

**STATE OF MICHIGAN
IN THE COURT OF CLAIMS**

DR. VIKTORIA KOSKENOJA, SAMUEL
HOLCOMB, JAMIE AIRD, NICOLE
SAPIRO VINCKIER, MARK VINCKIER,
MADALYN KNUTSON, DR. LAURA
LOZIER, DR. JEROME WINEGARDEN,
DR. LISA HARRIS,

Plaintiffs,

-vs-

GRETCHEN WHITMER, in her official
capacity as Governor of the State of Michigan;
DANA NESSEL, in her official capacity as the
Attorney General of the State of Michigan;
JOCELYN BENSON, in her official capacity
as Secretary of State of the State of Michigan;
ELIZABETH HERTEL, in her official
capacity as Director of the Michigan
Department of Health and Human Services;
and MARLON BROWN, in his official
capacity as Director of the Michigan
Department of Licensing and Regulatory
Affairs,

Defendants.

NO. _____

HON. _____

VERIFIED COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

I. INTRODUCTION

1. One of the most profoundly intimate decisions we make in our lives is whether we will accept or refuse life-sustaining treatment when near death. Such decisions are not only deeply personal, they are rights protected by the Michigan Constitution. In recognition of the fundamental nature of these rights, and the challenges of honoring them when people become incapacitated and can no longer communicate their decisions, Michigan law provides that every

person can create a legally enforceable plan in advance and appoint a patient advocate to effectuate that plan—an “advance directive”—to ensure that their end-of-life decisions are honored.

2. But, in violation of the Michigan Constitution and without regard to the impact on people’s lives and families, Michigan law carves out from these protections anyone who is or could become pregnant. This carve-out (“the Pregnancy Exclusion”), embedded in Michigan’s advance directive law, requires each person’s advance directive to expressly bar their designated patient advocate from carrying out their decision to withhold or withdraw life-sustaining treatment if they are pregnant, and restricts the decisions that patient advocate may make on behalf of the pregnant patient.

3. This Pregnancy Exclusion subjects Michiganders who are or who can become pregnant to the immediate invalidation of their decisions about their medical treatment, forces them to adopt a state-sponsored script about those decisions regardless of whether they agree with it, and puts them at risk of forced invasive and unwanted treatment. It further prohibits their loved ones whom they have designated as patient advocates from carrying out their decision to decline treatment, and forces those loved ones to voice a state-drafted script with which they disagree. Finally, it requires health care providers, on pain of civil and criminal charges, to violate their patients’ right to informed consent and their own ethical and legal obligations.

4. Plaintiffs Dr. Viktoria Koskenoja, Samuel Holcomb, Jamie Aird, Nicole Sapiro Vinckier, Mark Vinckier, Madalyn Knutson, Dr. Laura Lozier, Dr. Jerome Winegarden, and Dr. Lisa Harris (collectively “Plaintiffs”) bring this action to challenge the constitutionality of the Pregnancy Exclusion’s categorical elimination of the ability of individuals capable of becoming pregnant to prospectively make their own decisions regarding end-of-life care during pregnancy,

their patient advocate's ability to effectuate those decisions, and their physician's ability to fulfill their ethical obligations to respect those decisions.

5. Patient Plaintiffs Dr. Viktoria Koskenoja, Jamie Aird, Nicole Sapiro Vinckier, and Madalyn Knutson have the same fundamental rights that the Michigan Constitution guarantees to all Michiganders: the rights to make deeply personal medical decisions, to reproductive autonomy, and to bodily integrity. Those rights include the liberty to shape their own futures, the privacy to make intimate decisions free from government intrusion, the freedom to express their decisions in legally-recognized directives, and the assurance that their patient advocates will be fully empowered to effectuate those decisions as needed. Patient Plaintiffs have sought to exercise these rights by executing advance directives and designating trusted patient advocates to give effect to those decisions as needed. Each has set forth specific instructions about the circumstances under which they would request or refuse life-sustaining treatment if they were incapacitated. Michigan's law limits Patient Plaintiffs' rights simply because they are capable of becoming pregnant.

6. Physician Plaintiffs Dr. Viktoria Koskenoja, Dr. Laura Lozier, Dr. Jerome Winegarden, and Dr. Lisa Harris, like all physicians, are bound by the foundational principle that medical treatment done without a patient's informed consent is unethical and illegal. Michigan law compels them to disregard their pregnant patients' decisions related to life-sustaining treatment, as communicated by their patient advocates, forcing them to provide their pregnant patients with a lower standard of care than all other patients. The Pregnancy Exclusion demands this diminished care without offering clarity on what end-of-life treatment must be delivered, leaving Physician Plaintiffs to guess at what the law expects while exposing them to civil, criminal, and professional consequences. The law further undermines their ability to respect their

patients' reproductive freedom, by limiting their ability to effectuate their pregnant patients' treatment decisions as communicated by their patient advocates.

7. Patient Advocate Plaintiffs Samuel Holcomb and Mark Vinckier have taken on the solemn responsibility of effectuating their loved ones' most personal medical decisions. Yet the Pregnancy Exclusion forbids them from refusing life-sustaining treatment on behalf of their loved ones during pregnancy. They are further compelled to speak a message that is not their own in accepting their designation as patient advocate, or risk invalidating their loved ones' directive. This message is one they fundamentally disagree with: that they will ignore their loved ones' documented refusal of life-sustaining treatment if they are pregnant.

II. BACKGROUND

8. Michigan's Estate and Protected Individuals Code ("EPIC") establishes the right of an individual (the "patient") to designate another individual as their "patient advocate." Once designated, EPIC empowers a patient advocate to "exercise powers concerning care, custody, and medical or mental health treatment decisions" in the event the designating individual is incapacitated. Mich. Comp. Laws ("MCL") § 700.5506(1).

9. Despite the promise of empowering patients to maintain control of their personal decisions through their patient advocate, and the various statutory provisions requiring the advocate to comply with the patient's desires, EPIC prohibits the patient advocate from honoring the personal decisions made by one group of individuals: pregnant individuals. MCL §§ 700.5507 (5)(3), 700.5509 (1)(d), 700.5512 (1). Even if a patient unambiguously stated in their designation that they decided treatment should be withheld or withdrawn in certain circumstances, EPIC prohibits patient advocates from honoring these decisions when the patient is pregnant. *Id.* § 700.5507(5)(3) ("This patient advocate designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that

would result in the pregnant patient's death.”); § 700.5509(1)(d) (“The designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death.”); § 700.5512(1) (“A patient advocate cannot make a medical treatment decision under the authority of or under the process created by this section and sections 5506 to 55111 to withhold or withdraw treatment from a pregnant patient that would result in the pregnant patient's death.”).

10. EPIC further requires advance directives to include this statement: the “patient advocate designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient’s death.” (the “Pregnancy Addendum”). MCL § 700.5507 (5).

11. EPIC, however, states that “nothing in sections 5506 to 5515 shall be considered to authorize or compel care, custody, or medical or mental health treatment decisions for a patient who objects on religious grounds.” MCL § 700.5512(6). Physicians are required to honor the advance directives of pregnant patients making religious objections to specific life-sustaining treatment, for example, a blood transfusion, but are required to ignore similar refusals in the advance directives of pregnant patients for any other reason.

12. The Pregnancy Exclusion renders ineffective refusals of life-sustaining treatment in the directives of all pregnant, incapacitated individuals, and prevents their patient advocates from communicating such refusals.

13. The Pregnancy Exclusion calls into question the effectiveness of all advance directives of individuals capable of becoming pregnant and causes them to live in a state of uncertainty as to whether their highly personal decisions regarding end-of-care and pregnancy-related care will be honored in the event they are incapacitated.

14. The Pregnancy Exclusion requires health care providers to treat individuals capable of becoming pregnant differently than other patients by requiring providers to first make a threshold determination about pregnancy and then disregard refusals of life-sustaining treatment in the patient's advance directive and communicated by their patient advocate if the patient is pregnant.

15. The Pregnancy Exclusion subjects pregnant, incapacitated individuals to a lower standard of care than any other similarly situated individual by denying their right to informed consent. Michigan requires a physician treating an incapacitated patient to secure "the written consent of such person's nearest relative, or legally appointed guardian, or person standing in loco parentis . . . before . . . medical or surgical treatment is given." MCL § 400.66(h). The Pregnancy Exclusion, by creating an exception to the rule that providers cannot provide treatment without informed consent or disregard or act contrary to a directive or patient advocate, compels providers to treat their pregnant patients in a way that would otherwise violate professional standards.

16. The Pregnancy Exclusion also creates significant ambiguities as to a physician's obligations when read in concert with informed consent laws. The Pregnancy Exclusion states that where a patient advocate requests a withholding or withdrawal of treatment for an incapacitated, pregnant patient that may result in death pursuant to the directive, the physician "is not bound by the patient advocate's instructions." The statute only provides that the physician is bound by "sound medical . . . treatment practice." MCL 700.5511(3). Physicians are left to guess how to follow sound medical treatment practice while flouting informed consent and ignoring their patient's explicitly-documented directions, leaving them subject to the unfettered discretion of enforcement officials.

17. In 2022, voters amended the Michigan Constitution to expressly protect the fundamental right “to make and effectuate decisions about all matters relating to pregnancy, including but not limited to prenatal care, childbirth, postpartum care, contraception, sterilization, abortion care, miscarriage management, and infertility care.” Mich. Const. art. I, § 28. This protection encompasses the right of bodily autonomy and decisional authority over medical care during pregnancy.

18. The Pregnancy Exclusion, facially and as-applied, violates this right to reproductive freedom, as well as rights to bodily integrity, privacy, due process, equal protection, and free speech protected by the Michigan Constitution.

19. To protect these rights, Plaintiffs sue under MCL 600.6419 and MCR 2.605 for declaratory and injunctive relief. The Pregnancy Exclusion should be declared unconstitutional, both facially and as-applied, to Plaintiffs and Physician Plaintiffs’ pregnant and pregnancy-capable patients. Defendants should be enjoined from enforcing the Pregnancy Exclusion by invalidating otherwise valid healthcare directives based on pregnancy status, or bringing any adverse action against a patient advocate for communicating or a provider for following the directions in a pregnant, incapacitated individual’s otherwise validly executed advance directive.

Violation of Rights to Reproductive Freedom

20. The Pregnancy Exclusion immediately deprives all individuals capable of becoming pregnant, including Patient Plaintiffs and Physician Plaintiffs’ pregnant and pregnancy-capable patients, of the “right to make and effectuate decisions about all matters relating to pregnancy” by prospectively invalidating their decisions to forego life-sustaining treatment if they are pregnant and prohibiting their patient advocates from effectuating those decisions. Mich. Const. art. I, § 28. Due to the Pregnancy Exclusion, the only way an individual

capable of becoming pregnant can be confident that their “decisions about all matters relating to pregnancy” are honored in the event they are incapacitated is to forego pregnancy altogether.

21. The right to reproductive freedom also protects the right of a non-birthing parent, in concert with their pregnant partner, to make and effectuate decisions related to pregnancy. The Pregnancy Exclusion denies both Patient Plaintiffs and Patient Advocate Plaintiffs alike the right to make in advance and give force to the decisions they and their partners have made together about pregnancy and family formation.

22. The right to reproductive freedom further guarantees that the state shall not “penalize, prosecute, or otherwise take adverse action against someone for aiding or assisting a pregnant individual in exercising their right to reproductive freedom with their voluntary consent.” *Id.* Yet the Pregnancy Exclusion authorizes the State to “penalize, prosecute, or otherwise take adverse action against” patient advocates and physicians “for aiding or assisting a pregnant individual in exercising their right to reproductive freedom.” *Id.*

Violation of Substantive Due Process Right of Privacy, Autonomy, and Bodily

Integrity

23. Immediately upon execution of their advance directives, the Pregnancy Exclusion deprives all individuals capable of becoming pregnant, including Patient Plaintiffs and Physician Plaintiffs’ pregnant and pregnancy-capable patients, of their fundamental right to privacy, autonomy, and bodily integrity, which includes the right of medical decision-making, and specifically, the right to decide whether to accept or refuse medical treatment at the end of life. Mich. Const. art. I, § 17.

Violation of Rights to Procedural Due Process of Law

24. The Pregnancy Exclusion deprives pregnant individuals and individuals capable

of becoming pregnant, including Patient Plaintiffs and Physician Plaintiffs' pregnant and pregnancy-capable patients, of due process of law by categorically stripping them of their liberty interest to make end-of-life decisions, and their right to reproductive freedom, without providing them a meaningful opportunity to be heard. Mich. Const. art. I, § 17.

25. The Pregnancy Exclusion deprives patient advocates of pregnant individuals and individuals capable of becoming pregnant, including Patient Advocate Plaintiffs, of due process of law by categorically stripping them of the right to effectuate their patient's most personal medical decisions regarding end-of-life care in matters related to pregnancy without providing them a meaningful opportunity to be heard.

26. The Pregnancy Exclusion deprives physicians of due process of law by infringing on their property interest in their medical license, and leaving them in a state of uncertainty when attempting to comply with this unconstitutionally vague law. By superseding pregnant patients' express decisions, the Pregnancy Exclusion seeks to force doctors to provide care their patients explicitly refused. Providing unwanted care runs counter to a doctor's best medical judgment and flies in the face of informed consent, which doctors are both ethically and professionally bound to obtain. The Pregnancy Exclusion further harms doctors by providing no guidance on what level of medical care they are required to provide a patient, other than that they must ignore their patient's express decisions, while exposing them to penalties should they fail to meet this unarticulated level of care.

Violation of Right to Equal Protection

27. The Pregnancy Exclusion discriminates on the basis of sex by automatically invalidating any refusal of life-sustaining treatment in the advance directives of all pregnant people and limiting the enforceability of the advance directives of all Michiganders capable of

becoming pregnant, including Patient Plaintiffs and Physician Plaintiffs' pregnant and pregnancy-capable patients. It further violates their rights to equal protection by subjecting them to a lesser standard of care than that afforded all other patients, potentially depriving them of informed consent in violation of their fundamental rights. The Pregnancy Exclusion deprives all individuals capable of becoming pregnant of equal protection by granting them a lesser right to make end-of-life and pregnancy-related decisions and offering them less certainty under the law that their decisions will be honored. Mich. Const. art. I, § 2.

28. The Pregnancy Exclusion violates the right to equal protection of the patient advocates of pregnant individuals and individuals capable of becoming pregnant, including Patient Advocate Plaintiffs, by restricting their right to effectuate a patient's highly personal medical decisions regarding end-of-life care in a way that is not applied to all other patient advocates.

Violations of Right to Freedom of Speech

29. Immediately upon execution of an advance directive, the Pregnancy Exclusion impermissibly chills the speech of all individuals capable of becoming pregnant, including Patient Plaintiffs and Physician Plaintiffs' pregnant and pregnancy-capable patients, by dissuading such individuals from expressing their decision to refuse treatment, since they know such refusals will not be honored during pregnancy. The Pregnancy Exclusion prospectively limits the speech of all patient advocates, including Patient Advocate Plaintiffs, who cannot voice their loved one's decision to refuse treatment if they are pregnant. Mich. Const. art. I, § 5.

30. Immediately upon execution of an advance directive, the Pregnancy Exclusion also impermissibly compels speech, violating the free speech rights of Patient Plaintiffs, Physician Plaintiffs' pregnant and pregnancy-capable patients, and Patient Advocate Plaintiffs.

The Pregnancy Addendum compels everyone executing an advance directive, including Patient Plaintiffs, Physician Plaintiffs' pregnant and pregnancy-capable patients, and Patient Advocate Plaintiffs, to include speech that is contrary to their decisions and values or risk the invalidation of the underlying directive. Patient advocates, specifically, must either include a government-drafted script that they will refuse to honor their loved ones' specific medical decisions during pregnancy, or risk invalidation of their designation altogether.

31. By prospectively voiding refusals of treatment in advance directives for all pregnant people, the Pregnancy Exclusion targets specific speakers and restricts them from communicating their medical decisions, unconstitutionally depriving all individuals capable of becoming pregnant and their patient advocates—including Patient Plaintiffs, Physician Plaintiffs' pregnant and pregnancy-capable patients, and Patient Advocate Plaintiffs—of their freedom of speech. The Pregnancy Exclusion categorically and prospectively burdens the speech of all pregnant individuals and patient advocates of pregnant individuals, without justification, based on the speaker's, or patient's, identity as a pregnant person as a means to prevent such individuals from communicating any refusal of life-sustaining treatment.

III. PARTIES

32. Dr. Viktoria Koskenoja is a woman of childbearing age, and an emergency medicine physician who regularly provides end-of-life treatment to incapacitated patients as part of her medical practice. Dr. Koskenoja resides in Skandia, Michigan.

33. Plaintiff Samuel Holcomb is Plaintiff Dr. Viktoria Koskenoja's husband and designated patient advocate, and resides in Skandia, Michigan.

34. Plaintiff Jamie Aird is a woman of childbearing age who resides in Rochester, Michigan.

35. Plaintiff Nicole Sapiro Vinckier is a woman of childbearing age who resides in

Birmingham, Michigan.

36. Plaintiff Mark Vinckier is Plaintiff Nicole Vinckier's husband and designated patient advocate, and resides in Birmingham, Michigan.

37. Plaintiff Madalyn Knutson is a woman of childbearing age who resides in Traverse City, Michigan.

38. Plaintiff Dr. Laura Lozier is a trauma surgeon who regularly provides end-of-life treatment to incapacitated patients as part of her medical practice. Dr. Lozier resides in Marquette, Michigan.

39. Plaintiff Dr. Jerome Winegarten is an oncologist and hematologist who regularly provides end-of-life treatment to incapacitated patients as part of his medical practice. Dr. Winegarten resides in Ann Arbor, Michigan.

40. Plaintiff Dr. Lisa Harris is an obstetrician and gynecologist who provides emergency gynecological care as part of her medical practice. Dr. Harris resides in Ann Arbor, Michigan.

41. Defendant Gretchen Whitmer is the Michigan Governor.

42. Defendant Dana Nessel is the Michigan Attorney General.

43. Defendant Jocelyn Benson is the Michigan Secretary of State.

44. Defendant Elizabeth Hertel is the Director of the Michigan Department of Health and Human Services.

45. Defendant Marlon Brown is the Director of the Michigan Department of Licensing and Regulatory Affairs.

IV. JURISDICTION AND VENUE

46. This Court has jurisdiction over the subject matter of this action pursuant to MCL 600.6419.

V. FACTS

Plaintiffs

47. Patient Plaintiffs are all women of childbearing age who have enacted advance directives making clear that there are certain circumstances under which they do not wish to receive life-extending treatment. Each Patient Plaintiff wants their personal health care decisions followed if they become incapacitated or terminally ill, and all have designated a patient advocate. Their patient advocates were thoughtfully selected and have a deep understanding of their responsibilities and the patient's decisions and values. Two of the Patient Plaintiffs are also parents, who fear the Pregnancy Exclusion could result in devastating consequences for their families. By stripping them of the right to effectuate pregnancy-related and end-of-life medical decisions, the law threatens not only their own rights, but also their families' wellbeing. They fear that, if they were forced to endure invasive, unwanted treatment to sustain a pregnancy, it would compound grief and divert resources and family caregiving capacity from their children.

48. Physician Plaintiffs are all physicians licensed to practice medicine in the State of Michigan. All regularly treat patients who are pregnant or capable of becoming pregnant, including patients experiencing emergency and/or life-threatening health conditions. All are required by law and professional ethics to treat their patients in accordance with their medical expertise and with each patient's informed consent. Given their medical specialties, all physicians either have or are likely to provide end-of-life treatment or clinical consultation and treatment to a pregnant, incapacitated patient.

49. Physician Plaintiffs' Pregnant and Pregnancy-Capable Patients are Michiganders who either are or could become pregnant, who have an advance directive or would have an advance directive if not for the Pregnancy Exclusion, and whose end-of-life decisions are entitled to the same constitutional protections as all other Michiganders.

50. Patient Advocate Plaintiffs are the chosen spokespersons for their Patient Plaintiff loved ones, and are knowledgeable about their loved ones' decisions for end-of-life care. Both wish to be able to freely speak for their loved ones and effectuate their responsibilities as patient advocates based on their loved ones' expressed decisions and best interests.

51. Dr. Viktoria Koskenoja is both a Patient Plaintiff and Physician Plaintiff. Dr. Koskenoja lives in Skandia, Michigan, has two children—aged four and six—and is a woman of childbearing age who has executed an advance directive. She drafted her advance directive in 2020 after giving birth to her first child because, as a physician, she has personally witnessed how individuals can unexpectedly suffer life threatening conditions. She updated her directive in 2025 to include additional instructions related to pregnancy. She had not included those pregnancy-related instructions in her original advance directive, even though she wanted to, because an attorney advised her that pregnancy-related instructions would not be effective. Dr. Koskenoja made the decision to include them in her update anyway, because of how strongly she feels about having those pregnancy-related end-of-life decisions honored. Dr. Koskenoja designated her husband—Samuel Holcomb—as her patient advocate. Dr. Koskenoja's advance directive makes clear that she would not consent to life-extending care if she has no chance of recovery and/or quality of life. As a result of the Pregnancy Exclusion, Dr. Koskenoja fears that her end-of-life decisions will not be honored—causing her to receive unnecessary and invasive medical treatment, while prolonging the suffering and compounding the grief of her husband and young children.

52. Dr. Koskenoja is also an emergency medicine physician at a hospital in L'Anse, Michigan, and the Assistant Medical Director at an urgent care clinic in Marquette, Michigan. In those practices, she routinely treats patients—including pregnant patients—who are in

emergency, life-threatening situations. She fears that, because of the Pregnancy Exclusion, she will be forced to substitute the Pregnancy Exclusion's one-size-fits-all standard for her own medical expertise, act in violation of her patients' informed consent, and provide potentially invasive and unnecessary treatment against her professional judgment. Dr. Koskenoja often counsels patients' families through the end of a patient's life and fears the Pregnancy Exclusion's requirement that she provide unwanted life-extending care will only extend a grieving family's suffering. Both outcomes—providing unwanted care to her patients and worsening their families' grief—are directly at odds with Dr. Koskenoja's medical judgment and the reasons she became a doctor.

53. Samuel Holcomb is Dr. Koskenoja's husband and patient advocate and resides in Skandia, Michigan. Mr. Holcomb and Dr. Koskenoja have been partners since they were teenagers and have had many conversations about their values and end-of-life plans. Mr. Holcomb is very familiar with the decisions in Dr. Koskenoja's advance directive, and understands the values, desires, and experiences motivating her decisions. He understands Dr. Koskenoja's decision to forgo life-sustaining treatment in a situation where there is no possibility of recovery or quality of life, and as her patient advocate and life partner, he wants to honor her decisions and be able to freely speak on her behalf. Dr. Koskenoja's patient advocate designation of Mr. Holcomb does not include the required statutory language because he fundamentally disagrees with the government-mandated script requiring him to affirm that he will ignore any of his wife's end-of-life decisions if she is pregnant. Both Mr. Holcomb and Dr. Koskenoja believe the Pregnancy Exclusion infringes on Dr. Koskenoja's rights and are appalled that Mr. Holcomb's advance directive has more force than Dr. Koskenoja's solely because he is not capable of becoming pregnant. They are aware that failing to include this state-mandated

addendum in the patient designation acceptance invalidates Mr. Holcomb's designation.

Understanding this, Mr. Holcomb fears that he will not be able to act as Dr. Koskenoja's patient advocate and voice her treatment decisions because he declined to include the state-mandated Pregnancy Addendum. He further fears that, even if he is allowed to act as her patient advocate, the Pregnancy Exclusion will not allow him to speak on his wife's behalf and voice her end-of-life decisions. Mr. Holcomb fears his inability to speak on behalf of his wife will lead to invasive, unnecessary, and unwanted life-extending care that would only extend Mr. Holcomb's and his family's grief and impede his ability to help his children process the loss of their mother.

54. Jamie Aird is a woman of childbearing age who lives in Rochester, Michigan. She has appointed her neighbor and dear friend to be her patient advocate. Ms. Aird's advance directive is clear that she does not wish to receive life extending care in the event she has no chance of recovery and/or quality of life. Ms. Aird has spoken at length with her friend about her decisions and values and feels confident that her friend, as her patient advocate, will honor her decisions and act accordingly on her behalf; however, the Pregnancy Exclusion does not allow her patient advocate to fully speak on her behalf or honor all of her decisions. Ms. Aird's decisions, memorialized in her advance directive, are driven by her values, including her belief in bodily autonomy, and her strong desire to reduce her family's pain and suffering in the event she is incapacitated and near death. Ms. Aird's understanding of what end-of-life autonomy looks like, and the peace it provides a loved one's family to know their decisions are respected, comes from observing both her grandfather and grandmother refuse life-extending care at the end of life when she was a teenager. Watching them pass on their own terms motivated her to think about what she would want at the end of life and to memorialize those decisions in her advance directive. Despite Ms. Aird's values and highly personal decisions, Michigan law

compels her to include a Pregnancy Addendum in her advance directive. Absent the State's compulsion through the Pregnancy Exclusion, Ms. Aird would not have included a Pregnancy Addendum.

55. Ms. Aird is a survivor of sexual assault and had to seek emergency abortion care as a result of that assault. After these events, it took Ms. Aird many years to regain her sense of bodily autonomy. The Pregnancy Exclusion undermines Ms. Aird's hard-fought battle to reclaim her autonomy. She feels reviolated knowing she has less force under the law to dictate her pregnancy-related and end-of-life treatment, and that she may be forced to undergo unnecessary, invasive, and unwanted treatment if she is pregnant. Ms. Aird fears that her end-of-life decisions will not be honored if she is pregnant, worsening her family's suffering, and undermining the very autonomy she has fought so hard to reclaim.

56. Nicole Sapiro Vinckier is a woman of childbearing age who lives in Birmingham, Michigan and has enacted an advance directive. Ms. Vinckier is a trained OB-GYN physician assistant, and her professional experience has motivated her to plan for her pregnancy-related and end-of-life treatment. Ms. Vinckier has three children—aged seven, five, and three—and enacted her advance directive during her first pregnancy due to concerns regarding complications during pregnancy. She selected her husband—Mark Vinckier—to be her patient advocate. The two have had extensive conversations regarding Ms. Vinckier's decision to forgo life-extending care if there is no chance of recovery and/or quality of life, and her advance directive instructs Mr. Vinckier to withhold or withdraw medical treatment in those circumstances. Yet, Michigan law compelled Ms. Vinckier to include a Pregnancy Addendum in her advance directive. Ms. Vinckier is appalled that her advance directive has less force and that she has less autonomy over her decisions than others in Michigan. She fears that her decisions will not be honored because

of the Pregnancy Exclusion, which would undermine her bodily autonomy, cause her to undergo unnecessary procedures, and extend her family's pain and suffering.

57. Mark Vinckier is Ms. Vinckier's husband and patient advocate and resides in Birmingham, Michigan. Mr. Vinckier is well aware of his wife's values and decisions regarding her end-of-life and pregnancy-related care. Mr. Vinckier was compelled to include the Pregnancy Addendum and agree to the Pregnancy Exclusion to ensure his wife's advance directive was valid, even though it neither reflects Ms. Vinckier's carefully considered decisions and values, nor his own. Mr. Vinckier fundamentally disagrees with the Pregnancy Addendum he was forced to include and wants to honor and effectuate his wife's decisions regardless of her pregnancy status. Mr. Vinckier fears that the Pregnancy Exclusion will impede his ability to speak on his wife's behalf in the event she is incapacitated—causing her to receive unnecessary and invasive treatment and making the situation more challenging and painful for him and their children.

58. Madalyn Knutson is a woman of childbearing age who lives in Traverse City, Michigan. Ms. Knutson enacted an advance directive in 2023 and chose her husband—Justin Pippel—as her patient advocate. The two have had extensive conversations about Ms. Knutson's values and decisions regarding life-extending care. Consistent with those values, her advance directive instructs that, while she wants her physicians to prolong her life for a period of time, if the treatments are not improving her conditions or are causing pain and suffering, she would like the treatments ceased. Yet, Michigan law compelled Ms. Knutson to include a Pregnancy Addendum in her advance directive. But for the State's compulsion, Ms. Knutson would not have included the Pregnancy Addendum. Ms. Knutson's biggest concern in enacting her advance directive was that prolonging her dying process with life-sustaining care would merely extend her family's suffering. Ms. Knutson feels violated because she has less autonomy to

memorialize, and have honored, her end-of-life decisions than other Michiganders and fears that the Pregnancy Exclusion will result in forced treatment in violation of her expressed decisions, undermine her bodily autonomy, cause her to suffer unnecessary and invasive procedures, and extend her family's suffering.

59. Dr. Laura Lozier is a Michigan-licensed trauma surgeon. She lives in Marquette, Michigan, and practices medicine as a member of the Surgical Associates of Marquette. Dr. Lozier regularly treats trauma patients and has significant experience treating patients with advance directives. Dr. Lozier treats all patients that come through the emergency room needing surgery, which includes pregnant patients. Dr. Lozier's medical and ethical judgment is that a patients' decisions, including those in their advance directives, must be followed and that forcing a pregnant patient to receive unwanted, life-extending care would run counter to medical best practice and harm the patient and their loved ones. Dr. Lozier fears she will have to subject pregnant patients who have declined life-sustaining treatment to unnecessary, unwanted, and invasive care solely because of the Pregnancy Exclusion's threat of liability and sanctions. Dr. Lozier also fears that the Pregnancy Exclusion will strain finite resources, as intensive care resources and medical attention will be diverted to patients who do not want or need such care, depriving other critical patients of potentially life-saving treatment.

60. Dr. Lisa Harris is a Michigan-licensed obstetrician gynecologist who resides and practices medicine in Ann Arbor, Michigan. Dr. Harris is regularly called in to treat emergencies in pregnancy, including miscarriages. Dr. Harris also treats pregnant patients who face terminal or life-threatening conditions. Dr. Harris fears that the Pregnancy Exclusion, and its threat of liability or professional sanction, would supersede her best judgment as a doctor and force her to violate her duty of informed consent to administer unnecessary, unwanted, and invasive life-

extending care to her pregnant patients. Dr. Harris further fears that her patients facing terminal or life-threatening conditions will feel compelled to have an abortion they otherwise would not want in order to have their end-of-life wishes carried out. Dr. Harris believes this outcome would not only subject her patients to unnecessary treatment and violate their rights, but would also force their families to face the pain of both the demise of a pregnancy and the death of a loved one, rather than having the opportunity to say goodbye to both together, as the pregnant individual would have wanted. Such an outcome runs counter to Dr. Harris's best medical judgment.

61. Dr. Jerome Winegarden is a Michigan-licensed oncologist and hematologist who resides in Ann Arbor, Michigan, where he practices medicine and oversees a Hematology and Oncology fellowship at a community hospital. Dr. Winegarden regularly treats patients in end-of-life situations, including pregnant patients diagnosed with cancer or other life-threatening illnesses, and believes that the Pregnancy Exclusion undermines his ability to exercise his best medical judgment. Best practice requires careful evaluation of a patient's conditions and personal desires, and the Pregnancy Exclusion undermines his ability to properly weigh these considerations. He fears that the threat of liability for following a pregnant patient's expressed decision to decline life-sustaining treatment may force him to unnecessarily prolong care and inflict significant pain on the patient and their family. As a doctor at a community hospital with limited capacity, one of Dr. Winegarden's primary responsibilities is triaging resources as efficiently as possible. He fears that the Pregnancy Exclusion will require him to provide unwanted treatment in contravention of a patient's expressed decisions and informed consent, consuming valuable hospital resources that could be allocated toward consenting patients in critical need. Even if Dr. Winegarden were to decide that he should discontinue treatment, the

ambiguous threat of liability would force him to consult the ethics board at his hospital to confirm that he is in compliance with state law. This deliberation further delays the process, potentially prolongs unwanted treatment, and prevents other patients from receiving the care they need.

Defendants

62. Defendant Gretchen Whitmer is the Governor of Michigan. Under the Michigan Constitution, the executive power is vested in Governor Whitmer, and she is therefore the person ultimately responsible for prosecutions by the State of Michigan. Governor Whitmer, further, has the authority to appoint and oversee the heads of the various agencies that enforce the Pregnancy Exclusion. Exercising that authority, Governor Whitmer issued Executive Directive 2022-13, which directed all Michigan departments and agencies to review, align, and update their policies and practices to fully protect and uphold Michigan's newly enshrined constitutional right to reproductive freedom. Michigan Executive Directive No. 2022-13, available at <https://www.michigan.gov/whitmer/news/state-orders-and-directives/2022/12/14/executive-directive-2022-13>.

63. Defendant Attorney General Dana Nessel is Michigan's chief law enforcement officer. She is responsible for defending Michigan law against constitutional challenges and prosecuting any civil or criminal actions in which the state is a party or has an interest. Attorney General Nessel, therefore, has the power to bring both criminal and civil actions against any physicians or patient advocates that violate EPIC.

64. Defendant Jocelyn Benson is the Michigan Secretary of State. Alongside the Michigan Department of Health and Human Services, Secretary Benson is responsible for maintaining the Peace of Mind Registry—a statewide registry where individuals can store and

access their advance directives. MCL § 333.10301.

65. Defendant Elizabeth Hertel is the Director of the Michigan Department of Health and Human Services. Director Hertel is responsible for health policy, regulation, and provider compliance, including overseeing advance directive regulations and enforcement in hospitals and long-term care settings. MCL § 333.2226. Director Hertel also jointly oversees the Peace of Mind Registry.

66. Marlon Brown is the Director of the Michigan Department of Licensing and Regulatory Affairs. Director Brown is responsible for both licensing and disciplinary actions against physicians in Michigan. The Michigan Department of Licensing and Regulatory Affairs also publishes a list of disciplined physicians in Michigan. Michigan Public Health Code, PA 368.

67. The Michigan Department of Licensing and Regulatory Affairs is authorized to bring disciplinary action against physicians who act contrary to the law, including violating the rules of informed consent. Such discipline could result in significant penalties, including the loss of licensure. The Department publishes the Disciplinary Action Report—a list of disciplinary actions taken against health and occupational licensees. Any disciplinary action taken against a physician for failure to comply with EPIC’s amorphous and unconstitutionally vague prescription of using “sound medical” judgment with incapacitated patients who are diagnosed as pregnant would result in publication on this list. Such publication undermines the provider’s professional reputation and may hinder their ability to attract new patients or obtain gainful employment.

VI. FIRST CAUSE OF ACTION

The Pregnancy Exclusion deprives Patient Plaintiffs, Physician Plaintiffs’ Pregnant and Pregnancy-Capable Patients, Physician Plaintiffs, and Patient Advocate Plaintiffs of their rights to reproductive autonomy under the Michigan Constitution

68. Plaintiffs incorporate by reference and reallege Paragraphs 1 through 67 as though set forth herein.

69. Plaintiffs state this cause of action against Defendants in their official capacities to seek declaratory and injunctive relief.

70. The Michigan Constitution forbids the government from depriving an individual of the fundamental right to reproductive autonomy, “which entails the right to make and effectuate decisions about all matters relating to pregnancy.” Mich. Const. art. I, § 28.

71. The Pregnancy Exclusion deprives Patient Plaintiffs, Physician Plaintiffs’ pregnant and pregnancy-capable patients, Physician Plaintiffs, Patient Advocate Plaintiffs, and all individuals capable of becoming pregnant of their right to make or effectuate decisions in all matters relating to their pregnancy, including whether to refuse life-sustaining treatment while pregnant.

VII. SECOND CAUSE OF ACTION

The Pregnancy Exclusion deprives Patient Plaintiffs and Physician Plaintiffs’ Pregnant and Pregnancy-Capable Patients of their rights to substantive due process under the Michigan Constitution (right to bodily integrity, privacy, and liberty)

72. Plaintiffs incorporate by reference and reallege Paragraphs 1 through 67 as though set forth herein.

73. Plaintiffs state this cause of action against Defendants in their official capacities to seek declaratory and injunctive relief.

74. The Due Process Clause of the Michigan Constitution forbids the government from depriving an individual of life, liberty, or property, without due process of law. Mich. Const. art. I, § 17.

75. The Pregnancy Exclusion forces unwanted life-sustaining procedures on pregnant

individuals, which constitutes a nonconsensual entry into the body in violation of Patient Plaintiffs, Physician Plaintiffs' pregnant and pregnancy-capable patients, and all individuals capable of becoming pregnant right to bodily integrity, privacy, and liberty in violation of the Michigan Constitution.

VIII. THIRD CAUSE OF ACTION

The Pregnancy Exclusion deprives Patient Plaintiffs, Physician Plaintiffs' Pregnant and Pregnancy-Capable Patients, Physician Plaintiffs, and Patient Advocate Plaintiffs of their rights to procedural due process under the Michigan Constitution

76. Plaintiffs incorporate by reference and reallege Paragraphs 1 through 67 as though set forth herein.

77. Plaintiffs state this cause of action against Defendants in their official capacities to seek declaratory and injunctive relief.

78. The Due Process Clause of the Michigan Constitution forbids the government from depriving an individual of life, liberty, or property, without due process of law. Mich. Const. art. I, § 17.

79. The Pregnancy Exclusion deprives Patient Plaintiffs, Physician Plaintiffs' pregnant and pregnancy-capable patients, Patient Advocate Plaintiffs, and all individuals capable of becoming pregnant of their protected liberty interests without any due process.

IX. FOURTH CAUSE OF ACTION

The Pregnancy Exclusion deprives Patient Plaintiffs, Physician Plaintiffs' Pregnant and Pregnancy-Capable Patients, and Patient Advocate Plaintiffs of their rights to equal protection under the Michigan Constitution

80. Plaintiffs incorporate by reference and reallege Paragraphs 1 through 67 as though set forth herein.

81. Plaintiffs state this cause of action against Defendants in their official capacities

to seek declaratory and injunctive relief.

82. Plaintiffs have a right to equal protection under the Equal Protection Clause of the Michigan Constitution. Mich. Const. art. I, § 2.

83. The Pregnancy Exclusion denies equal protection of the laws to all individuals capable of becoming pregnant, including Patient Plaintiffs and Physician Plaintiffs' pregnant and pregnancy-capable patients.

X. FIFTH CAUSE OF ACTION

The Pregnancy Exclusion deprives Patient Plaintiffs, Physician Plaintiffs' Pregnant and Pregnancy-Capable Patients, and Patient Advocate Plaintiffs of their rights to free speech under the Michigan Constitution

84. Plaintiffs incorporate by reference and reallege Paragraphs 1 through 67 as though set forth herein.

85. Plaintiffs state this cause of action against Defendants in their official capacities to seek declaratory and injunctive relief.

86. Plaintiffs have a right to free speech under the Michigan Constitution. Mich. Const. art. I, § 5.

87. By compelling the inclusion of a Pregnancy Addendum, the Pregnancy Exclusion infringes on Patient Plaintiffs', Physician Plaintiffs' pregnant and pregnancy-capable patients', Patient Advocate Plaintiffs', and all individuals capable of becoming pregnant's freedom of speech.

88. All individuals capable of becoming pregnant, including Patient Plaintiffs and Physician Plaintiffs' pregnant and pregnancy-capable patients, are dissuaded by the Pregnancy Exclusion from including certain end-of-life and pregnancy-related decisions in their directives.

PRAYER FOR RELIEF

WHEREFORE, Plaintiffs respectfully request that the Court enter judgment:

- A. Declaring the Pregnancy Exclusion in Michigan's Code void, facially and/or as-applied, for violating Plaintiffs' right to reproductive freedom guaranteed by the Michigan Constitution art. I, § 28.
- B. Declaring the Pregnancy Exclusion in Michigan's Code void, facially and/or as-applied, for violating Plaintiffs' substantive due process rights guaranteed by the Michigan Constitution art. I, § 17.
- C. Declaring the Pregnancy Exclusion in Michigan's Code void, facially and/or as-applied, for violating Plaintiffs' procedural due process rights guaranteed by the Michigan Constitution art. I, § 17.
- D. Declaring the Pregnancy Exclusion in Michigan's Code void, facially and/or as-applied, for violating the Equal Protection Clause of the Michigan Constitution art. I, § 2.
- E. Declaring the Pregnancy Exclusion in Michigan's Code void, facially and/or as-applied, for violating the Free Speech Clause of the Michigan Constitution art. I, § 5.
- F. Enjoining Defendants from nullifying or disregarding otherwise valid refusals of life-sustaining treatment in an advance directive, or as communicated by a patient advocate, solely based on refusing patient's pregnancy.
- G. Enjoining Defendants from invalidating an advance directive or designation of a patient advocate that does not include the Pregnancy Addendum.
- H. Enjoining Defendants from bringing any civil, criminal, or regulatory sanctions against physicians who provide treatment consistent with a pregnant patient's refusal of treatment in an advance directive, or as communicated by a patient advocate.
- I. Awarding attorneys' fees and costs to Plaintiffs including MCL 600.6449.
- J. Granting any other relief the Court deems just and proper.

Dated: October 23, 2025

Respectfully submitted,

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(602) 887-6267
sara.ainsworth@ifwhenhow.org
farah.diaz-tello@ifwhenhow.org

I HEREBY STATE AND AFFIRM THAT I HAVE READ THE FOREGOING VERIFIED COMPLAINT AND THAT THE FACTS ASSERTED THAT ARE RELATED TO ME ARE TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

DATED: October __, 2025.

Viktoria Laurin Koskenoja

Dr. Viktoria Koskenoja

DATED: October __, 2025.

Samuel Holcomb

DATED: October __, 2025.

Jamie Aird

DATED: October __, 2025.

Nicole Sapiro Vinckier

DATED: October __, 2025.

Mark Vinckier

DATED: October __, 2025.

Madalyn Knutson

DATED: October __, 2025.

Dr. Laura Lozier

DATED: October __, 2025.

Dr. Jerome Winegarden

DATED: October __, 2025.

Dr. Lisa Harris

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Prepared By:

/s/Kenneth M. Mogill

Kenneth M. Mogill P17865

Mogill & Lemanski, PLLC

27 E. Flint Street, 2nd Floor

Lake Orion, MI 48362

(248) 814-9470

kmogill@bignet.net; kmogill@miethicslaw.com

Florida JF

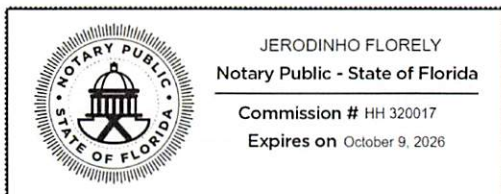
STATE OF MICHIGAN)

Palm Beach COUNTY)

Signed and sworn before me using a remote notarization system under MCL 55.286b in

Palm Beach County, Michigan, on 10/20/2025.

Florida JF



Jerodinho Florely

Florida JF

Jerodinho Florely, Notary Public
State of Michigan, County of Palm Beach
My commission expires 10/09/2026
Acting in Palm Beach County

Notarized remotely online using communication technology via Proof.

I HEREBY STATE AND AFFIRM THAT I HAVE READ THE FOREGOING VERIFIED COMPLAINT AND THAT THE FACTS ASSERTED THAT ARE RELATED TO ME ARE TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

DATED: October __, 2025.

Dr. Viktoria Koskenoja

DATED: October 22, 2025.

Samuel Thomas Holcomb

Samuel Holcomb

DATED: October __, 2025.

Jamie Aird

DATED: October __, 2025.

Nicole Sapiro Vinckier

DATED: October __, 2025.

Mark Vinckier

DATED: October __, 2025.

Madalyn Knutson

DATED: October __, 2025.

Dr. Laura Lozier

DATED: October __, 2025.

Dr. Jerome Winegarden

DATED: October __, 2025.

Dr. Lisa Harris

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Prepared By:

/s/Kenneth M. Mogill

Kenneth M. Mogill P17865

Mogill & Lemanski, PLLC

27 E. Flint Street, 2nd Floor

Lake Orion, MI 48362

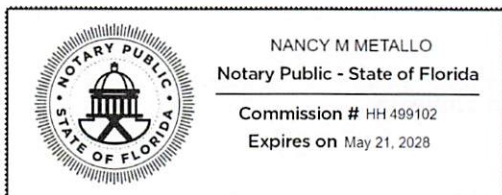
(248) 814-9470

kmogill@bignet.net; kmogill@miethicslaw.com

Florida
STATE OF ~~MICHIGAN~~)
Orange COUNTY)

Signed and sworn before me using a remote notarization system under MCL 55.286b in
Orange County, Michigan, on 10/22/2025 by Samuel Thomas Holcomb
Florida

who provided a Driver license for identification.



Nancy M Metallo
Nancy M Metallo, Notary Public
State of ~~Michigan~~, County of Orange Florida
My commission expires 05/21/2028
Acting in Orange County

Notarized remotely online using communication technology via Proof.

I HEREBY STATE AND AFFIRM THAT I HAVE READ THE FOREGOING VERIFIED COMPLAINT AND THAT THE FACTS ASSERTED THAT ARE RELATED TO ME ARE TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

DATED: October __, 2025.

Dr. Viktoria Koskenoja

DATED: October __, 2025.

Samuel Holcomb

DATED: October ^{20th} __, 2025.

Jamie Marion Aird

Jamie Aird

DATED: October __, 2025.

Nicole Sapiro Vinckier

DATED: October __, 2025.

Mark Vinckier

DATED: October __, 2025.

Madalyn Knutson

DATED: October __, 2025.

Dr. Laura Lozier

DATED: October __, 2025.

Dr. Jerome Winegarden

DATED: October __, 2025.

Dr. Lisa Harris

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Prepared By:

/s/Kenneth M. Mogill

Kenneth M. Mogill P17865

Mogill & Lemanski, PLLC

27 E. Flint Street, 2nd Floor

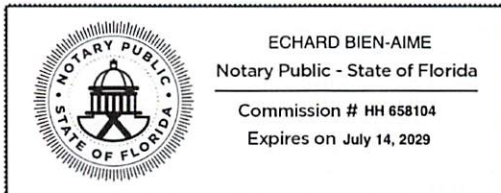
Lake Orion, MI 48362

(248) 814-9470

kmogill@bignet.net; kmogill@miethicslaw.com

STATE OF ~~MICHIGAN~~ Florida
Saint Lucie COUNTY)

Signed and sworn before me using a remote notarization system under MCL 55.286b in
Saint Lucie County, ~~Michigan~~ on 10/20/2025
Florida



Echard bien - aime
ECHARD BIEN-AIME, Notary Public
State of ~~Michigan~~ Florida, County of Saint Lucie
My commission expires 07/14/2029
Acting in Saint Lucie County

Notarized remotely online using communication technology via Proof.

I HEREBY STATE AND AFFIRM THAT I HAVE READ THE FOREGOING VERIFIED COMPLAINT AND THAT THE FACTS ASSERTED THAT ARE RELATED TO ME ARE TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

DATED: October __, 2025.

Dr. Viktoria Koskenoja

DATED: October __, 2025.

Samuel Holcomb

DATED: October __, 2025.

Jamie Aird

DATED: October ²⁰ __, 2025.

Nicole Sapira Vinckier

Nicole Sapiro Vinckier

DATED: October ²⁰ __, 2025.

Mark Robert Vinckier

Mark Vinckier

DATED: October __, 2025.

Madalyn Knutson

DATED: October __, 2025.

Dr. Laura Lozier

DATED: October __, 2025.

Dr. Jerome Winegarden

DATED: October __, 2025.

Dr. Lisa Harris

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Prepared By:

/s/Kenneth M. Mogill

Kenneth M. Mogill P17865

Mogill & Lemanski, PLLC

27 E. Flint Street, 2nd Floor

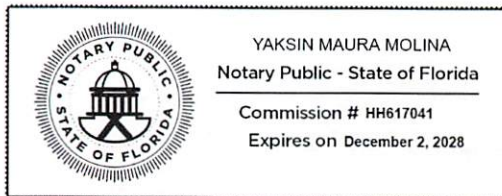
Lake Orion, MI 48362

(248) 814-9470

kmogill@bignet.net; kmogill@miethicslaw.com

STATE OF MICHIGAN)
) Florida
____ COUNTY) Marion-Oaks

Signed and sworn before me using a remote notarization system under MCL 55.286b in
____ Marion-Oaks County, ~~Michigan~~ Florida, on 10/20/2025.




____ Yaksin Maura Molina, Notary Public
State of ~~Michigan~~ Florida, County of Marion-Oaks
My commission expires 12/02/2028
Acting in Marion-Oaks County

Notarized remotely online using communication technology via Proof.

I HEREBY STATE AND AFFIRM THAT I HAVE READ THE FOREGOING VERIFIED COMPLAINT AND THAT THE FACTS ASSERTED THAT ARE RELATED TO ME ARE TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

DATED: October ___, 2025.

Dr. Viktoria Koskenoja

DATED: October ___, 2025.

Samuel Holcomb

DATED: October ___, 2025.

Jamie Aird

DATED: October ___, 2025.

Nicole Sapiro Vinckier

DATED: October ___, 2025.

Mark Vinckier

DATED: October ^{20th} ___, 2025.



Madalyn Knutson

DATED: October ___, 2025.

Dr. Laura Lozier

DATED: October ___, 2025.

Dr. Jerome Winegarden

DATED: October ___, 2025.

Dr. Lisa Harris

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Prepared By:

/s/Kenneth M. Mogill

Kenneth M. Mogill P17865

Mogill & Lemanski, PLLC

27 E. Flint Street, 2nd Floor

Lake Orion, MI 48362

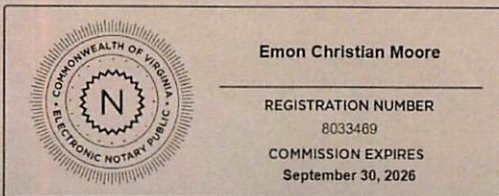
(248) 814-9470

kmogill@bignet.net; kmogill@miethicslaw.com

STATE OF MICHIGAN)
_____ COUNTY)

Signed and sworn before me using a remote notarization system under MCL 55.286b in
_____ County, Michigan, on _____.

_____, Notary Public
State of Michigan, County of _____
My commission expires _____
Acting in _____ County



Commonwealth of Virginia

County of Frederick

The foregoing instrument was subscribed and sworn
before me on 10/20/2025 by Madalyn Marie Knutson.

My commission expires: 09/30/2026

Notarized remotely online using communication technology via Proof.

I HEREBY STATE AND AFFIRM THAT I HAVE READ THE FOREGOING VERIFIED COMPLAINT AND THAT THE FACTS ASSERTED THAT ARE RELATED TO ME ARE TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

DATED: October ____, 2025.

Dr. Viktoria Koskenoja

DATED: October ____, 2025.

Samuel Holcomb

DATED: October ____, 2025.

Jamie Aird

DATED: October ____, 2025.

Nicole Sapiro Vinckier

DATED: October ____, 2025.

Mark Vinckier

DATED: October ____, 2025.

Madalyn Knutson

DATED: October 21, 2025.

Laura Rae Lozier

Dr. Laura Lozier

DATED: October ____, 2025.

Dr. Jerome Winegarden

DATED: October ____, 2025.

Dr. Lisa Harris

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///

Prepared By:

/s/Kenneth M. Mogill

Kenneth M. Mogill P17865

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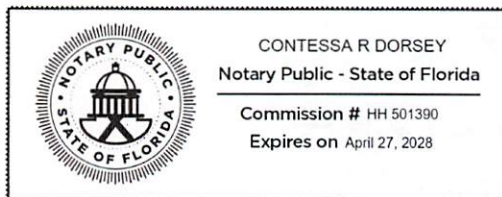
Florida

STATE OF MICHIGAN)
Hillsborough COUNTY }

Signed and sworn before me using a remote notarization system under MCL 55.286b in

Hillsborough County, Michigan, on 21st October 2025.

Florida



Contessa R Dorsey

Contessa R Dorsey, Notary Public
State of Michigan, County of Hillsborough
Florida

My commission expires 04/27/2028
Acting in Hillsborough County

Notarized remotely online using communication technology via Proof.

I HEREBY STATE AND AFFIRM THAT I HAVE READ THE FOREGOING VERIFIED COMPLAINT AND THAT THE FACTS ASSERTED THAT ARE RELATED TO ME ARE TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

DATED: October __, 2025.

Dr. Viktoria Koskenoja

DATED: October __, 2025.

Samuel Holcomb

DATED: October __, 2025.

Jamie Aird

DATED: October __, 2025.

Nicole Sapiro Vinckier

DATED: October __, 2025.

Mark Vinckier

DATED: October __, 2025.

Madalyn Knutson

DATED: October __, 2025.

Dr. Laura Lozier

DATED: October 20, 2025.

Jerome Dallas Winegarden
Dr. Jerome Winegarden

DATED: October __, 2025.

Dr. Lisa Harris

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Prepared By:

/s/Kenneth M. Mogill

Kenneth M. Mogill P17865

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Lake Orion, MI 48362

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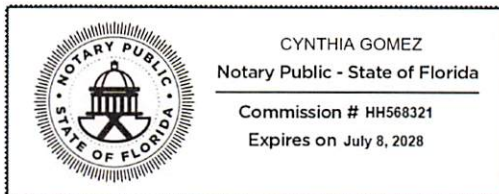
kmogill@bignet.net; kmogill@miethicslaw.com

Florida
STATE OF ~~MICHIGAN~~)
Broward COUNTY)

Signed and sworn before me using a remote notarization system under MCL 55.286b in

Broward County, ~~Michigan~~, on 10/20/2025.

Notarized remotely online using communication technology via Proof.



Cynthia Gomez, Notary Public
State of ~~Michigan~~, County of Broward
My commission expires 07/08/2028
Acting in Broward County

I HEREBY STATE AND AFFIRM THAT I HAVE READ THE FOREGOING VERIFIED COMPLAINT AND THAT THE FACTS ASSERTED THAT ARE RELATED TO ME ARE TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

DATED: October __, 2025.

Dr. Viktoria Koskenoja

DATED: October __, 2025.

Samuel Holcomb

DATED: October __, 2025.

Jamie Aird

DATED: October __, 2025.

Nicole Sapiro Vinckier

DATED: October __, 2025.

Mark Vinckier

DATED: October __, 2025.

Madalyn Knutson

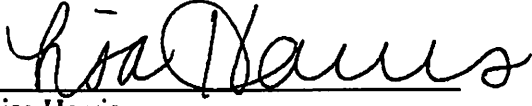
DATED: October __, 2025.

Dr. Laura Lozier

DATED: October __, 2025.

Dr. Jerome Winegarden

DATED: October 21, 2025.



Dr. Lisa Harris

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Prepared By:

/s/Kenneth M. Mogill

Kenneth M. Mogill P17865

Mogill & Lemanski, PLLC

27 E. Flint Street, 2nd Floor

Lake Orion, MI 48362

(248) 814-9470

kmogill@bignet.net; kmogill@miethicslaw.com

STATE OF MICHIGAN)
_____ COUNTY)

Signed and sworn before me using a remote notarization system under MCL 55.286b in
Washtenaw County, Michigan, on October 21, 2025.

Nicole Woods
Nicole Woods, Notary Public
State of Michigan, County of Jackson
My commission expires November 2025
Acting in Washtenaw _____ County