



11/19/2001

8841

KURT S. BOLLIN  
NOLAN B. HENDERSON, ESQ.  
330 NO. BRAND BLVD  
SUITE 950  
GLENDALE CA. 91203

Dear: KURT S. BOLLIN

Re: Records Request Order

Subject: **MARIA CARMEN DUARTE, Birthdate 10/26/66**  
Case Title: **MARIA CARMEN DUARTE Vs. CURTIS MICHAEL MALINS**  
Case No: **KC034354** Job No: **8841**

Enclosed are your records request(s) that we are now processing.

If you should have any questions regarding this matter, please contact us. Thank you for your business.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	<b>PHOTOCOPY COVER SHEET</b> <b>8841.9974</b>
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>			
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>			
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>KURT S. BOLLIN NOLAN B. HENDERSON, ESQ.</b>		Case Number: <b>KC034354</b>	
Contact <b>J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993</b>			
Date Entered <b>06/19/01</b> , Priority: <b>N</b>			
Depo Date <b>11/27/01</b> Time <b>10:00am</b>			
<b>Custodian:</b> <b>KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS.,</b> <b>415.123.1234</b>			
<b>Custodian Address:</b> <b>KAISER FOUNDATION HOSPITAL 1011 BALDWIN PARK BLVD. CARMEL-BY-THE-SEA, CA. 93921</b>			
<b>Subject:</b> <b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>			
<b>Served:</b> Authorization to receive or release medical information			
<b>Copy:</b> <b>MEDICAL &amp; BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS.</b>			

**PHOTOCOPY COVER SHEET FOR:**  
**KURT S. BOLLIN NOLAN B. HENDERSON, ESQ.**



Letter of Request for Document Authorization

---

To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT  
KAISER FOUNDATION HOSPITAL  
1011 BALDWIN PARK BLVD.  
Carmel-by-the-Sea, CA. 93921

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS. for copying.

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code (Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9974 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #: <b>(818)-956-4210</b>	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>			
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>			
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>			Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
**KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS.,**  
**415.123.1234**

**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**  
**To: BAY TO BREAKERS ATTORNEY SERVICE, On: 11/27/01, At: 10:00am**  
**Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921**

1. ☐ **CERTIFICATION OF RECORDS COPIED** (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
2. ☐ **CERTIFICATION OF NO RECORDS** (*Custodian's initials:\_\_\_\_\_*)
  - a. A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.
  - b. It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ **CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS** (*Custodian's initials:\_\_\_\_\_*)
4. ☐ **CERTIFICATION OF NO X-RAY(S), MRI(S), OR CAT SCANS** (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was  
 executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	<b>PHOTOCOPY COVER SHEET</b> <b>8841.9975</b>
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>			
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>			
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>KURT S. BOLLIN NOLAN B. HENDERSON, ESQ.</b>		Case Number: <b>KC034354</b>	
Contact Minnie E. Mouse, <b>Phone: 800.628.6614, FAX: 413.638.9993</b>			
Date Entered 06/19/01, Priority: N			
Depo Date 07/22/01 Time 09:30am			
<b>Custodian:</b> SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.			
<b>Custodian Address:</b> 1011 BALDWIN PARK BLVD. BALDWIN PARK, CA. 91706			
<b>Subject:</b> <b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>			
<b>Served:</b> Authorization to receive or release medical information			
<b>Copy:</b> MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .			

**PHOTOCOPY COVER SHEET FOR:**  
**KURT S. BOLLIN NOLAN B. HENDERSON, ESQ.**



Letter of Request for Document Authorization

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To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
1011 BALDWIN PARK BLVD. DEPARTMENT KAISE  
Baldwin Park, CA. 91706 DEPARTMENT KAISER  
EPARTMENT KAISER FOUNDATION HOSPITAL, H

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDI

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code (Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9975 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

Minnie E. Mouse

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
 SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.  
**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921
--

1. ☐ CERTIFICATION OF RECORDS COPIED (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
2. ☐ CERTIFICATION OF **NO** RECORDS (*Custodian's initials:\_\_\_\_\_*)
  - a. A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.
  - b. It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)
4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	<b>PHOTOCOPY COVER SHEET</b> <b>8841.9976</b>
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		

<b>PHOTOCOPY COVER SHEET FOR:</b> <b>KURT S. BOLLIN NOLAN B. HENDERSON, ESQ.</b>	Case Number: <b>KC034354</b>
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Contact <b>J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993</b>
---

Date Entered <b>06/19/01, Priority: N</b>
---

Depo Date <b>07/22/01</b> Time <b>09:30am</b>
---

<b>Custodian:</b>
-------------------

<b>KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT</b>
---

<b>Custodian Address:</b>
---------------------------

<b>4733 SUNSET BLVD LOS ANGELES, CA. 90027</b>
--

<b>Subject:</b>
-----------------

<b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>
--

<b>Served:</b>
----------------

Authorization to receive or release medical information
---

<b>Copy:</b>
--------------

MEDICAL & BILLING RECORDS WITH X-RAYS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .

**PHOTOCOPY COVER SHEET FOR:**  
**KURT S. BOLLIN NOLAN B. HENDERSON, ESQ.**





Letter of Request for Document Authorization

---

To: CUSTODIAN OF MEDICAL & BILLING RECORDS WITH X-RAYS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
4733 SUNSET BLVD DEPARTMENT KAISER FOUND  
LOS ANGELES, CA. 90027 ENT KAISER FOUNDAT  
T KAISER FOUNDATION HOSPITAL, HOSPITAL

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS WITH X-RAYS  
ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND  
DOCUMENTS OF ANY KIND AND CHARAC

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code  
(Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come  
to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9976 if there are any difficulties or questions. Thank you for  
your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
**KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT**  
**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921
--

1. ☐ CERTIFICATION OF RECORDS COPIED (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
2. ☐ CERTIFICATION OF **NO** RECORDS (*Custodian's initials:\_\_\_\_\_*)
  - a. A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.
  - b. It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)
4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

<i>Attorney or Party without Attorney:</i> <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> <i>Attorney for:</i> <b>Defendant</b>	<i>Telephone No:</i> <b>(818)-956-4366</b> <i>FAX #:</i> <b>(818)-956-4210</b>	<b>PHOTOCOPY WORK ORDER</b> <b>8841.9974</b>  Payment \$: _____ Check #: _____  # X-Rays: _____  # Copies: _____ Completed Date: _____
<i>Insert name of Court and Judicial District and Branch Court:</i> <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
<i>Plaintiff:</i> <b>MARIA CARMEN DUARTE</b> <i>Defendant:</i> <b>CURTIS MICHAEL MALINS</b>		
<b>PHOTOCOPY WORK ORDER</b>		<i>Case Number:</i> <b>KC034354</b>

Assigned to	Daisy R. Duck
Contact	J. Mortimer Bitwhacker, <b>Phone: 800.628.6614, FAX: 413.638.9993</b>
Date Entered	06/19/01, Priority: N
Depo Date	11/27/01 Time 10:00am
<b>Custodian:</b>	

KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS., 415.123.1234

<b>Custodian Address:</b>
---------------------------

KAISER FOUNDATION HOSPITAL 1011 BALDWIN PARK BLVD. CARMEL-BY-THE-SEA, CA. 93921

<b>Subject:</b>
-----------------

**MARIA CARMEN DUARTE, Birthdate 10/26/66**

<b>Served:</b>
----------------

Authorization to receive or release medical information

<b>Copy:</b>
--------------

MEDICAL & BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS.

Served: Date \_\_\_\_\_, Time \_\_\_\_\_, At \_\_\_\_\_ By \_\_\_\_\_

Person Served 2.b. \_\_\_\_\_ Mailed Date \_\_\_\_\_

Description \_\_\_\_\_

Date	Time	Comments
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Letter of Request for Document Authorization

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To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
KAISER FOUNDATION HOSPITAL DEPARTMENT  
1011 BALDWIN PARK BLVD.  
Carmel-by-the-Sea, CA. 93921

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS. for copying.

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dba QUICKSILVER PHOTOCOPY COMPANY  
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Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9974 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
**KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS.,**  
**415.123.1234**

**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**  
**To: BAY TO BREAKERS ATTORNEY SERVICE, On: 11/27/01, At: 10:00am**  
**Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921**

1. ☐ **CERTIFICATION OF RECORDS COPIED** (*Custodian's initials:\_\_\_\_\_*)
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  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
2. ☐ **CERTIFICATION OF NO RECORDS** (*Custodian's initials:\_\_\_\_\_*)
  - a. A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.
  - b. It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ **CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS** (*Custodian's initials:\_\_\_\_\_*)
4. ☐ **CERTIFICATION OF NO X-RAY(S), MRI(S), OR CAT SCANS** (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was

executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	<b>PHOTOCOPY WORK ORDER</b> <b>8841.9975</b>  Payment \$: _____ Check #: _____  # X-Rays: _____  # Copies: _____ Completed Date: _____																		
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>																					
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>																					
<b>PHOTOCOPY WORK ORDER</b>		Case Number: <b>KC034354</b>																			
Assigned to <b>J. Mortimer Bitwhacker</b>																					
Contact <b>Minnie E. Mouse, Phone: 800.628.6614, FAX: 413.638.9993</b>																					
Date Entered <b>06/19/01</b> , Priority: <b>N</b>																					
Depo Date <b>07/22/01</b> Time <b>09:30am</b>																					
Custodian:																					
SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS. ***NO Phone Number, Server Please Provide Phone Number:[_____]																					
Custodian Address:																					
<b>1011 BALDWIN PARK BLVD. BALDWIN PARK, CA. 91706</b>																					
Subject:																					
<b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>																					
Served:																					
Authorization to receive or release medical information																					
Copy:																					
MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .																					
Served: Date _____, Time _____, At _____ By _____																					
Person Served 2.b. _____ Mailed Date _____																					
Description _____																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Time</th> <th style="width: 70%;">Comments</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Time	Comments															
Date	Time	Comments																			



Letter of Request for Document Authorization

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To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
1011 BALDWIN PARK BLVD. DEPARTMENT KAISE  
Baldwin Park, CA. 91706 DEPARTMENT KAISER  
EPARTMENT KAISER FOUNDATION HOSPITAL, H

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDI

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code (Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9975 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

Minnie E. Mouse

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
 SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.

**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am

Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921

1. ☐ CERTIFICATION OF RECORDS COPIED (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
2. ☐ CERTIFICATION OF **NO** RECORDS (*Custodian's initials:\_\_\_\_\_*)
  - a. A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.
  - b. It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)
4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**

**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_



<i>Attorney or Party without Attorney:</i> <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> <i>Attorney for:</i> <b>Defendant</b>	<i>Telephone No:</i> <b>(818)-956-4366</b> <i>FAX #:</i> <b>(818)-956-4210</b>	<b>PHOTOCOPY WORK ORDER</b> <b>8841.9976</b>  Payment \$: _____ Check #: _____  # X-Rays: _____  # Copies: _____ Completed Date: _____
<i>Insert name of Court and Judicial District and Branch Court:</i> <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
<i>Plaintiff:</i> <b>MARIA CARMEN DUARTE</b> <i>Defendant:</i> <b>CURTIS MICHAEL MALINS</b>		
<b>PHOTOCOPY WORK ORDER</b>		<i>Case Number:</i> <b>KC034354</b>

Assigned to	Wyle R. Coyote
Contact	J. Mortimer Bitwhacker, <b>Phone: 800.628.6614, FAX: 413.638.9993</b>
Date Entered	06/19/01, Priority: N
Depo Date	07/22/01 Time 09:30am
<b>Custodian:</b>	

KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT \*\*\*NO Phone Number, Server Please Provide Phone Number:[\_\_\_\_\_]

<b>Custodian Address:</b>
4733 SUNSET BLVD LOS ANGELES, CA. 90027

<b>Subject:</b>
<b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>

<b>Served:</b>
Authorization to receive or release medical information

<b>Copy:</b>
MEDICAL & BILLING RECORDS WITH X-RAYS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .

Served: Date \_\_\_\_\_, Time \_\_\_\_\_, At \_\_\_\_\_ By \_\_\_\_\_

Person Served 2.b. \_\_\_\_\_ Mailed Date \_\_\_\_\_

Description \_\_\_\_\_

Date	Time	Comments



Letter of Request for Document Authorization

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To: CUSTODIAN OF MEDICAL & BILLING RECORDS WITH X-RAYS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
4733 SUNSET BLVD DEPARTMENT KAISER FOUND  
LOS ANGELES, CA. 90027 ENT KAISER FOUNDAT  
T KAISER FOUNDATION HOSPITAL, HOSPITAL

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS WITH X-RAYS  
ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND  
DOCUMENTS OF ANY KIND AND CHARAC

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code  
(Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come  
to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9976 if there are any difficulties or questions. Thank you for  
your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #: <b>(818)-956-4210</b>	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>			
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>			
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>			Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
**KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT**  
**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: <b>BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am</b> Location: <b>dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921</b>
--

1. ☐ **CERTIFICATION OF RECORDS COPIED** (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
2. ☐ **CERTIFICATION OF NO RECORDS** (*Custodian's initials:\_\_\_\_\_*)
  - a. A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.
  - b. It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ **CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS** (*Custodian's initials:\_\_\_\_\_*)
4. ☐ **CERTIFICATION OF NO X-RAY(S), MRI(S), OR CAT SCANS** (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	<b>PHOTOCOPY COVER SHEET</b> <b>8841.9974</b>
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>			
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>			
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>File Copy</b>		Case Number: <b>KC034354</b>	
Contact <b>J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993</b>			
Date Entered <b>06/19/01</b> , Priority: <b>N</b>			
Depo Date <b>11/27/01</b> Time <b>10:00am</b>			
Custodian: <b>KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS.,</b> <b>415.123.1234</b>			
Custodian Address: <b>KAISER FOUNDATION HOSPITAL 1011 BALDWIN PARK BLVD. CARMEL-BY-THE-SEA, CA. 93921</b>			
Subject: <b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>			
Served: Authorization to receive or release medical information			
Copy: <b>MEDICAL &amp; BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS.</b>			

**PHOTOCOPY COVER SHEET FOR:**  
**File Copy**



Letter of Request for Document Authorization

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To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
KAISER FOUNDATION HOSPITAL DEPARTMENT KA  
1011 BALDWIN PARK BLVD. NG DEPARTMENT  
Carmel-by-the-Sea, CA. 93921

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS. for copying.

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code (Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9974 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #: <b>(818)-956-4210</b>	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>			
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>			
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>			Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
**KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS.,**  
**415.123.1234**

**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**  
**To: BAY TO BREAKERS ATTORNEY SERVICE, On: 11/27/01, At: 10:00am**  
**Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921**

- ☐ **CERTIFICATION OF RECORDS COPIED** (*Custodian's initials:\_\_\_\_\_*)
  - I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
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- ☐ **CERTIFICATION OF NO RECORDS** (*Custodian's initials:\_\_\_\_\_*)
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  - It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
- ☐ **CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS** (*Custodian's initials:\_\_\_\_\_*)
- ☐ **CERTIFICATION OF NO X-RAY(S), MRI(S), OR CAT SCANS** (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was  
 executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Witnessed \_\_\_\_\_

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	<b>PHOTOCOPY COVER SHEET</b> <b>8841.9975</b>
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>			
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>			
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>File Copy</b>		Case Number: <b>KC034354</b>	
Contact <b>Minnie E. Mouse, Phone: 800.628.6614, FAX: 413.638.9993</b>			
Date Entered <b>06/19/01, Priority: N</b>			
Depo Date <b>07/22/01</b> Time <b>09:30am</b>			
<b>Custodian:</b> <b>SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.</b>			
<b>Custodian Address:</b> <b>1011 BALDWIN PARK BLVD. BALDWIN PARK, CA. 91706</b>			
<b>Subject:</b> <b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>			
<b>Served:</b> Authorization to receive or release medical information			
<b>Copy:</b> MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .			

**PHOTOCOPY COVER SHEET FOR:**  
**File Copy**



Letter of Request for Document Authorization

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To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
1011 BALDWIN PARK BLVD. DEPARTMENT KAISE  
Baldwin Park, CA. 91706 DEPARTMENT KAISER  
EPARTMENT KAISER FOUNDATION HOSPITAL, H

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDI

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code (Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9975 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

Minnie E. Mouse



Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
 SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.

**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am

Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921

1. ☐ CERTIFICATION OF RECORDS COPIED (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
2. ☐ CERTIFICATION OF **NO** RECORDS (*Custodian's initials:\_\_\_\_\_*)
  - a. A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.
  - b. It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)
4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was

executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**

**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	<b>PHOTOCOPY COVER SHEET</b> <b>8841.9976</b>
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		Case Number: <b>KC034354</b>
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>File Copy</b>		

Contact <b>J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993</b>
Date Entered <b>06/19/01, Priority: N</b>
Depo Date <b>07/22/01</b> Time <b>09:30am</b>
<b>Custodian:</b>

<b>KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT</b>
<b>Custodian Address:</b>
<b>4733 SUNSET BLVD LOS ANGELES, CA. 90027</b>

<b>Subject:</b>
<b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>
<b>Served:</b>

Authorization to receive or release medical information
<b>Copy:</b>
MEDICAL & BILLING RECORDS WITH X-RAYS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .

**PHOTOCOPY COVER SHEET FOR:**  
**File Copy**



Letter of Request for Document Authorization

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To: CUSTODIAN OF MEDICAL & BILLING RECORDS WITH X-RAYS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
4733 SUNSET BLVD DEPARTMENT KAISER FOUND  
LOS ANGELES, CA. 90027 ENT KAISER FOUNDAT  
T KAISER FOUNDATION HOSPITAL, HOSPITAL

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS WITH X-RAYS  
ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND  
DOCUMENTS OF ANY KIND AND CHARAC

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code  
(Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come  
to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9976 if there are any difficulties or questions. Thank you for  
your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
**KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT**  
**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921
--

1. ☐ CERTIFICATION OF RECORDS COPIED (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
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3. ☐ CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)
4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_



11/19/2001

8841

HEATHER AAGAARD  
Law Offices Of: JOEL B. CASTRO, APC  
11766 WILSHIRE BLVD  
SUITE 250  
WEST LOS ANGELES CA 90025

Re: Records Request Order

Subject: **MARIA CARMEN DUARTE, Birthdate 10/26/66**  
Case Title: **MARIA CARMEN DUARTE Vs. CURTIS MICHAEL MALINS**  
Case No: **KC034354** Job No: **8841**

Per Subpoena, we are obtaining records in the above named action on behalf of: NOLAN B. HENDERSON, ESQ., from the 3 location(s) listed below.

As a party to this action if your firm would like to purchase any of these records, please indicate by checking the appropriate box(es) below, signing, and returning this order by mail or fax.

**This Order Request must be returned by 12/03/01 to avoid additional charges.**

- ☐ NO LOCATIONS
- ☐ ALL LOCATIONS
- ☐ KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT @ KAISER FOUNDATION HOSPITAL 1011 BALDWIN PARK BL
- ☐ SCPMG, MEDICAL RECORDS DEPARTMENT @ 1011 BALDWIN PARK BLVD. Baldwin Park CA. 91706
- ☐ KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT @ 4733 SUNSET BLVD LOS ANGELES CA. 90027

Indicate which party your firm represents:

☐ Plaintiff ☐ Defendant ☐ Other \_\_\_\_\_

Our Office will contact you with the amount due. All orders will be shipped upon full payment.

Authorized name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print or type)

Signature: \_\_\_\_\_ Tel: \_\_\_\_\_

NOTE: Please refer to the JOB NUMBER and SUBJECT NAME when communicating with our office. Thank you.

Attorney or Party without Attorney: NOLAN B. HENDERSON, ESQ. KURT S. BOLLIN 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant		Telephone No: (818)-956-4366 FAX #:(818)-956-4210	PHOTOCOPY COVER SHEET <b>8841.9974</b>
Insert name of Court and Judicial District and Branch Court: LA SUPERIOR, EAST 400 CIVIC CENTER PLAZA POMONA, CA. 91766			
Plaintiff: MARIA CARMEN DUARTE Defendant: CURTIS MICHAEL MALINS			
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>HEATHER AAGAARD Law Offices Of: JOEL B. CASTRO, APC</b>		Case Number: KC034354	
Contact J. Mortimer Bitwhacker, <b>Phone: 800.628.6614, FAX: 413.638.9993</b>			
Date Entered 06/19/01, Priority: N			
Depo Date 11/27/01 Time 10:00am			
<b>Custodian:</b> KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS., 415.123.1234			
<b>Custodian Address:</b> KAISER FOUNDATION HOSPITAL 1011 BALDWIN PARK BLVD. CARMEL-BY-THE-SEA, CA. 93921			
<b>Subject:</b> <b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>			
<b>Served:</b> Authorization to receive or release medical information			
<b>Copy:</b> MEDICAL & BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS.			

**PHOTOCOPY COVER SHEET FOR:**  
**HEATHER AAGAARD Law Offices Of: JOEL B. CASTRO, APC**



Letter of Request for Document Authorization

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To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
KAISER FOUNDATION HOSPITAL DEPARTMENT KA  
1011 BALDWIN PARK BLVD. NG DEPARTMENT KAI  
Carmel-by-the-Sea, CA. 93921G DEPARTMENT

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS. for copying.

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code (Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9974 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: NOLAN B. HENDERSON, ESQ. KURT S. BOLLIN 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant		Telephone No: (818)-956-4366 FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: LA SUPERIOR, EAST 400 CIVIC CENTER PLAZA POMONA, CA. 91766			
Plaintiff: MARIA CARMEN DUARTE Defendant: CURTIS MICHAEL MALINS			
DECLARATION OF ??			Case Number: RC034354

The Custodian of Records, or other qualified witness, for:  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS.,  
415.123.1234  
Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:  
To: BAY TO BREAKERS ATTORNEY SERVICE, On: 11/27/01, At: 10:00am  
Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921

1. ☐ CERTIFICATION OF RECORDS COPIED (Custodian's initials:\_\_\_\_\_)
- a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.

b.The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.

c.To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.

d.No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
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b.It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS (Custodian's initials:\_\_\_\_\_)
4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (Custodian's initials:\_\_\_\_\_)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was  
executed on (date): \_\_\_\_\_ at (place)\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Witnessed \_\_\_\_\_

AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER  
Pursuant to Section 22462 of Business and Professions Code

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_



Attorney or Party without Attorney: NOLAN B. HENDERSON, ESQ. KURT S. BOLLIN 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant		Telephone No: (818)-956-4366 FAX #:(818)-956-4210	PHOTOCOPY COVER SHEET <b>8841.9975</b>
Insert name of Court and Judicial District and Branch Court: LA SUPERIOR, EAST 400 CIVIC CENTER PLAZA POMONA, CA. 91766			
Plaintiff: MARIA CARMEN DUARTE Defendant: CURTIS MICHAEL MALINS			
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>HEATHER AAGAARD Law Offices Of: JOEL B. CASTRO, APC</b>		Case Number: KC034354	
Contact Minnie E. Mouse, <b>Phone: 800.628.6614, FAX: 413.638.9993</b>			
Date Entered 06/19/01, Priority: N			
Depo Date 07/22/01 Time 09:30am			
<b>Custodian:</b> SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.			
<b>Custodian Address:</b> 1011 BALDWIN PARK BLVD. BALDWIN PARK, CA. 91706			
<b>Subject:</b> <b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>			
<b>Served:</b> Authorization to receive or release medical information			
<b>Copy:</b> MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .			

**PHOTOCOPY COVER SHEET FOR:**  
**HEATHER AAGAARD Law Offices Of: JOEL B. CASTRO, APC**



Letter of Request for Document Authorization

---

To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
1011 BALDWIN PARK BLVD. DEPARTMENT KAISE  
Baldwin Park, CA. 91706 DEPARTMENT KAISER  
EPARTMENT KAISER FOUNDATION HOSPITAL, H

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDI

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We ask that you contact this office when the records are ready so that we may make an appointment to come to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9975 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

Minnie E. Mouse

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
 SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.

**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921
--

1. ☐ CERTIFICATION OF RECORDS COPIED (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
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I declare under penalty of perjury that the foregoing is true and correct, and this declaration was executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	<b>PHOTOCOPY COVER SHEET</b> <b>8841.9976</b>
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>			
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>			
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>HEATHER AAGAARD Law Offices Of: JOEL B. CASTRO, APC</b>		Case Number: <b>KC034354</b>	
Contact <b>J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993</b>			
Date Entered <b>06/19/01</b> , Priority: <b>N</b>			
Depo Date <b>07/22/01</b> Time <b>09:30am</b>			
Custodian:			
<b>KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT</b>			
Custodian Address:			
<b>4733 SUNSET BLVD LOS ANGELES, CA. 90027</b>			
Subject:			
<b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>			
Served:			
Authorization to receive or release medical information			
Copy:			
MEDICAL & BILLING RECORDS WITH X-RAYS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .			

**PHOTOCOPY COVER SHEET FOR:**  
**HEATHER AAGAARD Law Offices Of: JOEL B. CASTRO, APC**



Letter of Request for Document Authorization

---

To: CUSTODIAN OF MEDICAL & BILLING RECORDS WITH X-RAYS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
4733 SUNSET BLVD DEPARTMENT KAISER FOUND  
LOS ANGELES, CA. 90027 ENT KAISER FOUNDAT  
T KAISER FOUNDATION HOSPITAL, HOSPITAL

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS WITH X-RAYS  
ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND  
DOCUMENTS OF ANY KIND AND CHARAC

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code  
(Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come  
to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9976 if there are any difficulties or questions. Thank you for  
your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
**KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT**  
**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921
--

1. ☐ CERTIFICATION OF RECORDS COPIED (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
2. ☐ CERTIFICATION OF **NO** RECORDS (*Custodian's initials:\_\_\_\_\_*)
  - a. A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.
  - b. It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)
4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_



11/19/2001

8841

Law Offices Of: HILDA GARZON-AYVAZIAN  
107 S FAIR OAKS AVE SUITE 208  
PASADENA CA 91105

Re: Records Request Order

Subject: **MARIA CARMEN DUARTE, Birthdate 10/26/66**  
Case Title: **MARIA CARMEN DUARTE Vs. CURTIS MICHAEL MALINS**  
Case No: **KC034354** Job No: **8841**

Per Subpoena, we are obtaining records in the above named action on behalf of: NOLAN B. HENDERSON, ESQ., from the 3 location(s) listed below.

As a party to this action if your firm would like to purchase any of these records, please indicate by checking the appropriate box(es) below, signing, and returning this order by mail or fax.

**This Order Request must be returned by 12/03/01 to avoid additional charges.**

- ☐ NO LOCATIONS
- ☐ ALL LOCATIONS
- ☐ KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT @ KAISER FOUNDATION HOSPITAL 1011 BALDWIN PARK BL
- ☐ SCPMG, MEDICAL RECORDS DEPARTMENT @ 1011 BALDWIN PARK BLVD. Baldwin Park CA. 91706
- ☐ KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT @ 4733 SUNSET BLVD LOS ANGELES CA. 90027

Indicate which party your firm represents:

☐ Plaintiff ☐ Defendant ☐ Other \_\_\_\_\_

Our Office will contact you with the amount due. All orders will be shipped upon full payment.

Authorized name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print or type)

Signature: \_\_\_\_\_ Tel: \_\_\_\_\_

NOTE: Please refer to the JOB NUMBER and SUBJECT NAME when communicating with our office. Thank you.

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>		Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	<b>PHOTOCOPY COVER SHEET</b> <b>8841.9974</b>
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>			
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>			
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>Law Offices Of: HILDA GARZON-AYVAZIAN</b>		Case Number: <b>KC034354</b>	
Contact <b>J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993</b>			
Date Entered <b>06/19/01</b> , Priority: <b>N</b>			
Depo Date <b>11/27/01</b> Time <b>10:00am</b>			
<b>Custodian:</b> <b>KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS.,</b> <b>415.123.1234</b>			
<b>Custodian Address:</b> <b>KAISER FOUNDATION HOSPITAL 1011 BALDWIN PARK BLVD. CARMEL-BY-THE-SEA, CA. 93921</b>			
<b>Subject:</b> <b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>			
<b>Served:</b> Authorization to receive or release medical information			
<b>Copy:</b> <b>MEDICAL &amp; BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS.</b>			

**PHOTOCOPY COVER SHEET FOR:**  
**Law Offices Of: HILDA GARZON-AYVAZIAN**





Letter of Request for Document Authorization

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To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
KAISER FOUNDATION HOSPITAL DEPARTMENT KA  
1011 BALDWIN PARK BLVD. NG DEPARTMENT KAI  
Carmel-by-the-Sea, CA. 93921G DEPARTMENT

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS NOTICE TO CONSUMER, DECLARATION OF CUSTODIAN OF RECORDS. for copying.

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code (Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9974 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: NOLAN B. HENDERSON, ESQ. KURT S. BOLLIN 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant		Telephone No: (818)-956-4366 FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: LA SUPERIOR, EAST 400 CIVIC CENTER PLAZA POMONA, CA. 91766			
Plaintiff: MARIA CARMEN DUARTE Defendant: CURTIS MICHAEL MALINS			
DECLARATION OF ??			Case Number: RC034354

The Custodian of Records, or other qualified witness, for:  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT, CUSTODIAN OF RECORDS.,  
415.123.1234  
Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:  
To: BAY TO BREAKERS ATTORNEY SERVICE, On: 11/27/01, At: 10:00am  
Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921

- 1. ☐ CERTIFICATION OF RECORDS COPIED (Custodian's initials:\_\_\_\_\_)  
a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.  
b.The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.  
c.To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.  
d.No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
- 2. ☐ CERTIFICATION OF **NO** RECORDS (Custodian's initials:\_\_\_\_\_)  
a.A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.  
b.It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
- 3. ☐ CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS (Custodian's initials:\_\_\_\_\_)
- 4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (Custodian's initials:\_\_\_\_\_)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was  
executed on (date): \_\_\_\_\_ at (place)\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_  
Witnessed \_\_\_\_\_

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**  
I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**  
Date \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Party without Attorney: NOLAN B. HENDERSON, ESQ. KURT S. BOLLIN 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant		Telephone No: (818)-956-4366 FAX #:(818)-956-4210	PHOTOCOPY COVER SHEET <b>8841.9975</b>
Insert name of Court and Judicial District and Branch Court: LA SUPERIOR, EAST 400 CIVIC CENTER PLAZA POMONA, CA. 91766			
Plaintiff: MARIA CARMEN DUARTE Defendant: CURTIS MICHAEL MALINS			
<b>PHOTOCOPY COVER SHEET FOR:</b> <b>Law Offices Of: HILDA GARZON-AYVAZIAN</b>		Case Number: KC034354	
Contact Minnie E. Mouse, <b>Phone: 800.628.6614, FAX: 413.638.9993</b>			
Date Entered 06/19/01, Priority: N			
Depo Date 07/22/01 Time 09:30am			
<b>Custodian:</b> SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.			
<b>Custodian Address:</b> 1011 BALDWIN PARK BLVD. BALDWIN PARK, CA. 91706			
<b>Subject:</b> <b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>			
<b>Served:</b> Authorization to receive or release medical information			
<b>Copy:</b> MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .			

**PHOTOCOPY COVER SHEET FOR:**  
**Law Offices Of: HILDA GARZON-AYVAZIAN**



Letter of Request for Document Authorization

---

To: CUSTODIAN OF MEDICAL & BILLING RECORDS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
1011 BALDWIN PARK BLVD. DEPARTMENT KAISE  
Baldwin Park, CA. 91706 DEPARTMENT KAISER  
EPARTMENT KAISER FOUNDATION HOSPITAL, H

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDI

Please find the enclosed check in the amount of \$15.00 in compliance with the California Evidence Code (Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9975 if there are any difficulties or questions. Thank you for your assistance in this matter.

Sincerely,

Minnie E. Mouse

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
 SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.

**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921
--

1. ☐ CERTIFICATION OF RECORDS COPIED (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
2. ☐ CERTIFICATION OF **NO** RECORDS (*Custodian's initials:\_\_\_\_\_*)
  - a. A thorough search has been made for the documents described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records and, based on the information provided to me for identification, no such records were found.
  - b. It is understood that such records could exist under another spelling, name or classification, but with the information furnished to our office, and to the best of our knowledge, no such records exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)
4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was

executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

---

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**

**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Attorney or Party without Attorney: NOLAN B. HENDERSON, ESQ. KURT S. BOLLIN 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant	Telephone No: (818)-956-4366 FAX #:(818)-956-4210	PHOTOCOPY COVER SHEET <b>8841.9976</b>
Insert name of Court and Judicial District and Branch Court: LA SUPERIOR, EAST 400 CIVIC CENTER PLAZA POMONA, CA. 91766		
Plaintiff: MARIA CARMEN DUARTE Defendant: CURTIS MICHAEL MALINS		

<b>PHOTOCOPY COVER SHEET FOR:</b> <b>Law Offices Of: HILDA GARZON-AYVAZIAN</b>	Case Number: KC034354
---	--------------------------

Contact J. Mortimer Bitwhacker, <b>Phone: 800.628.6614, FAX: 413.638.9993</b>
---

Date Entered 06/19/01, Priority: N
------------------------------------

Depo Date 07/22/01 Time 09:30am
---------------------------------

<b>Custodian:</b>
-------------------

KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT
--

<b>Custodian Address:</b>
---------------------------

4733 SUNSET BLVD LOS ANGELES, CA. 90027
---

<b>Subject:</b>
-----------------

<b>MARIA CARMEN DUARTE, Birthdate 10/26/66</b>
--

<b>Served:</b>
----------------

Authorization to receive or release medical information
---

<b>Copy:</b>
--------------

MEDICAL & BILLING RECORDS WITH X-RAYS ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND DOCUMENTS OF ANY KIND AND CHARACTER, INCLUDING ANY AND ALL NOTES AND NOTATIONS AND MEMORANDA PERTAINING TO OR IN ANY WAY CONNECTED WITH ANY TREATMENT AND EXAMINATION OF THE SUBJECT, INCLUDING ALL X-RAYS, CAT SCANS AND MRI FILMS, UP TO AND INCLUDING THE PRESENT DATE, UNLESS OTHERWISE NOTED, .

**PHOTOCOPY COVER SHEET FOR:**  
**Law Offices Of: HILDA GARZON-AYVAZIAN**



Letter of Request for Document Authorization

---

To: CUSTODIAN OF MEDICAL & BILLING RECORDS WITH X-RAYS  
KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS  
4733 SUNSET BLVD DEPARTMENT KAISER FOUND  
LOS ANGELES, CA. 90027 ENT KAISER FOUNDAT  
T KAISER FOUNDATION HOSPITAL, HOSPITAL

Subject: MARIA CARMEN DUARTE, Birthdate 10/26/66

Dear Custodian:

Please find enclosed an authorization allowing release of MEDICAL & BILLING RECORDS WITH X-RAYS  
ANY AND ALL ORIGINAL BILLING AND MEDICAL RECORDS, REPORTS, HISTORIES AND  
DOCUMENTS OF ANY KIND AND CHARAC

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(Section 1158).

We ask that you contact this office when the records are ready so that we may make an appointment to come  
to your location to copy them at your convenience.

Please Contact:

BAY TO BREAKERS ATTORNEY SERVICE  
dba QUICKSILVER PHOTOCOPY COMPANY  
P.O. Box 835  
Carmel-by-the-Sea, CA. 93921  
Phone: 800.628.6614, FAX: 413.638.9993

Please call in reference to Order Number: 8841.9976 if there are any difficulties or questions. Thank you for  
your assistance in this matter.

Sincerely,

J. Mortimer Bitwhacker

Attorney or Party without Attorney: <b>NOLAN B. HENDERSON, ESQ.</b> <b>KURT S. BOLLIN</b> <b>330 NO. BRAND BLVD</b> <b>SUITE 950</b> <b>GLENDALE CA. 91203</b> Attorney for: <b>Defendant</b>	Telephone No: <b>(818)-956-4366</b> FAX #:(818)-956-4210	For Court Use Only
Insert name of Court and Judicial District and Branch Court: <b>LA SUPERIOR, EAST</b> <b>400 CIVIC CENTER PLAZA</b> <b>POMONA, CA. 91766</b>		
Plaintiff: <b>MARIA CARMEN DUARTE</b> Defendant: <b>CURTIS MICHAEL MALINS</b>		
<b>DECLARATION OF CUSTODIAN OF RECORDS</b>		Case Number: <b>KC034354</b>

**The Custodian of Records, or other qualified witness, for:**  
**KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT**  
**Declares as shown below in response to the Subpoena Duces Tecum for deposition scheduled as follows:**

To: BAY TO BREAKERS ATTORNEY SERVICE, On: 07/22/01, At: 09:30am Location: dba QUICKSILVER PHOTOCOPY COMPANY, P.O. Box 835, Carmel-by-the-Sea, CA. 93921
--

1. ☐ CERTIFICATION OF RECORDS COPIED (*Custodian's initials:\_\_\_\_\_*)
  - a. I am a duly authorized Custodian of Records, or other qualified witness, for the above-named business. As such I have the authority to certify these records.
  - b. The photocopied records submitted herewith are true copies of all the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records.
  - c. To the best of my knowledge, all such records were prepared or compiled by the personnel of the above-named business in the ordinary course of business, at or near the time of the acts, conditions, or events recorded.
  - d. No documents have been withheld in order to avoid their being photocopied. If we have only part of the records described in the Subpoena Duces Tecum, Deposition Subpoena, or Authorization for Records, such records as are available are provided.
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4. ☐ CERTIFICATION OF **NO** X-RAY(S), MRI(S), OR CAT SCANS (*Custodian's initials:\_\_\_\_\_*)

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was executed on (date): \_\_\_\_\_ at (place) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witnessed \_\_\_\_\_

**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**  
**Pursuant to Section 22462 of Business and Professions Code**

I declare that I am the attorney's representative and that the attached records are complete and true copy of the records delivered to me by the Custodian of Records of the within named location and will be distributed to the authorized persons or entities. The method of Reproduction was: **Copied Originals.**

Date \_\_\_\_\_ Signature \_\_\_\_\_