

C 360118/9  
COURT FILE NO.:

ONTARIO COURT (GENERAL DIVISION)

B E T W E E N:

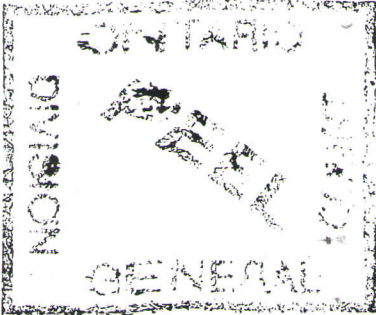
MARGRIT SCHNEIDER and TRUDY GOESSERINGER

Plaintiff

- and -

ORILLIA SOLDIERS' MEMORIAL HOSPITAL  
DR. J.N. SINCLAIR, DR. D. ALEXANDER

Defendants



STATEMENT OF CLAIM

TO THE DEFENDANT

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the plaintiff. The claim made against you is set out in the following pages

IF YOU WISH TO DEFEND THIS PROCEEDING, you or an Ontario lawyer acting for you must prepare a statement of defence in Form 18A prescribed by the Rules of Civil Procedure, serve it on the plaintiff's lawyer or, where the plaintiff does not have a lawyer, serve it on the plaintiff, and file it, with proof of service, in this court office, WITHIN TWENTY DAYS after this statement of claim is served on you, if you are served in Ontario.

IF YOU ARE SERVED in another province or territory of Canada or in the United States of America, the period for serving and filing your statement of defence is forty days. If you are served outside Canada and the United States of America, the period is sixty days.

26. Since the operation, the Plaintiff has been unable to undertake gainful employment of any sort. She has suffered and will continue to suffer ongoing wage loss for the foreseeable future.

**FAMILY LAW ACT CLAIM**

27. The Plaintiff Trudy Goesseringer (Trudy) is the sister of Margrit Schneider and is her closest living relative. During Margrit's convalescence, Trudy has looked after and cared for her. She has assisted Margrit with routine maintenance to her house and has also assisted in driving her to hospital and doctors' appointments.

28. The Plaintiffs propose that this action be tried at Toronto.

DATE: March <sup>22</sup>~~21~~, 1996

Mang, Steinberg & Skultety  
707 College St.  
Toronto, Ontario  
M6G 1C2  
Solicitors for the Plaintiffs

Ian R. Mang  
phone 416 531-3516  
fax 416 538-4412





Certified A True  
Photostatic  
Print of a Record

on file at the  
Office of the Registrar General  
Ontario, Canada

Registration Number:  
Numéro d'enregistrement :

Certificate number:  
Numéro du certificat :

**P.1215595**

Mar 31 2010

Date issued:  
Date de délivrance :

01020094-01-4

File number:  
Numéro de dossier :

Office of the Registrar General  
Bureau du registraire général

Photocopie certifiée  
conforme d'un document

se trouvant dans les dossiers du  
Bureau du registraire général  
(Ontario) Canada

Ministry of Government and Consumer Services  
Office of the Registrar General



**Medical Certificate of Death - Form 16**

Hospital code number

You must use the Stillbirth Registration Form 8 when registering stillbirths. This form must be completed by the attending physician, coroner, or designated person before a burial permit can be issued. Please PRINT clearly in blue or black ink as it is a permanent legal record.

**INFORMATION ABOUT THE DECEASED**

1. Name of deceased (last, first, middle) GOESSERINGER, WALTRAUT Trudi 2. Date of death [month - by name, day, year (in full)] March 11, 2009  
 3. Sex (M or F) F 4. Age 75 5. If under 1 yr. Months Days 6. If under 1 day Hours Minutes 7. Gestation age 8. Birth weight  
 9. Place of death (name of facility or location) Royal Victoria Hospital  hospital  nursing home  residence  other (specify)  
 10. City, town, village or township Barrie Regional municipality, county or district Simcoe

**CAUSE OF DEATH**

11. Part I  
 Immediate cause of death (a) Myocardial Infarction Approximate interval between onset & death under 1hr  
 due to, or as a consequence of  
 Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the underlying cause last (b) Arteriosclerotic Heart Disease  
 due to, or as a consequence of  
 Part II  
 Other significant conditions contributing to the death but not causally related to the immediate cause (a) above (c) multiple strokes

12. If deceased was a female, did the death occur:  during pregnancy (including abortion and ectopic pregnancy)  within 42 days thereafter  between 43 days and 1 year thereafter  
 13. Was the deceased dead on arrival at the hospital?  Yes  No 14. Was there a surgical procedure within 28 days of death?  Yes  No 15. Date of surgery (m/d/y)  
 16. Reason for surgery and operative findings

Autopsy particulars 17. Autopsy being held?  Yes  No 18. Does the cause of death stated above take account of autopsy findings?  Yes  No 19. May further information relating to the cause of death be available later?  Yes  No  
 Accidental or violent death (if applicable) 20. If accident, suicide, homicide or undetermined (specify) 21. Place of injury (e.g. home, farm, highway, etc.) 22. Date of injury (m/d/y)  
 23. How did injury occur? (describe circumstances)

**CERTIFICATION**

By signing below, you certify that the information on this form is correct to the best of your knowledge.  
 24. Your signature (physician, coroner, RN(EC), other) X GM 25. Date (m/d/y) Mar 11, 2009  
 26. Your name (last, first, middle) KARASMANIS, George 27. Your title:  Physician  Coroner  RN(EC)  other (specify)  
 28. Your address (street number and name, city, province, postal code) 201 Georgian Dr. Barrie Ont (box) L4M 6M2

**TO BE COMPLETED BY THE DIVISION REGISTRAR**

By signing below, I am satisfied that the information in this Medical certificate of death and the Statement of death is correct and sufficient and I agree to register the death.  
 Signature X Dynal Linkick/Deputy Date (m/d/y) 03/26/2009 Registration number 200 Div. reg. code no. 4303  
 For the use of the Office of the Registrar General only

Personal information contained in this form is collected under the authority of the Vital Statistics Act, R.S.O. 1990, c.v.4 and will be used to register and record the births, still-births, deaths, marriages, additions or change of name, corrections or amendments, provide certified copies, extracts, certificates, search notices, photocopies and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. Questions about this collection should be directed to the Deputy Registrar General at P.O. Box 4600, Thunder Bay ON P7B 6L8. Telephone 1 800 461-2156 or 416 325-8305.

*Judith M Hartman*

---CERTIFIED COPY---  
NOT VALID WITHOUT ALL PAGES





Government of Canada

Gouvernement du Canada

Protected when completed - B  
Department Name Protégé une fois rempli - B

OTTAWA ON K1A0L1  
CANADA

Date  
2009 10 15

Estate of Trudi Goesseringer  
C/O Sonja Goesseringer  
100-2 Bloor St W  
Toronto ON  
M4W3E2



Canada Revenue Agency

Agence du revenu du Canada

STATEMENT OF CANADA PENSION PLAN BENEFITS  
ÉTAT DES PRESTATIONS DU RÉGIME DE PENSIONS DU CANADA T4A (P)

Year Année	20 Taxable CPP benefits Prestations imposables du RPC	21 Number of months Nombre de mois	22 Income tax deducted Impôt sur le revenu retenu	12 Social Insurance number Numéro d'assurance sociale	13 Onset or Effective date Date de début ou d'entrée en vigueur	14 Retirement benefit Prestation de retraite	15 Survivor benefit Prestation de survivant	16 Disability benefit Prestation d'invalidité	17 Child benefit Prestation pour enfant	18 Death benefit Prestation de décès
2009	940.62	3		473 927 200	1993-06	940.62				
					Benefit number No. de prestation	473 927 200	AL 20			
DUPLICATE / DUPLICATA										

Issued by: Service Canada  
Émis par: Service Canada

Estate of Trudi Goesseringer  
C/O Sonja Goesseringer  
100-2 Bloor St W  
Toronto ON  
M4W3E2

T4A (P) (07)  
ISP0138 (2008-11-008)

2009-10-15

Attach this copy to your federal return  
Joignez cette copie à votre déclaration fédérale

RC-08-946



Canada Revenue Agency

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STATEMENT OF CANADA PENSION PLAN BENEFITS  
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T4A (P) (07)  
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2009-10-15

Keep this copy for your records  
Conservez cette copie pour vos dossiers

RC-08-946







Canada Revenue Agency

Agence du revenu du Canada

### CLEARANCE CERTIFICATE/CERTIFICAT DE DÉCHARGE

To date of death  
jusqu'à la date du décès

Partial Distribution  
Distribution partielle

Final Distribution  
Distribution finale

Certificate Number  
Numéro de certificat  
**13-027645**

Sonja G Goesseringer  
L101-51, 33 Hazelton Ave.  
Toronto, ON  
M5R 2E3

Tax Services Office:  
Bureau des services fiscaux: **Toronto Center**

Date: **2010-08-12**

This Certificate will not be valid if it has been altered.  
Ce certificat sera nul s'il a été modifié.

This document certifies that all amounts for which any taxpayer is liable and for the payment of which you may reasonably be expected to become liable in your capacity as the legal representative of the taxpayer named below for the period ending

Ce document atteste que tous les montants dont est redevable un contribuable et dont le paiement pourrait, à bon droit, vous incomber en qualité de représentant légal du contribuable désigné ci-dessous pour la période se terminant le

2009-03-11

2009-03-11

and any preceding taxation year under the Income Tax Act (including provincial or territorial taxes administered by this department), the Canada Pension Plan, the Employment Insurance Act, or the Petroleum and Gas Revenue Tax Act along with any related interest and penalties for which the deceased, corporation, or trust named below, is liable have been paid or that the Canada Revenue Agency has accepted security for the amounts.

et pour n'importe quelle année d'imposition antérieure en vertu de la Loi de l'impôt sur le revenu (y compris les impôts provinciaux ou territoriaux administrés par ce ministère), du Régime des pensions du Canada, de la Loi sur l'assurance-emploi ou de la Loi de l'impôt sur les revenus pétroliers, de même que tout intérêt et toutes pénalités qui s'y rapportent dont la personne décédée, la société ou la fiducie nommée ci-dessous est redevable, ont été payés ou ont fait l'objet d'une garantie qui a été acceptée par l'Agence du revenu du Canada.

Identification of deceased, corporation, or trust - identification de la personne décédée, de la société ou de la fiducie

Name-Nom  
**Trudi Goesseringer**

Type of Trust - Genre de fiducie

Address-Adresse

City-Ville

Province or Territory - Province ou territoire

Postal Code - Code postal

Social Insurance number, Trust number, or Business Number - Numéro d'assurance sociale, numéro de fiducie ou numéro d'entreprise:  
**473927200**

(2)

Director-Directeur  
Tax Services Office - Bureau des services fiscaux



## NOW WHAT?

### Information on what to do when a loved one passes away

We will provide you with 5 original Proof of Death Certificates, should you require additional copies, a \$5.00 charge will apply per copy. For Photocopies of original documentation (Birth Certificates, Marriage Certificates etc.) and certification of those photocopies, a \$5.00 charge will apply.

#### Check (☐) when completed:

##### Bank

*FAX*  
Immediately notify your bank that your loved one has passed away. They will tell you what forms you may need to change for bank accounts, loans, mortgages, credit cards, trust funds, savings bonds, safety deposit boxes, etc.

##### Canada Pension Plan and/or Survivor's Benefit

*See cd*  
We supply you with the forms. Check for highlighted areas on the forms and remember to include certified copies of the documents that the government requires to go with the forms. Mail the forms along with the required documents. If you are eligible for monies, it will take approximately 3 months to receive this benefit. May be taken directly to 48 Owen Street Barrie

Inquiries may be directed to either: 1-800-277-9914 or [www.hrdc-drhc.gc.ca/isp](http://www.hrdc-drhc.gc.ca/isp)

##### Company Pension Plan

Be sure to check on the continuation of a spouse's pension plan if he or she was retired.

##### Employment Benefits

*MAIL Government + US PPS*  
Check with his or her place of employment for the possibility of life insurance coverage, even if they are retired.

##### Insurance

*(LYC-OK) → FAX NEW info + B / owner*  
Call your insurance agent or the head office regarding life insurance, disability, car insurance, ownerships, etc. You will need to change the beneficiary on your personal life insurance policy if your loved one was your beneficiary.

##### Income Security Program

We will notify Income Securities of the death. If the person who died was receiving a monthly pension, the next-of-kin is entitled to sign the back of the cheque for the month in which the individual died. If you continue to receive cheques or direct deposits, be sure to return them to Income Securities.

Inquiries may be directed to: [www.hrdc-drhc.gc.ca/isp](http://www.hrdc-drhc.gc.ca/isp)



**Income Tax Return**

The last income tax return must be filed for a person who has died. You may need to keep a Proof of Death Certificate for this purpose.

Inquiries may be directed to: [www.cra-adrc.gc.ca](http://www.cra-adrc.gc.ca) and especially to an Accountant or Tax Specialist.

**Ontario Health Insurance (Ministry of Health-OHIP)**

Your loved one's Health Card must be returned to the Ministry. Cut the card in half and send a letter that states, name, full address and date they passed away. Be sure to include a Proof of Death Certificate with the letter.

Mail to or visit in person: 34 Simcoe Street, Suite 102 Barrie, ON L4N 6T4

Inquiries may be directed to: [www.gov.on.ca/health](http://www.gov.on.ca/health) or 1-800-268-1154

**Social Insurance Card**

When someone dies, there is a danger of someone committing fraud with the deceased (SIN). You should send the SIN card along with a Proof of Death Certificate with the SIN clearly stated on it.

Take directly to: 48 Owen Street OR

Mail to: Social Insurance Registration P.O Box 7000 Bathurst, New Brunswick E2A 4T1

Inquiries may be directed to: [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) or 1-800-622-6232

**Veteran's Affairs-Canada**

Call 1-800-387-0919 for the possibility of a death benefit for families of veterans.

Inquiries may be directed to: [www.vac-acc.gc.ca](http://www.vac-acc.gc.ca)

## *Bereavement*

*As many times as someone can tell you that, "it just takes time", it is not always the case for everyone, that time alone, will heal your loss.*

*Please don't hesitate to call me if I can help you to find an individual or group to speak with. Hospice Simcoe holds a Men's Support Group and a Women's Bereavement Group. Please call 722-5995 for further information. Check your local area for Hospice Support Groups if you are not able to attend in Barrie.*