

I AM OLDER ENOUGH TO BE
YOUR MOTHER AND I THINK
YOUR MOTHER WOULD ASK
THE SAME QUESTION AS
I HAVE WHY.

I do solemnly & sincerely declare that this declaration
is true & correct & I make it with the understanding &
belief that a person who makes a false declaration is liable
to the penalties of perjury

Declared at Tyllamaring in the state of Victoria on this
29th day of April 2014.



Before me:



S. COCKS
FC/38352

35

"IT IS NOT ACCURATE" AND AT ODDS WITH FACTS OF CAUSE OF MEDICAL STATE.

AND IT DOES "NOT MATCH C. C. T. V FOOTAGE OF THE CRIME AT ALL!"

"WHY DID I PUT A SAWN OFF SHOTGUN INTO A MANS FACE". SIC.

"NO SUCH CONDUCT AND BEHAVIOURS OF SORT" TAKING PLACE AT ALL!

YET "IT IS ACCEPTED", BY SOME ONE "PURPORTING TO ACT IN MY BEHALF!"

THIS IS **"FALSE EVIDENCE", SO "INFLAMMING AND DETRIMENTAL TO ACCUSED"**.

A CRIMINAL ACT, **PERJURY COMMITTED "ALLOWED IN FOR BENEFIT OF CROWN"**.

"NOT IN MY BEST INTERESTS AT ALL!!!"

FIRST OF ALL, DOES NOT TRULY REFLECT FACTS AND EVIDENCE OF OFFENDING!

PUTS ME IN SUCH A BAD LIGHT, BEYOND COMPREHENSION WHY IT'S ACCEPTED!

"SUGGESTING I HAD PLACED A GUN TO HER HUSBANDS HEAD, "WHEN I NEVER!"

Accepted by X- Prosecutor. Not defence lawyer, **THE APPLICANT WOULD NEVER!**

"OUR DAUGHTER WHO IS DADS GIRL HAD A STROKE A MONTH AGO AFTER WHAT HAD HAPPENED DUE TO STRESS." SIC.

"HE JUST COME HOME FROM HOSPITAL AFTER HAVING A TRIPLE BY PASS". SIC.

"HAVE YOU CAUSED THEM I DON'T KNOW, BUT YOU CERTAINLY CONTRIBUTED TO THEM". SIC.

I HAD SOUGHT TO INVESTIGATE (IF) THIS DIRE MEDICAL **CONDITION**. **"STROKE" IS "ATTRIBUTED TO ME AT ALL",**

FROM A BARWON MEDICAL NURSE, **"NORENE"** SEEKING HER **"QUALIFIED MEDICAL" "PROFESSIONAL VIEWS ON THIS POSITION"** AS WITH THE **"TRIPLE BY PASS" ALSO.**

LOW BEHOLD **# STROKE CONDITION IS: "HEREDITARY!!!"**

FOR THE RECORD: "STRESS" IS "NOT A DIRECT CONTRIBUTION EITHER!!!"

I WILL REVEAL EXACTLY WHAT **"WE ALL KNOW TO BE", "EVEN A LAYMAN, ME!!!"**

TRIPLE BY PASS CONDITION: IS WHEN YOU HAVE CORANARY ARTERIES REPLACED

USUALLY DUE TO: **"POOR DIET", "HIGH CHOLESTROL", "HIGH BLOOD PRESSURE",**

CONTRIBUTING FACTORS: **"PLAQUE BUILD UP ON THE INSIDE WALLS OF THE SMALL ARTERIES AND SMALL BLOOD CLOTS, GET STUCK. CAUSING A HEART ATTACK" (AND (OR) STROKE!**

THIS IS ACCUMALATED OVER YEARS, OF POOR HEALTH. NOT FROM ME AT ALL!

HOW IS THIS AT ALL ATTRIBUTED TO ME. IT IS NOT AT ALL! AND "TONED DOWN!"

READ FACTS: "TRUTH OF VICTIM IMPACT STATEMENT CONDITION".

Heart disease - know your risk

Summary

- There is no single thing that causes coronary heart disease (CHD), but there are several risk factors that contribute to it.
 - You can reduce your risk of developing CHD by quitting smoking, being physically active, managing conditions such as high cholesterol, high blood pressure, diabetes and depression, managing your weight and avoiding social isolation.
 - Take any medicines as prescribed by your doctor.
-

Coronary heart disease (CHD) occurs when your coronary arteries (the arteries that supply blood and oxygen to your heart muscle) become clogged with fatty material called plaque or atheroma. Plaque slowly builds up on the inner walls of the arteries, causing them to become narrow. This process is called atherosclerosis. It can start when you are young, and be well advanced by the time you reach middle age. If your arteries become too narrow, less blood can reach your heart muscle. This may lead to symptoms such as **angina** (chest pain). If a blood clot forms in the narrowed artery and completely blocks the blood supply to part of your heart, it can cause a **heart attack**.

Heart disease remains the leading single cause of death in Australia, with more than 20,000 deaths attributed to heart disease in Australia in 2014.

Understanding your heart and stroke risk score

In the past, your doctor may have measured and treated each of your risk factors one at a time. It is now recommended that your overall risk be assessed to determine your personal heart and **stroke-risk score**. Your risk score puts many of the risk factors together. This is a bit like putting all the pieces of a puzzle together so you can see the whole picture. By looking at the whole picture, your doctor can discuss ways you can reduce your risk of **stroke** or **heart attack**.

However, if you are already known to be at high risk (for example, if you have had a previous heart attack or stroke, you have severe kidney disease, very high blood pressure or you have diabetes and you are over 60 years old), a risk score will not need to be calculated. Risk reduction strategies include medications, surgery and lifestyle changes.

Heart disease risk factors you can change

There is no single cause for CHD, but there are risk factors that increase your chance of developing it. There are modifiable risk factors (ones that you can change) and non-modifiable risk factors (ones that you can't change).

Heart disease risk factors that you can change include:

- **smoking**
- **high total cholesterol**
- **high blood pressure**
- **diabetes**
- **being physically inactive**
- being overweight or **obese**
- **depression**, social isolation and a lack of quality social support.

Risk factors that you can't change include increasing age, being male and having a family history of heart disease. Aboriginal and Torres Strait Islander peoples are also at increased risk of CHD.

The good news is that you can reduce your overall risk of developing CHD by leading a healthy lifestyle and taking medicines as prescribed by your doctor.

Smoking and heart disease risk

As well as causing cancer, **smoking** affects the arteries that supply blood to your heart and other parts of your body. It reduces the amount of oxygen in your blood and damages your artery walls. Smoking increases your risk of heart attack, stroke and peripheral arterial disease (which can lead to gangrene and limb amputation).

Smoking makes your blood 'stickier', causing blood cells to clump together. This slows blood flow through your arteries and makes blockages more common. Blockages may cause heart attack and stroke.

Smoking also makes your artery walls sticky, causing them to become clogged with fatty material called plaque or atheroma. Smokers often have cold hands or feet as a result of clogged arteries, which may also lead to serious problems such as gangrene. If the clogged artery is your coronary artery, it can cause angina. If a blood clot forms in the narrowed coronary artery and completely blocks the blood supply to a part of your heart, it can cause a heart attack.

Being overweight and heart disease risk

Being overweight or **obese** increases your risk of a number of health problems, including:

- CHD
- diabetes
- high blood pressure
- high cholesterol
- gall bladder disease
- joint problems, such as gout, arthritis and joint pain
- sleep problems, such as sleep apnoea
- certain types of cancer.

Carrying extra weight around your middle (being 'apple-shaped') is more of a health risk, so it is especially important for you to lose weight if this is the case.

To achieve a healthy body weight, balance the energy (kilojoules) coming into your body through food and drinks, with the energy (kilojoules) being used up by your body through regular physical activity.

Physical activity and heart disease risk

Physical activity is an important part of looking after your health and reducing your risk of CHD. Regular physical activity will:

- improve your long-term health
- reduce your risk of heart attack
- give you more energy
- help you to manage your weight
- help you to achieve healthier total cholesterol
- lower your blood pressure
- make your bones and muscles stronger
- make you feel more confident, happy and relaxed
- help you to sleep better.

If you have had a heart attack, regular physical activity will help you to recover more quickly. If you have diabetes,