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8 Attorneys for Plaintiffs Laura Galindo, Aiden Raul Galindo, and Mason Andrew Galindo

9 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**

10 **COUNTY OF RIVERSIDE – RIVERSIDE HISTORIC COURTHOUSE**

11 LAURA GALINDO, AIDEN RAUL
12 GALINDO, and MASON ANDREW
GALINDO,

13 Plaintiffs,

14 v.

15 CORONA REGIONAL MEDICAL
16 CENTER; RAMIN AKHAVAN, MD; ALI
VARASTEHE, MD; TARAL PATEL, MD;
17 AIMEE FRENCH, MD; and DOE 1 through
DOE 25, inclusive,

18 Defendants.
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Case No. _____

Unlimited Jurisdiction

Jury Trial Demanded

**COMPLAINT FOR SURVIVAL ACTION
AND WRONGFUL DEATH SOUNDING
IN:**

1. **CONSTRUCTIVE FRAUD;**
2. **MEDICAL BATTERY;**
3. **VIOLATION OF THE ELDER
ABUSE AND DEPENDENT ADULT
CIVIL PROTECTION ACT;**
4. **VIOLATION OF THE EMERGENCY
MEDICAL TREATMENT AND
LABOR ACT; AND**
4. **MEDICAL NEGLIGENCE**

**AND DECLARATION AS SUCCESSORS
IN INTEREST TO RAUL GALINDO**

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1 **COMPLAINT**

2 **Plaintiffs Laura Galindo, Aiden Raul Galindo, and Mason Andrew Galindo allege:**

3 **GENERAL ALLEGATIONS**

4 **Introduction**

5 1. Raul Galindo (Raul) was a healthy 40-year-old husband to plaintiff Laura Galindo
6 (Laura) and father to their two sons, plaintiffs Aiden Raul Galindo and Mason Andrew Galindo
7 (Raul's Sons).

8 2. Raul faced a very low risk (a less than 1% chance) of dying from COVID-19.

9 3. Raul's risk of death dramatically changed for the worse when physicians and staff
10 at Defendant Corona Regional Medical Center (ECRMC) failed to provide early treatment or
11 referral to a specialist when Raul presented to ECRMC with symptoms of COVID-19.

12 4. Later, when Raul returned with worsened symptoms, physicians and staff at
13 ECRMC failed to disclose to Raul or Laura the material risks associated with the experimental
14 and extremely dangerous drugs, Tocilizumab and Dexamethasone, which were not approved for
15 use against COVID-19 by the FDA, or the medically unnecessary and extremely dangerous drug,
16 Remdesivir, or the financial bonus that use of Remdesivir would provide to ECRMC, or the
17 severe and material risk of concurrent treatment with Tocilizumab and Remdesivir, before
18 administering each them to Raul without the knowledge or consent of Raul or Laura.

19 5. ECRMC physicians ordered the Tocilizumab, Dexamethasone, and Remdesivir
20 for Raul in violation of their fiduciary duties, without the knowledge of Raul or Laura, without
21 informed consent, against the instructions of Raul and Laura, and at the same time failed to
22 disclose the availability and risk of safe and effective alternative treatments.

23 6. The nondisclosures, lack of informed consent, treatment below the standard of
24 care, disparate treatment, and neglect, caused Raul to experience extreme and prolonged pain and
25 suffering, and ultimately death.

1 **Parties, Jurisdiction, and Venue**

2 7. Laura is an individual residing in Riverside County and the wife of, and a
3 successor in interest to, her deceased husband, Raul.

4 8. Raul's Sons are individuals residing in Riverside County and the sons of, and
5 successors in interest to, their deceased father, Raul.

6 9. A sworn successor-in-interest declaration has been executed and submitted with
7 this complaint.

8 10. Plaintiffs seeks survivor action general damages pursuant to Code of Civil
9 Procedure Section 377.30, *et seq.*, including 377.34, subdivision (b).

10 11. Plaintiffs also seek wrongful death general and special damages pursuant to Code
11 of Civil Procedure Section 377.60, *et seq.*

12 12. ERCMC is a private hospital with a principal place of business in Riverside
13 County, California.

14 13. Defendants Ramin Akhavan, MD, Ali Varasteh, MD, Taral Patel, MD, and Aimee
15 French, MD are California licensed physicians of unknown domicile and residence who had
16 privileges to provide medical care to patients at ERCMC (the ERCMC Physicians).

17 14. The true name and capacity and/or bases of liability of DOE 1 through DOE 25,
18 inclusive, is unknown, and Plaintiffs will seek leave to amend this complaint to identify their true
19 names and capacities when known. On information and belief, each of the fictitiously named
20 DOE defendants is responsible for, or has contributed to, the loss and damages alleged herein
21 and the matters giving rise to the relief sought.

22 15. Each of the ERCMC Physicians and DOE defendants were employees and/or
23 apparent and/or ostensible agents of ERCMC.

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1 16. The conduct of nurses and other staff at ECRMC was within the course and scope
2 of their duties and responsibilities and pursuant to instruction or orders from ECRMC and/or
3 ECRMC Physicians and/or the DOE defendants.

4 17. The conduct giving rise to the causes of action alleged herein occurred within
5 Riverside County and the City of Corona.

6 18. Plaintiffs each seek a damages award of more than the \$25,000 jurisdictional
7 limit.

8 **Safe Outpatient Multi-Drug Early Treatment for COVID-19**

9 19. Safe multi-drug early treatment (SMDET) for COVID-19 patients using well-
10 studied and low risk medications has been the community standard of care for physicians in
11 Southern California – and nationwide – since the beginning of the COVID-19 pandemic.

12 20. SMDET for COVID-19 has proven to be highly effective. For instance, local
13 Southern California physicians George Fareed, MD and Brian Tyson, MD have treated more
14 than 15,000 COVID-19 patients and had zero (0) patient deaths when SMDET began within 7
15 days of the onset of symptoms.

16 21. SMDET presents a very low risk to the patient, and a very high rate of success.

17 **Tocilizumab**

18 22. Tocilizumab is an immunosuppressive agent that comes with a Black Box
19 warning label due to its high risk.

20 23. A Black Box warning is the strongest advisory that a prescription drug can
21 contain without being pulled from the market in the United States.

22 24. Tocilizumab was FDA approved for the treatment of rheumatoid arthritis, but not
23 approved for treatment of COVID-19.

24 25. Tocilizumab received experimental Emergency Use Authorization for COVID-19,
25 and it remained in clinical trials at the time it was administered to Raul.

1 26. Patients treated with Tocilizumab are at an increased risk for developing serious
2 infections that may lead to death.

3 27. The Black Box warning label for Tocilizumab states that Tocilizumab should not
4 be administered to a patient with an active infection.

5 **Remdesivir**

6 28. Remdesivir is a failed Ebola drug that was found to be terminally toxic to the
7 kidneys. It was pulled from an Ebola study because more than fifty-three-percent (53%) of the
8 Remdesivir recipients died.

9 29. In COVID-19 healthcare circles across the country, Remdesivir has carried the
10 nickname “Run, death is near.”

11 30. According to Peter McCullough, MD: “Remdesivir has two problems: First, it
12 doesn’t work. Second, it is toxic and kills people.”

13 31. Remdesivir is medically unnecessary for treatment of COVID-19. An extensive
14 study sponsored by the World Health Organization, conducted in 405 hospitals across 30
15 countries on more than 10,000 patients, found that Remdesivir does not help patients with
16 COVID-19 survive, and that it does not shorten the recovery time for those COVID-19 patients
17 who do survive.

18 32. On November 19, 2020 the World Health Organization’s Guideline Development
19 Group, a panel of international experts who provide advice to the agency, published their
20 conclusion that there is no evidence that Remdesivir has meaningful effect on mortality or on
21 other important outcomes for COVID-19 patients, such as the need for mechanical ventilation or
22 time for clinical improvement.

23 33. On November 20, 2020 the World Health Organization published its conditional
24 recommendation that physicians do **not** treat COVID-19 patients with Remdesivir. The
25 conditional recommendation meant that there was not enough evidence to support its use.

1 34. Remdesivir presents risk of serious injury and death. Remdesivir presents a
2 roughly three-thousand-percent (3,000%) increase in the rate of acute renal failure as compared
3 to other drugs prescribed in comparable situations. Roughly one (1) out of every five (5)
4 hospitalized COVID-19 patients who receives Remdesivir suffers acute renal failure.

5 35. Concurrent treatment with Remdesivir and Tocilizumab was unstudied and
6 experimental.

7 **Dexamethasone**

8 36. Dexamethasone is a corticosteroid with a Black Box warning label due to its high
9 risk.

10 37. Dexamethasone is not FDA approved for treatment of COVID-19.

11 38. Dexamethasone presents a safety risk of worsening hyperglycemia in patients
12 with diabetes mellitus and should not be administered for more than 10 days to treat COVID-19,
13 and it presents risk of infections, changes in blood pressure, damage to bones, psychiatric
14 problems, and adrenal dysfunction.

15 **Fiduciary Duty and Constructive Fraud**

16 39. A fiduciary must tell its principal of all information it possesses that is material to
17 the principal's interests. A fiduciary's failure to share material information with the principal is
18 constructive fraud.

19 40. A person of adult years and in sound mind has the right, in the exercise of control
20 over his or her own body, to determine whether or not to submit to lawful medical treatment.

21 41. A physician is under a fiduciary duty to disclose all available choices regarding
22 any prescribed course of therapy and of the potential risks of each choice. All information
23 material to a patient's decision to receive or decline a particular medical treatment must be
24 disclosed.

25 42. A physician is under a fiduciary duty to disclose medical errors to a patient.

1 43. A physician must disclose personal interests unrelated to a patient’s health,
2 whether research or economic, that may affect the physician’s professional judgment.

3 44. It is medically unethical to administer an unnecessary medical treatment.

4 45. It is medically unethical, and a violation of California, federal, and International
5 laws, to administer a medical treatment without informed consent.

6 46. Constructive fraud occurs when a physician breaches his or her fiduciary duty to
7 disclose material information to their patient. No fraudulent intent is required, and reasonable
8 reliance on the nondisclosure is presumed.

9 **Economic Interest**

10 47. On information and belief, ECRMC had a financial interest in the form of a bonus
11 or incentive in (a) administering a COVID-19 test to a patient, (b) labeling the patient as having
12 COVID-19, (c) admitting the patient for COVID-19, (d) administering Remdesivir to the patient,
13 (e) placing the patient on a ventilator, and/or (f) labeling COVID-19 as the cause of the patient’s
14 death.

15 48. On information and belief, the ECRMC Physicians and DOE defendants had an
16 economic interest in administering Remdesivir for the benefit of their principal, ECRMC.

17 **Raul’s Hospitalization**

18 49. Raul presented to the ECRMC emergency department with shortness of breath
19 and symptoms of COVID-19. Raul was a prime candidate for SMDet. But he did not receive
20 SMDet, disclosure of SMDet, or referral to a specialist. Instead, Raul was sent home to get
21 worse.

22 50. Raul returned to the ECRMC emergency department multiple times, with
23 worsening symptoms, and was still a prime candidate for SMDet. But each time Raul presented
24 to the ECRMC emergency department was sent home to get worse.

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1 51. Ultimately, Raul returned to the ECRMC emergency department with oxygen
2 saturation below 90% and was admitted.

3 52. Raul, his wife Laura, and a reasonable patient in the position of Raul, were
4 entitled to receive, and the ECRMC Physicians and DOES 1 through 25 were required to
5 provide, a full, complete, and transparent disclosure of available treatment options and their
6 risks.

7 53. Raul was still a prime candidate for SMDET.

8 54. Tocilizumab was contraindicated because (a) Raul had an active infection, (b)
9 Raul was receiving a corticosteroid, Dexamethasone, (c) Raul was receiving Remdesivir, and (d)
10 Tocilizumab presented an increased risk for developing serious infections and death.

11 55. Remdesivir was contraindicated because (a) it presents risk of severe injury and
12 death but no medical benefit, and (b) Raul was receiving Tocilizumab.

13 56. Dexamethasone was contraindicated because it presented risk of worsen
14 infections, changes in blood pressure, damage to bones, psychiatric problems, and adrenal
15 dysfunction, and death.

16 57. The ECRMC Physicians and DOES 1 through 25 administered Remdesivir,
17 Dexamethasone, and Tocilizumab to Raul without first disclosing the material risks of
18 Tocilizumab, the material risks of Dexamethasone, the material risks of Remdesivir, the financial
19 interest to their principal, ECRMC, in administering Remdesivir, the material risk of concurrent
20 treatment with Tocilizumab and Remdesivir, the availability and risk of antibiotics, the
21 availability of SMDET alternatives, or referral to a SMDET specialist.

22 58. The nondisclosures regarding Tocilizumab, Dexamethasone, and Remdesivir did
23 not relate to remote risks but rather severe and substantial risks.

24 59. The ECRMC Physicians and DOES 1 through 25 administered Remdesivir,
25 Dexamethasone, and Tocilizumab to Raul without the knowledge of Raul or Laura.

1 60. The treatment caused Raul’s condition to worsen. He suffered organ failure and a
2 heart attack, overmedicated, and developed sepsis.

3 61. Raul was placed on a ventilator over the objection of Raul and Laura.

4 62. During Raul’s hospitalization, he was neglected and deprived of sufficient water,
5 food, and visitation from family, and the credit card Raul had in his hospital room was stolen and
6 \$3,000 was charged to the account.

7 63. Raul experienced extreme and pervasive pre-death pain and suffering, stress,
8 anxiety, and discomfort, and then he died at ECRMC.

9 64. Laura suffered loss of love, intimacy, affection, society, service, relationship,
10 comfort, care, support, right of support, expectations of future support and counseling,
11 companionship, solace and mental support, training, guidance, as well as other benefits and
12 assistance, from Raul, economic loss, as well as funeral and related expenses.

13 65. Raul’s Sons suffered loss of love, affection, society, service, relationship,
14 comfort, care, support, right of support, expectations of future support and counseling,
15 companionship, solace and mental support, training, guidance, as well as other benefits and
16 assistance, from Raul, and economic loss.

17 66. Had Raul received SMDet at ECRMC, he would not have died.

18 67. Had Raul or Laura received disclosure of SMDet and/or referral to a specialist,
19 he would have chosen and received SMDet, and Raul would not have died.

20 68. Had Raul or Laura received disclosure of the risks of Tocilizumab,
21 Dexamethasone, and/or Remdesivir, and/or the ECRMC financial bonus for the administration of
22 Remdesivir, Raul and Laura would have refused such treatment, and had some treatment not
23 been given, Raul would not have died.

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FIRST CAUSE OF ACTION
Survival Action and Wrongful Death Sounding in
Constructive Fraud

By All Plaintiffs and Against All Defendants

69. Paragraphs 1-68 are re-alleged.

70. Each Defendant held a fiduciary duty to Raul and/or Laura for the care of Raul.

71. Each Defendant knew, or should have known, that Raul, Laura, and a reasonable person in the position of Raul and/or Laura, would consider the following information, which they did not disclose to Raul or Laura, to be material in considering whether to consent to the administration of Tocilizumab, Dexamethasone, and/or Remdesivir for Raul:

a. SMDET for COVID-19 patients has been the community standard of care for physicians in Southern California since the beginning of the COVID-19 pandemic;

b. SMDET was an available choice of treatment for SARS-CoV-2, was highly effective, and the risk of such treatment was very low;

c. The largest study of Remdesivir found that it does not help patients with COVID-19 survive, and that it does not shorten the recovery time for those COVID-19 patients who do survive;

d. Remdesivir may increase the risk of death, and it presents a significant and/or a twenty-percent (20%) chance of acute kidney failure;

e. The World Health Organization published a conditional recommendation that physicians do **not** treat COVID-19 patients with Remdesivir, and that the conditional recommendation meant that there was not enough evidence to support its use;

f. Tocilizumab is an immunosuppressive agent with a Black Box warning that was FDA approved for the treatment of rheumatoid arthritis and not approved for treatment of COVID-19;

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- 1 g. Tocilizumab received experimental Emergency Use Authorization for
2 COVID-19, and it remained in clinical trials;
- 3 h. Patients treated with Tocilizumab are at an increased risk for developing
4 serious infections that may lead to death;
- 5 i. The Black Box warning label for Tocilizumab states that Tocilizumab
6 should not be administered to a patient with an active infection;
- 7 j. Dexamethasone is a corticosteroid with a Black Box warning label due to
8 its high risk;
- 9 k. Dexamethasone is not FDA approved for treatment of COVID-19;
- 10 l. Dexamethasone presents a safety risk of worsening hyperglycemia in
11 patients with diabetes mellitus and should not be administered for more than 10 days to treat
12 COVID-19, and it presents risk of infections, changes in blood pressure, damage to bones,
13 psychiatric problems, and adrenal dysfunction;
- 14 m. Tocilizumab was contraindicated because (a) Raul had an active infection,
15 (b) Raul was receiving a corticosteroid, Dexamethasone, (c) Raul was receiving Remdesivir, and
16 (d) Tocilizumab presented an increased risk for developing serious infections and death;
- 17 n. Remdesivir was contraindicated because (a) it presents risk of severe
18 injury and death but no medical benefit, and (b) Raul was receiving Tocilizumab;
- 19 o. Dexamethasone was contraindicated because it presented risk of worsen
20 infections, changes in blood pressure, damage to bones, psychiatric problems, and adrenal
21 dysfunction, and death;
- 22 p. Concurrent treatment with Remdesivir and Tocilizumab was unstudied
23 and experimental;
- 24 q. ECRMC had a financial interest in the form of a bonus or incentive in (a)
25 administering a COVID-19 test to a patient, (b) labeling the patient as having COVID-19, (c)

1 admitting the patient for COVID-19, (d) administering Remdesivir to the patient, (e) placing the
2 patient on a ventilator, and/or (f) labeling COVID-19 as the cause of the patient's death; and/or

3 r. The ECRMC Physicians and DOE defendants had an economic interest in
4 administering Remdesivir for the benefit of their principal, ECRMC.

5 72. Raul, Laura and/or Raul's Sons suffered harm.

6 73. The nondisclosure was a substantial factor in causing harm to Raul, Laura and/or
7 Raul's Sons.

8 74. ECRMC is directly and/or vicariously liable for the conduct of the ECRMC
9 Physicians and/or DOE 1 through DOE 25, inclusive.

10 75. An officer, director, and/or managing agent of ECRMC authorized, approved
11 and/or ratified the conduct of each of the other defendants to this cause of action.

12 **SECOND CAUSE OF ACTION**
13 **Survival Action and Wrongful Death Sounding in**
14 **Medical Battery**

15 **By All Plaintiffs and Against All Defendants**

16 76. Paragraphs 1-68 are re-alleged.

17 77. Each Defendant performed a medical treatment on Raul without the knowledge of
18 risks, alternatives, or informed consent of Raul or Laura. Alternatively, Raul and/or Laura
19 consented to one medical treatment for Raul, but a substantially different medical treatment was
20 performed on him.

21 78. Raul, Laura and/or Raul's Sons suffered harm.

22 79. The unauthorized treatment was a substantial factor in causing harm to Raul,
23 Laura and/or Raul's Sons .

24 80. ECRMC is directly and/or vicariously liable for the conduct of the ECRMC
25 Physicians and/or DOE 1 through DOE 25, inclusive.

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1 81. The ECRMC Physicians and/or DOE 1 through DOE 25, inclusive are directly
2 and/or vicariously liable for the conduct of nurses and/or other persons at ECRMC who
3 administered the medical treatment to Raul.

4 82. An officer, director, and/or managing agent of ECRMC authorized, approved
5 and/or ratified the conduct of each of the other defendants to this cause of action.

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7 **THIRD CAUSE OF ACTION**

8 **Survival Action and Wrongful Death Sounding in**
9 **Violation of the Elder Abuse and Dependent Adult Civil Protection Act**

10 **By All Plaintiffs and Against all Defendants**

11 83. Paragraphs 1-68, 70-71, and 77 are re-alleged.

12 84. Raul was a dependent adult.

13 85. Defendants had care of custody of Raul.

14 86. The conduct of Defendants who authorized and/or ordered the administration of
15 Remdesivir, Dexamethasone, and/or Tocilizumab to Raul constituted physical abuse under
16 Welfare and Institutions Code section 15610.63 and/or a failure to protect from health and safety
17 hazards, and neglect, under Welfare and Institutions Code section 15610.57.

18 87. The conduct of Defendants who deprived Raul of water, food, and/or visitation
19 constituted neglect under Welfare and Institutions Code section 15610.57, subdivision (b)(2).

20 88. The conduct of Defendants to this cause of action was reckless, fraudulent, and/or
21 oppressive.

22 89. Raul, Laura and/or Raul's Sons suffered harm.

23 90. The conduct of Defendants was a substantial factor in causing harm to Raul,
24 Laura and/or Raul's Sons.

25 91. ECRMC is directly and/or vicariously liable for the conduct of the ECRMC
Physicians and/or DOE 1 through DOE 25, inclusive.

1 92. An officer, director, and/or managing agent of ECRMC authorized, approved
2 and/or ratified the conduct of each of the other defendants to this cause of action.

3 **FOURTH CAUSE OF ACTION**
4 **Survival Action and Wrongful Death Sounding in**
5 **Violation of the Emergency Medical Treatment and Labor Act**

6 **By All Plaintiffs and Against**
7 **El Centro Regional Medical Center and DOE 1 to DOE 25, Inclusive**

8 93. Paragraphs 1-68 are re-alleged.

9 94. Defendants had a duty under 42 U.S.C. section 1395dd to provide Raul an
10 appropriate medical screening examination within the capability of the hospital's emergency
11 department, including ancillary services routinely available to the emergency department, to
12 determine whether or not an emergency medical condition exists.

13 95. On information and belief, Defendants routinely provided antibiotics,
14 hydroxychloroquine, and other low risk off-label FDA approved medications to COVID-19
15 "unvaccinated" patients for the treatment of COVID-19 before Remdesivir was approved by the
16 FDA for treatment of COVID-19 and a financial bonus was in place for the administration of
17 Remdesivir.

18 96. On information and belief, after Remdesivir was approved by the FDA for
19 treatment of COVID-19 and a financial bonus was in place for the administration of Remdesivir,
20 Defendants instructed, advised, set as policy or protocol, required, and/or used threats,
21 intimidation, financial incentives, and/or coercion to cause the ECRMC Physicians and DOE
22 defendants to administer Remdesivir to COVID-19 "unvaccinated" patients who were admitted
23 to the emergency department, but allowed the administration of alternative treatments to patients
24 who were COVID-19 "vaccinated", resulting in disparate treatment.

25 97. Raul had not received an mRNA gene therapy injection, commonly referred to as
a COVID-19 "vaccine".

1 98. Raul was treated with Defendants' Remdesivir protocol and not provided with the
2 choice of alternative treatments.

3 99. The treatment was forced upon Raul because he had not received a COVID-19
4 "vaccine".

5 100. Defendants' conduct breached 42 U.S.C. section 1395dd.

6 101. Raul, Laura and/or Raul's Sons were harmed.

7 102. Defendants' conduct was a substantial factor in causing the harm to Raul, Laura
8 and/or Raul's Sons.

9 103. ECRMC is directly and/or vicariously liable for the conduct of the ECRMC
10 Physicians and/or DOE 1 through DOE 25, inclusive.

11 104. An officer, director, and/or managing agent of ECRMC authorized, approved
12 and/or ratified the conduct of each of the other defendants to this cause of action.

13 **FIFTH CAUSE OF ACTION**
14 **Survival Action and Wrongful Death Sounding in**
15 **Medical Negligence**

16 **By All Plaintiffs and Against All Defendants**

17 105. Paragraphs 1-68 are re-alleged.

18 106. Each Defendant held a duty to use such skill, prudence, and diligence as other
19 members of the medical profession commonly possess and exercise in diagnosing and treating
20 Robert.

21 107. It was below the standard of care to (a) fail to use SMDET for treatment of Raul,
22 (b) failure to refer Raul to a SMDET specialist for COVID-19, (c) fail to obtain informed
23 consent to administer Remdesivir, Dexamethasone, and/or Tocilizumab to Raul, (d) administer
24 Remdesivir, Dexamethasone, and/or Tocilizumab to Raul, (e) give Raul high flow oxygen,
25 and/or (f) fail to treat Raul with antibiotics.

108. The conduct of each Defendant was below the standard of care.

1 109. Raul, Laura and/or Raul's Sons suffered harm.

2 110. The failure to meet the standard of care was substantial factor in causing the harm
3 to Raul, Laura and/or Raul's Sons.

4 111. The conduct of Defendants was a substantial factor in causing harm to Raul,
5 Laura and/or Raul's Sons.

6 112. ECRMC is directly and/or vicariously liable for the conduct of the ECRMC
7 Physicians and/or DOE 1 through DOE 25, inclusive.

8 113. An officer, director, and/or managing agent of ECRMC authorized, approved
9 and/or ratified the conduct of each of the other defendants to this cause of action.


10 **PRAYER FOR RELIEF**

11 Plaintiffs LAURA GALINDO, AIDEN RAUL GALINDO, and MASON ANDREW
12 GALINDO each pray for entry of judgment in their favor and against Defendants CORONA
13 REGIONAL MEDICAL CENTER; RAMIN AKHAVAN, MD; ALI VARASTEHEH, MD;
14 TARAL PATEL, MD; AIMEE FRENCH, MD; and DOE 1 through DOE 25, inclusive, for
15 survivor pre-death pain and suffering general damages, wrongful death general and special
16 damages, statutory damages, statutory attorney's fees, costs of suit; and for such other and
17 further relief as the court deems just.

18 Respectfully,

19
20 BRYAN M. GARRIE, APC
21 LAW OFFICE OF MATTHEW P. TYSON

22 Dated: December 23, 2022

23 By: 
24 BRYAN M. GARRIE
25 MATTHEW P. TYSON
Attorneys for Plaintiffs Laura Galindo, Aiden
Raul Galindo, and Mason Andrew Galindo

**DECLARATION AS SUCCESSORS IN INTEREST
TO RAUL GALINDO**

I, Laura Galindo, declare:

1. I am a plaintiff in above complaint for a survival action and wrongful death.

2. I will apply for an order appointing me as Guardian *Ad Litem* for minor plaintiffs Aiden Raul Galindo and Mason Andrew Galindo in this matter, and I also make this declaration on their behalf as their mother.

3. The decedent in the complaint, Raul Galindo, was my husband, and the father of Aiden Raul Galindo and Mason Andrew Galindo.

4. No proceeding is now pending in California for administration of the decedent's estate.

5. Aiden Raul Galindo, Mason Andrew Galindo, and I are the decedent's successors in interest (as defined in Section 377.11 of the California Code of Civil Procedure) and succeed to the decedent's interest in the action or proceeding.

6. No other person has a superior right to commence the action or proceeding or to be substituted for the decedent in the pending action or proceeding.

7. A true and correct certified copy of the decedent's death certificate, SSN redacted, is attached as EXHIBIT 1.

8. This declaration was executed on December 23, 2022 in Riverside County.

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

By: 
Laura Galindo

EXHIBIT 1

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052021240980

CERTIFICATE OF DEATH

3202133015862

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RAUL		ANDREW		GALINDO	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. UNDER OR YEAR	
03/04/1981		40		M	
7. SEX		8. MARRIAGE STATUS (at time of death)		9. DATE OF DEATH mm/dd/yyyy	
M		MARRIED		09/26/2021	
10. EDUCATION - Highest Level (Type or name of school)		11. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)		12. HOUR (24 Hour)	
SOME COLLEGE		MEXICAN		2255	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		14. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		15. YEARS IN OCCUPATION	
BUSINESS OWNER		BOATING		6	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
772 SHAFFER ST					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
CORONA		RIVERSIDE		92879	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
20		CA			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
772 SHAFFER ST, CORONA, CA 92879					
28. NAME OF SURVIVING SPOUSE/SRSP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
LAURA		STEPHANIE		MCKEEHAN	
31. NAME OF FATHER/IN-LAW - FIRST		32. MIDDLE		33. LAST	
RAUL		JESUS		GALINDO	
34. NAME OF MOTHER/IN-LAW - FIRST		35. MIDDLE		36. LAST	
MARY		LOUISE		PASTOR	
37. LAST (BIRTH NAME)		38. BIRTH STATE		39. BIRTH STATE	
PASTOR		CA		CA	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION			
RES LAURA STEPHANIE GALINDO		CREMATE/RESIDENCE			
772 SHAFFER ST, CORONA, CA 92879		NOT EMBALMED			
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		44. DATE	
GEOFFREY LEUNG, M.D., ED. M.S.		FD2124		09/30/2021	
45. NAME OF FUNERAL ESTABLISHMENT					
CREMATION SOCIETY OF SOUTHERN CALIFORNIA					
46. PLACE OF DEATH					
CORONA REGIONAL MEDICAL CENTER					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
RIVERSIDE		800 S MAIN ST		CORONA	
107. CAUSE OF DEATH					
IMMEDIATE CAUSE: CARDIOPULMONARY ARREST					
SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
HYPOXIC RESPIRATORY FAILURE					
PNEUMONIA					
COVID-19					
108. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
SEVERE ACUTE RESPIRATORY DISTRESS SYNDROME, SEPTIC SHOCK					
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 107 OR 108? (If type of condition and date)					
NO					
110. IF FEMALE, PREGNANT IN LAST YEAR?					
NO					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSE(S) ENTERED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
08/28/2021		FARNOOSH FARSHIDI, MD		A164004	
117. TYPE AT TEST/DEATH PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE			
FARNOOSH FARSHIDI, MD		09/29/2021			
119. CERTIFY THAT IF ANY OTHER DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSE(S) ENTERED					
MANNER OF DEATH: Natural Accidents Homicide Suicide Hanging Investigation Cannot be determined					
120. INJURED AT WORK? YES NO UNK					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hour)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
125. LOCATION OF INJURY (street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

REG ID# 413513030

DISASTER #4482

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.



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DATE ISSUED Oct 6, 2021

Dr. Geoffrey Leung, M.D., Ed.M.S., County Health Officer, RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE