

Paul R. Dulberg
Name: Paul R Dulberg Revocable Trust
First Middle Last
☒ Plaintiff-Appellant ☐ Petitioner-Appellant
OR
☐ Defendant-Appellant ☐ Respondent-Appellant

In 3, identify every order or judgment you want to appeal by listing the date the trial court entered it.

3. List the date of every order or judgment you want to appeal:

5/25/2013
Date

Date

Date

4. State your relief:

- ☒ reverse the trial court's judgment (*change the judgment in favor of the other party into a judgment in your favor*) and ☒ send the case back to the trial court for any hearings that are still required;
- ☐ vacate the trial court's judgment (*erase the judgment in favor of the other party*) and ☐ send the case back to the trial court for a new hearing and a new judgment;
- ☒ change the trial court's judgment to say: That Olsen Defendants' 735 ILCS 5/2-619.1 motion is denied in its entirety; that Fraud is alledged, the Statute of Limitations begins with the Discovery Rule on October 22, 2022; That Dulberg is and at all times relevant under a legal Disability; that the Trustee Joseph D. Olsen's actions abandoned the personal injury case to the Debtor-Plaintiff Paul R. Dulberg;
- ☒ order the trial court to: Find that the Olsen Defendants aided and abetted the fraudulent misrepresentation of the Baudin Defendants; that the violations of the bankruptcy stay void all acts and trial court activity from the date Plaintiff filed Chapter 7 Bankruptcy onward.
- ☒ other: review the Barton Doctrine's application to this case in light of its stated purpose, inconsistent application within the various Federal Districts and how it applies to alligations of fraud; What proof/level of disability beyond SSA determinations of permanatly and fully disabled is required to be under a legal disability

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name. Fill in your address, telephone number, and email address, if you have one.

All appellants must sign this form. Have each additional appellant sign the form here and enter their complete name, address, telephone number, and email address, if they have one.

/s/ Paul R. Dulberg
Your Signature 4606 Hayden Ct.
Street Address

Paul R. Dulberg
Your Name McHenry, IL. 60051
City, State, ZIP

Paul_Dulberg@comcast.net
Email 847-497-4250
Telephone Attorney # (if any)

Additional Appellant Signature

/s/ Thomas W. Kost
Signature 423 Dempster St.
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Thomas W. Kost
Name Mt. Prospect, IL. 60056
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