Slater v Harlem Ctr. for Nursing & Rehabilitation, LLC
2025 NY Slip Op 32621(U)
July 8, 2025
Supreme Court, New York County
Docket Number: Index No. 805083/2022
Judge: John J. Kelley

SUPREME COURT OF THE STATE OF NEW YORK
NEW YORK COUNTY

PRESENT: **HON. JOHN J. KELLEY** **PART** **56M**

Justice

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INDEX NO. 805083/2022

MOTION DATE 04/25/2025

MOTION SEQ. NO. 002

MICHELLE SLATER, as Administrator of the Estate of HARRY SLATER, deceased, and MICHELLE SLATER, Individually,

Plaintiff,

- v -

HARLEM CENTER FOR NURSING AND REHABILITATION, LLC, and 'JANE DOE' 1 THROUGH 100 and 'JOHN DOE' 1 THROUGH 100, Fictitious Names of Employees, Agents, Representatives and/or Servants of HARLEM CENTER FOR NURSING AND REHABILITATION, LLC,

Defendants.

DECISION + ORDER ON MOTION

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The following e-filed documents, listed by NYSCEF document number (Motion 002) 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160.

were read on this motion to/for DISMISS.

In this action to recover damages pursuant to Public Health Law §§ 2801-d and 2803-c for purported violations of statutes and regulations governing nursing homes, as well as for medical malpractice, gross negligence, and wrongful death, the defendant Harlem Center for Nursing and Rehabilitation, LLC (hereinafter Harlem), moves pursuant to CPLR 3211(a) to dismiss the complaint insofar as asserted against it for lack of subject matter jurisdiction (CPLR 3211[a][2]) and for failure to state a cause of action (CPLR 3211[a][7]). The plaintiff opposes the motion. The motion is granted only to the extent that claims asserting acts or omissions relating to the diagnosis, care, or treatment of COVID-19, including those occurring on or before March 7, 2020, are dismissed, inasmuch as the complaint fails to state a cause of action against Harlem by virtue of the immunity from civil liability conferred upon it by the Emergency or

Disaster Treatment Protection Act (Public Health Law former §§ 3080-3082; hereinafter EDTPA). The motion is otherwise denied, however, as to the allegations arising from the care the decedent received at Harlem in connection with non-COVID-related medical issues prior to the effective date of EDTPA, specifically, the development or exacerbation of bed sores and pressure ulcers, since the court concludes that the plaintiff has sufficiently alleged causes of action that fall outside the scope of EDTPA immunity.

The decedent, Harry Slater, was a resident at Harlem from approximately January 31, 2020, until his death on April 23, 2020. In the complaint, which was filed on March 7, 2022, the plaintiff, Michelle Slater, as administrator of the decedent's estate, and individually, alleged that Harlem first became aware of the emerging COVID-19 pandemic in or around January 2020, yet failed to provide the decedent with appropriate care or customary nursing and rehabilitation services during that time. The plaintiff further alleged that the decedent contracted COVID-19 while at Harlem, and that the facility failed to take proper precautions to prevent and control the spread of infections, including maintaining adequate personal protective equipment (PPE), isolating residents, properly sanitizing and storing equipment, and actively screening those entering the building for COVID-19 symptoms. The plaintiff also asserted that, during the time that her decedent was a resident at Harlem, and due to Harlem's malpractice and negligence, her decedent either developed bed sores and pressure ulcers, or that pre-existing bed sores and pressure ulcers were caused to worsen. Finally, the plaintiff alleged that the decedent suffered loss of dignity, pain, and ultimately death as a result of Harlem's failures.

In its motion, Harlem argued that the complaint should be dismissed because EDTPA and Executive Order No. 202.10 each conferred immunity upon it from civil liability for acts or omissions occurring in the provision of healthcare services in response to the COVID-19 emergency, and because the federal Public Readiness and Emergency Preparedness Act (Pub. L. 109-148, as amended, Pub. L. 116-127, 42 USC § 247d-6d; hereinafter the PREP Act) provided broad federal immunity for the use or administration of "covered countermeasures"

related to COVID-19. In opposition, the plaintiff contended that EDTPA could not be invoked by Harlem because the statute has since been repealed. The plaintiff further argued that the care that the facility provided to the decedent during the pandemic was merely a continuation of care that had been provided before the pandemic and, thus, was not protected by EDTPA. In addition, the plaintiff maintained that the PREP Act was inapplicable to this action. Finally, the plaintiff asserted that her claims sounding in gross negligence and recklessness were not subject to statutory immunity.

When assessing the adequacy of a pleading in the context of a motion to dismiss under CPLR 3211(a)(7), the court's role is "to determine whether [the] pleadings state a cause of action" *(511 W. 232nd Owners Corp. v Jennifer Realty Co.*, 98 NY2d 144, 151-152 [2002]). To determine whether a claim adequately states a cause of action, the court must "liberally construe" it, accept the facts alleged in it as true, accord it "the benefit of every possible favorable inference" (*id*. at 152; *see Romanello v Intesa Sanpaolo, S.p.A.*, 22 NY3d 881, 884 [2013]; *Simkin v Blank*, 19 NY3d 46, 52 [2012]), and determine only whether the facts, as alleged, fit within any cognizable legal theory (*see Taxi Tours, Inc. v Go New York Tours, Inc.,* 41 NY3d 991, 993 [2024]; *Hurrell-Harring v State of New York*, 15 NY3d 8, 20 [2010]; *Leon v Martinez*, 84 NY2d 83, 87-88 [1994]; *Weil, Gotshal & Manges, LLP v Fashion Boutique of Short Hills, Inc*., 10 AD3d 267, 270-271 [1st Dept 2004]; CPLR 3026). "The motion must be denied if from the pleading's four corners factual allegations are discerned which taken together manifest any cause of action cognizable at law" (*511 W. 232nd Owners Corp. v Jennifer Realty Co*., 98 NY2d at 152 [internal quotation marks omitted]; *see Leon v Martinez*, 84 NY2d at 87-88; *Guggenheimer v Ginzburg*, 43 NY2d 268, 275 [1977]). Where, however, the court considers evidentiary material beyond the complaint, as it does here, the criterion becomes "whether the proponent of the pleading has a cause of action, not whether he [or she] has stated one" (*Guggenheimer v Ginzburg*, 43 NY2d at 275), but dismissal will not eventuate unless it is "shown that a material fact as claimed by the pleader to be one is not a fact at all" and that "no

significant dispute exists regarding it" (*id.*). Nonetheless, "conclusory allegations—claims consisting of bare legal conclusions with no factual specificity—are insufficient to survive a motion to dismiss" (*Godfrey v Spano*, 13 NY3d 358, 373 [2009]).

Initially, the court has subject matter jurisdiction over the claims asserted in this action. Subject matter jurisdiction

> "refers to the power of the court to hear the kind of case that is presently before it for adjudication (*Matter of Newham v Chile Exploration Co*., 232 NY 37; *Matter of Rougeron*, 17 NY2d 264; *Thrasher v United States Liab. Ins. Co*., 19 NY2d 159; *Hunt v Hunt*, 72 NY 217). Whether a court has subject matter jurisdiction is determined by the Constitution, statutes and (occasionally) the rules which confer jurisdiction. (Siegel, *Practice Commentaries*, McKinney's Cons Laws of NY, Book 7B, CPLR 3211, C3211:11, at 17), and not by the particular facts of any case. (*Hunt v Hunt*, *supra*.) The question to be resolved is whether the court has jurisdiction over the 'type' of case, not whether it has jurisdiction over 'this particular' case. (*1890 Realty Co. v Ford*, 121 Misc 2d 834; Treiman, *Subject Matter Jurisdiction in Summary Proceedings*, NYLJ, Mar. 2, 1990, at 1, col 1; *Hunt v Hunt*, *supra*.)"

(*New York County Dist. Attorney's Office v Oquendo*, 147 Misc 2d 125, 127-128 [Civ Ct, N.Y. County 1990]). Thus, subject matter jurisdiction

> "'refers to objections that are 'fundamental to the power of adjudication of a court.' 'Lack of jurisdiction' should not be used to mean merely 'that elements of a cause of action are absent,' but that the matter before the court was not the kind of matter on which the court had power to rule"

(*Manhattan Telecom. Corp. v H & A Locksmith, Inc*., 21 NY3d 200, 203 [2013], quoting *Lacks v Lacks*, 41 NY2d 71, 74 [1976]; *see Garcia v Government Emps. Ins. Co.*, 130 AD3d 870, 871 [2d Dept 2015]). "Subject matter jurisdiction is a 'power to adjudge concerning the general question involved' in litigation, and 'is not dependent upon the state of facts which may appear in a particular case'" (*Henry v New Jersey Tr. Corp*., 39 NY3d 361, 371 [2023], quoting *Hunt v Hunt*, 72 NY 217, 229 [1878]). Pursuant to NY Constitution, art VI, § 7(a), "[t]he supreme court shall have general original jurisdiction in law and equity." Crucially, immunity from suit is a waivable defense and, hence, cannot be the basis for the invocation of lack of subject matter jurisdiction (*Henry v New Jersey Tr. Corp*., 39 NY3d at 369-372; *Gillis v Carmel Richmond Nursing Home, Inc.*, 83 Misc 3d 1256[A], 2024 NY Slip Op 50984[U], *5, 2024 NY Misc LEXIS

3283, *13 [Sup Ct, Richmond County, Jul. 29, 2024]). This court thus has subject matter jurisdiction over the instant medical malpractice action.

Nonetheless, the complaint fails to state a cause of action, under the circumstances of this case, to recover damages in connection with all COVID-related symptoms, illnesses, and death, inasmuch as EDTPA confers immunity upon Harlem for those claims.

In March 2020, then-Governor Andrew Cuomo signed Executive Order No. 202 (9 NYCRR 8.202), declaring a disaster emergency in New York state, and Executive Order No. 202.10 (9 NYCRR 8.202.10), conferring, upon certain healthcare workers and facilities, immunity from civil liability for any injury or death alleged to have been sustained directly as a result of the provision of medical services in support of New York's response to the COVID-19 pandemic, except where such injury or death was caused by gross negligence or recklessness. On April 3, 2020, the Legislature passed EDTPA, granting certain enumerated healthcare facilities and healthcare professionals immunity from civil or criminal liability related to the care of patients with COVID-19, provided that:

> "the health care facility or health care professional is arranging for or providing health care services pursuant to a COVID-19 emergency rule or otherwise in accordance with applicable law; the act or omission occurs in the course of arranging for or providing health care services and the treatment of the individual is impacted by the health care facility's or health care professional's decisions or activities in response to or as a result of the COVID-19 outbreak and in support of the state's directives; and the health care facility or health care professional is arranging for or providing health care services in good faith"

(Public Health Law former § 3082[2]). The immunity did not apply where an act or omission constituted willful or intentional criminal misconduct, gross negligence, reckless misconduct, or intentional infliction of harm (*id.*). EDTPA was effective retroactive to March 7, 2020, making it applicable to acts or omissions that occurred on or after that date. On April 6, 2021, the legislature repealed EDTPA, with the repeal to take effect immediately.

Separately, on March 17, 2020, in response to the pandemic, the Secretary of the United States Department of Health and Human Services issued a declaration invoking and

implementing the PREP Act (*see* Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19, 85 FR 15198-01, Mar. 17, 2020), pursuant to which Congress had provided immunity from liability to covered persons for loss caused by or relating to the administration or use of a "covered countermeasure" in times of a public health emergency (*see* 42 USC § 247d-6d[a][1]). "Covered countermeasures" included any drug or device used to treat, diagnose, or mitigate the spread of COVID-19, as well as PPE and COVID-19 tests, that had been approved by United States Food and Drug Administration (FDA), as well as common medical devices such as thermometers and ventilators (*see Escobar v Mercy Med. Ctr.*, 83 Misc 3d 1213[A], 2024 NY Slip Op 50704[U], *2-3, 2024 NY Misc LEXIS 2457, *7-8 [Sup Ct, Nassau County, Jun. 11, 2024]). The only exception to PREP Act immunity from liability for engaging in "covered countermeasures" was "for death or serious physical injury proximately caused by willful misconduct" by a covered person, and allowed an action to be instituted by the person who suffered such an injury, or by any representative of such a person (*see* 42 USC §§ 247d-6d[d][1], [2]).

With respect to the issue of whether the repeal of EDTPA was retroactive, thereby negating statutory immunity for acts or omissions that occurred between March 7, 2020, and April 6, 2021, the courts have consistently determined that it is not. As the Appellate Division, First Department, recently held in *Hasan v Terrace Acquisitions II, LLC* (224 AD3d 475, 477 [1st Dept 2024]), the statutory text does not contain retroactivity language, and multiple factors relevant to retroactivity analysis were deemed inapplicable. The Second Department adopted that analysis as well (*see Hyman v Richmond Univ. Med. Ctr.*, _____AD3d_____, 2025 NY Slip Op 03313, *2 [2d Dept, Jun. 4, 2005]; *Damon v Clove Lakes Healthcare & Rehabilitation Ctr., Inc.*, 228 AD3d 618, 619 [2d Dept 2024]). Likewise, in *Whitehead v Pine Haven Operating LLC* (222 AD3d 104, 107 [3d Dept 2023]), the Third Department found that both the text and legislative history of the repeal supported prospective-only application. Similarly, in *Ruth v Elderwood at Amherst* (209 AD3d 1281, 1287 [4th Dept 2022]), the Fourth Department

concluded that the legislature's expressions of intent were insufficient to support retroactive repeal. Accordingly, the EDTPA remains applicable to the claims in this case that arose from alleged acts and omissions that occurred during the statute's effective period.

The court thus concludes that, pursuant to EDTPA, Harlem is entitled to immunity from the COVID-19-related claims asserted by the plaintiff for the care provided to the decedent between March 7, 2020, and April 22, 2020. With respect to the statutory criteria required under EDTPA, it is evident that Harlem was arranging for or providing health care services to the decedent within the meaning of the statute and was doing so in good faith. The court further concludes that the decedent's treatment was impacted by the facility's medical and nursing determinations and activities made in response to, or as a result of, the COVID-19 outbreak, and in support of the state's pandemic directives. The statute does not require that the treatment of the individual be impacted in any particular manner, whether positively, negatively, or otherwise, nor does it demand that a patient experience a distinct or unique impact compared to other patients, or assign any particular weight to the aspect of treatment affected by such determinations and activities (*see Holder v Jacob*, 231 AD3d 73, 85 [1st Dept 2024]).

In showing that its treatment of the decedent was impacted by COVID-19 and by its determinations and activities addressed thereto, Harlem submitted its COVID-19 policies, a copy of the decedent's medical records, the affidavit of Thara Cesar, who has been the licensed nursing home administrator at Harlem since August 2020, and the affirmation of Daniel Ogbovoh, M.D., who had extensive knowledge of the decedent's treatment and the facility's COVID-19 response, detailing the impact that the pandemic had on the care specifically provided to the decedent during that time. These submissions established precisely the type of entitlement to immunity that EDTPA was intended to provide (*see Hasan v Terrace Acquisitions II, LLC*, 224 AD3d at 477; *Whitehead v Pine Haven Operating LLC*, 222 AD3d at 110; *Martinez v NYC Health & Hosps. Corp.*, 223 AD3d 731, 732 [2d Dept 2024]; *Mera v NY City Health & Hosps. Corp.*, 220 AD3d 668, 670 [2d Dept 2023]; *see also Holder v Jacob*, 231 AD3d at 88

["where, as here, the CPLR 3211(a)(7) motion is predicated on what is asserted to be a complete defense, and that motion is supported by evidence, the evidence of the defense must be conclusive"]; *but cf. Damon v Clove Lakes Healthcare & Rehabilitation Ctr., Inc.*, 228 AD3d at 619 [finding that the defendant's submission did not establish that the three requirements for immunity were met]).

In opposition, the plaintiff submitted various publicly available reports and legal authorities, including selected Harlem medical records of the decedent's care from February through April 2020, as well as numerous court decisions involving other facilities. None of these submissions, however, directly addressed or refuted the specific medical care that was provided to the decedent at Harlem during the relevant period of January 31, 2020, through April 23, 2020. Moreover, none of the plaintiff's exhibits included affidavits, expert reports, or documentary evidence particular to Harlem's staffing, PPE availability, or infection control measures, as applied to the decedent's treatment. In contrast, Harlem submitted detailed documentation, including the decedent's medical records, its COVID-19 infection control policies, and Cesar's affidavit and Dr. Ogbovoh's affirmation, each of which addressed how the facility implemented state-mandated COVID-19 protocols, augmented staffing in response to pandemic-related shortages, and administered care to the decedent. The plaintiff has not presented any material factual dispute undermining the applicability of EDTPA immunity in this case. Consequently, the court finds that the plaintiff's opposition failed to raise a factual dispute as to Harlem's entitlement to immunity under the EDTPA for COVID-19-related care rendered during the pandemic period. Although the plaintiff asserted that Harlem had preexisting, pre-pandemic compliance issues and staffing concerns, these allegations do not meet the high bar required to overcome EDTPA immunity. The court notes that the first reported case of COVID-19 in New York was documented on March 1, 2020. Accordingly, the court concludes that the plaintiff's allegations that Harlem should have or could have been prepared for the pandemic, before anyone knew of its severity and virulence, lacked sufficient factual support and failed to

defeat the statutory immunity provided under the EDTPA, and that any claims of negligent pre-pandemic preparation are devoid of factual specificity and without merit in the instant case.

The plaintiff also argued that her claims sounding in gross negligence and recklessness were not subject to statutory immunity. The decedent's medical records, Harlem's COVID-19 policies, Cesar's affidavit, and Dr. Ogbovoh's affirmation negated such claims (*see Hasan v Terrace Acquisitions II, LLC*, 224 AD3d at 479) and, hence, with respect to the allegations of gross negligence, a fact alleged to be a fact by the plaintiff is not a fact at all. Additionally, the plaintiff's allegation that Harlem had been cited for "improper infection control violations" does not sufficiently support a gross negligence claim (*see id.*). In any event, allegations purporting to support a gross negligence claim that are devoid of factual specificity and replete with legal conclusions cannot survive dismissal (*see Lociero v Park Avenue Operating, LLC,* Sup Ct, Nassau County, Index No. 615904/2022, Sep. 26, 2023, citing *Godfrey v Spano*, 13 NY3d at 373). Thus, the gross negligence exception is not applicable, and Harlem is entitled to immunity under the EDTPA.

In light of the court's determination with respect to EDTPA immunity, it need not address Harlem's contention that it also was conferred immunity from suit by virtue of the federal PREP Act. Were the court to address that issue, it would be constrained to conclude that it is not entitled to PREP Act immunity. In a state court action, when addressing an immunity defense pursuant to the PREP Act, the court first must determine whether the plaintiff's claims fall within the act's immunity provision (*see* 42 USCS § 247d-6d[a][1]; *Thomas v Highland Care Ctr.*, 2024 NYLJ LEXIS 3209 [Sup Ct, Queens County, Sep. 27, 2024]). The PREP Act is triggered only where there are allegations that the defendant administered countermeasures improperly, thus causing injury (*see Whitehead v Pine Haven Operating LLC*, 2022 NY Slip Op 34685[U], *5, 2022 NY Misc LEXIS 35761, *5 [Sup Ct, NY County, Nov. 29, 2022], citing *Parker v St. Lawrence County Pub. Health Dept.*, 102 AD3d 140, 141-142 [3d Dept 2012]). In this instance, the plaintiff's claims pertain only to the defendant's *failures* to act, and such allegations do not

amount to the administration of countermeasures (*see id.*; *see also Estate of Ortiz v Archcare at Terence Cardinal Cooke Health Care Ctr.,* 2025 NY Slip Op 32270[U], *9-10, 2025 NY Misc LEXIS 5809 *14-15 [Sup Ct, N.Y. County, Jun. 26, 2025] [Kelley, J.]; *Adler v Troy*, 2023 NY Slip Op 33804[U], *8, 2023 NY Misc LEXIS 11547, *11-12 [Sup Ct, N.Y. County, Oct. 18, 2023], citing *Dupervil v Alliance Health Operations, LLC*, 516 F Supp 3d 238, 255 [ED NY 2021]). In other words, "[t]he acts and omissions listed in the complaint are unrelated to the administration, prioritizing, or purposeful allocation of a drug, biological product, or device to an individual within the meaning of the PREP Act" (*Murray v Staten Is. Care Ctr.,* 82 Misc 3d 1220[A], 2024 NY Slip Op 50347[U], *5, 2024 NY Misc LEXIS 1605, *24-25 [Sup Ct, Richmond County, Mar. 22 2024]).

Nonetheless, as to the allegations arising from certain non-COVID-19-related care that the decedent received prior to the effective date of EDTPA, specifically the development or exacerbation of bed sores and pressure ulcers after January 31, 2020, the court concludes that the plaintiff has sufficiently alleged causes of action that fall outside the scope of EDTPA immunity. Although the complaint did not initially isolate these allegations with specificity, as it merely alleged that Harlem had a duty to prevent or treat such sores and ulcers, the plaintiff supplemented the complaint with excerpts of the decedent's nursing home chart and deposition testimony describing the presence of wounds prior to March 7, 2020, and argued that such care was not impacted by or related to COVID-19 treatment or emergency protocols. While EDTPA immunity applies only to acts or omissions occurring on or after March 7, 2020, and undertaken in response to the pandemic and in accordance with the statute's conditions (*see* Public Health Law former § 3082[2]), the plaintiff's claims regarding negligent, pre-pandemic wound care of the decedent, and Harlem's purported failure to prevent or treat bed sores and pressure ulcers, plausibly alleged acts of ordinary malpractice or neglect occurring outside the COVID-19 emergency framework. Any deficiencies in the complaint may be amplified by supplemental pleadings, submissions, or affidavits submitted in opposition to a CPLR 3211 motion (*see AG Capital Funding Partners, L.P. v State St. Bank & Trust Co*., 5 NY3d 582, 591 [2005]; *Rovello v*

Orofino Realty Co., 40 NY2d 634, 635 [1976]; Leon v Martinez, 84 NY2d 83, 88 [1994]; *Benjamin v Yeroushalmi*, 212 AD3d 758, 760 [2d Dept 2023]; *Houtenbos v Fordune Assn., Inc*., 200 AD3d 662, 664 [2d Dept 2021]). Applying that standard, the court concludes that the plaintiff has asserted a potentially meritorious claim sounding in medical malpractice, based on pre-pandemic conduct related to wound care, bed sores, and pressure ulcers. Accordingly, that portion of the complaint referring to that type of care that was provided to the decedent on or subsequent to January 31, 2020, or which should have been provided to him on or after that date, survives dismissal at this stage.

With respect to the defendants denominated as ABC Corporation and ABC Partnership, the plaintiff made no showing that she made any efforts that to identify these fictitious defendants. Since they were never identified, the plaintiff is precluded from relying on CPLR 1024 to maintain this action against those parties (*see generally Fountain v Ocean View II Assocs., L.P.,* 266 AD2d 339 [2d Dept 1999]), and the complaint must be dismissed as against them.

This court has considered the plaintiff's remaining contentions and find them unavailing.

Accordingly, it is

ORDERED that the motion of the defendant Harlem Center for Nursing and Rehabilitation, LLC, to dismiss the complaint insofar as asserted against it is granted to the extent of dismissing, pursuant to the immunity conferred by the Emergency or Disaster Treatment Protection Act, all claims arising from acts or omissions relating to the diagnosis, care, or treatment of COVID-19, including, but not limited to, those acts occurring on or after January 31, 2020, those claims are dismissed, and the motion is otherwise denied; and it is further,

ORDERED that, on the court's own motion, the complaint is dismissed insofar as asserted against the fictitious defendants ABC Corporation and ABC Partnership.

This constitutes the Decision and Order of the Court.

7/8/2025
DATE

JOHN J. KELLEY, J.S.C.

CHECK ONE:		CASE DISPOSED			X	NON-FINAL DISPOSITION	
	X	GRANTED		DENIED		GRANTED IN PART		OTHER
APPLICATION:		SETTLE ORDER				SUBMIT ORDER		
CHECK IF APPROPRIATE:		INCLUDES TRANSFER/REASSIGN				FIDUCIARY APPOINTMENT		REFERENCE