

FILED DATE: 11/27/2023 12:00 AM 2022L010905

Instructions ▼ Check the box to the right if your case involves parental responsibility or parenting time (custody/visitation rights) or relocation of a child. Just below "Appeal to the Appellate Court of Illinois," enter the number of the appellate district that will hear the appeal and the county of the trial court. If the case name in the trial court began with "In re" (for example, "In re Marriage of Jones"), enter that name. Below that, enter the names of the parties in the trial court, and check the correct boxes to show which party is filing the appeal ("appellant") and which party is responding to the appeal ("appellee"). To the far right, enter the trial court case number, the trial judge's name, and the Supreme Court Rule that allows the appellate court to hear the appeal.	☐ THIS APPEAL INVOLVES A MATTER SUBJECT TO EXPEDITED DISPOSITION UNDER RULE 311(a). APPEAL TO THE APPELLATE COURT OF ILLINOIS FIRST _____ District _____ from the Circuit Court of _____ County _____ Cook _____ County _____ FILED 11/27/2023 12:00 AM IRIS Y. MARTINEZ CIRCUIT CLERK COOK COUNTY, IL 2022L010905 25332130 In re _____ Paul R. Dulberg and the Paul R. Dulberg Revocable Trust _____ Plaintiffs/Petitioners (<i>First, middle, last names</i>) ☒ Appellants ☐ Appellees v. Kelly N. Baudin, William Randall Baudin II, Kelran, Inc., et al., ADR Systems Of America, LLC., Allstate Property & Casualty Insurance Company _____ Defendants/Respondents (<i>First, middle, last names</i>) ☐ Appellants ☒ Appellees Trial Court Case No.: 2022 L 010905 Honorable Michael F. Otto Judge, Presiding Supreme Court Rule: 301
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NOTICE OF APPEAL (CIVIL)

In 1, check the type of appeal. For more information on choosing a type of appeal, see <i>How to File a Notice of Appeal</i>.	1. Type of Appeal: ☒ Appeal ☐ Interlocutory Appeal ☐ Joining Prior Appeal ☐ Separate Appeal ☐ Cross Appeal						
In 2, list the name of each person filing the appeal and check the proper box for each person.	2. Name of Each Person Appealing: Name: Paul R. Dulberg <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><i>First</i></td> <td style="width: 33%; text-align: center;"><i>Middle</i></td> <td style="width: 33%; text-align: center;"><i>Last</i></td> </tr> <tr> <td style="text-align: center;">☒ Plaintiff-Appellant</td> <td colspan="2" style="text-align: center;">☐ Petitioner-Appellant</td> </tr> </table> OR ☐ Defendant-Appellant ☐ Respondent-Appellant	<i>First</i>	<i>Middle</i>	<i>Last</i>	☒ Plaintiff-Appellant	☐ Petitioner-Appellant	
<i>First</i>	<i>Middle</i>	<i>Last</i>					
☒ Plaintiff-Appellant	☐ Petitioner-Appellant						

Name: The 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:

08/29/2023

Date

09/21/2023

Date

10/31/2023

Date

In 4, state what you want the appellate court to do. You may check as many boxes as apply.

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: _____

- ☒ order the trial court to: acknowledge that Fraud and Fraud on the Court is alleged, that the Statute of Limitations began to run on October 28, 2022 pursuant to the "Discovery Rule", that Paul R. Dulberg was legally disabled at all times herein, that the automatic Bankruptcy
- ☒ other: stay was violated, allow Appellants to supplement the Record on Appeal to include bystanders report showing that the Baudin Defendants refused I.S.C.T. R.304(a) language and grant any other relief that the court finds appropriate.

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.

/s/ Paul R. Dulberg

Your Signature

4606 Hayden Ct.

Street Address

Paul R. Dulberg

Your Name

McHenry, IL 60051

City, State, ZIP

Paul R. Dulberg @ comcast.net

Email

(847) 497-4250

Telephone

Attorney # (if any)

Additional Appellant Signature

/s/ Thomas W. Kost, Trustee

Signature

423 Dempster St.

Street Address

Thomas W. Kost

Name

Mt. Prospect, IL/60056

City, State, ZIP

tkost999@gmail.com

Email

(847) 439-2198

Telephone

Attorney # (if any)

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.

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.

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.

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.

1. I sent this document:

a. To:

Name: Jeremy N. Boeder*First**Middle**Last*Address: 225 W. Washington Street #2550 Chicago Illinois 60606*Street, Apt #**City**State**ZIP*Email address: jnboeder@tribler.com

b. By:

☒ 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.*☐ Personal hand delivery to:☐ The party☐ The party's family member who is 13 or older, at the party's residence☐ The party's lawyer☐ The party's lawyer's office☐ Mail or third-party carrierc. On: 11/26/2023*Date*At: 8:00 ☐ a.m. ☒ p.m.*Time*

2. I sent this document:

a. To:

Name: George J. Manos*First**Middle**Last*Address: 550 West Adams Street, Suite 300 Chicago Illinois 601661*Street, Apt #**City**State**ZIP*Email address: George.Manos@lewisbrisbois.com

b. By:

☒ 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.*☐ Personal hand delivery to:☐ The party☐ The party's family member who is 13 or older, at the party's residence☐ The party's lawyer☐ The party's lawyer's office☐ Mail or third-party carrierc. On: 11/26/2023*Date*At: 8:00 ☐ a.m. ☒ p.m.*Time*

In 3, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.

3. I sent this document:

a. To:

Name: Jason W. Jochum

Address: 550 West Adams Street, Suite 300 Chicago Illinois 601661
First Middle Last
Street, Apt # City State ZIP

Email address: Jason. Jochum@lewisbrisbois.com

b. By:

☒ 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.

☐ Personal hand delivery to:

☐ The party

☐ The party's family member who is 13 or older, at the party's residence

☐ The party's lawyer

☐ The party's lawyer's office

☐ Mail or third-party carrier

c. On: 11/26/2023

Date

At: 8:00 ☐ a.m. ☒ p.m.

Time

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

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.

I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

/s/ Alphonse A. Talarico

Your Signature

Alphonse A. Talarico

Print Your Name

6184530

Attorney # (if any)

ADDITIONAL PROOF OF SERVICE

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

1. I sent this document:

a. To:

Name: Robert A. Chapman

First

Middle

Last

Address: 190 South LaSalle Street #3850 Chicago Illinois 60603

Street, Apt #

City

State

ZIP

Email address: rchapman@chapmanspingola.co

b. By:

☒ 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.

☐ Personal hand delivery to:

☐ The party

☐ The party's family member who is 13 or older, at the party's residence

☐ The party's lawyer

☐ The party's lawyer's office

☐ Mail or third-party carrier

c. On: 11/26/2023

Date

At: 8:00

☐

a.m.

☒

p.m.

Time

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.

