

IN THE CIRCUIT COURT IN AND FOR THE 15TH JUDICIAL CIRCUIT IN AND FOR
PALM BEACH COUNTY, FLORIDA

IN RE: ESTATE OF:

PROBATE DIVISION **IIH**

SIMON L. BERNSTEIN,

FILE NO: 502012CP4391XXXXNB

Deceased. /

NOTICE OF TAKING TELEPHONE DEPOSITION DUCES TECUM
(For Authentication Purposes & Clarification Only – See Attached Subpoena)

TO: ALL PARTIES ON THE ATTACHED SERVICE LIST

PLEASE TAKE NOTICE that SIMONE WITKIN, Guardian of Eric Gilbertson, will take the deposition of the following deponent:

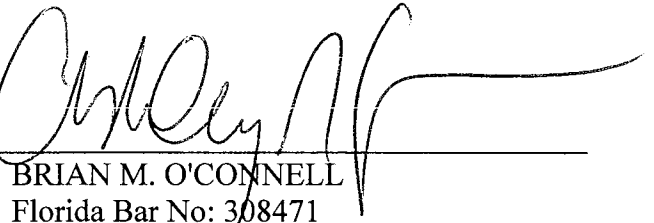
NAME: Records Custodian
JP Morgan Chase Bank, NA

DATE & TIME: Thursday, February 25, 2016
10:00 a.m. (EST)

LOCATION: Via Telephone (**Undersigned's office will give all parties on attached Service List a telephone number prior to deposition.**)

I HEREBY CERTIFY that a true and correct copy of the foregoing was furnished to counsel of record via the Court's e-portal system or U.S. Postal Service on this 3rd day of February, 2016 to the parties on the attached Service List.

By: _____



BRIAN M. O'CONNELL

Florida Bar No: 308471

ASHLEY CRISPIN ACKAL

Florida Bar No: 037495

JOIELLE A. FOGLIETTA

Florida Bar No: 094238

Ciklin Lubitz & O'Connell

515 N. Flagler Dr., 20th Floor

West Palm Beach, FL 33401

Tel: 561-832-5900; Fax: 561-833-4209

service@ciklinlubitz.com

probateservice@ciklinlubitz.com

IN RE: Estate Of Simon L. Bernstein
 File No.: 502012CP4391XXXXNB IH
 Notice of Taking Telephone Deposition
 of Records Custodian, JP Morgan Chase Bank, NA

SERVICE LIST

<p>Alan B. Rose, Esq. Page, Mrachek, Fitzgerald & Rose, PA. 505 S. Flagler Dr., Suite 600 West Palm Beach, FL 33401 (561) 355-6991 arose@mrachek-law.com mchandler@mrachek-law.com Attorney for Ted S. Bernstein</p>	<p>John P. Morrissey, Esq. 330 Clematis St., Suite 213 West Palm Beach, FL 33401 john@jmorrisseylaw.com Attorney for Molly Simon et al</p>	<p>Donald R. Tescher, Esq. Robert L. Spallina, Esq. 925 S. Federal Highway, Suite 500 Boca Raton, FL 33432 Dtescher@tescherlaw.com ddustin@tescherlaw.com rspallina@tescherspallina.com kmoran@tescherspallina.com</p>
<p>Peter Feaman, Esq. Peter M. Feaman, P.A. 3695 Boynton Beach Blvd., Suite 9 Boynton Beach, FL 33436 pfeaman@feamanlaw.com</p>	<p>Shendell & Pollock, P.L. 2700 N. Military Trail, suite 150 Boca Raton, FL 33431 241-2323 Fax: 241-2330 Gary R. Shendell, Esq. gary@shendellpollock.com estella@shendellpollock.com grs@shendellpollock.com Kenneth S. Pollock, Esq. ken@shendellpollock.com britt@shendellpollock.com grs@shendellpollock.com Matthew A. Tornincasa, Esq. matt@shendellpollock.com robyne@shendellpollock.com grs@shendellpollock.com Attorney for Tescher and Spallina</p>	<p>Max Friedstein 2142 Churchill Lane Highland Park, IL 60035 Beneficiary</p>
<p>Eliot Bernstein and Joshua, Jacob and Daniel Bernstein, Minors c/o Eliot and Candice Bernstein, Parents and Natural Guardians 2753 N.W. 34th St. Boca Raton, FL 33434 iviewit@iviewit.tv</p>	<p>Pamela Beth Simon 950 N. Michigan Ave., Apt. 2603 Chicago, IL 60611 psimon@stpcorp.com</p>	<p>Lisa Friedstein and Carley Friedstein, Minor c/o Jeffrey and Lisa Friedstein Parent and Natural Guardian 2142 Churchill Lane Highland Park, IL 60035 Lisa@friedsteins.com Lisa.friedstein@gmail.com Beneficiary</p>
<p>Jill Iantoni and Julia Iantoni, a Minor c/o Guy and Jill Iantoni, her Parents & Natural Guardians 2101 Magnolia Lane Highland Park, IL 60035 jilliantoni@gmail.com</p>		

IN THE CIRCUIT COURT IN AND FOR THE 15TH JUDICIAL CIRCUIT IN AND FOR
PALM BEACH COUNTY, FLORIDA

IN RE: ESTATE OF:

PROBATE DIVISION **IH**

SIMON L. BERNSTEIN,

FILE NO: 502012CP4391XXXXNB

Deceased. _____ /

SUBPOENA FOR TELEPHONE DEPOSITION DUCES TECUM
(For Authenticity of Records & Clarification Only)

TO: Records Custodian
JP Morgan Chase Bank, NA
500 Stanton Christiana Road
Newark, DE 19713
FAX: 317/757-7421

YOU ARE COMMANDED to appear **via telephonically** at the law offices of JP MORGAN CHASE BANK, NA, 500 Stanton Christiana Road, Newark, DE 19713 on **February 25, 2016 at 10:00 a.m. (EST)**¹ for the purposes of authenticating and clarifying the records attached hereto as Exhibits A and B.

DUCES TECUM: To have with you any and all records relating to any and all accounts opened by Simon Bernstein, including, but not limited to, the new account documents attached hereto as Exhibits A and B.

If you fail to (1) appear as specified; or (2) object to this subpoena.

YOU MAY BE IN CONTEMPT OF COURT. You are subpoenaed by the attorney whose name appears on this subpoena and unless excused from this subpoena by that attorney or the Court, you shall respond to this subpoena as directed.

DATED on this 3rd day of February, 2016.

ASHLEY CRISPIN ACKAL, ESQ.
For the Court

By: _____

Ashley Crispin Ackal
Florida Bar No.: 43696

¹ PLEASE CALL PARALEGAL, CHARLENE ANDERSON UPON YOUR RECEIPT OF THIS SUBPOENA AT 561/820-0325 TO GIVE A TELEPHONE NUMBER TO CALL-IN FOR THIS DEPOSITION.

CIKLIN LUBITZ & O'CONNELL
*Attorneys for Brian M. O'Connell, as
Personal Representative of the Estate
of Simon L. Bernstein*
515 North Flagler Drive, 20th Floor
West Palm Beach, FL 33401
Telephone: 561-832-5900
Facsimile: 561-833-4209
service@ciklinlubitz.com
probateservice@ciklinlubitz.com

"If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator in the Administrative Office of the Court, Palm Beach County Courthouse, 205 North Dixie Highway, Room 5.2500, West Palm Beach, Florida 33401; telephone number (561) 355-4380 within two (2) working days of your receipt of this [notice]; if you are hearing or voice impaired, call (800) 955-8771."

EXHIBIT A

J.P. Morgan IRA Account Application

J.P.Morgan

Required for IRA accounts in addition to the J.P. Morgan Personal Account Application

A. Account Information

Account Title JPMORGAN CHASE BANK NA, AS CUSTODIAN FOR SIMON BERNSTEIN IRA ROLLOVER

B. IRA Type

Regular or Spousal Trustee to Trustee Transfer Rollover (including a direct rollover from an employer's plan)

C. Designation of Beneficiary(ies)

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA. If I do not designate a valid beneficiary, or if all of my primary and contingent beneficiary(ies) predecease me, my estate will be the beneficiary.

Beneficiary Name 1 SHIRLEY BERNSTEIN

Address 7020 LIONS HEAD LN

City BOCA RATON State FL Zip 334965931

Country US Relationship SPOUSE Share % 100

Primary Contingent

Date of Birth: - -
m m - d d - y y y y

SSN#: 

Beneficiary Name 2

Address

City State Zip

Country Relationship Share %

Primary Contingent

Date of Birth: - -
m m - d d - y y y y

SSN#: - -

Beneficiary Name 3

Address

City State Zip

Country Relationship Share %

Primary Contingent

Date of Birth: - -
m m - d d - y y y y

SSN#: - -

Beneficiary Name 4

Address

City State Zip

Country Relationship Share %

Primary Contingent

Date of Birth: - -
m m - d d - y y y y

SSN#: - -

This application must be completed before Morgan will be able to provide financial services. I must also notify you of any future changes to any information contained in this application.

D. Agreement

I acknowledge that I have received a copy of Morgan's current fee schedule, and that the Trustee or Custodian is entitled to compensation at the rates stated in its regularly published schedules of compensation when payable, notwithstanding that such compensation may be greater than that now in effect. If no alternative payment instructions have been established, this individual retirement account will be charged accordingly. If my assets include Morgan-Advised Funds, or Morgan-managed and affiliated Funds, as defined in the General Terms, the fees with respect to those Funds are described in the prospectus and related materials. If I have elected brokerage with JPMSI, transaction and other fees will be charged under my Brokerage Account Agreement.

I understand that I may not elect a Line of Credit in connection with an IRA.

I understand that you do not give tax or legal advice, and that I am advised to consult a lawyer or tax advisor about tax, legal, and estate-planning issues affecting my accounts.

I assume complete responsibility for:

1. Determining that I am eligible for an IRA each year I make a contribution;
2. Insuring that all contributions I make are within the limits set by the tax laws;
3. The tax consequences of any contribution (including rollover contributions) and distribution.

I certify, as the accountholder signing below and under penalties of perjury, that the number on this application is my correct taxpayer identification number.

CONTINUED ON PAGE 2

J.P. Morgan IRA Account Application

J.P. Morgan

Required for IRA accounts in addition to the J.P. Morgan Personal Account Application

If I have elected to open an Investment Management /Third Party Manager (discretionary) account, my IRA assets will be managed by a Morgan Affiliate as Trustee and the following Terms shall also apply:

My Agreement with the Trustee is comprised of this Application; the Trust IRA Investment Management Agreement (which is a 5305 Plan Agreement) and the Financial Disclosure and Disclosure Statement included with it; the provisions of the General Terms Incorporated in It by reference; the Fee Schedules; Disclosures; and any Supplemental Forms. In addition, I am entering into the Investment Management Agreement and the Third Party Manager Advisory Agreement. By signing this Application, I acknowledge that I have received copies of, read, and agreed to, all the documents that comprise my Agreement with the Trustee, the Investment Management Agreement, and the Third Party Manager Advisory Agreement. I understand that the terms and conditions that apply to my Individual Retirement Account are contained in or referred to in the documents listed above, and the Investment Management Agreement. Within seven days from the date I open my IRA, I may revoke it without penalty by delivering a written notice to the Trustee.

If I have elected to open an Asset or Asset/Brokerage account to manage my IRA assets, then Morgan shall act as Custodian and the following terms shall also apply*:

My Agreement with the Custodian is comprised of this Application; the Custodial IRA Asset Account Agreement (which is a 5305-A Plan Agreement) and the Financial Disclosure and Disclosure Statement included with it; the provisions of the General Terms and of the Asset Account Agreement incorporated in it by reference; the Fee Schedules; Disclosures; and any Supplemental Forms. In addition, if I have completed the Brokerage Supplement, I am entering into the Brokerage Account Agreement with JPMSI. By signing this Application, I acknowledge that I have received copies of, read, and agreed to, all the documents that comprise my Agreement with the Custodian, and the Brokerage Account Agreement, if applicable. I understand that the terms and conditions that apply to my Individual Retirement Account are contained in or referred to in the documents listed above, other than the Brokerage Account Agreement. Within seven days from the date I open my IRA, I may revoke it without penalty by delivering a written notice to the Custodian.

* Chase Private Client brokerage accounts are with CISC. There is a separate CISC brokerage agreement that must be executed.

E. Signature

IRA Holder must sign below:



8/17/10

SIMON BERNSTEIN

Signature of IRA Holder

Date

Print Name



8-18-10

John G. Christian

Authorized Signature of Trustee or Custodian

Date

Print Name

F. Spousal Consent - This section must be completed

Current Marital Status

I Am Not Married - I understand that if I become married in the future, I must complete a new IRA Designation of Beneficiaries Form.

I Am Married - I understand that if I choose to designate a primary beneficiary other than my spouse, or in addition to my spouse, my spouse must sign below.

I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the tax consequences of giving up my interest in this IRA, I have been advised to see a tax or legal advisor.

I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Trustee or Custodian.

SPOUSE: SIGN HERE ONLY IF A PRIMARY BENEFICIARY OTHER THAN, OR IN ADDITION, TO YOU IS DESIGNATED.



Signature of Spouse

Date

Print Name



Comments

IRA APP

Date[mmddyyyy]

08172010

Box Number

--	--	--	--	--	--	--	--	--	--

Form Type = "CITADEL"

Doc Code Doc Code Doc Code Doc Code

921

--

--

--

Account Numbers

Account Numbers

W32585007

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

EXHIBIT B

J.P. Morgan Personal Account Application

J.P.Morgan

A. Account Owner(s) Information

Primary Account Owner:
Name SIMON BERNSTEIN

Joint Account Owner:
Name _____

Legal Address 7020 LIONS HEAD LN

Legal Address _____

City BOCA RATON State Florida Zip 33496-5931

City _____ State _____ Zip _____

Country UNITED STATES State of Legal Residence FL

Country _____ State of Legal Residence _____

Phone 561-477-9096

Phone _____

Date of Birth:

1	2	-	0	2	-	1	9	3	5
m	m		d	d		y	y	y	y

Date of Birth:

		-			-				
m	m		d	d		y	y	y	y

SSN#: XXXXXXXXXX

SSN#:

		-			-				
--	--	---	--	--	---	--	--	--	--

Citizenship:
 U.S. U.S. Permanent Resident Alien _____
Country of Citizenship

Citizenship:
 U.S. U.S. Permanent Resident Alien _____
Country of Citizenship

Name of Employer LIFE INSURANCE CONCEPTS

Name of Employer _____

Occupation/Position CHAIRMAN

Occupation/Position _____

Address 950 PENINSULA COR CR ST 3010 Phone 561-988-8984

Address _____ Phone _____

City BOCA RATON State FL Zip 33487

City _____ State _____ Zip _____

The following fields are **required** for Brokerage and IM Accounts:

The following field is **required** for Brokerage and IM Accounts:

Number of Dependents 0

Annual Income \$ _____

Annual Income	Liquid Net Worth (inv. assets)	Net Worth excl. prim. res.
\$500,000	\$5,000,000	\$12,000,000

B. Account Information

Title of Account: SIMON BERNSTEIN

- Individual Joint (JTWR0S/JAWR0S for TX residents) Tenants in Common Tenants by the Entirety
 Community Property In trust for (POD for TX residents) UTMA/UGMA Transfer on Death (TOD)

- I have applied to open the following accounts (check all that apply):
 Checking Account Money Market Deposit Account/Savings Investment Management/Third Party Manager/Thematic Advisory Portfolio [TAP] (discretionary)
 Asset/Brokerage Asset/Brokerage with Private Asset Management Account
 Asset/Custody Asset/Custody with Private Asset Management Account

I hereby apply for a Line of Credit linked to my Asset Account Yes (U-1 form will be provided) No
 Please be advised that if you have another account with the same feature, this is not applicable.

- Traditional IRA Asset/Brokerage Traditional IRA Investment Management/Third Party Manager Roth IRA Asset/Brokerage Roth IRA Investment Management/Third Party Manager

Each account I open is subject to the security interest provisions in the Agreement (as defined below in "E. Agreement") and is pledged as Collateral for all my Obligations.

C. Authorized Persons for Information Access

The following individuals are authorized to inquire about and receive all information about my accounts and transactions, including access to account information made available on J.P. Morgan websites:

Name _____	Name _____
------------	------------

D. Brokerage Information (required for JPMSI Brokerage accounts only*)

By checking the box below I consent to the electronic delivery of all information including, but not limited to, communications, prospectuses, and marketing and sales documents relating to my securities activity for all investment products including both registered and unregistered offerings.

I may be notified by e-mail regarding the above e-Mail Address: SIMON@LIFEINSURANCECONCEPTS.COM

Marital Status of Primary Account Owner: Married Single Divorced Widowed

Spouse Information (If spouse is not the joint account owner, please complete this section.)

Name SHIRLEY BERNSTEIN Name of Employer N/A

Occupation/Position HOMEMAKER Annual Income (\$) 0

J.P. Morgan Personal Account Application

J.P.Morgan

D. Continued - Brokerage Information (required for Brokerage accounts only)

Investment Opportunities and Risk Tolerance

My objective for this account (check one): [] Capital Preservation [] Income Generation [X] Capital Appreciation

Speculative or aggressive investments that may generate higher returns but may be riskier than other investments because I may lose all or part of my investment (check one):

[X] Are permitted in this account [] Are not permitted in this account

Primary source of income: [X] Investments [X] Compensation [] Pension [] Other

Please indicate the number of years of personal trading experience for the authorized party(s) on this account:

Stocks 30 Bonds 30 Structured Products 0 Options 20 Emerging Markets 10 Hedge Funds/Private Placements 10

I currently have brokerage accounts with the following firms: OPPENHEIMER FUNDS

Authorized Persons for Brokerage Trading

The following individuals shall be authorized to trade in the account (a Power of Attorney will be provided).

Name Name

Affiliations (all account owners)

I, my spouse or another family member is, or has been, a director, corporate officer, control person, affiliate or an owner of 10% of a public corporation's stock: [] Yes [X] No

If yes, name of person Name of corporation

If yes, is the corporation traded publicly on a U. S. stock exchange? [] Yes [X] No

I, my spouse or another family member or an individual controlling the account is employed by or associated with a U.S. Broker-Dealer: [] Yes [X] No

If yes, name of Broker-Dealer Name of employee/associated person

If yes, Broker-Dealer must provide written permission on corporate letterhead to open a Brokerage or Margin Account.

Custodian (if applicable)

[X] JPMorgan Chase Bank, N.A. [] Other (please specify)

Margin Account Requested?

[] Yes [X] No

Options trading (required for exchange traded options, over-the-counter traded options or structured products)

[X] Yes (a Derivatives Approval form will be required) [] No

E. Agreement

I have read, understand and agree to this application and either the General Terms for Accounts and Services and the Account Agreement or, for certain checking or savings deposit accounts, the Account Rules and Regulations (in each case, our "Agreement").

* Chase Private Client brokerage accounts are with CISC. There is a separate CISC brokerage agreement that must be executed.

** Chase Private Clients are not entering into a security agreement. *** Chase Private Clients are subject to the Chase Privacy Policy.

F. Pre-dispute Arbitration

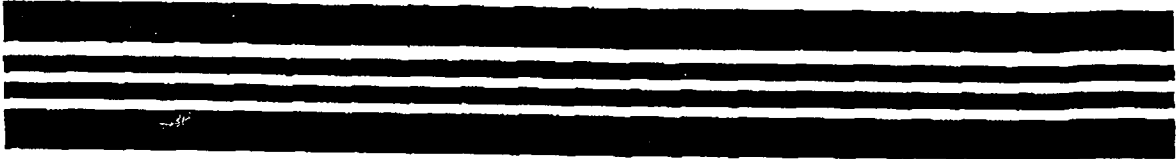
By signing below, I acknowledge agreement to arbitrate any controversies arising out of the Margin or Brokerage Agreements with J.P. Morgan Securities Inc.*, in accordance with paragraph 11 of the Brokerage Agreement that I have received. Paragraph 11 is located on pages 5-7 of the standalone Brokerage Account Agreement, or on pages 14-15 of the General Terms for Accounts and Services.

G. Signature

All accountholders are required to sign below. Please note: any changes not initialed by you, or any information that remains missing on these forms will cause a delay in opening your account and may require us to send the application back to you.

[Signature] 8/17/10 SIMON BERNSTEIN
Signature (Accountholder) Date Print Name

[Signature] Date Print Name



Comments

PERSONAL APP

Date[mmdyyy]

08172010

Box Number

--	--	--	--	--	--	--	--	--	--	--	--

Form Type = "CITADEL"

Doc Code Doc Code Doc Code Doc Code Account Numbers

1050

--

--

--

--

Account Numbers

W32585007

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--

--