



May 27, 2014

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Pierce O'Donnell
Greenberg Glusker Fields Claman & Machtinger LLP
[REDACTED]

Dear Mr. O'Donnell:

At your request I evaluated Mr. Donald Sterling, an 80-year old businessman, in his home at [REDACTED] on May 22, 2014. When I arrived at his house, Mr. Sterling was meeting with several attorneys in another part of the house, and did not leave the meeting until his wife, Shelly Sterling, arrived and indicated that I was there. At that point he came into the room to meet me, followed by Shelly. He asked her to sit on a chair to my right, while he sat in a chair to my left, and I was sitting in between them on the couch. I asked him if he knew why I was there, and he said, "I think so". I explained that you had contacted me and indicated that he had recently undergone a positron emission tomographic (PET) scan of his brain at Cedars-Sinai Medical Center that was read as "consistent with a neuro dementia of the Alzheimer's type". I informed him that I had told you that a scan of this type alone is not adequate to establish the diagnosis of Alzheimer's disease and could not determine an individual's actual mental capacity, and that an in-person evaluation would be necessary to rule out or confirm the presence of cognitive impairment consistent with Alzheimer's disease. I explained to Mr. Sterling that I would be conducting such an evaluation; Shelly Sterling added that I was there for "a second opinion", and Mr. Sterling agreed to cooperate with the evaluation.

During the evaluation Mrs. Sterling remained in the room, added some historical information when I asked, and on two occasions, when Mr. Sterling became impatient with the evaluation and wanted to return to "a room full of six attorneys", encouraged Mr. Sterling to complete the evaluation. She did not otherwise interfere with the evaluation in any way.

I elicited his history of memory and other cognitive impairment, then administered a general mental status examination, a Folstein Mini-Mental State Examination (MMSE), and several additional tests of remote memory, naming, language comprehension, general fund of knowledge, and frontal executive functions, including abstract thinking, word list generation, clock drawing, and the Trails B test.



Mr. Sterling admitted that he has noticed problems with his memory over the past two years. He said, "I can't remember names and streets". He also acknowledged word finding difficulties, and when I asked if he ever got lost, he said no, but stated, "Sometimes I get confused when I get off an elevator". Mrs. Sterling indicated that she has noticed the same problems, but put the onset at about three years ago.

On general mental status examination Mr. Sterling was well dressed and groomed, alert and in no distress, and generally quite cooperative with the examination. However, on one occasion he asked if we were done and started to leave, but I indicated that there was about 5 more minutes of testing, and he consented to stay and continue the testing. Towards the end, when I administered the Trails B test, he was unable to perform the task and became angry, stating, "I can't do it, I don't want to do it, and I have to get back to my meeting". Mrs. Sterling and I were able to convince him to try again, and he looked at the test page, stated, "I can't do it", threw the pen down and left the room. Other than this outburst at the end, his mood was generally euthymic and his affect was appropriate in direction and degree. There were no abnormalities of the form, flow or content of thought, and his psychomotor behavior was entirely within normal limits. He scored 24/29 (I did not administer the "What floor are we on" item) on the MMSE, losing one point each on orientation to date and day, two on attention and concentration (I administered serial sevens - he would not attempt to spell "world" backwards), and two on recall. This score is below normal for his age and advanced education. His performance on the other tests was mixed: his naming was intact, but his recall of remote, impersonal events and information was mildly to moderately impaired. His frontal executive function as reflected by clock drawing was within normal limits; as reflected by similarities and word list generation was mildly impaired, and as reflected by the Trails B test was more significantly impaired. It should be noted that on some of the test items he tended to "give up" easily, and required quite a bit of prompting to complete the task. However, I believe the test results are valid despite a possibly less-than-optimal effort on his part.

Based upon this evaluation I believe that Mr. Sterling is suffering from mild global cognitive impairment, with relatively greater impairment in memory and frontal executive functions. The overall picture is consistent with early Alzheimer's disease, but could reflect other forms of brain disease. Because of his cognitive impairment, Mr. Sterling is at risk of making potentially serious errors of judgment, impulse control, and recall in the management of his finances and his trust. Accordingly, in my opinion he is substantially unable to manage his finances and resist fraud and undue influence, and is no longer competent to act as trustee of his trust.

Sincerely,

J. Edward Spar, M.D.
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