This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Appellate Courts.

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Instructions ▼	☐ THIS APPEAL INVOLVES A MATTER SUBJECT TO	EXPEDITED DISPOSITION
Check the box to the	UNDER RULE 311(a).	
right if your case		
involves parental		
responsibility or		
parenting time	APPEAL TO THE APPELLA	ATE .
(custody/visitation	COURT OF ILLINOIS	
rights) or relocation of		.4
a child.		strict
Just below "Appeal to	from the Circuit Court of	
the Appellate Court of Illinois," enter the	Cook Co	unty
number of the		
appellate district that		
will hear the appeal		
and the county of the		
trial court.	In re	
If the case name in the		
trial court began with	Paul R. Dulberg and The Paul R. Dulberg Revocable	
"In re" (for example, "In re Marriage of	Trust	Trial Court Case No.:
Jones"), enter that	11400	.
name. Below that,		2022 L 010905
enter the names of the	Plaintiffs/Petitioners (First, middle, last names)	
parties in the trial	✓ Appellants	Honorable
court, and check the	/ Appoint _ Appoints	
correct boxes to show		Michael F. Otto
which party is filing	V.	Judge, Presiding
the appeal		
("appellant") and	Kolly N. Baudin alt/a Baudin & Baudin Baudin & Baudin	
which party is	Kelly N. Baudin a/k/a Baudin & Baudin, Baudin & Baudin	
responding to the	an Association of Attorneys, Law Offices of Baudin &	
appeal ("appellee").	Baudin, Baudin & Baudin Law Offices, et al.	Supreme Court Rule:
To the far right, enter	Defendants/Respondents (First, middle, last names)	304(a)
the trial court case	☐ Appellants ✓ Appellees	
number, the trial		
judge's name, and the		
Supreme Court Rule that allows the		
appellate court to hear		
the appeal.		
шо прреш.		
	NOTICE OF APPEAL (CIVIL)	
In 1, check the type of	1. Type of Appeal:	
appeal.	✓ Appeal	
For more information		
on choosing a type of	☐ Interlocutory Appeal	
appeal, see <i>How to File</i>	Joining Prior Appeal	
a Notice of Appeal.	Separate Appeal	
- **	• • • •	
	☐ Cross Appeal	
In 2, list the name of	2. Name of Each Person Appealing:	

each person filing the appeal and check the proper box for each person.

Paul R. Dulberg Name: First Middle Last Plaintiff-Appellant Petitioner-Appellant OR

Respondent-Appellant

Defendant-Appellant

	Name:	The Paul r. Dulbe	erg Revocable T	rust		
		First		liddle	Last	
		✓ Plaintiff-App	ellant	Petitioner-Appellant		
	OR					
		☐ Defendant-A	Appellant [_]	Respondent-Appellar	nt	
In 3, identify every order or judgment you want to appeal by listing the date the trial court entered it.	3. List the 05/25/202 Date	-	er or judgment	you want to appeal:		
	Date		-			
	Date		-			
	4. State yo	ur relief:				
In 4, state what you want the appellate court to do. You may check as many boxes as apply.	rever judgm that a vaca and chan mot inju	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: the Olsen Defendants' 735 ILCS 5/2-619.1 motion is denied in its entirety;that the Trustee's actions abandoned the persons injury case to the debtor Dulberg; that the Olsen Defendants aided and abetted order the trial court to: review the Barton Doctrine's application herein in light of its stated purpose and inconsistent application within the various Federal circuits				
If you are completing this form on a computer, sign your	/s/ Your Signatu	re		Street Address		
name by typing it. If you are completing it by hand, sign by hand and print your	Your Name			City, State, ZIP		
name. Fill in your address, telephone number, and email address, if you have	Email			Telephone	Attorney # (if any)	
one.		Appellant Signatu	ıre			
All appellants must sign this form. Have each additional appellant sign the form here and enter their	/s/ Signature			Street Address		
complete name, address, telephone number, and email	Name			City, State, ZIP		
address, if they have	Email			Telephone	Attorney # (if any)	

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

(05/22)

PROOF OF SERVICE (You must serve the other party and complete this section)

In 1a, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

1.

2.

In 1b, check the box to show how you sent the document, and fill in any other information required on the blank lines.

In **1b**, check the box to show how you are sending the document.

CAUTION: If you and the person you are sending the document to have an email address, you must use one of the first two options. Otherwise, you may use one of the other options.

In **c**, fill in the date and time that you sent the document.

In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c.
Otherwise leave 2 blank.

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a.	To:							
	Name:							
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			t through an EFSP) of the methods below if you do not have an email address, or the person you are					
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b.	Ву:							
	☐ An app	An approved electronic filing service provider (EFSP)						
		Email (not through an EFSP)						
		Only use one of the methods below if you do not have an email address, or the person you are						
		sending the document to does not have an email address.						
		nal hand delivery to:						
		☐ The party						
		The party's family member who is 13 or older, at the party's residence						
☐ The party's lawyer								
	☐ Th	☐ The party's lawyer's office						
	☐ Mail or	Mail or third-party carrier						
C.	On [.]							

☐ a.m. ☐ p.m.

Date

Time

At:

In 3, if docun 1 party in **a**, b Other blank.

In 3, if you sent the	3. TSE	ent this doci	ument:					
document to more than 1 party or lawyer, fill	a.	To:						
in a , b , and c .		Name:						
Otherwise leave 2			First	Middle	Last			
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		□ T	he party					
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Under the Code of	I certify	that everytl	hing in the Proof of	Service is true and co	rrect. I understan	d that making		
Civil Procedure, <u>735</u> ILCS 5/1-109,	a false statement on this form is perjury and has penalties provided by law							
making a statement	under <u>73</u>	85 ILCS 5/1	<u>-109</u> .					
on this form that you								
know to be false is perjury, a Class 3								
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If you are completing	Your Sign	ature						
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computer, sign your name by typing it. If	Distant				('5')			
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and print your name.