

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,

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9974 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: KURT S. BOLLIN NOLAN B. HENDERSON. ESQ. KC034354 J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993 Contact Date Entered 06/19/01, Priority: N 11/27/01 Depo Date Time 10:00am Custodian:

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

Custodian Address:

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

Subject:

MARIA CARMEN DUARTE, Birthdate 10/26/66

Served:

Authorization to receive or release medical information

Copy

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

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



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,

Attorney or Party without Attorney:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert 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		
DECLAF	RATION OF	Case Number:
CUSTODIAN	OF RECORDS	KC034354
The Custodian of Records, or other qual	lified witness, for:	
KAISER FOUNDATION HOSPITAI	_, HOSPITAL BILLING DEPARTMENT	, CUSTODIAN OF RECORDS.,
415.123.1234		
	the Subpoena Duces Tecum for depositio	
To: BAY TO BREAKERS A	ATTORNEY SERVICE, On: 11/27/01, A	At: 10:00am
Location: dba QUICKSILVER PI	HOTOCOPY COMPANY, P.O. Box 835	5, Carmel-by-the-Sea, CA. 93921
1. ☐ CERTIFICATION OF RECOR	RDS COPIED (Custodian's initials:)
 a. I am a duly authorized Custodiar 	of Records, or other qualified witness, for the	above-named business. As such
I have the authority to certify the		
	d herewith are true copies of all the records de	scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or		managed of the above managed
	such records were prepared or compiled by the f business, at or near the time of the acts, cond	
	d in order to avoid their being photocopied. If w	
	s Tecum, Deposition Subpoena, or Authorization	
as are available are provided.	, ,	•
2. ☐ CERTIFICATION OF NO RE	CORDS (Custodian's initials:)
a.A thorough search has been mad	e for the documents described in the Subpoen	a Duces Tecum, Deposition
·	ecords and, based on the information provided	to me for identification, no such
records were found.		
	s could exist under another spelling, name or c	
	, and to the best of our knowledge, no such re	
•	S), MRI(S), OR CAT SCANS (Custodia	,
4. LI CERTIFICATION OF NO X-R	AY(S), MRI(S), OR CAT SCANS <i>(Cust</i>	odian's initials:)
I doctors under populty of periury th	at the foregoing is true and correct, and	I this declaration was
r declare under penalty of perjury th	at the foregoing is true and correct, and	i illis decialation was
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executed on (date).	at (place)	
Drint Name	Cinn at una	
Print Name	Signature	
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	T OF PROFESSIONAL PHOTOCOPIER tion 22462 of Business and Professions Co	de
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Date Sid	gnature	

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9975 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: KURT S. BOLLIN NOLAN B. HENDERSON. ESQ. KC034354 Minnie E. Mouse, Phone: 800.628.6614, FAX: 413.638.9993 Contact Date Entered 06/19/01, Priority: N 07/22/01 Depo Date Time 09:30am

SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.

Custodian Address:

1011 BALDWIN PARK BLVD. BALDWIN PARK, CA. 91706

Subject:

Custodian:

MARIA CARMEN DUARTE, Birthdate 10/26/66

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, .

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



To: CUSTODIAN OF MEDICAL & BILLING RECORDS

KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS

1011 BALDWIN PARK BLVD. DEPARTMENT KAISE

Baldwin Park, CA. 91706DEPARTMENT 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:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert 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	ON OF	Case Number:
CUSTODIAN OF I	RECORDS	KC034354
The Custodian of Records, or other qualified		
SCPMG, MEDICAL RECORDS DEPAI		RDS.
Declares as shown below in response to the	•	
-	DRNEY SERVICE, On: 07/22/01,	
Location: dba QUICKSILVER PHOTO	· · · · · · · · · · · · · · · · · · ·	
		,
1. ☐ CERTIFICATION OF RECORDS	COPIED (Custodian's initials:)
a. I am a duly authorized Custodian of R	ecords, or other qualified witness, for the	above-named business. As such
I have the authority to certify these rec		
·	ewith are true copies of all the records de	scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or Autho		
	records were prepared or compiled by the	•
	ness, at or near the time of the acts, condreter to avoid their being photocopied. If w	
	um, Deposition Subpoena, or Authorizatio	
as are available are provided.	arri, Doposition Gaspoona, or Mathematic	Trior Nobelas, sacrificacias
2. □ CERTIFICATION OF NO RECOR	DS (Custodian's initials:)
	the documents described in the Subpoen	a Duces Tecum. Deposition
	s and, based on the information provided	·
records were found.	•	
	d exist under another spelling, name or c	
	to the best of our knowledge, no such red	
3. ☐ CERTIFICATION OF X-RAY(S), M	• • • • • • • • • • • • • • • • • • • •	,
4. ☐ CERTIFICATION OF NO X-RAY(S	S), MRI(S), OR CAT SCANS <i>(Cust</i>	odian's initials:)
I declare under penalty of perjury that th	e foregoing is true and correct, and	this declaration was
executed on (date):	at (place)	
Drint Name	Cignoture	
Print Name	Signature	
A FEID AVIT OF	พาแทธจจะน	
	PROFESSIONAL PHOTOCOPIER 22462 of Business and Professions Co	do
I declare that I am the attorney's representative		
delivered to me by the Custodian of Records of		
or entities. The method of Reproduction was: C		
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Date Signatu	ıre	

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9976 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: KURT S. BOLLIN NOLAN B. HENDERSON. ESQ. KC034354 J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993 Contact Date Entered 06/19/01, Priority: N 07/22/01 Depo Date Time 09:30am

Custodian:

KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT

Custodian Address:

4733 SUNSET BLVD LOS ANGELES, CA. 90027

Subject:

MARIA CARMEN DUARTE, Birthdate 10/26/66

Served:

Authorization to receive or release medical information

8841.9976

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.

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



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. 90027ENT 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).

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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,

Attorney or Party without Attorney:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert name of Court and Judicial District and Branch C	Court:	
LA SUPERIOR, EAST		
400 CIVIC CENTER PLAZA		
POMONA, CA. 91766		
Plaintiff: MARIA CARMEN DUARTE		
Defendant: CURTIS MICHAEL MALINS		
DECLARA	ATION OF	Case Number:
CUSTODIAN C	F RECORDS	KC034354
The Custodian of Records, or other qualif		11.000.001
KAISER HOSPITAL/LOS ANGELES	•	
Declares as shown below in response to t		on scheduled as follows:
	ITORNEY SERVICE, On: 07/22/01,	
	OTOCOPY COMPANY, P.O. Box 83	
	<u> </u>	<u> </u>
1. ☐ CERTIFICATION OF RECORD	OS COPIED (Custodian's initials:)
	of Records, or other qualified witness, for the	e above-named business. As such
I have the authority to certify these		
	herewith are true copies of all the records de	escribed in the Subpoena Duces
Tecum, Deposition Subpoena, or A		
	ch records were prepared or compiled by the	
	ousiness, at or near the time of the acts, cor	
	in order to avoid their being photocopied. If value of the common of the	
as are available are provided.	recum, Deposition Subpoena, or Authorizati	off for Records, Such records
2. ☐ CERTIFICATION OF NO REC	ORDS (Custodian's initials:)
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b.It is understood that such records of	could exist under another spelling, name or	classification, but with the.
information furnished to our office, a	and to the best of our knowledge, no such re	ecords exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S)), MRI(S), OR CAT SCANS <i>(Custodia</i>	an's initials:)
4. ☐ CERTIFICATION OF NO X-RA	Y(S), MRI(S), OR CAT SCANS (Cus	todian's initials:)
		
I declare under penalty of perjury tha	t the foregoing is true and correct, an	d this declaration was
executed on (date):	at (place)	
Distal	0:	
Print Name	Signature	
	vviinessea	
	OF PROFESSIONAL PHOTOCOPIER	
I declare that I am the attorney's representa	on 22462 of Business and Professions Co	
delivered to me by the Custodian of Record	•	• •
or entities. The method of Reproduction wa		saludated to the authorized persons
The second secon	·· · · · · · · · · · · · · · · · · · ·	
Date Sign	nature	

	-	
Attorney or Party without Attorney:	Telephone No:	PHOTOCOPY WORK ORDER
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	8841.9974
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		Payment \$:
SUITE 950		Check #:
GLENDALE CA. 91203		
Attorney for: Defendant		
Insert name of Court and Judicial District and Branc	h Court:	
LA SUPERIOR, EAST		# X-Rays:
400 CIVIC CENTER PLAZA		
POMONA, CA. 91766		
Plaintiff: MARIA CARMEN DUARTE		# Copies:
Defendant: CURTIS MICHAEL MALINS		Completed Date:
PHO	ГОСОРҮ	Case Number:
WORK	CORDER	KC034354
Assigned to Daisy R. Duck		
	acker, Phone: 800.628.6614, FAX: 41	3.638.9993
Date Entered 06/19/01, Priority		
Depo Date 11/27/01 Time		
Custodian:	10.00411	
	HOSPITAL BILLING DEPARTMENT, C	USTODIAN OF RECORDS.,
415.123.1234	,	,
Custodian Address:		
KAISER FOUNDATION HOSPITAL	1011 BALDWIN PARK BLVD. CARME	L-BY-THE-SEA, CA. 93921
Subject:		
MARIA CARMEN DUARTE, Birthd	ate 10/26/66	
Served:	a dia al informa ation	
Authorization to receive or release m	edicai information	
	TICE TO CONSUMER, DECLARATIO	N OF CUSTODIAN OF
RECORDS.	THE TO CONCERN, BECENTALLY	1101 0001021/1101
NEOONDO.		
Served: Date . Time	, At	_By
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Person Served 2.b		Mailed Date
		
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Date Time Comments		



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.

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,

Attorney or Party without Attorney:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert 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		
DECLAF	RATION OF	Case Number:
CUSTODIAN	OF RECORDS	KC034354
The Custodian of Records, or other qual	lified witness, for:	
KAISER FOUNDATION HOSPITAI	_, HOSPITAL BILLING DEPARTMENT	, CUSTODIAN OF RECORDS.,
415.123.1234		
	the Subpoena Duces Tecum for depositio	
To: BAY TO BREAKERS A	ATTORNEY SERVICE, On: 11/27/01, A	At: 10:00am
Location: dba QUICKSILVER PI	HOTOCOPY COMPANY, P.O. Box 835	5, Carmel-by-the-Sea, CA. 93921
1. ☐ CERTIFICATION OF RECOR	RDS COPIED (Custodian's initials:)
 a. I am a duly authorized Custodiar 	of Records, or other qualified witness, for the	above-named business. As such
I have the authority to certify the		
	d herewith are true copies of all the records de	scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or		name and at the above many
	such records were prepared or compiled by the f business, at or near the time of the acts, cond	
	d in order to avoid their being photocopied. If w	
	s Tecum, Deposition Subpoena, or Authorization	
as are available are provided.	, ,	•
2. ☐ CERTIFICATION OF NO RE	CORDS (Custodian's initials:)
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·	ecords and, based on the information provided	to me for identification, no such
records were found.		
	s could exist under another spelling, name or c	
	, and to the best of our knowledge, no such re	
•	S), MRI(S), OR CAT SCANS (Custodia	,
4. LI CERTIFICATION OF NO X-R	AY(S), MRI(S), OR CAT SCANS <i>(Cust</i>	odian's initials:)
I doctors under populty of periury th	at the foregoing is true and correct, and	I this declaration was
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executed on (date).	at (place)	
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Date Sid	gnature	

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Attorney or Party without A	-	Telephone No:	PHOTOCOPY WORK ORDER
NOLAN B. HENDER		(818)-956-4366	8841.9975
KURT S. BOLLIN		FAX #:(818)-956-4210	
330 NO. BRAND	BLVD		Payment \$:
SUITE 950			Check #:
GLENDALE CA.	91203		
Attorney for: Defenda			
	Judicial District and Branch	Court:	
LA SUPERIOR,			# X-Rays:
400 CIVIC CENT			
POMONA, CA. 9			
Plaintiff: MARIA CAF			# Copies:
Defendant: CURTIS N	/ICHAEL MALINS		Completed Date:
	PHOT	OCOPY	Case Number:
	WORK	ORDER	KC034354
Assigned to	J. Mortimer Bitwha	ocker	L
Contact		Phone: 800.628.6614, FAX: 413.638	.9993
Date Entered	06/19/01, Priority:	·	
Depo Date	07/22/01 Time		
Custodian:	01/22/01 111116	09.30am	
	L RECORDS DEP	ARTMENT, CUSTODIAN OF RECOR	DS. ***NO Phone Number, Server
Please Provide Pl		1	
Custodian Address:			
1011 BALDWIN F	ARK BLVD. BALD	VIN PARK, CA. 91706	
Subject:			
	DUARTE, Birthda	te 10/26/66	
Served:		disalinformation	
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		INATION OF THE SUBJECT, INCLUD	
AND MRI FILMS,	UP TO AND INCLU	DING THE PRESENT DATE, UNLESS	S OTHERWISE NOTED, .
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Person Served 2) h		Mailed Date
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Description			
Date Tim	e Comments		



To: CUSTODIAN OF MEDICAL & BILLING RECORDS

KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS

1011 BALDWIN PARK BLVD. DEPARTMENT KAISE

Baldwin Park, CA. 91706DEPARTMENT KAISER

EPARTMENT KAISER FOUNDATION HOSPITAL, H

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Phone: 800.628.6614, FAX: 413.638.9993

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Sincerely,

Minnie E. Mouse

Attorney or Party without Attorney:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert 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	ON OF	Case Number:
CUSTODIAN OF I	RECORDS	KC034354
The Custodian of Records, or other qualified		
SCPMG, MEDICAL RECORDS DEPAI		RDS.
Declares as shown below in response to the	•	
-	DRNEY SERVICE, On: 07/22/01,	
Location: dba QUICKSILVER PHOTO	· · · · · · · · · · · · · · · · · · ·	
		,
1. ☐ CERTIFICATION OF RECORDS	COPIED (Custodian's initials:)
a. I am a duly authorized Custodian of R	ecords, or other qualified witness, for the	above-named business. As such
I have the authority to certify these rec		
·	ewith are true copies of all the records de	scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or Autho		
	records were prepared or compiled by the	•
	ness, at or near the time of the acts, condreter to avoid their being photocopied. If w	
	um, Deposition Subpoena, or Authorizatio	
as are available are provided.	arri, Doposition Guspoona, or Mathematic	Trior Nobelas, sacrificacias
2. □ CERTIFICATION OF NO RECOR	DS (Custodian's initials:)
	the documents described in the Subpoen	a Duces Tecum. Deposition
	s and, based on the information provided	·
records were found.	•	
	d exist under another spelling, name or c	
	to the best of our knowledge, no such red	
3. ☐ CERTIFICATION OF X-RAY(S), M	• • • • • • • • • • • • • • • • • • • •	,
4. ☐ CERTIFICATION OF NO X-RAY(S	S), MRI(S), OR CAT SCANS <i>(Cust</i>	odian's initials:)
I declare under penalty of perjury that th	e foregoing is true and correct, and	this declaration was
executed on (date):	at (place)	
Drint Name	Cignoture	
Print Name	Signature	
A FEID AVIT OF	พาแทธจจะน	
	PROFESSIONAL PHOTOCOPIER 22462 of Business and Professions Co	do
I declare that I am the attorney's representative		
delivered to me by the Custodian of Records of		
or entities. The method of Reproduction was: C		
·		
Date Signatu	ıre	

Attorney or Party without Attorney:	Telephone No:	PHOTOCOPY WORK ORDER
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	8841.9976
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD	, ,	Payment \$:
SUITE 950		Check #:
GLENDALE CA. 91203		
Attorney for: Defendant		
Insert name of Court and Judicial District and Branch Co	urt [.]	_
LA SUPERIOR, EAST	urt.	# X-Rays:
400 CIVIC CENTER PLAZA		" K Rayo
POMONA, CA. 91766		
Plaintiff: MARIA CARMEN DUARTE		# Comisor
		# Copies:
Defendant: CURTIS MICHAEL MALINS	2001	Completed Date:
PHOTO		Case Number:
WORK OI	RDER	KC034354
Assigned to Wyle R. Coyote		•
	er, Phone: 800.628.6614, FAX: 41	3.638.9993
Date Entered 06/19/01, Priority: N	,	
Depo Date 07/22/01 Time 09	·30am	
Custodian:	.ouin	
KAISER HOSPITAL/LOS ANGELES AT	TN: RECORDS DEPT ***NO Phone	e Number, Server Please Provide
Phone Number:	1	
Custodian Address:		
4733 SUNSET BLVD LOS ANGELES, (CA. 90027	
Subject:		
MARIA CARMEN DUARTE, Birthdate	10/26/66	
Served:		
Authorization to receive or release medic	cal information	
Сору:		
MEDICAL & BILLING RECORDS WITH		
RECORDS, REPORTS, HISTORIES AN		· · · · · · · · · · · · · · · · · · ·
ANY AND ALL NOTES AND NOTATION	S AND MEMORANDA PERTAININ	G TO OR IN ANY WAY
CONNECTED WITH ANY TREATMENT	AND EXAMINATION OF THE SUE	SJECT, INCLUDING ALL X-
RAYS, CAT SCANS AND MRI FILMS, U	P TO AND INCLUDING THE PRES	SENT DATE, UNLESS
OTHERWISE NOTED, .		
,		
Served: Date, Time	, At	_By
Person Served 2.b		Mailed Date
Description		
200011711011		
Date Time Comments		



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. 90027ENT 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,

Attorney or Party without Attorney:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert name of Court and Judicial District and Branch C	Court:	
LA SUPERIOR, EAST		
400 CIVIC CENTER PLAZA		
POMONA, CA. 91766		
Plaintiff: MARIA CARMEN DUARTE		
Defendant: CURTIS MICHAEL MALINS		
DECLARA	ATION OF	Case Number:
CUSTODIAN C	F RECORDS	KC034354
The Custodian of Records, or other qualif		11.000.001
KAISER HOSPITAL/LOS ANGELES	•	
Declares as shown below in response to t		on scheduled as follows:
	ITORNEY SERVICE, On: 07/22/01,	
	OTOCOPY COMPANY, P.O. Box 83	
	<u> </u>	<u> </u>
1. ☐ CERTIFICATION OF RECORD	OS COPIED (Custodian's initials:)
	of Records, or other qualified witness, for the	above-named business. As such
I have the authority to certify these		
	herewith are true copies of all the records de	escribed in the Subpoena Duces
Tecum, Deposition Subpoena, or A		
	ch records were prepared or compiled by the	
	ousiness, at or near the time of the acts, cor	
	in order to avoid their being photocopied. If value of the common of the	
as are available are provided.	recum, Deposition Subpoena, or Authorizati	off for Records, Such records
2. ☐ CERTIFICATION OF NO REC	ORDS (Custodian's initials:)
· · · · · · · · · · · · · · · · · · ·	for the documents described in the Subpoer	/ na Duces Tecum, Denosition
•	ords and, based on the information provided	•
records were found.	o. ao a a, o ao ao a a	
b.It is understood that such records of	could exist under another spelling, name or	classification, but with the.
information furnished to our office, a	and to the best of our knowledge, no such re	ecords exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S)), MRI(S), OR CAT SCANS <i>(Custodia</i>	an's initials:)
4. ☐ CERTIFICATION OF NO X-RA	Y(S), MRI(S), OR CAT SCANS (Cus	todian's initials:)
		
I declare under penalty of perjury tha	t the foregoing is true and correct, an	d this declaration was
executed on (date):	at (place)	
Distal	0:	
Print Name	Signature	
	vviinessea	
	OF PROFESSIONAL PHOTOCOPIER	
I declare that I am the attorney's representa	on 22462 of Business and Professions Co	
delivered to me by the Custodian of Record	•	• •
or entities. The method of Reproduction wa		saludated to the authorized persons
The second secon	·· · · · · · · · · · · · · · · · · · ·	
Date Sign	nature	

Attorney or Party without At	ttorney:	Telephone No:	PHOTOCOPY COVER SHEET
NOLAN B. HENDER	SON, ESQ.	(818)-956-4366	8841.9974
KURT S. BOLLIN		FAX #:(818)-956-4210	
330 NO. BRAND	BLVD		
SUITE 950			
GLENDALE CA.	91203		
Attorney for: Defenda	nt		
Insert name of Court and J	ludicial District and Branch Court:		
LA SUPERIOR, E	AST		
400 CIVIC CENTI	ER PLAZA		
POMONA, CA. 9	1766		
Plaintiff: MARIA CAR	MEN DUARTE		
Defendant: CURTIS M	ICHAEL MALINS		
	PHOTOCOPY COVER S	HEET FOR:	Case Number:
	File Copy		KC034354
Contact	J. Mortimer Bitwhacker, P	hone: 800.628.6614, FAX: 41	3.638.9993
Date Entered	06/19/01, Priority: N		
Depo Date	11/27/01 Time 10:00ar	n	
Custodian:			

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

Custodian Address:

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

Subject

MARIA CARMEN DUARTE, Birthdate 10/26/66

Served:

Authorization to receive or release medical information

Copy:

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

PHOTOCOPY COVER SHEET FOR: File Copy



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,

Attorney or Party without Attorney:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert 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		
DECLAF	RATION OF	Case Number:
CUSTODIAN	OF RECORDS	KC034354
The Custodian of Records, or other qual	lified witness, for:	
KAISER FOUNDATION HOSPITAI	_, HOSPITAL BILLING DEPARTMENT	, CUSTODIAN OF RECORDS.,
415.123.1234		
	the Subpoena Duces Tecum for depositio	
To: BAY TO BREAKERS A	ATTORNEY SERVICE, On: 11/27/01, A	At: 10:00am
Location: dba QUICKSILVER PI	HOTOCOPY COMPANY, P.O. Box 835	5, Carmel-by-the-Sea, CA. 93921
1. ☐ CERTIFICATION OF RECOR	RDS COPIED (Custodian's initials:)
 a. I am a duly authorized Custodiar 	of Records, or other qualified witness, for the	above-named business. As such
I have the authority to certify the		
	d herewith are true copies of all the records de	scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or		name and at the above many
	such records were prepared or compiled by the f business, at or near the time of the acts, cond	
	d in order to avoid their being photocopied. If w	
	s Tecum, Deposition Subpoena, or Authorization	
as are available are provided.	, ,	•
2. ☐ CERTIFICATION OF NO RE	CORDS (Custodian's initials:)
a.A thorough search has been mad	e for the documents described in the Subpoen	a Duces Tecum, Deposition
·	ecords and, based on the information provided	to me for identification, no such
records were found.		
	s could exist under another spelling, name or c	
	, and to the best of our knowledge, no such re	
•	S), MRI(S), OR CAT SCANS (Custodia	,
4. LI CERTIFICATION OF NO X-R	AY(S), MRI(S), OR CAT SCANS <i>(Cust</i>	odian's initials:)
I doctors under populty of periury th	at the foregoing is true and correct, and	I this declaration was
r declare under penalty of perjury th	at the foregoing is true and correct, and	i illis decialation was
avacuted an (data):	ot (place)	
executed on (date).	at (place)	
Drint Name	Cinn at una	
Print Name	Signature	
AFFIRAN	Witnessed	
	T OF PROFESSIONAL PHOTOCOPIER tion 22462 of Business and Professions Co	de
	tative and that the attached records are completed	
· · · · · · · · · · · · · · · · · · ·	rds of the within named location and will be dis	• •
or entities. The method of Reproduction v		
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Date Sid	gnature	

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9975 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: File Copy KC034354 Contact Minnie E. Mouse, Phone: 800.628.6614, FAX: 413.638.9993 Date Entered 06/19/01, Priority: N 07/22/01 Depo Date Time 09:30am Custodian:

SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.

Custodian Address:

1011 BALDWIN PARK BLVD. BALDWIN PARK, CA. 91706

Subject:

MARIA CARMEN DUARTE, Birthdate 10/26/66

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, .

PHOTOCOPY COVER SHEET FOR: File Copy



To: CUSTODIAN OF MEDICAL & BILLING RECORDS

KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS

1011 BALDWIN PARK BLVD. DEPARTMENT KAISE

Baldwin Park, CA. 91706DEPARTMENT 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:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert 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	ON OF	Case Number:
CUSTODIAN OF I	RECORDS	KC034354
The Custodian of Records, or other qualified		
SCPMG, MEDICAL RECORDS DEPAI		RDS.
Declares as shown below in response to the	•	
-	DRNEY SERVICE, On: 07/22/01,	
Location: dba QUICKSILVER PHOTO	· · · · · · · · · · · · · · · · · · ·	
		,
1. ☐ CERTIFICATION OF RECORDS	COPIED (Custodian's initials:)
a. I am a duly authorized Custodian of R	ecords, or other qualified witness, for the	above-named business. As such
I have the authority to certify these rec		
·	ewith are true copies of all the records de	scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or Autho		
	records were prepared or compiled by the	•
	ness, at or near the time of the acts, condreter to avoid their being photocopied. If w	
	um, Deposition Subpoena, or Authorizatio	
as are available are provided.	arri, Doposition Guspoona, or Mathematic	Trior Nobelas, sacrificacias
2. □ CERTIFICATION OF NO RECOR	DS (Custodian's initials:)
	the documents described in the Subpoen	a Duces Tecum. Deposition
	s and, based on the information provided	·
records were found.	•	
	d exist under another spelling, name or c	
	to the best of our knowledge, no such red	
3. ☐ CERTIFICATION OF X-RAY(S), M	• • • • • • • • • • • • • • • • • • • •	,
4. ☐ CERTIFICATION OF NO X-RAY(S	S), MRI(S), OR CAT SCANS <i>(Cust</i>	odian's initials:)
I declare under penalty of perjury that th	e foregoing is true and correct, and	this declaration was
executed on (date):	at (place)	
Drint Name	Cignoture	
Print Name	Signature	
A FEID AVIT OF	พาแทธจจะน	
	PROFESSIONAL PHOTOCOPIER 22462 of Business and Professions Co	do
I declare that I am the attorney's representative		
delivered to me by the Custodian of Records of		
or entities. The method of Reproduction was: C		10 1.10 dai
·		
Date Signatu	ıre	

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9976 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: File Copy KC034354 J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993 Contact 06/19/01, Priority: N Date Entered 07/22/01 Depo Date Time 09:30am Custodian:

KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT

Custodian Address:

4733 SUNSET BLVD LOS ANGELES, CA. 90027

Subject:

MARIA CARMEN DUARTE, Birthdate 10/26/66

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: File Copy



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. 90027ENT 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).

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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,

Attorney or Party without Attorney:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert name of Court and Judicial District and Branch C	Court:	
LA SUPERIOR, EAST		
400 CIVIC CENTER PLAZA		
POMONA, CA. 91766		
Plaintiff: MARIA CARMEN DUARTE		
Defendant: CURTIS MICHAEL MALINS		
DECLARA	ATION OF	Case Number:
CUSTODIAN O	F RECORDS	KC034354
The Custodian of Records, or other qualif		
KAISER HOSPITAL/LOS ANGELES	•	
Declares as shown below in response to t		on scheduled as follows:
	ITORNEY SERVICE, On: 07/22/01,	
	OTOCOPY COMPANY, P.O. Box 83	
2004.0 454 40.0.40.212.1	<u> </u>	<u> </u>
1. ☐ CERTIFICATION OF RECORD	OS COPIED (Custodian's initials:)
	of Records, or other qualified witness, for the	above-named business. As such
I have the authority to certify these		
	herewith are true copies of all the records de	escribed in the Subpoena Duces
Tecum, Deposition Subpoena, or A		
	ch records were prepared or compiled by the	
	ousiness, at or near the time of the acts, cor	
	in order to avoid their being photocopied. If v Fecum, Deposition Subpoena, or Authorizati	
as are available are provided.	recum, Deposition Subpoena, or Authorizati	off for Records, Such records
2. ☐ CERTIFICATION OF NO REC	ORDS (Custodian's initials:)
	for the documents described in the Subpoer	—/ na Duces Tecum, Denosition
<u> </u>	ords and, based on the information provided	•
records were found.	o. ao aa, 2 ao a ao a ao amo anton pro maso	
b.It is understood that such records of	could exist under another spelling, name or	classification, but with the.
information furnished to our office, a	and to the best of our knowledge, no such re	ecords exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S)), MRI(S), OR CAT SCANS <i>(Custodia</i>	an's initials:)
4. ☐ CERTIFICATION OF NO X-RA	Y(S), MRI(S), OR CAT SCANS (Cus	todian's initials:)
		,
I declare under penalty of perjury that	t the foregoing is true and correct, an	d this declaration was
executed on (date):	at (place)	
Distal	0:	
Print Name	Signature	
	vviinessea	
	OF PROFESSIONAL PHOTOCOPIER	
I declare that I am the attorney's representa	on 22462 of Business and Professions Co	
delivered to me by the Custodian of Records	•	
or entities. The method of Reproduction wa		Saleston to the authorized persons
Date Sign	nature	



Professional Software for process Servers

8841

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

Re: Records Request Order

11/19/2001

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.

	(BL
NSET BLVD LOS ANGELES CA. 90027	
ders will be shipped upon full	
Date:	
Tel:	
} (T @ KAISER FOUNDATION HOSPITAL 1011 BALDWIN PARK K BLVD. Baldwin Park CA. 91706 INSET BLVD LOS ANGELES CA. 90027 ders will be shipped upon full Date: Tel:

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

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9974 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: HEATHER AAGAARD Law Offices Of: JOEL B. CASTRO. APC KC034354 Contact J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993 Date Entered 06/19/01, Priority: N 11/27/01 Depo Date Time 10:00am

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

Custodian Address:

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

Subject:

Custodian:

MARIA CARMEN DUARTE, Birthdate 10/26/66

Served:

Authorization to receive or release medical information

Copy:

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

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



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,

		_
Attorney or Party without Attorney:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
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		Case Number:
?????????????????????????????????		?% C034354
The Custodian of Records, or other qualified witr		
KAISER FOUNDATION HOSPITAL, HOSP	ITAL BILLING DEPARTMENT	, CUSTODIAN OF RECORDS.,
415.123.1234		
Declares as shown below in response to the Sub		
To: BAY TO BREAKERS ATTORN	•	
Location: dba QUICKSILVER PHOTOCO	OPY COMPANY, P.O. Box 835	5, Carmel-by-the-Sea, CA. 93921
1. ☐ CERTIFICATION OF RECORDS CO	PIED (Custodian's initials:)
 a. I am a duly authorized Custodian of Recor 	ds, or other qualified witness, for the	above-named business. As such
I have the authority to certify these records		
b.The photocipied records submitted herewith		scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or Authoriza		name and of the above named
c.To the best of my knowledge, all such record business in the ordinary course of business		
d.No documents have been withheld in order		
described in the Subpoena Duces Tecum,		
as are available are provided.		
2. □ CERTIFICATION OF NO RECORDS	(Custodian's initials:)
a.A thorough search has been made for the	•	a Duces Tecum, Deposition
Subpoena, or Authorization for Records and		
records were found.		
b.lt is understood that such records could ex		
information furnished to our office, and to the		
3. ☐ CERTIFICATION OF X-RAY(S), MRI(
4. ☐ CERTIFICATION OF <u>NO</u> X-RAY(S), N	MRI(S), OR CAT SCANS (Cust	odian's initials:)
		I this dealeration was
I declare under penalty of perjury that the fo	regoing is true and correct, and	ithis declaration was
() ()		
executed on (date):	at (place)	
Print Name	Signature	
	VILLICOSCA	
	OFESSIONAL PHOTOCOPIER	
	62 of Business and Professions Co	
I declare that I am the attorney's representative and	•	• •
delivered to me by the Custodian of Records of the or entities. The method of Reproduction was: Copi		induted to the authorized persons
c. chance. The method of Reproduction was. Copi		
Date Signature		

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9975 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: HEATHER AAGAARD Law Offices Of: JOEL B. CASTRO, APC KC034354 Minnie E. Mouse, Phone: 800.628.6614, FAX: 413.638.9993 Contact

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

Custodian:

SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.

Date Entered

Custodian Address:

Custodiali Address

1011 BALDWIN PARK BLVD. BALDWIN PARK, CA. 91706

06/19/01, Priority: N

Subject:

MARIA CARMEN DUARTE, Birthdate 10/26/66

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, .

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



To: CUSTODIAN OF MEDICAL & BILLING RECORDS

KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS

1011 BALDWIN PARK BLVD. DEPARTMENT KAISE

Baldwin Park, CA. 91706DEPARTMENT 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:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert name of Court and Judicial District and Branch Cour	t:	
LA SUPERIOR, EAST		
400 CIVIC CENTER PLAZA		
POMONA, CA. 91766		
Plaintiff: MARIA CARMEN DUARTE		
Defendant: CURTIS MICHAEL MALINS		
DECLARATI	ON OF	Case Number:
CUSTODIAN OF	RECORDS	KC034354
The Custodian of Records, or other qualified		
SCPMG, MEDICAL RECORDS DEPA		RDS.
Declares as shown below in response to the	· · · · · · · · · · · · · · · · · · ·	
-	ORNEY SERVICE, On: 07/22/01,	
Location: dba QUICKSILVER PHOT	·	
		,
1. ☐ CERTIFICATION OF RECORDS	COPIED (Custodian's initials:)
a. I am a duly authorized Custodian of F	Records, or other qualified witness, for the	above-named business. As such
I have the authority to certify these re-		
·	rewith are true copies of all the records de	scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or Auth		
•	records were prepared or compiled by the	•
	iness, at or near the time of the acts, condorder to avoid their being photocopied. If w	
	um, Deposition Subpoena, or Authorizatio	
as are available are provided.	am, Boposition Casposna, or Mathematic	Trior Nobelas, sacrificacias
2. □ CERTIFICATION OF NO RECOR	RDS (Custodian's initials:)
	the documents described in the Subpoen	a Duces Tecum. Deposition
	s and, based on the information provided	·
records were found.	•	
	ld exist under another spelling, name or c	
	to the best of our knowledge, no such red	
3. ☐ CERTIFICATION OF X-RAY(S), M	• • •	,
4. ☐ CERTIFICATION OF NO X-RAY(S), MRI(S), OR CAT SCANS <i>(Cust</i>	odian's initials:)
I declare under penalty of perjury that the	ne foregoing is true and correct, and	this declaration was
executed on (date):	at (place)	
Distallance	0:	
Print Name	Signature	
	WILLIE33EU	
	F PROFESSIONAL PHOTOCOPIER 22462 of Business and Professions Co	ملا
I declare that I am the attorney's representative		
delivered to me by the Custodian of Records of		
or entities. The method of Reproduction was:		
·		
Date Signat	ure	

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9976 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: HEATHER AAGAARD Law Offices Of: JOEL B. CASTRO. APC KC034354

J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993

Depo Date Custodian:

Date Entered 06/19/01, Priority: N 07/22/01

Time 09:30am

KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT

Custodian Address:

Contact

4733 SUNSET BLVD LOS ANGELES, CA. 90027

Subject:

MARIA CARMEN DUARTE, Birthdate 10/26/66

Served:

Authorization to receive or release medical information

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



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. 90027ENT 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:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert name of Court and Judicial District and Branch C	Court:	
LA SUPERIOR, EAST		
400 CIVIC CENTER PLAZA		
POMONA, CA. 91766		
Plaintiff: MARIA CARMEN DUARTE		
Defendant: CURTIS MICHAEL MALINS		
DECLARA	ATION OF	Case Number:
CUSTODIAN O	F RECORDS	KC034354
The Custodian of Records, or other qualif		
KAISER HOSPITAL/LOS ANGELES	•	
Declares as shown below in response to t		on scheduled as follows:
	ITORNEY SERVICE, On: 07/22/01,	
	OTOCOPY COMPANY, P.O. Box 83	
2004.0 454 40.0.40.212.1	<u> </u>	o, camer sy are coa, er a coc
1. ☐ CERTIFICATION OF RECORD	OS COPIED (Custodian's initials:)
	of Records, or other qualified witness, for the	above-named business. As such
I have the authority to certify these		
	herewith are true copies of all the records de	escribed in the Subpoena Duces
Tecum, Deposition Subpoena, or A		
	ch records were prepared or compiled by the	
	ousiness, at or near the time of the acts, cor	
	in order to avoid their being photocopied. If v Fecum, Deposition Subpoena, or Authorizati	
as are available are provided.	recum, Deposition Subpoena, or Authorizati	off for Records, Such records
2. ☐ CERTIFICATION OF NO REC	ORDS (Custodian's initials:)
	for the documents described in the Subpoer	—/ na Duces Tecum, Denosition
<u> </u>	ords and, based on the information provided	•
records were found.	o. ao aa, 2 ao a ao a ao amo ana ao a	
b.It is understood that such records of	could exist under another spelling, name or	classification, but with the.
information furnished to our office, a	and to the best of our knowledge, no such re	ecords exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S)), MRI(S), OR CAT SCANS <i>(Custodia</i>	an's initials:)
4. ☐ CERTIFICATION OF NO X-RA	Y(S), MRI(S), OR CAT SCANS (Cus	todian's initials:)
		,
I declare under penalty of perjury that	t the foregoing is true and correct, an	d this declaration was
executed on (date):	at (place)	
Distal	0:	
Print Name	Signature	
	vviinessea	
	OF PROFESSIONAL PHOTOCOPIER	
I declare that I am the attorney's representa	on 22462 of Business and Professions Co	
delivered to me by the Custodian of Records	•	
or entities. The method of Reproduction wa		Saleston to the authorized persons
Date Sign	nature	



Professional Software for process Servers

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

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 F	FOUNDATION HOSPITAL 1011 BALDWIN PARK BL		
I 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			
payment.			
payment.			
Authorized name:	Date:		
(Print or type)			
, , , , , , , , , , , , , , , , , , ,			
Signature:	Tel:		
5			

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

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9974 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: Law Offices Of: HILDA GARZON-AYVAZIAN KC034354 Contact J. Mortimer Bitwhacker, Phone: 800.628.6614, FAX: 413.638.9993 Date Entered 06/19/01, Priority: N

Depo Date 11/27/01 Time 10:00am

Custodian:

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

Custodian Address:

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

Subject:

MARIA CARMEN DUARTE, Birthdate 10/26/66

Served:

Authorization to receive or release medical information

Copy:

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

PHOTOCOPY COVER SHEET FOR:

Law Offices Of: HILDA GARZON-AYVAZIAN



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:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
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		Case Number:
?????????????????????????????????		?% C034354
The Custodian of Records, or other qualified witr		
KAISER FOUNDATION HOSPITAL, HOSP	ITAL BILLING DEPARTMENT	, CUSTODIAN OF RECORDS.,
415.123.1234		
Declares as shown below in response to the Sub		
To: BAY TO BREAKERS ATTORN	•	
Location: dba QUICKSILVER PHOTOCO	OPY COMPANY, P.O. Box 835	5, Carmel-by-the-Sea, CA. 93921
1. ☐ CERTIFICATION OF RECORDS CO	PIED (Custodian's initials:)
 a. I am a duly authorized Custodian of Recor 	ds, or other qualified witness, for the	above-named business. As such
I have the authority to certify these records		
b.The photocipied records submitted herewith		scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or Authoriza		name and of the above named
c.To the best of my knowledge, all such record business in the ordinary course of business		
d.No documents have been withheld in order		
described in the Subpoena Duces Tecum,		
as are available are provided.		
2. □ CERTIFICATION OF NO RECORDS	(Custodian's initials:)
a.A thorough search has been made for the	•	a Duces Tecum, Deposition
Subpoena, or Authorization for Records and		
records were found.		
b.lt is understood that such records could ex		
information furnished to our office, and to the		
3. ☐ CERTIFICATION OF X-RAY(S), MRI(
4. ☐ CERTIFICATION OF <u>NO</u> X-RAY(S), N	MRI(S), OR CAT SCANS (Cust	odian's initials:)
		I this dealeration was
I declare under penalty of perjury that the fo	regoing is true and correct, and	ithis declaration was
() ()		
executed on (date):	at (place)	
Print Name	Signature	
	VILLICOSCA	
	OFESSIONAL PHOTOCOPIER	
	62 of Business and Professions Co	
I declare that I am the attorney's representative and	•	• •
delivered to me by the Custodian of Records of the or entities. The method of Reproduction was: Copi		induted to the authorized persons
c. chance. The method of Reproduction was. Copi		
Date Signature		

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9975 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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 PHOTOCOPY COVER SHEET FOR: Case Number: Law Offices Of: HILDA GARZON-AYVAZIAN KC034354 Contact Minnie E. Mouse, Phone: 800.628.6614, FAX: 413.638.9993 Date Entered 06/19/01, Priority: N

SCPMG, MEDICAL RECORDS DEPARTMENT, CUSTODIAN OF RECORDS.

Time 09:30am

Custodian Address:

Depo Date

1011 BALDWIN PARK BLVD. BALDWIN PARK, CA. 91706

Subject:

Custodian:

MARIA CARMEN DUARTE, Birthdate 10/26/66

07/22/01

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, .

PHOTOCOPY COVER SHEET FOR:

Law Offices Of: HILDA GARZON-AYVAZIAN

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



To: CUSTODIAN OF MEDICAL & BILLING RECORDS

KAISER FOUNDATION HOSPITAL, HOSPITAL BILLING DEPARTMENT KAIS

1011 BALDWIN PARK BLVD. DEPARTMENT KAISE

Baldwin Park, CA. 91706DEPARTMENT 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:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert name of Court and Judicial District and Branch Cour	t:	
LA SUPERIOR, EAST		
400 CIVIC CENTER PLAZA		
POMONA, CA. 91766		
Plaintiff: MARIA CARMEN DUARTE		
Defendant: CURTIS MICHAEL MALINS		
DECLARATI	ON OF	Case Number:
CUSTODIAN OF	RECORDS	KC034354
The Custodian of Records, or other qualified		
SCPMG, MEDICAL RECORDS DEPA		RDS.
Declares as shown below in response to the	· · · · · · · · · · · · · · · · · · ·	
-	ORNEY SERVICE, On: 07/22/01,	
Location: dba QUICKSILVER PHOT	·	
		,
1. ☐ CERTIFICATION OF RECORDS	COPIED (Custodian's initials:)
a. I am a duly authorized Custodian of F	Records, or other qualified witness, for the	above-named business. As such
I have the authority to certify these re-		
·	rewith are true copies of all the records de	scribed in the Subpoena Duces
Tecum, Deposition Subpoena, or Auth		
•	records were prepared or compiled by the	•
	iness, at or near the time of the acts, condorder to avoid their being photocopied. If w	
	um, Deposition Subpoena, or Authorizatio	
as are available are provided.	am, Boposition Casposna, or Mathematic	Trior Nobelas, sacrificacias
2. □ CERTIFICATION OF NO RECOR	RDS (Custodian's initials:)
	the documents described in the Subpoen	a Duces Tecum. Deposition
	s and, based on the information provided	·
records were found.	•	
	ld exist under another spelling, name or c	
	to the best of our knowledge, no such red	
3. ☐ CERTIFICATION OF X-RAY(S), M	• • •	,
4. ☐ CERTIFICATION OF NO X-RAY(S), MRI(S), OR CAT SCANS <i>(Cust</i>	odian's initials:)
I declare under penalty of perjury that the	ne foregoing is true and correct, and	this declaration was
executed on (date):	at (place)	
Distallance	0:	
Print Name	Signature	
	WILLIE33EU	
	F PROFESSIONAL PHOTOCOPIER 22462 of Business and Professions Co	ملا
I declare that I am the attorney's representative		
delivered to me by the Custodian of Records of		
or entities. The method of Reproduction was:		
·		
Date Signat	ure	

Attorney or Party without Attorney: Telephone No: PHOTOCOPY COVER SHEET NOLAN B. HENDERSON, ESQ. (818)-956-4366 8841.9976 KURT S. BOLLIN FAX #:(818)-956-4210 330 NO. BRAND BLVD SUITE 950 GLENDALE CA. 91203 Attorney for: Defendant nsert 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

PHOTOCOPY COVER SHEET FOR:

Law Offices Of: HILDA GARZON-AYVAZIAN

Case Number:

KC034354

Contact J. Mortimer Bitwhacker, **Phone: 800.628.6614, FAX: 413.638.9993**

Date Entered 06/19/01, Priority: N

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

Custodian:

KAISER HOSPITAL/LOS ANGELES ATTN: RECORDS DEPT

Custodian Address:

4733 SUNSET BLVD LOS ANGELES, CA. 90027

Subject:

MARIA CARMEN DUARTE, Birthdate 10/26/66

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:

Law Offices Of: HILDA GARZON-AYVAZIAN

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



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. 90027ENT 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:	Telephone No:	For Court Use Only
NOLAN B. HENDERSON, ESQ.	(818)-956-4366	
KURT S. BOLLIN	FAX #:(818)-956-4210	
330 NO. BRAND BLVD		
SUITE 950		
GLENDALE CA. 91203		
Attorney for: Defendant		
nsert name of Court and Judicial District and Branch C	Court:	
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DECLARA	ATION OF	Case Number:
CUSTODIAN O	F RECORDS	KC034354
The Custodian of Records, or other qualif		
KAISER HOSPITAL/LOS ANGELES	•	
Declares as shown below in response to t		on scheduled as follows:
	ITORNEY SERVICE, On: 07/22/01,	
	OTOCOPY COMPANY, P.O. Box 83	
2004.0 454 40.0.40.212.1	<u> </u>	o, camer sy are coa, er a coc
1. ☐ CERTIFICATION OF RECORD	OS COPIED (Custodian's initials:)
	of Records, or other qualified witness, for the	above-named business. As such
I have the authority to certify these		
	herewith are true copies of all the records de	escribed in the Subpoena Duces
Tecum, Deposition Subpoena, or A		
	ch records were prepared or compiled by the	
	ousiness, at or near the time of the acts, cor	
	in order to avoid their being photocopied. If v Fecum, Deposition Subpoena, or Authorizati	
as are available are provided.	recum, Deposition Subpoena, or Authorizati	off for Records, Such records
2. ☐ CERTIFICATION OF NO REC	ORDS (Custodian's initials:)
	for the documents described in the Subpoer	—/ na Duces Tecum, Denosition
<u> </u>	ords and, based on the information provided	•
records were found.	o. ao aa, 2 ao a ao a ao amo ana ao a	
b.It is understood that such records of	could exist under another spelling, name or	classification, but with the.
information furnished to our office, a	and to the best of our knowledge, no such re	ecords exist in our files.
3. ☐ CERTIFICATION OF X-RAY(S)), MRI(S), OR CAT SCANS <i>(Custodia</i>	an's initials:)
4. ☐ CERTIFICATION OF NO X-RA	Y(S), MRI(S), OR CAT SCANS (Cus	todian's initials:)
		,
I declare under penalty of perjury that	t the foregoing is true and correct, an	d this declaration was
executed on (date):	at (place)	
Distal	0:	
Print Name	Signature	
	vviinessea	
	OF PROFESSIONAL PHOTOCOPIER	
I declare that I am the attorney's representa	on 22462 of Business and Professions Co	
delivered to me by the Custodian of Records	•	
or entities. The method of Reproduction wa		Saleston to the authorized persons
Date Sign	nature	