of *Walters v Mitchell* (1992) 29 JLR 173 *Wolfe JA* (as he then was) relaxed the strict rule that special damages must be “specifically pleaded and strictly proven”. He held that while the court should not typically award special damages without receipts or documentary evidence, an exception exists for small, routine items that are:

- (i) Modest in amount;
- (ii) Clearly articulated (specifically described in the pleadings);
- (iii) Uncontested (not challenged by the defense); and
- (iv) Obviously connected to the injury sustained (e.g., small transportation costs to a hospital after a broken leg).

[15]. In *Walters v Mitchell*, the Jamaican Court of Appeal dismissed the defendant's argument that the plaintiff's claim should fail for lack of documentary evidence. *Wolfe JA* (Ag.) held: “*To expect a sidewalk or a pushcart vendor to prove her loss of earnings with the mathematical precision of a well-organized corporation may well be... “the vainest pedantry”.*”

Itemized Medical Expenses

[16]. The Claimant's submissions set out at paragraph 28, an itemized schedule of medical expenses cross-referenced to the Bundle of Documents. Having reviewed the documentary exhibits and considered the uncontested evidence, the Court is satisfied that each expenditure was in fact incurred and that each was reasonable and a necessary response to the injuries sustained. The schedule is reproduced in the table below with the Court's award against each line.

Provider / Description	Amount	Awarded
St. Lukes Diagnostic Centers	\$35.00	\$35.00
The Agape Child & Adolescent Clinic	\$370.00	\$370.00
Centreville Pharmacy	\$209.00	\$209.00
Dr. Desdemona Curtis-Downes	\$490.00	\$490.00

Provider / Description	Amount	Awarded
Bonaventure Medical Lab	\$150.00	\$150.00
Kelso Lab	\$50.00	\$50.00
Princess Margaret Hospital	\$360.00	\$360.00
Physicians Alliance	\$1,090.00	\$1,090.00
Dr. Tim Barrett	\$50.00	\$50.00
Medical Report	\$45.00	\$45.00
Doctors Hospital	\$1,833.35	\$1,833.35
Dr. Sheena Antonio Collie	\$416.00	\$416.00
Public Hospital Authority	\$263.00	\$263.00
Providence Rehabilitation Centre	\$1,537.00	\$1,537.00
Pharmacy receipts (additional)	\$67.94	\$67.94
TOTAL MEDICAL EXPENSES	\$6,965.29	\$6,965.29

[17]. All items are supported by the Bundle of Documents, the authenticity and provenance of which is undisputed. I am satisfied these expenditures were reasonably incurred by the Claimant as a result of the Defendants' negligence. All items are awarded in full.

[18]. Two items merits mention. The sum of \$50.00 referred to by Dr. Tim Barrett and the \$45.00 medical report fee are modest amounts. Applying the principle articulated in *Ratcliffe v Evans* and *Walters v Mitchell (ibid)*, this Court is satisfied that the disclosure of these modest expenditures when compared to the Claimant's injuries, suffice to ground an award in the absence of a receipt. Both items are awarded.

Funeral and Autopsy Fee

[19]. The Claimant seeks recovery of **\$9,098.35** in respect of the funeral expenses and autopsy fees associated with the death of Baby Hanna.

[20]. These expenses are fully documented in the Bundle of Documents with supporting receipts and arise directly and inevitably from the Defendants' negligence. The amounts are modest and reasonable within the context. This Court awards the sum in full.

Global Medical Expenses

[21]. The Claimant's submissions advanced global, non-itemized claims of \$105,000.00 (see paragraph 27) and \$12,497.95 (see paragraph 29), referencing multiple tabs without the specificity necessary to satisfy the standard of strict proof.

[22]. This Court will not entertain grouped claims that lack itemized verification. As *Barnett CJ* emphasized in *Russell v Simms*, uncontroverted evidence does not permit the Court to dispense with proof; the Court must be able to identify each expenditure with sufficient clarity to determine its reasonableness and nexus.

[23]. In the absence of proper justification, the global claims are accordingly disallowed. The Court awards only those specific medical expenses for which individual documentary proof has been provided and which are properly itemized, as set out above.

Loss of Past Earnings

[24]. The Claimant claims \$69,212.00 in respect of past loss of earnings, described as one year's salary and bonus as a Project Manager at Sagoma Construction Company (May 2020 – May 2021).

[25]. This claim is dismissed. The submissions for this head contain a verbatim passage at paragraph 32 referring to 'Mr. Strachan' and to a medical report by 'Dr. Clyde Munnings' who opined that "Mr. Strachan will be unable to continue in his current profession." Those references are manifestly a drafting error and transparently unrelated to the facts outlined in this matter. The loss of earnings section uses masculine pronouns throughout.

[26]. The Claimant in these proceedings is Ms. Lendeisha Culmer-Hanna. Mr. Strachan, whoever he may be, and whatever Dr. Munnings advised him, is not before this Court and has no claim upon it. This Court does not doubt that the drafting error was inadvertent; the hazards of using templates are well-known to those who practice under the pressure of a busy litigation docket. It is, however, a reminder that the find and replace function, while efficient, is not a substitute for reading.

[27]. Beyond the drafting error, the evidential deficiencies are independently fatal to the claim as no pay slips, nor contract, and no employer's letter establishing the claimed salary have been produced. There is no medical evidence that connects the Claimant's injuries to an inability to work specifically during 2020 and 2021, a period approximately eight years after the incident, as so claimed in her submissions to this Court.

[28]. The claim for past loss of earnings is dismissed. Therefore, the awarded special damages are as follows:

Head of Damages	Amount (BSD)
Medical Expenses itemized schedule (para. 28)	\$6,965.29
Funeral Expenses and Autopsy Fee	\$9,098.35
Global Medical Expenses (paras. 27 & 29)	Disallowed - not strictly proven
Past Loss of Earnings	Dismissed - insufficient proof
TOTAL SPECIAL DAMAGES AWARDED	BSD \$16,063.64

GENERAL DAMAGES - PAIN, SUFFERING AND LOSS OF AMENITY

[29]. It is established in *Cornilliac v St. Louis* (1965) 7 WIR 491 that general damages are awarded to provide reasonable and proportionate compensation for the non-pecuniary losses. They are not punitive awards, as it aims to restore, so far as money can, the Claimant's loss of physical and emotional comfort, dignity, and quality of life.

[30]. When determining general damages, the court in *Cornilliac* established a framework which is to be use as a guide for Courts to consider, which include:

- (i) the nature and extent of the injuries suffered;
- (ii) the nature and gravity of the resulting disability;
- (iii) the pain and suffering, past and future;
- (iv) the loss of amenities of life; and
- (v) the effect on the Claimant's pecuniary prospects.

[31]. As affirmed in *Lim Poh Choo v Camden and Islington Area Health Authority* [1980] AC 174, these are not separate heads of damage, nor do they yield separate awards. Rather, they operate as analytical lenses through which the Court evaluates the totality of the Claimant's experience and determines a single global award that is fair and proportionate. The purpose is compensation, not enrichment.

- [32]. The Claimant has submitted reliance on the Judicial College Guidelines (14th edition) and several English authorities to support her claim for general damages, however, while such materials may serve as persuasive comparators, they do not dictate the quantum in this jurisdiction. The Bahamas, *albeit* guided by British authority, is not the United Kingdom. The cost of what was lost here is not denominated in sterling, and the measure of a life well-lived and deeply felt, is not enshrined in the Royal Courts of Justice.
- [33]. *Klein, J.* affirmed the very same principle in the recent Bahamian authority of **TK (An Infant, by his Next Friends TK AND LK) v Dr. Gregory Carey** [2015/CLE/gen/01125], wherein he opined that that “*there are factual differences between the Bahamas and the UK, such as the rate of inflation, and income and other taxes.*” Foreign schedules must be carefully adjusted to Bahamian socio-economic expectations and must not be slavishly applied or uplifted via currency conversion alone.
- [34]. The Court therefore uses these materials only for categorical comparison, that is, to understand the relative seriousness of the type of injury but the final award is determined by applying the principles established in *Cornilliac* when compared to the present facts and anchoring the result within the context of Bahamian jurisprudence.

The Evidence - Application of the Cornilliac Heads

(i) Nature and Extent of Injuries

- [35]. The Claimant suffered a combination of physical obstetric injury and serious psychiatric injury. Physically, (i) she underwent a prolonged, chaotic, and traumatic labour; (ii) she was administered Pethidine, which left her heavily sedated and disorientated during the critical stages of delivery; (iii) she was subjected to forceful and repeated manual interventions; (iv) she sustained a perineal laceration requiring suturing; and (v) she was obliged to witness, in that state, the stillbirth of her child and the failed resuscitation that followed. These physical injuries, while not producing permanent orthopaedic disability, were real, acutely painful, and deeply harrowing.
- [36]. Psychiatrically, the primary injury is ‘Major Depressive Disorder’ formally diagnosed by Dr. Curtis-Downes, the Claimant’s attending clinical psychiatrist. The Court accepts Dr. Curtis-Downes’ evidence with care and in full. The psychiatrist first assessed the Claimant on 14 August 2012 eight days after the stillbirth at which point the Claimant presented in acute psychological distress exhibiting the early manifestations of traumatic bereavement, which included emotional disorganization, intrusive recollections of the delivery, and profound sadness exceeding ordinary grief. Dr. Curtis-Downes’ clinical opinion was that the Claimant had sustained a “*traumatic loss*” that is, bereavement with intense symptoms and functional impairment that exceed the typical grieving process. By 2013, after multiple consultations and clinical monitoring, Dr. Curtis-Downes formally diagnosed the Claimant with Major Depressive Disorder.

[37]. The Court pauses to note a matter of diagnostic importance. During her testimony, Dr. Curtis-Downes expressly clarified that she did not diagnose Post-Traumatic Stress Disorder (PTSD). While the Claimant undeniably experienced trauma, the clinical behavioral patterns aligned more closely with complicated bereavement progressing into Major Depressive Disorder. The predominant associated symptoms were pervasive sadness, hopelessness, psychomotor slowing, and anhedonia, rather than the hyper-arousal and avoidance typically associated with PTSD. The absence of a PTSD diagnosis does not diminish the seriousness of the clinical picture. On the contrary, it confirms a chronic depressive illness precipitated by the Defendants' negligence. This Court accepts Dr. Curtis-Downes' diagnosis and has applied the *Cornilliac* framework on that basis.

(ii) Nature and Gravity of the Resulting Disability

[38]. According to Dr. Curtis-Downes, the psychiatric injury has been enduring and profound. She testified that the Claimant exhibited persistent symptoms of insomnia, anorexia, dysphoria, impaired concentration, psychomotor slowing, social withdrawal, and episodic suicidal thoughts requiring clinical supervision. These symptoms did materially interfere with her daily functioning and family life. While her physical injuries have resolved, the psychiatric disability persisted *albeit* maintained.

(iii) Pain and Suffering, Past and Future

[39]. The physical pain associated with the delivery and perineal repair was acute. The psychological pain, however, was persistent. The Claimant experienced the complete loss of her firstborn child in preventable circumstances, followed by an unwarranted attribution of blame by the Defendant in the immediate aftermath. The Court accepts that this exacerbated her emotional trauma.

(iv) Loss of Amenities of Life

[40]. The Claimant has been deprived of the irreplaceable experience of mothering her first child. Her subsequent pregnancies were marked by intense anxiety and avoidance, resulting in elective caesarean sections undertaken primarily due to psychological distress a pattern Dr. Curtis-Downes described as trauma based avoidance. The Claimant's social relationships, family interactions, and enjoyment of life have been significantly reduced. This constitutes a substantial and permanent loss of amenity.

General Damages - Assessment

[41]. The Court has considered the authorities placed before it. In **Dino Pelecanos v Dawn Albury** [SCCivApp & CAIS No. 87 of 2010], serious neurological and orthopaedic injuries attracted an award of \$120,000.00 for PSLA. In **Delone Symonette v Charles Turnquest** 2008/CLE/gen/01877, multiple physical injuries requiring surgery attracted

\$148,000.00. Those cases establish a broad range for serious injury involving significant loss of amenity. However, these cases involved road traffic accidents.

[42]. A comparable local authority in the medical negligence context is **LaShonda Poitier v The Medi Centre Ltd.** [2019] 1 BHS J No. 58 where a PSLA award of \$50,000.00 was made. However, that matter involved early gestational loss without full labour, without traumatic intrapartum intervention, and without the enduring psychiatric disability present here. It therefore represents the starting floor in the determination of damages and not the ceiling.

[43]. Conversely, **TK (An Infant, by his Next Friends TK AND LK) v Dr. Gregory Carey** represents the catastrophic ceiling against awards for which serious injuries deriving from medical negligence in this jurisdiction ought to be measured against. The facts of *TK* are instructive, not merely as a ceiling, but as a point of principle and comparative analysis with the present case, as both cases arise from the same category of medical negligence involving an obstetrician.

[44]. In *TK*, the negligence did not result in the child's death but instead condemned the infant to a lifelong dependency on others for every aspect of his physical existence.

[45]. The present case is the obverse of *TK*. Here, the Defendants' negligence did not leave Baby Hanna brain-damaged or disabled, rather it completely deprived him of life. The infant claimant in *TK* will require compensation for the rest of his life precisely because his life continues, whereas, Baby Hanna has no life to compensate, and no estate before this Court makes any such claim.

[46]. Instead, what this Court is asked to compensate, is a mother who survived a harrowing experience and the psychiatric consequences of that event. She does not grieve a diminished life; she grieves a life that was never given the chance to be diminished. Two polar victims, with the mental anguish of the Claimant categorically falling far below the \$3,000,000.00 awarded in *TK*.

[47]. Applying the Cornilliac principles to reflect the Claimant's (i) physical trauma; (ii) chronic, medically diagnosed Major Depressive Disorder; (iii) emotional deprivation of her firstborn, and the need to position the award within Bahamian social and expectations, the Court awards a global sum of **\$150,000.00** (One Hundred and Fifty Thousand Dollars).

Aggravated Damages

[48]. The Claimant has claimed aggravated damages. Aggravated damages are compensatory, not punitive. They are awarded where the manner in which the defendant committed the wrong or the defendant's conduct thereafter caused the Claimant to suffer

an injury additional to, and distinct from, that which flowed from the negligence itself. See *Rookes v Barnard* [1964] AC 1129.

[49]. Having reviewed the uncontested evidence, the Court is satisfied that the conduct of the First Defendant, Dr. Leslie Culmer, immediately following the stillbirth satisfies this threshold. The Claimant testified and the evidence is unchallenged that within hours of the delivery, while she remained in acute grief and physical distress, Dr. Culmer told her and her family that she was responsible for the death of her child and that there was “nothing wrong” with his management. These remarks were not only factually incorrect as *Charles, Snr. J.*, expressly found that the Claimant bore no responsibility for the outcome but were delivered at a moment of exceptional vulnerability.

[50]. The Court accepts that this attribution of blame inflicted a distinct and additional injury upon the Claimant. Beyond the trauma of the stillbirth itself, she was forced to carry an unwarranted burden of guilt, shame, and self-reproach. The evidence of Dr. Curtis Downes is consistent with a psychiatric presentation shaped not only by bereavement, but by a sense of injustice and internalized blame, features which amplified and prolonged her depressive disorder. This compounded psychological harm is causally linked to the Defendant’s conduct and is not subsumed within the ordinary award for pain, suffering, and loss of amenity.

[51]. In all circumstances, the Court finds it appropriate to award aggravated damages in the sum of **\$20,000.00** (Twenty Thousand Dollars).

[52]. This award is strictly compensatory and reflects the additional emotional and psychiatric harm caused by the Defendants unjustified accusation, delivered at a time of profound grief. It does not punish the Defendant but compensates the Claimant for the heightened injury she sustained as a result of that conduct.

COSTS

[53]. The Claimant is the successful party in these proceedings. It is therefore appropriate that she recover her costs. The Court orders that the costs of this assessment, together with the costs of all prior proceedings in this action not already the subject of a separate costs order, shall be paid by the Defendants to the Plaintiff.

[54]. The circumstances of this case, including the Defendants’ non-participation, the uncontested nature of the evidence, the focused scope of the assessment hearing, and the need to avoid unnecessary taxation, the Court considers it just and proportionate to award a fixed sum for the costs of the assessment of damages. That fixed award shall also incorporate the Claimant’s properly incurred expert witness fee for Dr. Stoopack in the amount of \$7,000.00 (Seven Thousand Dollars).

[55]. Having regard to the complexity of the issues, the volume of expert material reviewed, and the procedural history of the matter, the Court fixes the Claimant's costs for the assessment at **\$25,000.00 (Twenty-Five Thousand Dollars)**, inclusive of the said expert fee. This award is limited to the assessment proceedings; all prior costs of the action remain payable by the Defendants, to be taxed if not agreed.

CONCLUSION

[56]. **IT IS ORDERED THAT:**

- (1) Judgment is entered for the Claimant against the Defendants, jointly and severally, in the principal sum of \$186,063.64, comprising special damages of \$16,063.64, pain suffering and loss of amenity of \$150,000.00, and aggravated damages of \$20,000.00.
- (2) Pre-judgment interest on special & general damages awarded at 3% per annum from 7 August 2013 to the date of this Order.
- (3) Post-judgment interest shall accrue on the aggregate judgment sum at 6.25% per annum from the date of this Order until payment in full.
- (4) The Defendants shall pay the Claimant's costs for this assessment fixed at \$25,000.00.
- (5) Liberty to apply.

Dated this 25 day of February A.D. 2026

[Original signed & sealed]

**Renaldo Toote
Registrar**