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SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF LOS ANGELES, CENTRAL DISTRICT

In re the Advance Health Care Directive of WALLIS ANNENBERG	25STPB07914 Case No. **PETITION TO REMOVE AND REPLACE VIKKI LEVINE AS HEALTH CARE AGENT OR, ALTERNATIVELY, TO INSTRUCT HEALTH CARE AGENT** **[Prob. Code § 4766]** Date: Time: Dept.:

Petitioners CHARLES ANNENBERG WEINGARTEN ("Charles"), LAUREN BON ("Lauren"), and GREGORY ANNENBERG WEINGARTEN ("Gregory") (collectively, "Petitioners"), hereby bring their "*Petition to Remove and Replace Vikki Levine as Health Care Agent or, Alternatively, to Instruct Health Care Agent*" (the "Petition"), as follows:

OVERVIEW

1. Wallis Annenberg ("Wallis") has been a pillar of this community for decades. One cannot go far in Los Angeles without finding some evidence of her philanthropy and her dedication to public service. Unfortunately, now, as she is battling with lung cancer and is at her must vulnerable, she has been subjected to inhumane treatment by the very person she

purportedly designated to take care of her in this time of need as agent for health care, Vikki Levine ("Vikki"). Vikki has been in Wallis' orbit for many years, acting as Wallis' personal assistant, but now, she is acting under the advance health care directive to assume control over Wallis's life and separate her from her family and most trusted staff at the time when Wallis needs them the most. This is *not* what an agent under an advance health care directive should be permitted to do, and the Court should step in to protect Wallis from Vikki, by terminating Vikki's authority under Wallis's advance health care directive or, at the very least, place significant requirements or restrictions that will ensure that Wallis is protected and her family is able to be with her and kept apprised of her condition.

2. As discussed in more detail herein and in the several attached declarations of Wallis's children and trusted caregivers, Vikki has engaged in a weeks-long campaign of isolation and overmedication of Wallis. She and her hand-picked team of nurses have kept Wallis confined to her bed, in a near-constant drug-filled stupor, living in squalor and filth because she is not even allowed to get up to use the bathroom. When Wallis is able to emerge from this near-comatose state, she is adamant that this is not what she wants and that she believes, in her own words, that Vikki is "kidnapping her." Vikki then actively lies that Wallis is "agitated" or "in pain" as an excuse to immediately return her to the narcotic-induced haze. Then, when Petitioners seek answers, Vikki responds with hostility and restricts their ability to spend time with their mother, going so far as to hire security guards, despite Wallis's repeated requests to be with family.

3. Despite all of this, Petitioners have worked tirelessly to try to avoid the need for Court-intervention. Especially given Wallis's notoriety, Petitioners have been loath to seek relief in such a public forum. To this end, they tried to cooperate with Vikki as much as possible; they suggested that Dr. Peter G. Phung, Director of Palliative Medicine and Supportive Care at Keck Medicine of USC, visit with Wallis to assess her care and make recommendations. Dr. Phung met with Wallis, determined that she was, indeed, being overmedicated (cutting her medications *in half*), and pledged to come back every three days. As a result, Wallis had her best day in weeks. Unfortunately, instead of allowing this

development to be a jumping-off point for a more productive way forward to care for Wallis, Vikki responded to Wallis's marked improvement by: (1) immediately restricting Dr. Phung's ability to even speak with Petitioners, let alone provide them any updates about their mother; and (2) increased the restrictions on, then completely barred, Petitioners' ability to visit Wallis at her home. As such, it is now clear that Vikki does not have Wallis's best interests at heart and is abusing her authority as health care agent, to the material harm of Wallis (and potentially even threat to her life), and Court intervention can no longer be avoided.

4. Additionally, Vikki has told Petitioners that after Wallis's passing, she plans to remove Wallis's body from her house immediately, within a matter of hours, to take it to Las Vegas where she and Kris will gamble at the high roller tables and then Oregon to be composted. This will likely deprive Wallis's children of their ability to say goodbye to their mother once she passes, and if there is anything suspicious about her death—which is appearing more and more likely given Vikki's ongoing abuse of Wallis—it will render it impossible to conduct an autopsy.

5. Under Section 4766 of the Probate Code, this Court may terminate the authority of an agent for health care where the agent is not acting in accordance with the principal's wishes and/or not acting in accordance with the principal's best interests and medical needs. Petitioners assert that Vikki is failing to act in any way in Wallis's best interests and pursuant to her wishes, and action must be taken to remedy this. Accordingly, Petitioners request an order: (1) terminating Vikki's authority under Wallis's advance health care directive and appointing either Gregory, as the named alternate agent, or professional fiduciary Jodi Pais Montgomery as agent; (2) alternatively, if the Court is not inclined to terminate Vikki's authority, ordering Vikki to follow all of Dr. Phung's directives and either to report regularly to Petitioners or allow them to contact Dr. Phung directly and to require Vikki to allow Petitioners to have regular visitation with their mother; and (3) restrict Vikki from cremating or otherwise disposing of or removing Wallis from Los Angeles for three days after Petitioners are notified of her death.

FACTUAL & PROCEDURAL BACKGROUND

6. **Wallis Annenberg.** Wallis is a world-renowned philanthropist, using her wealth to enrich the lives of millions across Southern California and beyond. She is just shy of her 86th birthday. Wallis was diagnosed with lung cancer in 2022, and it has progressed to Stage 4. She needs care in her fragile state but, as set forth below, she is instead being seriously abused in her time of need.

a. Wallis has four children – Gregory, Lauren, Charles, and Roger Weingarten.

b. Wallis lives in her home with her current partner, Kris Levine ("Kris").

7. **Advance Health Care Directive.** Wallis purportedly executed her Advance Health Care Directive (the "AHCD") on July 11, 2023.[1] A true and correct copy of the AHCD is attached hereto as **Exhibit A**.

a. The AHCD names Wallis's current personal assistant (and Kris's sister), Vikki Levine ("Vikki"), as the primary agent for her health care, followed by Gregory as the alternate agent. (Ex. A § 1.) Wallis did not check the box making the agent's authority effective immediately, so the named agent under the AHCD only gains authority thereunder when Wallis's "primary physician finds that [she] cannot make [her] own health care decisions." (Ex. A § 2.) As set forth in this Petition, this is an important distinction, because Wallis is constantly being held in a semi-comatose state by Vikki and her nursing team, such that Wallis is unable to state her wishes for her own care.

b. The authority given to the agent for health care, should Wallis's primary physician find that she lacks capacity to make her own health care decisions, includes the authority to "[c]onsent, refuse consent, or withdraw consent to any medical treatment,

[1] Petitioners have serious concerns the AHCD, as well as Wallis' mental capacity and her understanding of the document at the time she is reported to have executed the AHCD. However, in the interest of expedient relief to help their mother, Petitioners are tentatively accepting the AHCD as valid. This is not a waiver of any arguments they may have in the future against the validity of this document or of any other estate planning documents executed by Wallis at or around the time that she executed the AHCD.

procedure or services, such as tests, drugs, surgery, or consultations for any physical or mental condition," and to "[c]hoose or reject [her] physician, other health care professionals, or health care facilities." (Ex. A § 2.A & 2.B.)

c. The AHCD also provides the agent for health care with authority over the disposition of Wallis' remains after her passing, "unless [she has] said something different in a contract with a funeral home, in [her] will, through Donate Life California Organ and Tissue Donor Registry, or by some other written method." (Ex. A § 2.D.)

8. **Wallis's Longstanding Care.** For many years—in some instances, nearly two decades—Wallis has been assisted by a number of nurses and caregivers who have worked with her for a long time and whom she trusts. (Declaration of Hilda Macias Gutierrez ("Hilda Decl.") ¶ 3; Declaration of Yadira Macias Gutierrez ("Yadira Decl.") ¶ 3; Declaration of Martha Germony ("Martha Decl.") ¶ 4.)

9. **Vikki's Takeover of Wallis' Care & Adverse Effects on Wallis.** Vikki (in conjunction with Kris) has used Wallis's allegedly failing health as an excuse to begin exerting authority under the AHCD, with disastrous results for Wallis's physical and mental health. While Petitioners are unaware about whether Vikki obtained the requisite finding from Wallis's primary physician that Wallis lacks the ability to make her own health care decisions—which is the prerequisite for Vikki to begin acting as Wallis's health care agent under the AHCD—Vikki has firmly seized this authority and has begun wielding it in harmful, likely fatal, ways. Regardless of her motives for acting as she has, Vikki's actions have actively harmed Wallis and she must be stopped. But it should be noted that Petitioners also have reason to question these motives, as Vikki has been heard repeatedly telling Wallis that she would be dead soon (which ghoulish predictions have fortunately not yet come to pass), and Vikki said about Wallis: "She's like a cockroach, she won't die." (Hilda Decl. ¶ 9; Martha Decl. ¶ 7; Yadira Decl. ¶¶ 9-10, 12.)

a. For the past several months, and becoming much more severe in the past few weeks, Vikki began demanding that the nurses begin overmedicating Wallis. This involved administering excessive amounts of powerful narcotics and opioids, such as

Fentanyl, Morphine, Ativan, and other similar drugs, under the guise that Wallis is "agitated" or "in pain." (Hilda Decl. ¶ 6; Yadira Decl. ¶ 4; Martha Decl. ¶ 8; Declaration of Lauren Bon ("Lauren Decl.") ¶ 5; Declaration of Gregory Annenberg Weingarten ("Gregory Decl.") ¶ 5; Declaration of Charles Annenberg Weingarten ("Charles Decl.") ¶¶ 3, 8.) Vikki would either direct the nurses to administer these drugs to Wallis or, on repeated occasion, she would force them into Wallis's mouth or apply Fentanyl patches herself. (Martha Decl. ¶ 5; Hilda Decl. ¶ 6; Charles Decl. ¶ 8; Gregory Decl. ¶ 5; Lauren Decl. ¶ 5.) Vikki also would allow Wallis to have both alcohol and Ativan, which, when combined, is *extremely* dangerous, causing Wallis's blood pressure and oxygen levels to become perilously low. (Hilda Decl. ¶ 7; Martha Decl. ¶ 7.)

b. Either because Vikki has known that she is actively endangering Wallis or because she is exceedingly reckless, during this period, Vikki *forbade* the nursing staff from keeping the Medical Administration Record ("MAR") that is standard practice for nursing and hospice care. (Martha Decl. ¶ 6.) The MAR keeps a record of medications administered to a patient, allowing all other staff to see what the patient has been given, to ensure that medications are properly given in the correct dose; however, Vikki inexplicably directed Wallis's nurses not to keep such a record, thereby *hiding* what medications Wallis had received, which led to mistakes and hid from Wallis's nurses and family what Vikki was giving her. (Martha Decl. ¶ 6.) Vikki also hides from the nurses any prescriptions from the doctors. (Martha Decl. ¶ 5.) This is all likely because Vikki was *actively lying* to Wallis's longtime nurses and physician about what she and her loyal nursing staff were forcing on Wallis. When confronted by Wallis's caregivers, Vikki or her loyal staff would say that they were giving Wallis routine medications, like antacids, but in reality these were Ativan, Fentanyl, or Morphine. (Hilda Decl. ¶¶ 6, 8.)

c. Vikki also lies about why Wallis purportedly needs these medications. She claims that Wallis needs these medications in such high doses because she is "agitated" or "in severe pain." (Martha Decl. ¶ 8; Lauren Decl. ¶ 11; Gregory Decl. ¶ 5; Charles Decl. ¶¶ 10-11.) She has told this to both Wallis's physician and family members. (Yadira Decl.

¶ 13.) However, this has been repeatedly belied by the evidence – as Wallis is frequently being medicated even while not acting in any way that would suggest that she is "agitated" or in pain. For example, on July 9th, Vikki called the doctor claiming that Wallis was "agitated" and required additional medication. (Lauren Decl. ¶ 11.) In reality, *at that very moment* Wallis was relaxed and happy, spending time with her children and grandchildren. (Lauren Decl. ¶ 11.) Wallis's family was alerted to Vikki's false narrative and reached out to a doctor with video of Wallis's actual state which the doctor agreed completely contradicted Vikki's claims. Thankfully, due to the family's quick action, the doctor did not allow Vikki to administer the additional medication.

d. Alarmed by Vikki's actions and the harm she has caused Wallis, several of Wallis's long-term caregivers have confronted Vikki and/or refused to administer the drugs as directed by Vikki, at least without more evidence than Vikki's say-so. (Hilda Decl. ¶ 6; Yadira Decl. ¶ 14; Martha Decl. ¶ 8.) As a result, Vikki *fired* most of Wallis's trusted caregivers, or otherwise pushed them to resign, and brought in her own hand-picked staff, who do not know Wallis (nor does Wallis know or trust them) and who are loyal to Vikki first and foremost. (Hilda Decl. ¶ 5; Martha Decl. ¶ 9; Yadira Decl. ¶ 14; Charles Decl. ¶ 5; Gregory Decl. ¶ 6; Lauren Decl. ¶ 6.) Indeed, Vikki explicitly said that she did not want Wallis seeing any nurses she knew, claiming that this would "confuse" her or citing to "family dynamics," which is a baffling claim ungrounded in reality. (Martha Decl. ¶ 9.)

e. These new nurses have followed Vikki's directives, leaving Wallis in a persistent discombobulated state, in which she is confined to her bed against her will. (Lauren Decl. ¶ 6; Charles Decl. ¶ 9; Gregory Decl. ¶ 7.)

f. When the effects of these drugs finally wear off, Wallis has repeatedly returned to lucidity. (Gregory Decl. ¶ 10; Lauren Decl. ¶ 10.) As discussed above, during these periods, not only does Wallis *not* exhibit the symptoms that Vikki uses as a pretext for drugging her—as she does not act "agitated" or in pain—but she explicitly pushes back against what is being done to her. Specifically, Wallis has asked why she is being kept in such a state and what is happening to her. She has even gone so far as to say that she has been "kidnapped"

by Vikki and Kris; in fact, Wallis has called Kris "worse than Hitler." (Lauren Decl. ¶¶ 10-11; Gregory Decl. ¶ 10; Charles Decl. ¶ 11.)

g. During these periods, as observed by all three of her children, other than when interacting with Vikki and Kris, Wallis is back to her usual self when the drugs begin to wear off, happily spending time with her children and grandchildren and encouraging them to stay with her as long as possible; although each time she appears weaker than the time before, evidencing quite how damaging these drugs have been on her. (Charles Decl. ¶ 11; Gregory Decl. ¶ 10; Lauren Decl. ¶ 10.) She is also desperate to get up out of bed, if only to do basic things like use the bathroom. However, even when Wallis indicates that she wants to get out of bed, primarily to do such fundamental and important things as go to the bathroom, the nurses, under Vikki's direction, have forced her to stay put. (Lauren Decl. ¶¶ 6, 11; Gregory Decl. ¶ 10.) This has left this proud philanthropist miserable, soaking in her own feces and urine on a broken bed. (Yadira Decl. ¶ 7; Charles Decl. ¶ 9; Gregory Decl. ¶ 10; Lauren Decl. ¶¶ 6, 10.) In addition, she is routinely denied food and water, even when she requests it. (Gregory Decl. ¶ 7; Lauren Decl. ¶ 6; Charles Decl. ¶ 9.) As a result, she also appears to be malnourished. (Lauren Decl. ¶ 6; Charles Decl. ¶ 4.)

h. Unfortunately, Wallis is never permitted to remain in this lucid state for more than brief periods, as her nurses are quickly directed to re-administer the drugs, in the same high doses, soon after she comes out of the last drug-induced haze. (Gregory Decl. ¶ 11; Lauren Decl. ¶ 11.) Wallis actively tries to resist receiving this additional medication, even hiding it under her tongue and spitting it out, but invariably Vikki and her team discover this and work to return Wallis to her comatose state. (Yadira Decl. ¶¶ 4-5.)

i. Fortunately, some of the few remaining nurses from Wallis's former care team have secretly allowed Wallis to remain in this lucid state, against Vikki's instructions. They have also attempted to get her food and water. But when this happens, Vikki has, on at least one occasion, sent that nurse home early and brought in nurses loyal only to her, who have immediately re-administered the drugs, putting Wallis back into a stupor. (Gregory Decl. ¶ 11.)

10. **Vikki's Alarmist Statements About Wallis.** On repeated occasions over the past two weeks, Vikki (either directly or through her counsel) has claimed that Wallis had only 24-48 hours to live, if that. (Gregory Decl. ¶ 9; Lauren Decl. ¶ 9; Charles Decl. ¶ 8.) However, each time she made such alarming pronouncements, it has turned out that Wallis was not in dire straits. Indeed, it was only because of the overmedication ordered by Vikki that her heartrate and oxygen levels drop and she appears almost comatose. Once the effects of the drugs subside, Wallis's appearance improves drastically and it becomes clear that she is not as close to death as Vikki has claimed. (Gregory Decl. ¶ 9; Lauren Decl. ¶ 9; Charles Decl. ¶ 8.) This has now happened repeatedly, with the same outcome each time. Yet, Vikki has not stopped her mistreatment of Wallis or acted more circumspectly the next time the drugs forced upon Wallis made it seem like her health is failing. Indeed, as stated above, these statements to Petitioners mirror the statements Vikki is making to *Wallis herself,* frequently telling Wallis that she has mere hours to live, which has caused Wallis to fall into depression. (Hilda Decl. ¶ 9; Yadira Decl. ¶ 9.)

11. **Petitioners' Efforts to Visit & Obtain Information.** Petitioners have been understandably distressed by their mother's frequent drugged-up state and Vikki's repeated claims that she is on death's door. In response, Petitioners have sought to both obtain more information and to visit their mother as much as possible. Visits by her children have been actively encouraged by Wallis when she is lucid, as discussed above. Unfortunately for Wallis, Vikki has often stood in the way of both of these efforts, for no apparent reason other than to cover her tracks and to keep Wallis in a semi-perpetual haze. Vikki has systematically blocked Wallis's access to loved ones, including her children, grandchildren and trusted caregivers.

a. Even before the most recent issues with Wallis's overmedication, Vikki had already begun to restrict Petitioners and their children from visiting with Wallis as often as they had previously. (Charles Decl. ¶ 7; Gregory Decl. ¶ 8; Lauren Decl. ¶ 7.) This is despite the joy Wallis has always shown when her children and grandchildren have come to visit, which did not change in any way at the time Vikki began forcibly reducing these visits.

(Charles Decl. ¶ 10; Gregory Decl. ¶ 8; Lauren Decl. ¶ 11.)

b. When Petitioners tried to visit their mother or asked for information about her medical condition—namely in response to Vikki's repeated alarming claims that Wallis is on death's door—they were often shut out or, at the very least, highly restricted in their own mother's house. They are often restricted from certain rooms, and they are stopped from even helping their mother get out of bed, even if only for a moment. (Charles Decl. ¶ 9; Gregory Decl. ¶ 7.) In addition, simple requests for information are often met with hostility. Vikki has gone so far as to hire security guards to block Wallis's children during their visits, and on at least one occasion, she lied to police (who Petitioners called when they were concerned about Wallis) about her authority, claiming that she was not only agent for health care, but also agent under power of attorney, which Vikki's counsel has confirmed is false. (Charles Decl. ¶ 7; Gregory Decl. ¶ 12.)

c. The only time Vikki shares health information with Wallis's family seems to be the aforementioned middle of the night calls stating that Wallis is "dying." (Lauren Decl. ¶ 9; Gregory Decl. ¶ 9.)

12. **Intervention by Dr. Phung.** On July 9, 2025, after repeated requests by Petitioners and their counsel, Vikki "allowed," at Petitioners' request and suggestion, Dr. Peter G. Phung, Director of Palliative Medicine and Supportive Care at Keck Medicine of USC, to visit with Wallis and assess her current situation and the level of care she had been receiving. He did so to be able to make recommendations regarding her care. (Charles Decl. ¶ 12.) Dr. Phung *agreed that Wallis was being overmedicated*, that she should be allowed to get out of bed if she is able and so desires, and that she needed a doctor who was actively visiting with her to make the medical decisions to be carried out by Wallis's care staff. Indeed, up to that point, Wallis's internist, who had not even recently been to the house to see Wallis, was relying almost entirely on Vikki's judgement and (false) reporting. (Yadira Decl. ¶ 13; Martha Decl. ¶ 5.) After Dr. Phung spoke with Wallis, he determined that her *pain medications should be cut in half* and that she should first be given less potent medications than Fentanyl and Morphine. (Charles Decl. ¶ 12.)

13. **Vikki's Redoubled Efforts to Hide Her Mistreatment of Wallis from Petitioners & to Isolate Wallis.** After Dr. Phung's visit, it appeared temporarily that things had improved and Court intervention may not be necessary. Vikki followed Dr. Phung's advice and reduced Wallis's medication. (Charles Decl. ¶ 13.) As a result, Wallis had her best day in several weeks – she was lucid, happier than she had been in some time, and enjoyed visiting with her family members. (Charles Decl. ¶ 13.) Unfortunately, despite Wallis's obvious and significant improvement, Vikki has stepped in, yet again, to now further restrict Petitioners' ability to see their mother and, inexplicably, to *hide* Dr. Phung's findings and recommendations from Petitioners.

a. On July 12th, Vikki's counsel contacted Petitioners' counsel, informing her that Vikki instructed Dr. Phung to have *no* contact with Petitioners—despite the fact that he was hired at Petitioners' suggestion and insistence—even to let them know how Wallis is doing. (Declaration of Jessica G. Babrick ("Babrick Decl. ¶ 5, Ex. 1.) Thus, Vikki is actively seeking to have both her treatment of Wallis and Wallis's medical condition *hidden* from Petitioners.

b. Then, also on July 12th, Kris contacted Petitioners and further reduced the times at which they could visit Wallis, kicking them out of the house three hours earlier than their previously permitted time, and stating that they would be wholly barred from the house on July 13th. (Charles Decl. ¶¶ 14-15.) When they reached out to Vikki for confirmation, Vikki confirmed it in hostile fashion. At this time, Petitioners do not know when they will be able to visit their mother again.

c. Thus, despite all of the apparent progress made for Wallis's benefit, as a result of Petitioners' efforts, Vikki has doubled down on her abuse of the AHCD. Vikki's motive for doing so is unclear, but the only possible explanations are either: (1) she intends to either fire Dr. Phung or disregard his directives; or (2) she simply wants to antagonize Petitioners, out of spite. Either way, this is not what the AHCD was intended for, and Wallis is the one who suffers. Petitioners fear that Vikki will use this opportunity to increase Wallis's medications to force her into a comatose state.

14. **Concerns About Burial.** In addition to all of the aforementioned issues, Vikki has also relayed to Gregory and Charles a plan to have Wallis's body removed from her home within *3-4 hours* of her death. (Charles Decl. ¶ 16; Gregory Decl. ¶ 14.) The AHCD gives Vikki the power to dispose of Wallis's remains, and thus Petitioners are concerned that Vikki will exercise this authority to deprive Petitioners of their ability to say a proper goodbye to their mother after her passing. Petitioners have no interest in otherwise standing in the way of Wallis's burial plans—which they have been told involve being returned to nature via a composting process—but they simply want to ensure that they have adequate time to see their mother before her body is removed to begin this procedure.

15. Petitioners have repeatedly requested to see their mother's burial instructions but have been denied. They have serious concerns about the veracity of Vikki's claims concerning the disposition of Wallis's body. Wallis's children were told that within hours of their mother's passing, Kris and Vikki intended to take her remains to Las Vegas to gamble in the high roller sweet and then to Oregon for composting. (Charles Decl. ¶ 16; Gregory Decl. ¶ 14.)

16. **Standing.** As Wallis's children, Petitioners have standing to petition this Court for orders related to her AHCD. Prob. Code § 4765(c). In addition, the same document allegedly granting Vikki the power to act, also identifies Gregory, Wallis's oldest son, as an alternate agent.

17. **Jurisdiction & Venue.** This Court has jurisdiction over proceedings involving the AHCD. Prob. Code §§ 4760 & 4761. Vikki falls under the personal jurisdiction of this Court, as the agent acting under the AHCD, with respect to matters relating to acts and transactions affecting Wallis. Prob. Code § 4762. Venue is proper in Los Angeles County, as Wallis resides in this County. Prob. Code § 4763(a).

REQUEST FOR TERMINATION OF VIKKI'S AUTHORITY AND APPOINTMENT OF ALTERNATE AGENT FOR HEALTH CARE

18. Pursuant to Section 4766 of the Probate Code, a relative of a patient may petition the Court for an order "[d]eclaring that the authority of an agent or surrogate is terminated." Prob. Code § 4766(d). Such a declaration may be made where the Court

determines that the "agent or surrogate has violated, has failed to perform, or is unfit to perform, the duty under an advance health care directive to act consistent with the patient's desires, or, where the patient's desires are unknown or unclear, is acting (by action or inaction) in a manner that is clearly contrary to the patient's best interest," and that "[a]t the time of the determination by the court, the patient lacks the capacity to execute to execute or to revoke an advance health care directive or disqualify a surrogate." *Id.*

19. All parties agree that Wallis is currently unable to revoke her AHCD or to disqualify Vikki as surrogate on her own. However, this appears to be by design. Given her improper actions (both directly and through her hand-picked nursing team), Vikki and the people doing her bidding are causing Wallis serious harm. Wallis herself concluded that Vikki has effectively "kidnapped" her. Given the importance of the care required, it is evident that Vikki has wholly failed to perform her duties as envisioned and required by the AHCD and to act consistently with Wallis's desires and certainly in her best interest. As such, termination of Vikki's authority as agent for health care under the AHCD is not only warranted but necessary. This is true not just for Wallis's well-being, but perhaps to save her very life.

20. It is clearly not in Wallis's best interest to be constantly drugged into a stupor, nor to be forced against her will to stay in a soiled, broken bed, unable to get up even to use the bathroom. Wallis herself has indicated as much when she is fortunate enough to escape her drug-induced near-comatose condition, stating that: (1) she does not want Vikki drugging her like this; (2) she wants food to eat and water to drink; (3) she wants her children and grandchildren with her; and (4) she wants to be able to get out of bed, at a minimum to go to the bathroom with dignity.

21. Dr. Phung's independent recommendation matches the desires of Wallis, and those of Petitioners for their mother. Sadly but true to her past controlling behavior, Vikki will not allow Wallis's family to communicate with Dr. Phung or any of Wallis's care team and continues to restrict their visits, going to far as to hire private security. This follows Vikki firing almost all of Wallis's trusted caregivers. As such, Wallis's family has no idea whether Dr. Phung is still able to treat Wallis or whether Vikki is following his instructions. This is

frightening given that her previous doctor rarely visited and just took Vikki's narrative as sufficient evidence on which to base his medical orders. As described herein, this has led to severe overdosing of medication, lack of care, and poor (bordering on inhumane) treatment. There is no reason to hide whether Vikki is following Dr. Phung's recommendations from Wallis's children other than to antagonize them and/or because she is planning to disregard his advice.

22. As noted, Gregory is named as the alternative agent for health care under the AHCD, and he is willing to act in this capacity. A consent to act from Gregory is attached hereto as **Exhibit B**. Gregory will work with a professional aging care manager to ensure Wallis has the proper care. Alternatively, professional fiduciary Jodi Pais Montgomery is also willing to act as agent under the AHCD, to provide independent guidance and support for Wallis. A consent to act from Ms. Montgomery is attached hereto as **Exhibit C**.

23. If this Court is not inclined to terminate Vikki's authority under the AHCD, Petitioners request that, at the very least, this Court issue an order "[d]etermining [that] the acts or proposed acts" of Vikki are not "consistent with the patient's desires as expressed in [the AHCD] or otherwise made known to the court," or otherwise not in Wallis's best interests." Prob. Code § 4766(c). Such an order should include directives requiring Vikki to continue to allow Dr. Phung or his team to visit with Wallis at least once every two days and to follow *all* of his recommendations and course of treatment and care. For all of the same reasons, if appointed, Gregory (and presumably Ms. Montgomery) will follow all of Dr. Phung's directives.

24. Additionally, if this Court allows Vikki to maintain her authority under the AHCD, Petitioners request a further order that she is to allow Dr. Phung to keep Petitioners apprised of Wallis's treatment and her condition. There is no non-malicious basis for Vikki's demand that he hide all of this information from Petitioners, and they should be entitled to have up-to-date information about their mother's health and care. Petitioners also request the an order that Wallis's family, namely her children and grandchildren, be granted regular and substantial visitation with Wallis, which Vikki has actively sought to restrict.

REQUEST FOR INSTRUCTION REGARDING BURIAL

25. Additionally, Petitioners request that this Court determine whether the plan Vikki has relayed regarding Wallis's burial—to remove her body from her house within 3-4 hours—is reasonable, and at a minimum, is not consistent with practicality of the situation. Where Wallis is medically abused, as observed by the declarants hereto, an autopsy or other inquiry might be necessary for legal reasons. Destroying her body to prevent that should not be permitted.

26. Nor do her children believe that it is consistent with Wallis's wishes. Prob. Code § 4766(c). Petitioners want an opportunity to say goodbye to their mother, upon her passing, and that her body be preserved to determine if any improper acts precipitated her death. They also want a chance to review the alleged burial instructions Wallis left to ensure her true wishes are followed. Petitioners request an order restricting Vikki from cremating or otherwise disposing of or removing Wallis from Los Angeles for three days after Petitioners are notified of her death.

NOTICE

27. Pursuant to Section 4769 of the Probate Code, notice of hearing and a copy of this Petition will be served at least 15 days before the hearing to the following:

Name and Address	Age	Relationship to Patient
Wallis Annenberg c/o Andrew Katzenstein, Esq. PROSKAUER ROSE LLP 2029 Century Park East #2400 Los Angeles, CA 90067	Adult	Patient
Vikki Levine c/o Jeryll Cohen, Esq. SAUL EWING LLP 1888 Century Park East #1500 Los Angeles, CA 90067	Adult	Agent under Advance Health Care Directive

28. **Special Notice.** No request for special notice has been received at this time.

WHEREFORE, Petitioners request an order of this Court:

1. Terminating the authority of Vikki Levine to act under the Advance Health Care

Directive of Wallis Annenberg and appointing either Gregory Annenberg Weingarten or Jodi Pais Montgomery as agent thereunder, effective immediately;

2. Alternatively, instructing Vikki Levine to allow Dr. Peter Phung or his team to visit Wallis Annenberg as often as Dr. Phung instructs, and to follow all directives and recommendations of Dr. Phung, as well as to keep Petitioners' apprised of Wallis Annenberg's health condition and care and to allow their regular and substantial visitation with Wallis Annenberg;

3. Instructing the agent for health care under the Advance Health Care Directive of Wallis Annenberg to delay cremating or otherwise disposing of or removing Wallis Annenberg's body from Los Angeles for three days after Petitioners are notified of her death; and

4. For such other and further relief as this Court deems just and proper.

DATED: July 14, 2025

WEINSTOCK MANION, A Law Corporation

By: /s/ Jessica G. Babrick
JESSICA G. BABRICK
Attorneys for CHARLES ANNENBERG WEINGARTEN, LAUREN BON & GREGORY ANNENBERG WEINGARTEN

VERIFICATION

I have read the foregoing PETITION TO REMOVE AND REPLACE VIKKI LEVINE AS HEALTH CARE AGENT OR, ALTERNATIVELY, TO INSTRUCT HEALTH CARE AGENT and know its contents.

I am a Petitioner in this proceeding. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

Executed on July 13, 2025, at Los Angeles, California.

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

Charles Annenberg Weingarten
Print Name of Signatory

Signature

VERIFICATION

I have read the foregoing PETITION TO REMOVE AND REPLACE VIKKI LEVINE AS HEALTH CARE AGENT OR, ALTERNATIVELY, TO INSTRUCT HEALTH CARE AGENT and know its contents.

I am a Petitioner in this proceeding. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

Executed on July 13, 2025, at Los Angeles, California.

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

Gregory Annenberg Weingarten
Print Name of Signatory

Signature

VERIFICATION

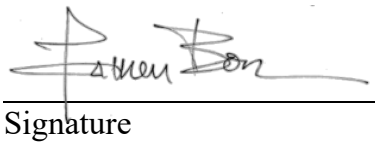
I have read the foregoing PETITION TO REMOVE AND REPLACE VIKKI LEVINE AS HEALTH CARE AGENT OR, ALTERNATIVELY, TO INSTRUCT HEALTH CARE AGENT and know its contents.

I am a Petitioner in this proceeding. The matters stated in the foregoing document are true of my own knowledge except as to those matters which are stated on information and belief, and as to those matters I believe them to be true.

Executed on July 13, 2025, at Los Angeles, California.

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

Lauren Bon
Print Name of Signatory



Signature

EXHIBIT A

EXHIBIT A

EXHIBIT A

Advance Health Care Directive Kit

My Health Care Wishes

CMA

For more information on Advance Health Care Directives, visit cmadocs.org/endoflife.

LIST OF PEOPLE AND PLACES THAT HAVE A COPY OF MY ADVANCE DIRECTIVE

After you have completed your Advance Health Care Directive form (included in this Kit), you should give copies of the form to the people you have appointed as your agent and alternate agents, to your doctor(s), and to family members or anyone else who is likely to be called if there is a medical emergency. You should also take a copy with you if you are going to be admitted to a hospital, nursing home, or other health facility.

Use the space below to keep a list of the people and institutions who have copies of your Advance Directive so that you can contact them if you decide to revoke, update, or revise it. Be sure to advise everyone on the list of any changes, revocation, or revision of a prior Advance Directive and send any new or updated Advance Directive to those you deem appropriate at that time.

My Full Name: ____________________

My Phone: (______) ____________________ Date of my Advance Directive:

People and Institutions Who Have a Copy of My Advance Directive:

Name: ____________________
Address: ____________________
Phone: (______) ____________________
Fax: (______) ____________________
Email: ____________________

Name: ____________________
Address: ____________________
Phone: (______) ____________________
Fax: (______) ____________________
Email: ____________________

Name: ____________________
Address: ____________________
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Name: ____________________
Address: ____________________
Phone: (______) ____________________
Fax: (______) ____________________
Email: ____________________

Name: ____________________
Address: ____________________
Phone: (______) ____________________
Fax: (______) ____________________
Email: ____________________

Introduction to Advance Health Care Directives

California law gives you the ability to ensure that your health care wishes are known and considered if you become unable to make these decisions yourself.

The following are answers to commonly asked questions about Advance Health Care Directives. For more information, see cmadocs.org/endoflife.

What is an Advance Health Care Directive?

An Advance Health Care Directive is the best way to make sure that your health care wishes are known and considered if for any reason you are unable to speak for yourself. Completing a form called an "Advance Health Care Directive" allows you, under California law, to do a number of things:

First, you may appoint another person to be your health care "agent." This person (who may also be known as your "attorney-in-fact") will have legal authority to make decisions about your medical care if you become unable to make these decisions for yourself. Although you are not required to appoint a health care agent, the California Medical Association (CMA) recommends that you do so. Appointing a particular person as your health care agent ensures there will be someone you trust to actively participate in decisions surrounding your health care.

Second, you may write down your health care wishes in the Advance Health Care Directive form, for example, a desire not to receive treatment that only prolongs the dying process if you are seriously ill. Your doctor and your agent must follow your lawful instructions within the limits of generally accepted health care standards.

Third, an Advance Health Care Directive allows you to express your wishes about organ and tissue donation.

Is an Advance Health Care Directive different from a "living will"?

The Advance Health Care Directive is now the legally recognized format for a living will in California. It replaces the Natural Death Act Declaration. The Advance Health Care Directive allows you to do more than the traditional living will, which only states your desire not to receive life-sustaining treatment if you are terminally ill or permanently unconscious. An Advance Health Care Directive allows you to state your wishes about refusing or accepting life-sustaining treatment in any situation.

Unlike a living will, an Advance Health Care Directive can be used to state your desires about your health care in any situation in which you are unable to make your own decisions, not just when you are in a coma or are terminally ill. In addition, an Advance Health Care Directive allows you to appoint someone you trust to speak for you when you are incapacitated.

You do not need a separate living will if you have already stated your wishes about life-sustaining treatment in an Advance Health Care Directive. The Advance Health Care Directive form in this Kit includes an optional living will statement that you can select if it reflects your desires.

Is an Advance Health Care Directive different from a "Durable Power of Attorney for Health Care"?

The Advance Health Care Directive has replaced the Durable Power of Attorney for Health Care (DPAHC) as the legally recognized document for appointing a health care agent in California. The Advance Health Care Directive allows you to do more than a DPAHC. An Advance Health Care Directive permits you not only to appoint an agent, but to give instructions about your own health care. You can now do either or both of these things in the same document.

What if I have already executed a Durable Power of Attorney for Health Care or a Natural Death Act Declaration. Is it still valid? Do I have to complete an Advance Health Care Directive?

All lawful Durable Powers of Attorney for Health Care (DPAHC) and Natural Death Act Declarations remain valid. Thus, unless your existing DPAHC has expired, you do not have to complete an Advance Health Care Directive. A DPAHC executed before 1992 has expired and should be replaced.

Because the Advance Health Care Directive gives you more flexibility to state your health care desires, you may wish to complete the new form even if you previously completed a DPAHC or Natural Death Act Declaration. At a minimum, you should review your existing DPAHC or Natural Death Act Declaration to make sure it has not expired and that it still accurately reflects your wishes.

Is an Advance Health Care Directive different from "POLST"?

Yes. An Advance Health Care Directive allows you to make your health care wishes known in the event you are unable to speak for yourself or prefer someone else to speak for you and allows you to legally appoint that person as your agent for health care decisions. By way of your Advance Health Care Directive, you can identify your primary physician as well as specify your preferences about accepting or refusing life-sustaining treatment such as CPR, feeding tubes, breathing machines, receiving or declining pain medications, making organ donations, and otherwise formally express your health care wishes, values, and beliefs.

Physician Orders for Life-Sustaining Treatment (POLST) became a legally recognized option in California in 2009. POLST is intended to complement an Advance Health Care Directive, particularly for those who are seriously ill or have been diagnosed with a terminal illness. Having a completed and fully executed POLST form means that your end-of-life health care wishes have been translated into actionable physician orders. Thus, POLST can help ensure that your health care wishes are implemented and followed without delay.

You may order a POLST Kit, which includes the POLST form and answers to frequently asked questions, from CMA publications. Please see the inside front cover of this Kit for ordering information.

Who can complete an Advance Health Care Directive?

Any California resident who is at least eighteen (18) years old (or is an emancipated minor), of sound mind, and acting of his or her own free will can complete a valid Advance Health Care Directive.

Do I need a lawyer to complete an Advance Health Care Directive?

No. You do not need a lawyer to assist you in completing an Advance Health Care Directive form (such as the form supplied in this Kit). The only exception applies to individuals who have been involuntarily committed to a mental health facility who wish to appoint their conservator as their agent.

Who may I appoint as my health care agent?

You can appoint almost any adult to be your agent. You can choose a member of your family such as your spouse or an adult child, a friend, or someone else you trust. You can also appoint one or more "alternate agents" in case the person you select as your health care agent is unavailable or unwilling to make decisions about your health care. (If you appoint your spouse and later get divorced, the Advance Health Care Directive remains valid, but your first alternate agent will become your agent.)

It is important that you talk to the people you plan to appoint to make sure they understand your wishes and agree to accept this responsibility. Your health care agent will be immune from liability so long as he or she acts in good faith.

The law prohibits you from choosing certain people to act as your agent(s). You may not choose your doctor, a person who operates a community care facility (sometimes called a "board and care home"), or a residential care facility in which you receive care. The law also prohibits you from appointing a person who works for the health facility in which you are being treated, or the community care or residential care facility in which you receive care, unless that person is related to you by blood, marriage, or adoption, or is a co-worker.

Can I appoint more than one person to share the responsibility of being my health care agent?

The California Medical Association (CMA) recommends that you name only one person as your health care agent. An important purpose of the Advance Health Care Directive is to identify clearly who has authority to speak for you. If two or more people are given equal authority and they disagree about a health care decision, that important purpose will be defeated. If you are afraid of offending people close to you by choosing one over another to be your agent, ask them to decide among themselves who will be the agent, and list the others as alternate agents.

I want to provide more specific health care instructions than those included on this form. How do I do that?

You may write detailed instructions and statements of your values, such as your wishes regarding palliative and hospice care, for your health care agent and physician(s). To do so, simply attach one or more sheets of paper to the form, write your instruction and statements of values, write the number of pages you are attaching in the space provided at the end of Section 3, and sign and date the attachments at the same time you have the form witnessed or notarized. You may also talk to your physician about completing a POLST form. If you have been diagnosed with a terminal illness and intend to request an aid-in-dying drug, include a statement of that intention in your Advance Health Care Directive and inform your agent, alternate agent(s), and loved ones to avoid any confusion.

How much authority will my health care agent have?

If you become unable to make your own health care decisions, your agent will have legal authority to speak for you in health care matters. Physicians and other health care professionals will look to your agent for decisions rather than your next of kin or any other person. Your agent will be able to accept or refuse medical treatment, including palliative and hospice care, have access to your medical records, and make decisions about donating your organs, authorizing an autopsy, and the appropriate disposition of your body should you die.

If you do not want your agent to have certain powers or to make certain decisions, you can write a statement in the Advance Health Care Directive form limiting your agent's authority. In addition, the law says that your agent cannot authorize convulsive treatment (i.e., electroconvulsive therapy or ECT), psychosurgery, sterilization, abortion, placement in a mental health treatment facility, or request an aid-in-dying drug on your behalf.

The person you appoint as your agent has no authority to make decisions for you until you are unable to make those decisions yourself, unless you expressly state in your Advance Health Care Directive that your agent has your permission to make those decisions for you immediately. You can signify your intention in Section 2 of the CMA Advance Health Care Directive.

When you become incapacitated, your agent must make decisions that are consistent with any instructions you have written in the Advance Health Care Directive form or made known in other ways, such as by executing a POLST form or by telling family members, friends, or your doctor. If you have not made your wishes known, your agent must decide what is in your best interests, considering your personal values to the extent they are known.

What should I tell my family, my health care agent, and my doctors?

One of the most important parts of completing an Advance Health Care Directive is the conversation you have about it with your loved ones and your physician(s). You should talk about your personal values and what makes living meaningful for you; your current medical condition and decisions you may foresee in the future; specific concerns or wishes you may have regarding life support or aggressive interventions, palliative care, hospice or long-term care; what concerns you most about death or dying; and how you would want to spend the last month of your life. It is recommended, although not always possible, that such a discussion include your physician(s) as well as your health care agent and any alternate agents. If you have a terminal illness and intend to request an aid-in-dying drug, advise your loved ones, agent, and alternate agent(s).

Tell your loved ones that you have completed an Advance Health Care Directive and what you have said in it, including who you have selected as your health care agent, and alternate agent, and where it can be found. Your Advance Health Care Directive will likely be triggered during a period of crisis for your loved ones. It can help ease their burden to know that you have made some of these decisions in advance. Remind your loved ones that their role is to make sure that your wishes are communicated and that those wishes guide their decision making.

Will my health care agent be responsible for my medical bills?

No, not unless that person would otherwise be responsible for your debts. The Advance Health Care Directive deals only with medical decision making and has no effect on financial responsibility for your health care. Please note, however, that unless you have made other arrangements, your agent may be responsible for costs related to the disposition of your body after you die. Consult an attorney regarding how your financial affairs should best be handled.

How long is an Advance Health Care Directive valid?

An Advance Health Care Directive is valid forever, unless you revoke it or state in the form a specific date on which you want it to expire.

What should I do with the Advance Health Care Directive form after I fill it out?

Make sure that the form has been properly signed, dated, and either notarized or witnessed by two qualified individuals (the form includes instructions about who can and cannot be a witness). Keep the original in a safe place where your loved ones can find it quickly. Give copies of the completed form to the people you have appointed as your agent and alternate agent(s), to your doctor(s), and to family members or anyone else who is likely to be called if you have a medical emergency. You should tell these people to present a copy of the form to your health care providers or emergency medical personnel.

Take a copy of the form with you if you are going to be admitted to a hospital, nursing home, or other health care facility. Copies of the completed form can be relied upon by your agent, doctor, and emergency medical personnel as though they were the original.

You should also fill out the contact list provided on the inside front cover of this Kit. This will facilitate communication of any changes you make to your Advance Directive later. Make sure you include the name, address, telephone, fax number, and email address for each person or facility to whom you have given a copy of your Advance Health Care Directive.

You may also wish to register your Advance Directive with the State of California voluntary Advance Health Care Directive Registry. The registration form and more information about the registry is available on the Secretary of State's website at www.sos.ca.gov/registries/advance-health-care-directive-registry.

What if I change my mind after completing an Advance Health Care Directive?

You can revoke or change an Advance Health Care Directive at any time. To revoke the entire form, including the appointment of your agent, you must inform your treating health care provider personally or in writing. Completing a new CMA Advance Health Care Directive will revoke all previous directives. In addition, if you revoke or change your Advance Directive, you should notify every person or facility that has a copy of your prior directive and provide a copy of your new directive to those you then deem appropriate.

If you revoke your Advance Health Care Directive or change the treatment preferences identified therein and you also have Physician Orders for Life-Sustaining Treatment (POLST) in place, be certain to also revoke or change your POLST and all copies thereof to be consistent. You should handle revocation or changing of your POLST, and distribution of any new POLST, in the same manner as suggested for your Advance Health Care Directive. Remember that in the event you are unable to speak for yourself, or in a situation in which you choose to have someone else speak for you, you want your most recent wishes and intentions to be known and not to be confused with prior preferences or decisions that may have been made under different circumstances.

You should complete a new Advance Health Care Directive if you want to name a different person as your agent or make other changes. However, if you need only to update the contact information of your agent or alternate agent(s), you may write in the new information and initial and date the change. Of course, you should make and distribute copies or otherwise ensure that those who need this new contact information will have it.

You should make a list of the people and institutions to whom you give a copy of your Advance Health Care Directive so you will know whom to contact if you revoke it, update contact information, or make a new one. The inside front cover of this CMA Kit provides a place for this list.

How will emergency personnel (such as paramedics) find my Advance Health Care Directive in the event of an emergency?

On the back cover of the CMA Kit you will find two Advance Health Care Directive Wallet Identification cards. You should complete both cards. Keep one for yourself and give one to your spouse or someone who is likely to be contacted should you be in an emergency situation. The cards should be kept where emergency health care personnel will find them, such as in a wallet. Your Advance Health Care Directive should be kept in a conspicuous place such as on a nightstand, headboard or refrigerator.

I have reached a point in my life that I don't want the paramedics to give me CPR. Will this Advance Health Care Directive keep this from happening?

If the paramedics see your Advance Health Care Directive before they start resuscitative efforts, and the Advance Health Care Directive clearly instructs them not to start these efforts, they probably will not start resuscitation.

Another approach is to complete the "Prehospital Do Not Resuscitate (DNR)" form and obtain a "Do Not Resuscitate – EMS" medallion approved by California's Emergency Medical Services Authority. The medallion, worn as a bracelet or necklace, is most readily observable and identifiable in an emergency situation. You may order copies of the DNR form (which includes instructions on ordering the medallion) from CMA publications. Please see the inside front cover for ordering information.

Your wishes regarding resuscitation can also be included in your Physician Orders for Life-Sustaining Treatment (POLST), which may be appropriate for patients with a serious medical condition or who have been diagnosed with a terminal illness. For more information, review the POLST Kit, available from CMA Publications. Please see the inside front cover of this Kit for ordering information.

Is my Advance Health Care Directive valid in other states?

An Advance Health Care Directive that meets the requirements of California law may or may not be honored in other states, but most states will recognize an Advance Health Care Directive that is executed legally in another state. If you spend a lot of time in another state, you may want to consult a doctor, lawyer, or the medical society in that state to find out about the laws there.

Can anyone force me to sign an Advance Health Care Directive?

No. The law specifically says that no one can require you to complete an Advance Health Care Directive before admitting you to a hospital or other health care facility, and no one can deny you health insurance because you choose not to complete an Advance Health Care Directive.

Can I get more information about the Advance Health Care Directive?

Yes. Your doctor probably can provide you with more information. However, you should talk to a lawyer if you want legal advice.

Can I get more information about Physician Orders for Life-Sustaining Treatment (POLST)?

Yes. If you have a serious medical condition or have been diagnosed with a terminal illness, CMA encourages you to talk to your doctor about POLST. Before initiating that conversation with your doctor, you may wish to visit capolst.org for more information and order the POLST Kit from CMA Publications. The Kit includes the POLST form on the recommended color of cardstock paper and provides answers to frequently asked questions. Reviewing those materials will help you understand the purpose and use of POLST and, as a result, should facilitate an informed discussion with your doctor about POLST and the decisions that can be reflected in a POLST form.

For more information about end-of-life medical decisions, go to CMA's End-of-Life Resource webpage at cmadocs.org/endoflife or visit the Coalition for Compassionate Care of California website at coalitionccc.org.

The booklet "Finding Your Way" is a useful guide to thinking about and discussing these issues. To preview a copy, go to coalitionccc.org/documents/Finding_Your_Way.pdf. To order a copy, visit coalitionccc.org.

Advance Health Care Directive

Including Power of Attorney for Health Care Decisions
California Probate Code Sections 4600-4806

MY HEALTH CARE WISHES

This form lets you give instructions about your future health care. It also lets you name someone to make decisions for you if you can't make your own decisions. It's best if you fill out the whole form, but, as long as it is signed, dated and witnessed or notarized properly, you may choose only to appoint an agent (Section 1) or provide health care instructions (Section 3). Your agent may need this document immediately in case of an emergency. You should keep the completed original and give copies of it to: (1) your agent and alternate agents; (2) your physician(s); (3) members of your family and others who might be called in the event of a medical emergency; and (4) any hospital or other health facility where you receive treatment. A copy of a fully executed Advance Health Care Directive has the same effect as the original.

You may revoke any part of or this entire Advance Health Care Directive at any time. To revoke the appointment of an agent, you must inform your treating health care provider personally or in writing. Completing a new California Medical Association Advance Health Care Directive will revoke all previous directives.

If there is anything in this form you do not understand, read the booklet that comes with this form and the italicized instructions on the form, or ask your physician, other health care professional or an attorney for help. You may also review additional information and instructions concerning advance health care directives on the California Medical Association's website, cmadocs.org/endoflife.

1. APPOINTMENT OF HEALTH CARE AGENT

☒ **OPTIONAL:** I, WALLIS ANNENBERG July 15, 1939, wish to appoint a health care agent.
(Print your full name and date of birth)

The name and contact information of the person I appoint as agent and alternate agent(s) are indicated on page 2.

If you do not want to appoint a health care agent, skip to Section 3.

Your agent may **NOT** *be:*

A. Your primary treating health care provider.
B. An operator of a community care or residential care facility where you receive care.
C. An employee of the health care institution or community or residential care facility where you receive care, unless your agent is related to you or is one of your co-workers.

If you choose to name an agent, you should discuss your wishes with that person and make sure that person understands and accepts the responsibility of being your agent for health care decisions. Give that person a copy of this form once completed.

CMA

I hereby appoint as my agent to make health care decisions for me:

Name (agent's name): VIKKI LEVINE

Address: 10273 Century Woods Dr. Email: vixvik@gmail.com

City: Los Angeles State: CA Zip: 90067

Home Phone: (818) 943-5526 Work Phone: ( ) _____

Cell Phone/Pager: ( ) _____ Fax: ( ) _____

I understand this appointment will continue unless I revoke it.

If I revoke my agent's authority or if my agent is not reasonably available, able or willing to make health care decisions for me, I appoint the following person(s) as my alternate agent(s) to make health care decisions for me, listed in the order they should be asked unless revoked by me:

OPTIONAL: 1st alternate agent:

Name (agent's name): GREGORY WEINGARTEN

Address: 603 Ocean Avenue, 4th Floor Email: gregory@weingarten.la

City: Santa Monica State: CA Zip: 90402

Home Phone: ( ) _____ Work Phone: ( ) _____

Cell Phone/Pager: (310) 596-9406 Fax: ( ) _____

OPTIONAL: 2nd alternate agent:

Name (agent's name): _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Cell Phone/Pager: ( ) _____ Fax: ( ) _____

2. AUTHORITY OF AGENT

Your agent must make health care decisions that are consistent with the instructions in this document and your known wishes. It is important that you discuss your health care desires with the person(s) you appoint as your health care agent, alternate agent(s), and with your doctor(s). If your wishes are not known, your agent must make health care decisions that your agent believes to be in your best interest, considering your personal values to the extent they are known. Below, you can specify what authority your agent has and when that authority takes effect.

If my primary physician finds that I cannot make my own health care decisions, I grant my agent full power and authority to make those decisions for me, subject to any health care instructions set forth below. My agent will have the right to:

A. Consent, refuse consent, or withdraw consent to any medical treatment, procedure or services, such as tests, drugs, surgery, or consultations for any physical or mental condition. This includes the provision, withholding or withdrawal of artificial nutrition and hydration (feeding by tube or vein) and all other forms of health care, including cardiopulmonary resuscitation (CPR).

B. Choose or reject my physician, other health care professionals, or health care facilities.

C. Receive and consent to the release of medical information as permitted by HIPAA and the California Confidentiality of Medical Information Act.

D. Donate organs, tissues, and parts, authorize an autopsy, and dispose of my remains, unless I have said something different in a contract with a funeral home, in my will, through Donate Life California Organ and Tissue Donor Registry, or by some other written method.

I understand that, by law, my agent may not consent to committing me to or placing me in a mental health treatment facility, or to convulsive treatment, psychosurgery, sterilization or abortion, and may not request an aid-in-dying drug on my behalf.

I understand that I can specify when my agent's authority to make health care decisions for me begins, either: (1) only when I become unable to make health care decisions for myself; or (2) immediately, even though I am still able to make health care decisions for myself.

I understand that my agent's authority to make health care decisions for me will begin only when I become unable to make health care decisions for myself, unless I choose to make my agent's authority effective immediately, as indicated by my signature below:

☐ OPTIONAL: I choose to make my agent's authority effective immediately.

_____

(Signature ONLY if you want agent's authority to be effective immediately.)

3. HEALTH CARE INSTRUCTIONS

You may, but are not required to, state your desires about the goals and types of medical care you do or do not want, including your desires concerning life support if you are seriously ill. If your wishes are not known, your agent must make health care decisions for you that your agent believes to be in your best interest, considering your personal values. If you do not wish to provide specific, written health care instructions in your Advanced Health Care Directive, draw a line through this Section and skip to Section 4.

The following are statements about the use of life-support treatments. Life-support or life-sustaining treatments are any medical procedures, devices or medications used to keep you alive. Life-support or life-sustaining treatments may include medical devices put in you to help you breathe, food and fluid supplied artificially by medical device (IV/feeding tube), cardiopulmonary resuscitation (CPR), major surgery, blood transfusions, kidney dialysis, and antibiotics.

Sign either of the following general statements about life-support or life-sustaining treatments if one accurately reflects your desires. If you wish to modify or add to either statement or to write your own statement instead, you may do so on a separate sheet(s) of paper (one lined, separate sheet is included in this Kit). You must date, sign, and attach any additional pages to this Directive. If you have a serious medical condition or terminal illness and have identified your specific health care wishes in a fully executed POLST form signed by your physician, you may initial the last option indicating such.

OPTIONAL: If I am suffering from a terminal condition from which death is expected in a matter of months, or if I am suffering from an irreversible condition that renders me unable to make decisions for myself, and life-support or life-sustaining treatments are needed to keep me alive, then:

A. I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and that my physician(s) allows me to die as gently as possible. I understand and authorize this statement as proved by my signature here:

Wallis Annenberg

OR

B. I want my life to be prolonged as long as possible within the limits of generally accepted health care standards. I understand and authorize this statement as proved by my signature here:

_____

OPTIONAL: I have attached _____ page(s) of specific health care instructions to this Directive, each of which is signed and dated on the same day I signed this Directive.

OPTIONAL: I have a fully executed POLST dated _____ that identifies my specific health care wishes as indicated by my initials here: _____.

4. ORGAN AND TISSUE DONATION

☐ **I wish to be an organ, tissue, and/or body part donor*. Upon my death, I give my organs, tissues, and/or body parts (mark box to indicate yes).**

☐ **After organ, tissue, and/or body part donation or if organ, tissue, and/or body part donation is not possible, I give my whole body.**

☐ **By checking a box above in this Part 4, and notwithstanding my choices and healthcare instructions in Part 3 of this form, I authorize my agent to consent to any temporary medical procedure necessary solely to evaluate and/or maintain my organs, tissues, and/or body parts for purposes of donation.**

My donation is for the following purposes of (strike any of the following you do not want):

(a) Transplant
(b) Therapy
(c) Research
(d) Education

☐ **I have contacted and made arrangements with a hospital, accredited medical school, dental school, college, or university.**

Name of Institution:_____

☐ **I have registered my decision to be a donor with Donate Life California Organ and Tissue Donor Registry or through the DMV.**

(Note: Only donor designations indicated on identification cards and driver licenses (ID/DLs) issued after July 2006 have been added to the Donate Life California Registry. All donors with ID/DLs issued prior to this date must register their decision online at donateLIFEcalifornia.org or at their next ID/DL renewal.)

If you want to restrict your donation of an organ, tissue, or body part in some way, please state your restriction on the following lines:

_____

_____

_____

_____

_____

_____

If I leave this Part 4 blank, it is not a refusal to make a donation unless I specifically say it is. Otherwise, my state-authorized donor registration should be followed, or, if none, my agent may make a donation upon my death. If no agent is named above, I acknowledge that California law permits an authorized individual to make such a decision on my behalf. (To state any limitation, preference, or instruction regarding donation, please use the lines above or in Part 2 of this form).

I understand and authorize this statement as to organ, tissue, body part, and/or body donation as proved by my signature here:

_____

* Be sure to communicate your donation intentions to your family members, loved ones, and physician(s). For more information on organ and tissue donation or to designate limitations on your donated gift, please contact Donate Life California at (866) 797-2366 or at info@donatelifecalifornia.org.

5. DATE AND SIGNATURE OF PRINCIPAL

As the Principal, you must sign and date this Advance Health Care Directive or instruct another person to sign it for you in your presence. As Principal, if you are mentally capable but physically unable to sign, any mark you make with the full intention of designating your signature is acceptable. Your name and the name of any person signing for you must be printed and signed and two qualified witnesses must complete the Statement of Witnesses in Section 6a.

A copy of this completed form has the same effect as the original.

I sign my name to, place my mark on or have instructed the person identified below to sign for me in my presence, and I acknowledge this Advance Health Care Directive:

Wallis Annenberg

Print name of Principal (and if any, name of adult signing in Principal's presence at Principal's direction)

Wallis Annenberg

Signature (or mark) of Principal (or signature of adult, if any, signing in Principal's presence at Principal's direction)

7/11/23

(Date Signed)

6. AUTHENTICATION BY WITNESSES OR NOTARY

This Advance Health Care Directive will not be valid unless it is either: (1) signed by two qualified adult witnesses who are present when you sign or acknowledge your signature; or (2) acknowledged before a notary public in California.

If you use witnesses rather than a notary public, the law prohibits using the following as witnesses: (1) the persons you have appointed as your agent or alternate agent(s); (2) your health care provider or an employee of your health care provider; or (3) an operator or employee of an operator of a community care facility or residential care facility for the elderly. Additionally, at least one of the witnesses cannot be related to you by blood, marriage or adoption, or be named in your will, or by operation of law be entitled to any portion of your estate upon your death.

Special Rules for Skilled Nursing Facility Residents

If you are a patient in a skilled nursing facility, you must have a patient advocate or ombudsman: (1) sign as a witness; and (2) sign the Statement of Patient Advocate or Ombudsman that follows. You must also have a second qualified witness sign this Directive or have this document acknowledged before a notary public.

6a. STATEMENT OF WITNESSES

I declare under penalty of perjury under the laws of California: (1) that the individual who signed or acknowledged this Advance Health Care Directive is personally known to me, or that the individual's identity was proven to me by convincing evidence; (2) that the individual signed or acknowledged this Advance Health Care Directive in my presence; (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence; (4) that I am not a person appointed as agent by this Advance Health Care Directive; and (5) that I am not the individual's health care provider nor an employee of that health care provider, nor an operator or employee of an operator of a community care facility or a residential care facility for the elderly.

FIRST WITNESS:

Print Name: _____

Signature: _____

Date: _____ Residence Address: _____

SECOND WITNESS:

Print Name: _____

Signature: _____

Date: _____ Residence Address: _____

AT LEAST ONE OF THE ABOVE WITNESSES MUST ALSO SIGN THE FOLLOWING DECLARATION:

I further declare under penalty of perjury under the laws of California that I am not related by blood, marriage, or adoption to the individual executing this Advance Health Care Directive, and, to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Signature: _____ Date: _____

FOR SKILLED NURSING FACILITIES: STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

If you are a patient in a skilled nursing facility, a patient advocate or ombudsman must sign the Statement of Witnesses above, and must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and am serving as a witness as required by Probate Code 4675.

Print Name/Title: _____

Address: _____

Signature: _____ Date: _____

6b. CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

Acknowledgment before a notary public is not required if two qualified witnesses have signed this Directive in Section 6a. If you are a patient in a skilled nursing facility, you must have a patient advocate or ombudsman sign the Statement of Witnesses and the Statement of Patient Advocate or Ombudsman in Section 6a, even if you also have this form notarized.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Los Angeles,)

On July 11, 2023,

(Date)

before me, Nathalie Stenmark Koefoed,

(Name and title of Notary Officer)

personally appeared Wallis Annenberg,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature _____ **(Seal)**

NATHALIE STENMARK KOEFOED
Notary Public - California
Los Angeles County
Commission # 2420215
My Comm. Expires Nov 24, 2026

*EVIDENCE OF IDENTITY: *The following forms of identification are satisfactory evidence of identity if the document is current or has been issued within five years: (1) a California driver's license or identification card or U.S. passport; (2) an inmate identification card issued by the Department of Corrections and Rehabilitation if an inmate is in custody in prison; or (3) any form of inmate identification issued by a sheriffs department if the inmate is in a local detention facility. The following forms of identification are satisfactory evidence of identity if the document is current or has been issued within 5 years, contains a photograph and description of the person named on it, is signed by the person, and bears a serial or other identifying number: (1) a valid consular identification document issued by a consulate from the applicant's country of citizenship, or a valid passport from the applicant's country of citizenship; (2) a driver's license issued by another state or by an authorized Canadian or Mexican agency; (3) an identification card issued by another state or by any branch of the U.S. armed forces; (4) employee identification card issued by an agency or office of the State of California, or by an agency or office of a city, county, or city and county in this state; or (5) an identification card issued by a federally recognized tribal government; If the principal is a patient in a skilled nursing facility, a patient advocate or ombudsman may rely on the representations of family members or the administrator or staff of the facility as convincing evidence of identity if the patient advocate or ombudsman believes that the representations provide a reasonable basis for determining the identity of the principal and may serve as a witness for notary under specified circumstances if the witness is personally known to the officer.*

Additional forms can be purchased from: CMA Publications, 1201 K Street, Suite 800, Sacramento, CA 95814
Phone: (800) 882-1262 • Fax: (916) 551-2035 • Website: cmadocs.org

Attachment _____ of _____.

HEALTH CARE INSTRUCTIONS

OPTIONAL: Other or additional statements of medical treatment desires and limitations:

Signature: _____ **Date:** _____

ATTACHMENT TO
CALIFORNIA MEDICAL ASSOCIATION'S
ADVANCE HEALTH CARE DIRECTIVE

Pursuant to California Probate Code Section 4691 (or its successor provision), I hereby direct my attorney-in-fact to inform the following individuals of my death:

My children, CHARLES MARK WEINGARTEN, GREGORY WALTER WEINGARTEN, ROGER SETH WEINGARTEN, LAUREN WEINGARTEN BON

July 11, 2023

Wallis Annenberg
WALLIS ANNENBERG

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

COUNTY OF LOS ANGELES)

On July 11, 2023, before me, Nathalie Stenmark Koefoed, notary public,
(insert name and title of officer)
personally appeared WALLIS ANNENBERG, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

NATHALIE STENMARK KOEFOED
Notary Public - California
Los Angeles County
Commission # 2428215
My Comm. Expires Nov 24, 2026

AUTHORIZATION TO RELEASE HEALTH INFORMATION TO HEALTH CARE AGENT

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, WALLIS ANNENBERG, grant to my agent(s) under my California Medical Association Advance Health Care Directive (dated the same date but executed prior to the execution of this Authorization) the authority to advocate for my health care needs if I have been determined to lack capacity to make my own health care decisions.

1. Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") (42 USC §1320d and 45 CFR parts 160,164) and the California Confidentiality of Medical Information Act (California Civil Code §§56-56.37), I authorize all health care providers and covered entities to disclose to my agent under my advance health care directive, at my agent's request, all of my individually identifiable health and medical information and medical records regarding any past, present, or future medical or mental health condition in the minimum amount necessary to advocate for my health care needs.

2. I intend my agent to be dealt with by all my health care providers and covered entities, as required by HIPAA and California law, in the exact same way as I would be treated with respect to my rights regarding the use and disclosure of my identifiable protected health information or other medical records.

3. I understand that:

A. I have a right to receive a copy of this authorization, as described in California Civil Code §56.11(i) and 45 CFR §164.508(c)(4).

B. I may revoke or modify this authorization at any time by written notice delivered to and received by the health care provider, as described in California Civil Code §56.15 and 45 CFR §164.508(c)(2)(i).

C. This authorization shall expire on the date of my death unless validly revoked before that date, as described in California Civil Code §56.11(h) and 45 CFR §164.508(c)(1)(v).

D. Under California law, all recipients of protected health care information may not redisclose it except as required or permitted by law.

E. The covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign an authorization, unless the law allows conditions, as described in 45 CFR §164.508(c)(2)(ii)(A).

F. There is the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and no longer protected by HIPAA regulations, as described in 45 CFR §164.508(c)(2)(iii).

G. All requests for information from my agent to health care providers and covered entities shall include a statement that it is "at the request of WALLIS ANNENBERG," as described in 45 CFR §164.508(c)(1)(iv).

Date: July 11, 2023

Wallis Annenberg

WALLIS ANNENBERG

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

COUNTY OF LOS ANGELES)

On July 11, 2023, before me, Nathalie Stenmark Koefoed, notary public,
(insert name and title of officer)
personally appeared WALLIS ANNENBERG, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Nathalie Stenmark Koefoed (Seal)

ADVANCE HEALTH CARE DIRECTIVE WALLET IDENTIFICATION CARD

These wallet cards are provided for the purpose of alerting emergency medical personnel that you have an Advance Health Care Directive in the event that you require medical treatment and are unable to talk. You should complete the cards by filling in the names and telephone numbers of your health care agent(s) or others who have a copy of your Advance Directive. Carry one of these cards with you at all times. Give the other to your spouse or other person who is likely to be contacted in the event of an emergency.

INSTRUCTIONS

1. On the top half of each card, print your full name and date of birth in the space provided.

2. On the lower half of each card, print the names and telephone numbers of the person(s) you have appointed as your health care agent and alternate agent(s) in the spaces provided. (Make sure the names and telephone numbers are the same as those listed in your Advance Health Care Directive form. Where the person has more than two phone numbers, use the numbers where the person is most likely to be reached in an emergency.) Space is also provided on the card to write in the name and telephone number(s) of a person who has a copy of your Advance Health Care Directive form. If you have not named alternate agents (or if you have not named an agent at all), you should list any other person who has a copy of your completed form. If more than three people have a copy, list the people who are most likely to be available by phone in the event of an emergency.

3. Carefully cut each card along the perforated lines, fold it in half, print sides showing, and place it in a conspicuous place in your wallet or billfold. Be sure to update the information on the card if there is a change in the telephone number(s) of any of the people you have listed on it, or if you subsequently complete a new Advance Health Care Directive form in which different individuals are designated to act as your agent and/or alternate agent(s).

IMPORTANT NOTICE TO EMERGENCY MEDICAL PERSONNEL

I, _____, born _____,
(name) (date of birth)
executed an Advance Health Care Directive on _____.
(date of Directive)
If I am unable to make my own health care decisions, my designated agent has the legal authority to make those decisions on my behalf including decisions concerning life-sustaining treatment. In such an event, one of the persons listed on the reverse of this card should be contacted immediately, in the order listed.

☐ I wish to be an organ donor ☐ I have a POLST form
☐ I have a pre-hospital Do Not Resuscitate (DNR) form

FOLD HERE

1. Agent's Name: _____
Home: (_____) _____
Work/Cell/Pager: (_____) _____

2. Alt. Agent's/Friend's Name: _____
Home: (_____) _____
Work/Cell/Pager: (_____) _____

3. Alt. Agent's/Friend's Name: _____
Home: (_____) _____
Work/Cell/Pager: (_____) _____

IMPORTANT NOTICE TO EMERGENCY MEDICAL PERSONNEL

I, _____, born _____,
(name) (date of birth)
executed an Advance Health Care Directive on _____.
(date of Directive)
If I am unable to make my own health care decisions, my designated agent has the legal authority to make those decisions on my behalf including decisions concerning life-sustaining treatment. In such an event, one of the persons listed on the reverse of this card should be contacted immediately, in the order listed.

☐ I wish to be an organ donor ☐ I have a POLST form
☐ I have a pre-hospital Do Not Resuscitate (DNR) form

© California Medical Association 2019

FOLD HERE

1. Agent's Name: _____
Home: (_____) _____
Work/Cell/Pager: (_____) _____

2. Alt. Agent's/Friend's Name: _____
Home: (_____) _____
Work/Cell/Pager: (_____) _____

3. Alt. Agent's/Friend's Name: _____
Home: (_____) _____
Work/Cell/Pager: (_____) _____

(Rev. 01/19)

CMA
California Medical Association
1201 K Street, STE 800
Sacramento, CA 95814

EXHIBIT B

EXHIBIT B

EXHIBIT B

WEINSTOCK MANION, A Law Corporation
JESSICA G. BABRICK (SBN 232732)
ANDREW G. SMITH (SBN 284762)
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1875 Century Park East, Suite 2000
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Attorneys for CHARLES ANNENBERG WEINGARTEN, LAUREN BON & GREGORY ANNENBERG WEINGARTEN

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF LOS ANGELES, CENTRAL DISTRICT

In re the Advance Health Care Directive of WALLIS ANNENBERG	Case No. **CONSENT BY GREGORY ANNENBERG WEINGARTEN TO ACT AS AGENT UNDER ADVANCE HEALTH CARE DIRECTIVE OF WALLIS ANNENBERG**

The undersigned, GREGORY ANNENBERG WEINGARTEN, hereby consents to act as agent for health care under the Advance Health Care Directive of Wallis Annenberg.

DATED: July 13, 2025

GREGORY ANNENBERG WEINGARTEN

EXHIBIT C

EXHIBIT C

EXHIBIT C

WEINSTOCK MANION, A Law Corporation
JESSICA G. BABRICK (SBN 232732)
ANDREW G. SMITH (SBN 284762)
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Attorneys for CHARLES ANNENBERG WEINGARTEN, LAUREN BON & GREGORY ANNENBERG WEINGARTEN

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF LOS ANGELES, CENTRAL DISTRICT

In re the Advance Health Care Directive of WALLIS ANNENBERG	Case No. **CONSENT BY JODI PAIS MONTGOMERY TO ACT AS AGENT UNDER ADVANCE HEALTH CARE DIRECTIVE OF WALLIS ANNENBERG**

The undersigned, JODI PAIS MONTGOMERY, hereby consents to act as agent for health care under the Advance Health Care Directive of Wallis Annenberg.

DATED: July 13, 2025

JODI PAIS MONTGOMERY

DECLARATION OF HILDA MACIAS GUTIERREZ

I, Hilda Macias Gutierrez, declare as follows:

1. I am not a party in the above-entitled action.

2. I have personal knowledge of the facts stated in this declaration, except as to those stated on information and belief and, as to those, I am informed and believe them to be true. If called as a witness, I could and would competently testify to the matters stated herein.

3. I have worked for Wallis Annenberg for 18 years—first as a housekeeper then as a caregiver. I worked weekdays either from 7 a.m. to 3 p.m. or from 1 p.m. to 9 p.m., so I spent time with Ms. Annenberg during the day and at night.

4. My duties included generally attending to Ms. Annenberg's personal needs, including helping her use the restroom, bathing her, helping her exercise, and driving her to medical appointments.

5. After almost two decades of service, Vikki Levine fired me on June 28, 2025. I am informed and believe that Vikki fired me because I confronted her about dangerously over medicating Ms. Annenberg.

6. I witnessed Vikki forcing pills in Ms. Annenberg's mouth when she clearly did not want to take them. I told Vikki that Ms. Annenberg seemed calm and did not need more medication. Vikki told me the pills were for her upset stomach, but I told her that I knew they were Ativan because I saw the bottle. I told Vikki that despite her claims, Ms. Annenberg did not seem agitated or upset and so there was no need to give her Ativan, especially when Ms. Annenberg clearly did not want to take the pills. Vikki then claimed she never gave Ms. Annenberg medication against her will. In response, I told her that I knew this was not true as I had seen her force pills into Ms. Annenberg's mouth and I had witnessed her wake up Ms. Annenberg to give her pain medication when she was sleeping comfortably.

7. Since May 2025, I also witnessed Vikki giving Ms. Annenberg alcohol *and* Ativan. This caused Ms. Annenberg's blood pressure and oxygen levels to get dangerously low. The nurses said that Ms. Annenberg could not have any more alcoholic drinks, and certainly should not be given Ativan with alcohol, and no more Ativan unless absolutely

necessary. But, thereafter, I witnessed Vikki continue to give Ms. Annenberg both alcohol and Ativan, often at the same time.

8. On May 25 around 10:30 a.m., I prepared Ms. Annenberg's usual medication from that week's daily pill box. Stephanie, one of the new nurses hired by Vicki, then appeared with three pills in hand. She put one pill in Ms. Annenberg's mouth and the remaining two in the pill box for the next two days. When I asked what she had given Ms. Annenberg, she told me it was aspirin. When I asked why she would give Ms. Annenberg aspirin, Stephanie changed her story and said it was antacids for Ms. Annenberg's stomach. But, when I looked at the pill box I recognized the two pills as Ativan. Shortly after Stephanie gave Ms. Annenberg the pill she claimed was an antacid but I knew was Ativan, she became disoriented. As a result, when her lawyer arrived a few hours later, Ms. Annenberg was still dazed. She was unable to fully function or communicate with her lawyer. So Vikki was asked to join the meeting. I believe Vikki directed Stephanie to administer the Ativan to Ms. Annenberg so she would be so disoriented that she would not be able to communicate for herself in the meeting with her lawyer.

9. Many times, I witnessed Vikki treat Ms. Annenberg with what I would describe as cruelty. Specifically, I heard Vikki tell Ms. Annenberg on more than one occasion that, "You're ready to die. Everything is ready. You can die." This immediately caused Ms. Annenberg to become depressed. I also witnessed Vikki put her hand on Ms. Annenberg's face, forcing eye contact, and stating, "Your kids don't love you. Only Kris and I care and we have prepared for you to die." Until this point, Ms. Annenberg had been doing well, but immediately after she became observably depressed and down.

10. This was consistent with Vikki's pattern of behavior. Every time Ms. Annenberg showed strength, was alert, or improving, Vikki would (or instruct a nurse or caregiver to) give Ms. Annenberg medications that would make her crash and become disoriented.

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11. In my opinion, this behavior was cruel, and was no way to treat Ms. Annenberg, who clearly wanted to live to live, and this was certainly no way to die.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Executed on this 13th day of July, 2025, at Inglewood, California.

Hilda Macias Gutierrez

DECLARATION OF MARTHA GERMONY

I, Martha Germony, declare as follows:

1. I am not a party in the above-entitled action.

2. I have personal knowledge of the facts stated in this declaration, except as to those stated on information and belief and, as to these, I am informed and believe them to be true. If called as a witness, I could and would competently testify in the matters stated herein.

3. I have worked as a registered nurse for over 40 years. I have worked at UCLA Medical Center for the last twelve years, and previously worked at Children's Hospital of Orange County, Children's Hospital Los Angeles, and Rady's Children's Hospital San Diego. I have also served as a private concierge nurse for elderly and high profile clients for the last six years.

4. I worked as a nurse for Ms. Annenberg for the last several years, mostly to draw blood for her labs. Ms. Annenberg appreciated my gentleness from my pediatric specialty. In the Spring of 2025, I was told Ms. Annenberg required 24-hour care and I was asked to work for her several days a week. Ms. Annenberg told me that I was her favorite nurse and I promised her I would stay with her through the end.

5. Vikki did not let the nurses see Dr. Cole's orders. Upon information and belief, Vikki was the only one who spoke to Dr. Cole or saw his orders. Vikki would instead instruct the nurses herself, acting as though *she* was the doctor—instead of her personal assistant.

6. Vikki forbad us from keeping a Medical Administration Record ("MAR"), which is standard protocol so a nurse knows what medicines were administered before her shift and what was ordered by the doctor. As a result, it was difficult to know when or what had been administered to Ms. Annenberg and how to communicate this to the rest of the caregiving team. Without a proper medication log, mistakes were inevitably made.

7. I witnessed Vikki allow and even encourage Wallis to drink alcohol, this occurred even when Wallis was also given pain and anxiety medication. Vikki would often tell Ms. Annenberg that she was dying.

8. On or around June 25, 2025, Vikki told me that Ms. Annenberg was experiencing anxiety. She handed me a pill which she stated was Ativan and asked me to give it to Ms. Annenberg. I did not see the bottle the pill came from nor did I see any order from Ms. Annenberg's primary physician, Dr. Cole. When I went into Ms. Annenberg's room to give her the pill, she was sleeping and did not seem anxious; I did not wake her to give her the pill. When Vikki checked to confirm I had given Ms. Annenberg the Ativan, I told her I decided not to give it to her because she was sleeping and did not appear to be in any pain or experiencing anxiety. Vikki got upset and sent a housekeeper to get the pill back from me.

9. The more Ms. Annenberg would ask for me, the more Vikki would cut my hours. On June 27, I heard that Ms. Annenberg was not doing well and so I asked Vikki if I could come in to say goodbye in case things turned before my next shift. Vikki told me that I could not visit because it would "confuse" Ms. Annenberg and I should wait to see her during my next shift on June 29. However, I was notified on June 28 that I had been taken completely off the schedule and should not come into work on June 29. Although I was told that Vikki had glowing reviews for me, I was told I could not return even to say goodbye, should not reach out to Ms. Annenberg or Vikki, and that Ms. Annenberg would only have nurses who she had never met because of the "family dynamics".

10. Several days later, the owner of the concierge nursing company I work for told me that he heard that I was talking to the family and questioning Dr. Cole's orders. I stated firmly that that was untrue and that I'd never been present when Dr. Cole visited with Ms. Annenberg or when he gave orders.

11. In my professional opinion as a nurse with forty years of experience I think Vikki exhibited behaviors evidencing mental instability. I witnessed Vikki regularly lose her temper, have mood swings, and appear angry. I have witnessed her behave irrationally. I do not believe Vikki is mentally healthy and I am concerned that her mental state is impacting her ability to care for Ms. Annenberg.

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12. Ms. Annenberg is a loving and caring person and everything she has done for the City and for others makes her an icon. It is difficult for me to believe that this kind of conduct can happen to anyone, let alone Ms. Annenberg. *No one* deserves to be rushed to death.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Executed on this 13 day of July, 2025, at 12:00 PM, California.

DECLARATION OF YADIRA MACIAS GUTIERREZ

I, Yadira Macias Guitierrez, declare as follows:

1. I am not a party in the above-entitled action.

2. I have personal knowledge of the facts stated in this declaration, except as to those stated on information and belief and, as to those, I am informed and believe them to be true. If called as a witness, I could and would competently testify to the matters stated herein.

3. I have worked for Wallis Annenberg for 14 years. I started as a housekeeper and dog walker and then became one of Ms. Annenberg's caregivers. I worked weekends and the night shift (8 p.m. to 6 a.m.) for approximately 4 years. I was fired on June 25, 2025.

4. I saw Ms. Annenberg in an overmedicated state on numerous occasions. During these times, I could see that she was trying to communicate—she would move as though trying to speak but was unable to do so. When Stephanie, one of the nurses hired by Vikki Levine, would attempt to administer more Morphine or Fentanyl, Ms. Annenberg would look to me to speak up on her behalf. Sometimes she would move her index finger to indicate "no".

5. I became very attuned to Ms. Annenberg's efforts to communicate, particularly when refusing medication. I would alert Stephanie that Ms. Annenberg was communicating her desire not have more pain medication and/or that she was not in pain. This seemed to irritate Stephanie. On one occasion when Ms. Annenberg indicated she did not want more pain medication, Stephanie became uncomfortable and left the room to discuss it with Vikki. I'm not sure if they ultimately administered the medication.

6. Although administering medication was not part of my designated role, Vikki repeatedly requested that I do so. I refused these requests and explicitly told her I was not comfortable administering medications and consistently requested that a nurse be present during my shifts.

7. I also witnessed Vikki failing to meet Ms. Annenberg's basic needs like going to the bathroom and receiving appropriate nourishment. Vikki regularly insisted that Ms. Annenberg relieve herself in her bed. Vikki would tell one of the caregivers to put her in a diaper because she was on "bedrest". This made Ms. Annenberg very uncomfortable and

would cause her anxiety. Ms. Annenberg would look to me to take her to the bathroom. When I was permitted to do so, I was able to assist Ms. Annenberg with using the bathroom.

8. Vikki casually shared with me that she had organized for Ms. Annenberg's body to be composted immediately following her death.

9. I witnessed Vikki encourage Ms. Annenberg to "let go", meaning to die. I also witnessed Vikki attempt to isolate Ms. Annenberg from her family. I heard her tell Ms. Annenberg that nobody cares for her as much as she does.

10. On another occasion, I overheard Vikki in the kitchen on a phone call saying, “She’s like a cockroach, she won’t die.” She was referring to Ms. Annenberg.

11. On several occasions, I heard Ms. Annenberg list her favored nurses to Vikki, Stephanie was never named. It is my understanding that Vikki fired at least two of Ms. Annenberg's three favorite nurses, her long time housekeepers and her chef. It seems like Vikki wants to make sure there is no one around who knew Ms. Annenberg.

12. On or around June 17, 2025, Kris Levine, Vikki's sister, stated that Ms. Annenberg wouldn't make it to her birthday. She asked me if I was ready for her to die, because Ms. Annenberg probably would not get through the weekend alive.

13. The following Saturday, I witnessed Vikki misrepresent Ms. Annenberg's health status to Dr. Jonathan Cole. At the beginning of my shift, the night nurse told me that Ms. Annenberg had refused pain medication all night. I observed that Ms. Annenberg was completely alert and smiling. She was visiting with her son, Greg. Ms. Annenberg seemed comfortable and was not exhibiting any signs of anxiety or pain. In fact, she seemed strong and wanted more food. When I left the room to get her some applesauce from the kitchen, I heard Vikki tell Dr. Cole that Ms. Annenberg needed more pain medication and that she was non-responsive. I heard Vikki pressuring Stephanie to tell Dr. Cole that Ms. Annenberg was non-responsive and agitated. Around this time, Vikki saw that I was in the kitchen and so she took the phone off speaker. I heard Stephanie follow Vikki's instructions and tell Dr. Cole that Ms. Annenberg was in pain. Vikki then came back into Ms. Annenberg's room and told Greg and me that Dr. Cole gave approval to add a third Fentanyl patch on Ms. Annenberg.

14. When Stephanie was preparing the third Fentanyl patch, I questioned whether Ms. Annenberg needed another patch and if she would be alright if a third patch was added. I looked to Ms. Annenberg and asked her if she was in any pain. Before she could respond, Vikki got angry with me and told me to leave the room. I refused to leave and told her that I simply wanted to know if Ms. Annenberg would be alright with so much Fentanyl. In response to my concern about Ms. Annenberg's health and the amount of medication she was about to receive, Vikki screamed at me and told me to leave the house. She told me not to come back to work the following day. Vikki was extremely upset with me for questing the dosage of Fentanyl she was giving to Ms. Annenberg.

15. During the last fourteen years, I witnessed Vikki forge Ms. Annenberg's signature numerous times, including on checks and other documents. In fact, Vikki would brag that she had done it so many times that she had perfected her version of Ms. Annenberg's signature.

16. I witnessed Lauren confront Vikki about forging Ms. Annenberg's signature on documents for the Annenberg Foundation. Vikki denied it, but Lauren noted that a Foundation document had been signed while Ms. Annenberg had been with Lauren, so she knew her mother had not signed it. Vikki had no response. The next day Vikki began cleaning out all the papers in the home office.

17. On one occasion, I learned that Lauren Bon, Ms. Annenberg's daughter, was coming to visit and I asked whether I should prepare lunch for her. Vikki joked about poisoning her.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Executed on this 13th day of July, 2025, at Inglewood, California.

Yadira Macias Guitierrez

DECLARATION OF CHARLES ANNENBERG WEINGARTEN

I, Charles Annenberg Weingarten, declare as follows:

1. I am a petitioner in the above-entitled action, and I am the son of Wallis Annenberg.

2. I have personal knowledge of the facts stated in this declaration, except as to those stated on information and belief and, as to those, I am informed and believe them to be true. If called as a witness, I could and would competently testify to the matters stated herein.

3. I was first informed that my mother was being overmedicated by Vikki Levine and her staff on June 25, 2025, when I was informed by one of my mother's long-standing nurses, Marcy Germony, who begged me to come home and protect my mother from Vikki. As a result, I came home from a conference I was at to be with my mother and figure out what was going on.

4. I saw my mother for the first time after returning on June 28th. She was completely malnourished and appeared incapable of forming coherent thoughts, and she seemed on the verge of death. I spent the night by her side at her house.

5. On this visit, I learned that most of my mother's beloved staff of over 20 years had been fired, as had the nurses that she had been working with and trusting over the past few years. They were all replaced by hospice nurses who were loyal to Vikki, and they were holding my mother as a prisoner in her own home. I also learned that my mother was being overmedicated, which was the cause of her condition at that time. Once Kris Levine learned that household staff was talking to me about my mother's condition, they told me they could no longer talk to me about this under threat of being fired.

6. Over the next several days, I visited my mother frequently, to be with her, gauge her situation, and protect her however I could from Vikki and her nurses.

7. Whenever I visit my mother, Vikki is extremely hostile to me. She has hired security guards who try to force me out of my mother's house, even when I am there just to assist my mother or do simple things like say goodnight. Whenever I try to speak with Joseph—one of the few remaining caregivers from before Vikki's mass firings—Vikki steps in

and tries to stop him from speaking with me. Joseph informs me about my mother's true condition.

8. In my observations, Vikki's first resort is always to keep my mother comatose through Morphine, Fentanyl, and other similar drugs. Even when my mother is simply coughing, Vikki will rush in, claim she is dying, and order the hospice staff to inject her with one of these drugs. Indeed, on at least one occasion, Vikki has explicitly said that my mother is imminently dying precisely because I objected to her being injected with more Morphine. Of course, this then turns out to be false, every time, and my mother improves greatly once the effects of the drugs start to wear off.

9. Additionally, Vikki directs her staff to force my mother to stay confined to her bed, even preventing her from using the bathroom, forcing my mother to soil herself and then remain in the soiled bed. Joseph and I have assisted my mother with going to the toilet, which makes my mother very happy, but then after we have helped my mother with this, Vikki and her team redouble their efforts to stop this, even going so far as to hide my mother's portable medical toilet from all of us. They barely feed or hydrate my mother, which appears to have greatly exacerbated her suffering, along with the drugs.

10. Repeatedly, Vikki has blatantly lied to our faces and in front of us about my mother's condition, in ways that are easily falsifiable. For instance, on June 29th, after my mother had been comatose and appeared to be on the verge of death, she recovered immensely once the effects of the drugs started to wear off; my mother was grinning ear-to-ear and rejoicing with her children and grandchildren, including me. Vikki walked in, claimed my mother was "tired" and could not see us—all evidence to the contrary, and despite my mother's desperate wishes for us to stay—and tried to force us out.

11. Vikki has repeatedly told both my mother's longtime physician and the hospice care doctor that my mother is "agitated" and requires these drugs in such high dosages, and we have been in the room with my mother, when she is not agitated at all and in high spirits, at the exact time Vikki is telling my mother's medical professionals how "agitated" she is at that exact moment.

12. On June 9, 2025, Dr. Peter Phung, Director of Palliative Medicine and Supportive Care at Keck Medicine of USC, went to my mother's house and made recommendations regarding her care. He recommended that my mother's medication be greatly reduced – she should be given one fewer Fentanyl patch per day, and her morphine dose should be cut in half, although he also recommended giving her a less powerful drug than morphine before even trying to give her morphine.

13. It appears that, for at least a few days, Vikki was following this approach. On June 12th, my children and I went to visit my mother at her house. She was in the best shape I had seen her in for a long time; she was energetic and talkative, she was trying to get out of bed, she was dancing to music, and she had a strong appetite. She asked for her shoes so that she could get out of bed.

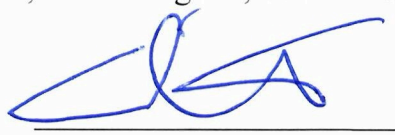
14. During this visit, I stepped out, but not before my mother promised that I would come back before we left. We previously had agreed with Vikki and her sister, Kris, that we would leave by 8:00 p.m. However, at 5:00 p.m., Vikki did not allow me back into my mother's house, even for me to say goodnight before I left. She was very combative, and she and Kris threatened to call the police if I did not leave immediately, without saying goodbye to my mother.

15. Then, at 7:30 p.m. that same evening, Kris sent my siblings and I a message, telling us that we were forbidden to enter my mother's house the next day, without any explanation as to why. This was very baffling to me, as we had had such a positive visit with my mother, given her much improved state. I can only guess that Kris and Vikki did not like seeing Wallis in control of her faculties and happy to see her children, and they planned to drug her back into a coma, as Vikki has been doing the past few weeks.

16. In addition to the abuse Vikki is perpetrating against my mother, she has told me that her plan after my mother's death is to have her body be decomposed within four hours. From there, Vikki and Kris will go to an unknown location in Las Vegas, intimating that they will gamble with my mother's money to "honor" her.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Executed on this 13th day of July, 2025, at Los Angeles, California.



Charles Annenberg Weingarten

DECLARATION OF GREGORY ANNENBERG WEINGARTEN

I, Gregory Annenberg Weingarten, declare as follows:

1. I am a petitioner in the above-entitled action, and I am the son of Wallis Annenberg.

2. I have personal knowledge of the facts stated in this declaration, except as to those stated on information and belief and, as to those, I am informed and believe them to be true. If called as a witness, I could and would competently testify to the matters stated herein.

3. For many years, my mother—who has Stage 4 lung cancer—was assisted by a series of nurses and care specialists, although she has always been fully in control of her faculties and able to direct her staff and move about as she desired. I observed that she had a positive and trusting relationship with these employees—some of whom had been working with my mother for decades-and was comfortable around them.

4. In May 2025, I became concerned about the care my mother was receiving. After months of gradually isolating my mother from her family and larger care network, her personal assistant, Vikki Levine, began asserting direct control over her care, claiming that she had the authority to do so under an Advance Health Care Directive that she says my mother signed in 2023.

5. First, Vikki began demanding that my mother's care professionals administer excessive amounts of powerful narcotics and opioids, such as Fentanyl, Morphine, Ativan, and other similar medications, claiming that my mother was "agitated." These medications have the collective effect of essentially rendering my mother in a vegetative state, unable to function on her own until the medications wear off.

6. Then, when most of my mother's longtime nurses and household staff—with whom my mother has had a very long and loving relationship, to the point where they felt like family—pushed back against this overmedication, Vikki either fired them or pushed them to resign. I even heard Vikki threaten to "call ICE" on staff members she had fired, fabricating stories that they had "stolen" items from my mother's house, for which I saw no evidence whatsoever. For those longstanding household staff members that did remain, Vikki would not

let them into my mother's bedroom with the exception of one housekeeper, although she is still not allowed in the room when medication is delivered.

7. By the end of June 2025, Vikki had forced out almost all my mother's staff and nurses. Vikki brought in an entirely new set of nurses, who are loyal to her and follow all of her directions, regardless of the effect they have on my mother. These nurses have also used her discombobulated state to confine her to her bed, even when she is more lucid after the drugs have worn off. Despite my protests, Vikki will not even allow my mother to leave her bed to use the restroom, to my mother's great distress. She is essentially living in squalor, in soiled sheets on a broken bed, and she appears to be malnourished, as her current nursing staff are failing to properly feed her (and she is unable to feed herself while under the effects of the medication).

8. Additionally, when my siblings and I have pushed back on this overmedication, Vikki and her nursing staff have barred us from seeing our mother, and they have refused to provide us with sufficient information to understand her condition. Vikki and her sister (and my mother's current partner), Kris Levine, have treated us with hostility when we are at my mother's house, including screaming and swearing at us and barring us from accessing most of the rooms of the house, even to help my mother. This began even before the recent problems with medication, as Vikki began telling us not to visit our mother anymore or to keep the visits to only a few minutes (despite how much my mother enjoys these visits). Vikki now accuses us of stopping "necessary" medication for our mother and causing her pain, which, as discussed below, is clearly not the case, as when the effects of the medication wear off, she has not complained to us at all about being in pain, nor does she appear to be suffering.

9. Several times over the past ten days, Vikki has told us that our mother is very close to death, within 24-48 hours. Vikki calls me in the middle of the nights, saying, "Greg, GET OVER HERE! Your mother is dying," before abruptly hanging up. However, each time she makes one of these predictions, my mother has miraculously "recovered" once the severe effects of the medication administered at Vikki's direction have worn off. These frantic claims that my mother is about to die are very distressing, especially because they appear to be caused

solely by Vikki's decision to overmedicate my mother.

10. I have observed that after the effects of the medication start to wear off, my mother is able to pull through, although she is shaken emotionally by these near-death experiences. She is then able to hold normal conversations with us and clearly understands the world around her. However, when she returns to lucidity, she has expressed her extreme distress about her situation. My mother desperately tries to get out of bed, especially to use the bathroom, but she is restrained by the new nursing staff. She has directly blamed Vikki and Kris for her situation, and I have heard her repeatedly stating that they have "kidnapped" her, and she has even told Kris that she is "worse than Hitler." At the same time, she repeatedly says to me how grateful she is that my siblings and I are there with her and that she does not want us to leave.

11. Unfortunately, even when my mother is in good spirits and talking with us, Vikki's staff will readminister the medications, in equally high doses, which knocks my mother out again. I have observed that this is usually done at the beginning of new nursing shifts. My mother's periods of lucidity usually come when one of her few remaining longstanding nurses is on duty, and the minute their shift ends, one of the new nurses comes and administers medication. In fact, I have observed on more than one occasion, that when my mother came out of the fog caused by the medication, Vikki has sent one of my mother's longstanding nurses home several hours earlier than the end of their shift, and the new nurse then promptly administered the medication to put my mother back in her semi-catatonic state.

12. Vikki has hired two full-time security guards and told us that our access to our mother and her home is now restricted. She has told us that if my siblings and I do not comply with her new rules, we will be barred from visiting our mother, notwithstanding my mother's wishes. For example, yesterday, July 12th, as my mother held my hand, Vikki informed me that my mother wanted me to leave because it was time for her to rest. Vikki said that if I did not leave immediately, she would call the police. When I asked to stay for a few more minutes, just to say goodnight, Vikki asked the private security guard to have me leave. Then, Kris (with Vikki's blessing) told us that we were not allowed to visit the following day.

13. My goal for this petition is simply to ensure that my mother is properly medicated, with appropriate dosage, and to make sure that she is comfortable and will live as long as possible. My siblings and I have engaged the assistance of Dr. Peter G. Phung, the Director of Palliative Medicine and Supportive Care at Keck Medicine of USC, to ensure that my mother is receiving the level of care she needs, and if I am appointed as my mother's agent for health care, I will follow Dr. Phung's advice and recommendations.

14. Additionally, Vikki has told me that after my mother passes away, Vikki plans to have her body immediately picked up—within 3 or 4 hours—to be composted, before flying her body to Las Vegas and then to Oregon as her final resting place. Although we have requested to see my mother's written instructions, we have seen nothing written memorializing this plan. However, while I don't dispute my mother's wish that she be returned to nature, via the composting procedure, I am vehemently against rushing through the process and taking away her body in mere hours, likely before my family and I can say our final goodbyes.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Executed on this 13th day of July, 2025, at Los Angeles, California.

Gregory Annenberg Weingarten

DECLARATION OF LAUREN BON

I, Lauren Bon, declare as follows:

1. I am a petitioner in the above-entitled action, and I am the daughter of Wallis Annenberg.

2. I have personal knowledge of the facts stated in this declaration, except as to those stated on information and belief and, as to those, I am informed and believe them to be true. If called as a witness, I could and would competently testify to the matters stated herein.

3. For many years, my mother—who has Stage 4 lung cancer—was assisted by a series of nurses and care specialists, although she has always been fully in control of her faculties and to direct her staff and move about as desired. I observed that she had a positive and trusting relationship with these employees and was comfortable around them.

4. Starting around June 30, 2025, I began to become very concerned about the care of my mother. Her personal assistant, Vikki Levine, began asserting control over her care, claiming that she had the authority to do so under an Advance Health Care Directive that she claims my mother signed in 2023.

5. First, Vikki began demanding that my mother's care professionals administer excessive amounts of powerful narcotics and opioids, such as fentanyl, morphine, Ativan, and other similar medications, claiming that my mother was "agitated." These medications have the collective effect of essentially rendering my mother in a vegetative state, unable to function on her own until the medications wear off.

6. Then, when most of my mother's longtime nurses pushed back against this overmedication, Vikki fired them and brought in an entirely new set of nurses, who are loyal to her and follow all of her directions, regardless of the effect they have on my mother. These nurses have also used her discombobulated state to confine her to her bed, even when she is more lucid after the drugs have worn off; they will not even allow her to leave her bed to use the restroom, to my mother's great distress. She is essentially living in squalor, in soiled sheets on a broken bed, and she appears to be malnourished, as her current nursing staff are failing to properly feed her (and she is unable to feed herself while under the effects of the medication).

7. Additionally, when my siblings and I have pushed back on this overmedication, Vikki and her nursing staff have barred us from seeing our mother on occasion, and they have refused to provide us with sufficient information to understand her condition. I have repeatedly asked for updates on my mother's condition, which Vikki and her staff have failed to provide. Vikki and her sister (and my mother's current partner), Kris Levine, have treated us with hostility when we are at my mother's house, including screaming and swearing at us and barring us from accessing most of the rooms of the house, even to help my mother. They have imposed various "rules" on us, which severely restrict us in our mother's house, which appear to have no purpose other than to try to impose authority on us that Vikki does not have.

8. I am aware that Vikki has attempted to manipulate my mother against my siblings and me, attacking our character to her and claiming that we are trying to harm her, which is obviously the opposite of what we are doing and would ever try to do.

9. Several times over the past ten days, Vikki has told us that our mother is very close to death, within 24-48 hours. However, each time she makes one of these predictions, my mother has inevitably "recovered" once the severe effects of the medication have worn off. These frantic claims that my mother is about to die are very distressing, especially because they appear to be caused solely by Vikki's decision to overmedicate my mother.

10. After the effects of the medication start to wear off, my mother invariably returns to her old self, as I have observed. She is able to hold normal conversations with us and clearly understands the world around her. However, when she returns to lucidity, she has expressed her extreme distress about her situation. She desperately tries to get out of bed, especially to use the bathroom, but she is restrained by her nursing staff. At one point, my mother looked at me and said "Why is this happening to me?", indicating to me her disorientation, distress, and lack of understanding of her current situation.

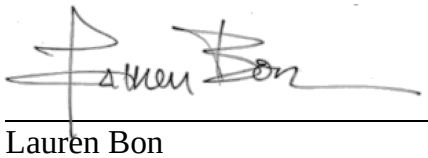
11. Unfortunately, even when my mother is in good spirits and talking with us, Vikki will report that my mother is "agitated," when she is exhibiting no such signs. Indeed, on July 9th, while I was visiting with my mother, and she was in good spirits talking with me and expressing how much she wanted to get out of bed, the doctor in charge of her care

reported that he was told that my mother was "agitated" at that very moment, thus revealing that Vikki was actively lying about my mother's status.

12. My goal for this petition is simply to ensure that my mother is properly medicated, with appropriate dosage, and to make sure that she is comfortable and will live as long as possible. We have been informed that my mother may only have weeks to live, and I do not want those weeks to be spent in a medically-induced coma due to Vikki's actions, which are contrary to medical advice and harmful to her well-being.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Executed on this 13th day of July, 2025, at Los Angeles, California.



Lauren Bon

DECLARATION OF JESSICA G. BABRICK

I, Jessica G. Babrick, declare as follows:

1. I am an attorney at law, duly licensed to practice before all the courts of the State of California. I am a shareholder of Weinstock Manion, A Law Corporation, attorneys of record for Petitioners Charles Annenberg Weingarten, Lauren Bon, and Gregory Annenberg Weingarten.

2. I have personal knowledge of the facts stated in this declaration, and if called as a witness, I could and would competently testify to these facts.

3. On June 11, 2025, I received an e-mail from Jeryll Cohen, Esq., counsel for Vikki Levine. In this e-mail, Ms. Cohen asked me whether my clients had retained Dr. Peter Phung in any capacity. A true and correct copy of this e-mail, and the ensuing conversation, is attached hereto as **Exhibit 1**.

4. I responded to this e-mail by explaining that neither my clients nor my firm had retained Dr. Phung in any capacity, as "[h]he is only available to help care for Wallis" Annenberg. (Ex. 1.)

5. In response to a subsequent e-mail, I mentioned to Ms. Cohen that "[m]y clients do intend to continue to communicate with [Dr. Phung] and get updates on their mother's health status." In response, Ms. Cohen said: "For the sake of clarity, please be advised that Dr. Phung has not been and is not authorized to disclose Wallis's personal health information (as defined under [HIPAA and the CA Confidentiality of Medical Information Act]) to your clients or any of their agents or representatives. We have so confirmed with Dr. Phung." (Ex. 1.)

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

Executed on this 14th day of July, 2025, at Los Angeles, California.

Jessica G. Babrick

EXHIBIT 1

EXHIBIT 1

EXHIBIT 1

From:	Jessica G. Babrick
To:	Cohen, Jeryll S.
Bcc:	Weingarten Charles Annenberg Lauren Bon Gregory Annenberg Weingarten Advice re Wallis H Annenberg Email
Subject:	RE: Wallis Annenberg [WM-IMANAGE.FID2280430]
Date:	Saturday, July 12, 2025 2:40:46 PM
Attachments:	image001.png image002.png image003.png image004.png image005.png image006.png image007.png

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Jeryll-

That's extremely concerning and disappointing given the grave concerns my clients have expressed about Vikki's care of Wallis. Why would Vikki need to hide Wallis's medical condition and her care from her children except to antagonize them and/or because she is planning to ignore Dr. Phung's advice. Did Dr. Phung visit with Wallis today as planned? Were the pain and anxiety meds altered and reduced as Dr. Phung had instructed? Also, I haven't heard back from you as to whether Vikki will allow my clients to review Wallis medical records, should I take your email below to mean that Vikki will not allow it?

Jessica

Jessica G. Babrick, Esq.
Shareholder/Director
Weinstock Manion, A Law Corporation
1875 Century Park East, Suite 2000
Los Angeles, CA 90067
Telephone: (310) 553-8844
Facsimile: (310) 553-5165
Email: jbabrick@weinstocklaw.com

From: Cohen, Jeryll S. <Jeryll.Cohen@saul.com>
Sent: Saturday, July 12, 2025 12:54 PM
To: Jessica G. Babrick <jbabrick@weinstocklaw.com>
Subject: RE: Wallis Annenberg [WM-IMANAGE.FID2280430]

Jessica,
Thank you for confirming that neither you nor your clients have retained Dr. Phung in any

capacity and that he is a health care provider for Wallis, and as such, his sole duty and obligation is to Wallis, including the duty and obligation under HIPAA and the CA Confidentiality of Medical Information Act to safeguard and protect Wallis's personal health information from disclosure except as permitted or required by those acts. For the sake of clarity, please be advised that Dr. Phung has not been and is not authorized to disclose Wallis's personal health information (as defined under those acts) to your clients or any of their agents or representatives. We have so confirmed with Dr. Phung.

Jeryll

Jeryll Cohen
Partner
SAUL EWING LLP | Los Angeles
Office: (310) 255-6120 **Fax:** (310) 255-6220

From: Jessica G. Babrick <jbabrick@weinstocklaw.com>
Sent: Friday, July 11, 2025 6:20 PM
To: Cohen, Jeryll S. <Jeryll.Cohen@saul.com>
Subject: RE: Wallis Annenberg [WM-IMANAGE.FID2280430]

I think that's a question for Dr. Phung. My clients do intend to continue to communicate with him and get updates on their mother's health status.

Jessica G. Babrick, Esq.
Shareholder/Director
Weinstock Manion, A Law Corporation
1875 Century Park East, Suite 2000
Los Angeles, CA 90067
Telephone: (310) 553-8844
Facsimile: (310) 553-5165
Email: jbabrick@weinstocklaw.com

From: Cohen, Jeryll S. <Jeryll.Cohen@saul.com>
Sent: Friday, July 11, 2025 6:10 PM
To: Jessica G. Babrick <jbabrick@weinstocklaw.com>
Subject: RE: Wallis Annenberg [WM-IMANAGE.FID2280430]

Just to confirm, you agree that Dr. Phung's obligation and duty is to Wallis only, including the duty and obligation under HIPAA and the CA Confidentiality of Medical Information Act to

safeguard and protect Wallis's personal health information from disclosure as required by those acts.

Jeryll

Jeryll Cohen
Partner
SAUL EWING LLP | Los Angeles
Office: (310) 255-6120 **Fax:** (310) 255-6220

From: Jessica G. Babrick <jbabrick@weinstocklaw.com>
Sent: Friday, July 11, 2025 6:02 PM
To: Cohen, Jeryll S. <Jeryll.Cohen@saul.com>
Subject: RE: Wallis Annenberg [WM-IMANAGE.FID2280430]

Jeryll-

Neither my clients nor I have not retained Dr. Phung in any capacity. He is only available to help care for Wallis. It's my understanding that he's sharing is recommendations and instructions with your client and/or her medical team (meaning the caregivers Vikki has retained) in real time.

Thank you,

Jessica

Jessica G. Babrick, Esq.
Shareholder/Director
Weinstock Manion, A Law Corporation
1875 Century Park East, Suite 2000
Los Angeles, CA 90067
Telephone: (310) 553-8844
Facsimile: (310) 553-5165
Email: jbabrick@weinstocklaw.com

From: Cohen, Jeryll S. <Jeryll.Cohen@saul.com>
Sent: Friday, July 11, 2025 5:55 PM

To: Jessica G. Babrick <jbabrick@weinstocklaw.com>
Subject: Wallis Annenberg

Jessica,
I would like to have a clear understanding of Dr. Phung's relationship with you and/or your clients.
Have you or your clients hired/retained Dr. Phung in any capacity?

Please respond as soon as possible.

Jeryll

Jeryll Cohen
Partner
(310) 255-6120
Jeryll.Cohen@saul.com

Read my bio >>

1888 Century Park East
Suite 1500
Los Angeles, CA 90067

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