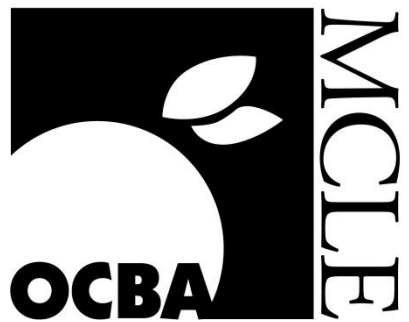

ORANGE COUNTY BAR ASSOCIATION

ELDER LAW & SPECIAL NEEDS

SECTION WEBINAR

Helping Clients Protect Their Loved Ones in Assisted Living
Facilities and Skilled Nursing Facilities



Monday, May 4, 2020

Helping Clients Protect Their Loved Ones in Assisted Living Facilities and Skilled Nursing Facilities

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WWW.CANHR.ORG

What you'll see if you click on Nursing Homes

- **Choosing a Nursing Home**

- [How to Choose a Nursing Home \(pdf\)](#)
- [Types of Nursing Homes in California \(pdf\)](#)
- [Nursing Home Evaluation Checklist \(pdf\)](#)

- **Public Websites That Identify Nursing Homes and Provide Inspection Histories on Them:**

- [Cal Health Find](#) (operated by the California Department of Public Health)
- [Cal Quality Care](#) (managed by the University of California, San Francisco)
- [Nursing Home Compare](#) (operated by the Centers for Medicare & Medicaid Services)

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What you'll see if you click on Nursing Homes

- **Filing Complaints**

- [How to File a Complaint Against a Nursing Home \(pdf\)](#)
- [Licensing & Certification District Offices](#)

- **Advocacy Help with Nursing Home Concerns**

- [Long-Term Care Ombudsman Programs by County](#)
- [Overview of the California Long-Term Care Ombudsman Program](#)

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What you'll see if you click on Nursing Homes

• Resident Rights

- [Outline of Nursing Home Residents' Rights \(pdf\)](#)
- [Transfer and Discharge Rights \(pdf\)](#)
- [The Epidemic in Nursing Home Evictions \(pdf\)](#)
- [Admission Agreement Rights \(pdf\)](#)
- [Don't Sign Arbitration Agreements](#)
- [Theft and Loss \(pdf\)](#)

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What you'll see if you click on Nursing Homes

- **Key Resources**

- [More CANHR Fact Sheets](#)
- [25 Common Nursing Home Problems & How to Resolve Them by Justice in Aging](#)
- [California regulations on skilled nursing facilities \(Title 22, CCR, Division 5, Chapter 3\)](#)
- [Center for Medicare Advocacy](#)
- [CDPH Enforcement Actions \(Citations\) site](#)
- [Find Your California Legislators](#)
- [Justice in Aging](#)
- [Long Term Care Ombudsman Contacts by County](#)
- [National Consumer Voice for Quality Long-Term Care](#)
- [NH Regs Plus \(examine and compare state regulations on nursing homes\)](#)
- [Nursing Home Staffing by Facility \(from Long Term Care Community Coalition\)](#)

Outline of Nursing Home Residents' Rights

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I. Admission Rights

(A) Rights regarding admissions contracts

1	Every nursing home must use the Standard Admission Agreement developed by the California Department of Public Health (DPH).	H&S Code §1599.61, 22 CCR §72516
2	Nursing home must make reasonable efforts to communicate contents of contract to resident prior to admission	H&S Code §1599.65
3	Contract shall not contain waivers of liability for health, rights, safety or personal property of resident	H&S Code §1599.62, 42 CFR §483.15(a)
4	Contract must clearly and explicitly state whether the facility participates in the Medi-Cal program	H&S Code §1439.8; H&S Code §1599.66; W&I Code §14022.3
5	Contract shall not require notice of resident's intent to convert to Medi-Cal status	H&S Code §1599.69(b)
6	Contract shall state clearly what services and supplies are covered by the facility's basic rate and identify charges for optional services and supplies	H&S Code §1599.67(a)
7	Contract shall state that residents will receive monthly statements itemizing all charges incurred by them	H&S Code §1599.67(a)
8	Contract shall not require payment beyond date of death or involuntary discharge from nursing home	H&S Code §1599.71(a), 42 CFR §483.10(g)(18)
9	Contract shall not require advance notice of voluntary discharge from nursing home	H&S Code §1599.71(b)
10	Contract shall not list any ground for discharge or involuntary transfer except those grounds listed in federal or state law	H&S Code §1599.76
11	Contract shall state that, except in an emergency, no resident may be involuntarily transferred within the facility or discharged unless reasonable written notice and transfer or discharge planning are given as required by law	H&S Code §1599.78
12	Contract shall not require residents to consent to all treatment ordered by a physician	H&S Code §1599.72
13	Contract shall not require or imply a lesser standard of responsibility for residents' personal property than is required by law	H&S Code §1289.5
14	Contract must contain a copy of the Patient's Bill of Rights	H&S Code §1599.74(b)
15	Contract must provide that if the resident is transferred to an acute care hospital, his/her bed will be held for seven days	H&S Code §1599.79; 22 CCR §72520
16	Contract must state that the facility is required to give 30 days written notice of any rate increase in the facility	H&S Code §1599.67(c)
17	The contract must contain an attachment that discloses the name of the owner and licensee of the skilled nursing facility and the name and contact information of a single entity that is responsible for all aspects of resident care and operation at the facility	H&S Code § 1599.64

Outline of Nursing Home Residents' Rights

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(B) Arbitration agreements

Nursing home cannot require applicants or residents to sign an arbitration agreement as a condition of admission or medical treatment

H&S Code §1599.81(a), 22 CCR §72516

An arbitration agreement must be on a form separate from the admission agreement and require separate signatures

H&S Code §1599.81(b), 22 CCR 72516

A resident cannot waive his or her ability to sue for violations of residents' rights

H&S Code §§1430(b) & 1599.81(d)

Residents and their legal representatives can rescind an arbitration agreement by giving written notice to the facility within 30 days of their signature

California Code of Civil Procedure §1295(c)

Outline of Nursing Home Residents' Rights

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(E) Right to be free from financial pre-conditions to admission

<p>Nursing home may not require third party guarantee of payment as a condition of admission or expedited admission</p>	<p>42 USC §1395i-3(c)(5)(A)(ii); §1396r(c)(5)(A)(ii); 42 CFR §483.15(a)(3); W&I Code §14110.8(b)</p>	
<p>If individual is entitled to Medicaid, nursing home may not charge, solicit, accept, or receive any amount as precondition of admission, or as a requirement of continued stay</p>	<p>42 USC §1396r(c)(5)(iii); 42 CFR §483.15(a)(4); H&S Code §1599.70(a); W&I Code §14110.9</p>	
<p>Nursing home cannot require or accept a deposit if Medi-Cal or Medicare is paying for a resident's stay</p>	<p>H&S Code §1599.70(a); W&I Code §14110.9; 42 CFR §489.22</p>	

Outline of Nursing Home Residents' Rights

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II. Transfer & Discharge Rights

(See Licensing & Certification Policy & Procedure Manual Section 618 et.seq.)

(A) Prohibitions against transfer or eviction

1	Medi-Cal certified nursing home shall not transfer or seek to evict resident due to resident changing from private pay or Medicare to Medi-Cal	W&I Code §14124.7(a); 42 CFR §483.15(c)(1)(i); 42 USC §1396r(c)(2)(A)
2	Nursing home shall not seek to expel resident in retaliation for filing of complaint; attempt to evict resident within 180 days of filing of complaint against facility is rebuttably presumed to be retaliatory	H&S Code §1432 (a), (b)
3	Medi-Cal certified nursing home shall not evict or transfer residents who have made a timely application for Medi-Cal and for whom an eligibility determination has not yet been made	W&I Code §14124.7

(B) Right not to be transferred or discharged from facility unless

1	Transfer or discharge is necessary to meet resident's welfare; and the resident's needs cannot be met in the facility; or	42 USC §1395i-3(c)(2)(A)(i); 42 USC §1396r(c)(2)(A)(i); 42 CFR §483.15(c)(1)(i)(A); 22 CCR §72527(a)(5)
2	The resident's health has improved sufficiently so that the resident no longer needs the facility's services; or	42 USC §1395i-3(c)(2)(A)(ii); 42 USC §1396r(c)(2)(A)(ii); 42 CFR §483.15(c)(1)(i)(B)
3	The safety of individuals in the facility is endangered; or	42 USC §1395i-3(c)(2)(A)(iii); 42 USC §1396r(c)(2)(A)(iii); 42 CFR §483.15(c)(1)(i)(C); 22 CCR §72527(a)(5)
4	The health of individuals in the facility would be endangered; or	42 USC §1395i-3(c)(2)(A)(iv); 42 USC §1396r(c)(2)(A)(iv); 42 CFR §483.15(c)(1)(i)(D); 22 CCR §72527(a)(5)
5	The resident has failed to pay or have payment made on his/her behalf (after reasonable and appropriate notice is given); or	42 USC §1395i-3(c)(2)(A)(v); 42 USC §1396r(c)(2)(A)(v); 42 CFR §483.15(c)(1)(i)(E); 22 CCR §72527(a)(5)
6	The facility ceases to operate	42 USC §1395i-3(c)(2)(A)(vi); 42 USC §1396r(c)(2)(A)(vi); 42 CFR §483.15(c)(1)(i)(F)

Outline of Nursing Home Residents' Rights

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(C) Right to notice prior to transfer or discharge from facility

A physician must document the basis for the transfer or discharge in the resident's clinical record	42 USC §1395i-3(c)(2)(A); 42 USC §1396r(c)(2)(A); 42 CFR §483.15(c)(2)
Nursing home must give the resident, family member and legal representative advance notice of the transfer or discharge as soon as practicable	42 USC §1395i-3(c)(2)(B)(i), (ii); 42 CFR §483.15(c)(4); 22 CCR §72527(a)(6)
Any transfer or discharge requires 30 days written notice, except for when the health or safety of other individuals would be endangered, the resident's health improves sufficiently to allow a more immediate transfer or discharge, the resident's urgent medical needs require a more immediate transfer or discharge, or the resident has resided in the facility less than 30 days	42 USC §1395i-3(c)(2)(B)(i),(ii); 42 USC §1396r(c)(2)(B)(i), (ii); 42 CFR §483.15(c)(4)
Notice of transfer or discharge must include the reason for the transfer or discharge, the effective date of the transfer or discharge, the location to which the resident will be transferred, a statement that the resident has the right to appeal and information on how to do so, and contact information for the long term care ombudsman	42 USC §1395i-3(c)(2)(B)(iii); 42 USC §1396r(c)(2)(B)(iii); 42 CFR §483.15(c)(5)
The facility must send a copy of the transfer or discharge notice to the local long-term care ombudsman	H&S Code §1439.6; 42 CFR §483.15(c)(3)

Outline of Nursing Home Residents' Rights

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(D) Right to appeal proposed transfer or discharge from facility

Upon request by the resident or representative, the state must conduct appeal hearings that comply with federal requirements	42 USC §1396r(e)(3) & (f)(3); 42 CFR §483.200 et seq.; 42 CFR Part 431, Subpart E
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(E) Right to preparation of residents prior to transfer or discharge

Nursing home must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility	42 USC §1396r(c)(2)(C); 42 CFR §483.15(c)(7)
Nursing home must develop a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment	42 CFR §483.21(c)(2)

(F) Right to readmission after hospitalization

Right to receive a written bed-hold notice when transferred to the hospital; nursing home must offer its next available bed to resident upon hospital discharge if it doesn't comply	22 CCR §72520 & 42 CFR §483.15(d)
Right to pay to hold bed for up to 7 days during hospitalization and immediate readmission upon discharge	22 CCR §72520(a); 42 CFR §483.15(e)
Medi-Cal will pay to hold bed for up to 7 days for beneficiary who is hospitalized	22 CCR 51535.1, 42 CFR §483.15(e)
Resident on Medi-Cal has the right to be readmitted to the first available bed in a semiprivate room if the hospital stay exceeds 7 days	42 CFR §483.15(e)
A nursing home's refusal to readmit a resident during a bed hold will be treated as an involuntary transfer, allowing the resident the right to appeal the transfer. The resident can remain in the hospital until the final determination of the hearing officer	Health & Safety Code § 1599.1
If the resident is not on Medi-Cal and has no other source of payment, the hearing and final determination must be made within 48 hours	Health & Safety Code §1599.1

(G) Right to readmission after leave of absence/therapeutic leave

Medi-Cal will pay to hold bed for 18 days (or more) per year for beneficiaries during leaves that are in accordance with their care plan	W&I Code §14108.2; 22 CCR §51535; 42 CFR §483.15(e)
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Outline of Nursing Home Residents' Rights

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III. Rights Within Nursing Home

(A) Rights relating to dignity, quality of care, quality of life

1	Right to receive the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being	42 USC §1396r(b)(2); 42 USC §1395i-3(b)(2); 42 CFR §483.24; 22 CCR §72315
2	Nursing home must care for its residents in such a manner and in such an environment to maintain or enhance the quality of life of each resident	42 USC §1396r(b)(1); 42 USC §1395i-3(b)(1); 42 CFR §483.10(a)(1)
3	Right to receive care to prevent bedsores and incontinence	H&S Code §1599.1(b)
4	Nursing home shall employ an adequate number of qualified personnel	H&S Code §1599.1(a); 22 CCR §72501(e)
5	Right to be treated with dignity	42 CFR §483.10(a) & (e); 22 CCR §72527(a)(11); 22 CCR §72315(b)
6	Right to be free from verbal, sexual, physical, and mental abuse, exploitation, involuntary seclusion and corporal punishment	42 USC §1395i-3(c)(1)(A)(ii); 42 USC §1396r (c)(1)(A)(ii); 42 CFR §483.12; 42 CFR §483.5; 22 CCR §72315(b); 22 CCR §72527(a)(9)
7	Right to reasonable accommodation of individual needs and preferences	42 USC §1395i-3(c)(1)(A)(v); 42 USC §1396r (c)(1)(A)(v); 42 CFR §483.10(e)(3)
8	Right to food of sufficient quality and quantity to meet the resident's needs	H&S Code §1599.1(c)
9	Right to activity program that meets residents' needs and interests	42 USC §1395i-3(b)(4)(A)(v); 42 USC §1396r (b)(4)(A)(v); 42 CFR §483.24(c) H&S Code §1439.2; H&S Code §1599.1(d); 22 CCR §72381
10	Right to social services to attain or maintain the highest practicable physical, mental and psychosocial wellbeing	42 USC §1395i-3(b)(4)(A)(ii); 42 USC §1396r (b)(4)(A)(ii); 42 CFR §483.40(d); 42 CFR §483.70(p)

Outline of Nursing Home Residents' Rights

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(F) Right to privacy/confidentiality/communications/access/visitors

Right to personal privacy in accommodations, medical treatment, written and telephonic communications, personal care, visits and meetings with family and resident groups	42 USC §1395i-3(c)(1)(A)(iii); 42 USC §1396r(c)(1)(A)(iii); 42 CFR §483.10(h); H&S Code §1418.3; 22 CCR §72527(a)(10), (11), (13), (16), (20), (21))
Right to privacy in oral, written, and electronic communications	42 CFR §483.10(h)(2)
Right to reasonable access to and privacy in use of electronic communications such as email and video communications and for Internet research	42 CFR §483.10(g)(9)
Right to reasonable access to telephones and to make and receive confidential calls, , including the right to retain and use a cellular phone at the resident's expense	22 CCR §72527(a)(21); 42 CFR §483.10(g)(6),(7)
Right to send and promptly receive mail that is unopened and to have access to stationery, postage and writing implements	42 CFR §483.10(g)(8); 22 CCR §72527(a)(13)
Right to confidential treatment of financial and medical records and to approve or refuse their release	H&S Code §1599.73; 22 CCR §72527(a)(10); 42 USC §1395i-3(c)(1)(A)(iv); 42 USC §1396r(c)(1)(A)(iv); 42 CFR §483.10(h)(3)
Right of immediate access to resident by federal, state, or ombudsman's representative, family members and others who visit with the consent of the resident	42 USC §1395i-3(c)(3); 42 USC §1396r(c)(3); 42 CFR §483.10(f)(4)
Right to reasonable access to any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any	42 USC §1396r(c)(3)(D); 42 CFR §483.10(f)(4)(iv)
Right to have visits from persons of the resident's choosing at any time if the resident is critically ill	22 CCR §72527(a)(19)
Right to privacy for visits by the resident's spouse, and if the spouse is also a resident, to be permitted to share a room	22 CCR §72527(a)(16); 42 CFR §483.10(e)(4)
Nursing home shall provide interpreters or other mechanisms to ensure adequate communications between residents and staff if language or communication barriers exist	22 CCR §72501(f)

Outline of Nursing Home Residents' Rights

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(I) Rights on protection of funds and property

Right to manage own financial affairs; facility may not require residents to deposit their personal funds with the facility	42 USC §1395i-3(c)(6)(A)(i); 42 USC §1396r(c)(6)(A)(i); 42 CFR §483.10(f)(10); 22 CCR §72527(a)(8)
Nursing home must safeguard and account for residents funds deposited with the facility	42 USC §1395i-3(c)(6)(A)(ii); 42 USC §1396r(c)(6)(A)(ii); 42 CFR §483.10(f)(10)(i) 22 CCR §72527(a)(8); 22 CCR §72529
Nursing home must convey resident's funds and final accounting to the legal representative of a deceased resident within 30 days of death	42 USC §1395i-3(c)(6)(B)(iii); 42 USC §1396r(c)(6)(B)(iii); 42 CFR §483.10(f)(10)(B)(v); 22 CCR §72529(a)(9)
Right to notification upon admission of the facility's policies and procedures to prevent theft and loss of possessions	H&S Code §1289.4(l)
Nursing home shall reimburse resident for current value of stolen or lost property if it fails to make reasonable efforts to safeguard property	H&S Code §1289.3
Nursing home must inventory resident's personal property on admission and upon death or discharge	H&S Code §1289.4(d); H&S Code §1418.7(a)(4), (5)
Nursing home must update resident's inventory upon written request when items are brought into or removed from the facility	H&S Code §1289.4(d)
Nursing home must secure resident's personal property	H&S Code §1289.4(j); H&S Code §1418.7(a)(9)
Nursing home must mark resident's personal property	H&S Code §1289.4(h); H&S Code §1418.7(a)(7)
Nursing home must establish theft and loss record for items worth \$25 or more	H&S Code §1289.4(c); H&S Code §1418.7(a)(3)
Nursing home must report theft of property with a value of \$100 or more to police	H&S Code §1289.4(i); H&S Code §1418.7(a)(8)
Nursing home must prevent misappropriation of resident property and report suspected crimes involving theft to state authorities and other entities within 24 hours	42 CFR §483.12
Nursing home shall exercise reasonable care for the protection of the resident's property from loss or theft	42 CFR §483.10(i)(1)(ii)
Nursing home must refer residents with lost or damaged dentures for dental services within 3 days, arrange for necessary transportation, and assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense.	42 CFR §483.55
Facility policies must identify when the loss or damage of dentures is its responsibility and prohibit charging residents in this situation	42 CFR §483.55(a) & (b)
Nursing home must surrender resident's personal property upon death or discharge	H&S Code §1289.4(e),(f); H&S Code §1418.7(a)(5)
Resident has the right to locked area for safekeeping of personal property. The nursing home must provide a lock for the resident's drawer or cabinet at the request of and at the expense of the resident or the resident's representative	H&S Code §1289.4(j)

Outline of Nursing Home Residents' Rights

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(N) Rights of family members

Right to visit at any time	H&S Code §1418.3, 42 USC §1395i-3(c)(3); 42 USC §1396r(c)(3); 42 CFR §483.10(f)(4)	
Right to participate in planning the resident's care	42 USC §1395i-3(b)(2); 42 USC §1396r(b)(2);	
Right to be informed of residents' rights	H&S Code §1599.1	
Right to immediate notification of an accident resulting in injury, a significant change in the resident's condition, a need to alter treatment significantly, or a decision to transfer the resident	42 CFR §483.10(g)(14)	
With the resident's consent, the right to be notified if a physician orders or increases an order for an antipsychotic medication	H&S Code §1418.9	
Right of resident representative to be notified promptly if the resident is going to be moved to another room or if there is a change of roommates	42 CFR §483.10(g)(14)(iii)	
Right to organize and participate in a family council	H&S Code §1418.4; 42 USC §1395i-3(c)(1)(A)(vii); 42 USC §1396r(c)(1)(A)(vii); 42 CFR §483.10(f)(5)-(7)	

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WWW.MEDICARE.GOV/NURSINGHOMECOMPARE

This is a great site for:

- Finding NHs in a particular area (zip code, city)
- Comparing NHs
- Getting data about NH staffing and complaints about particular NHs
- There is a star rating, but I wouldn't rely on that alone

WWW.THECONSUMERVOICE.ORG

[The National Consumer Voice for Quality Long-Term Care](http://WWW.THECONSUMERVOICE.ORG) also has many helpful publications for nursing home residents and their families.

This site contains info on many issues, including:

- Using drugs as chemical restraints
- Involuntary discharges
- Financial Guarantees Not Allowed

WWW.CDPH.CA.GOV

- California Department of Public Health
- Resources Include:
 - o NH Residents' Rights
 - o Link to Nursing Home Compare
 - o How to File a Complaint
 - o Find and Choose a NH
 - o Long-Term Care Facility Citations

REQUIREMENT FOR STATES AND LONG TERM CARE FACILITIES

Title 42 Code of Federal Regulations, Chapter IV, Subchapter G, Part 483

§483.10 Residents rights

(a) Residents Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.

(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.

§483.24 Quality of life

Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.

REQUIREMENT FOR STATES AND LONG TERM CARE FACILITIES

Title 42 Code of Federal Regulations, Chapter IV, Subchapter G, Part 483

§483.25 Quality of care

Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices, including but not limited to the following:

(a) Vision and hearing.

(b) **Skin integrity --(1) Pressure ulcers.** Based on the comprehensive assessment of a resident, the facility must ensure that--

(i) **A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable;** and

(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

REQUIREMENT FOR STATES AND LONG TERM CARE FACILITIES

Title 42 Code of Federal Regulations, Chapter IV, Subchapter G, Part 483

§483.25 Quality of care

(c) Mobility.

(1) **The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable;** and

(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.

(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable.

REQUIREMENT FOR STATES AND LONG TERM CARE FACILITIES

Title 42 Code of Federal Regulations, Chapter IV, Subchapter G, Part 483

§483.25 Quality of care

(d) **Accidents. The facility must ensure that--**

- (1) The resident environment remains as free of accident hazards as is possible; and
- (2) **Each resident receives adequate supervision and assistance devices to prevent accidents.**

REQUIREMENT FOR STATES AND LONG TERM CARE FACILITIES

Title 42 Code of Federal Regulations, Chapter IV, Subchapter G, Part 483

§483.25 Quality of care

(g) **Assisted nutrition and hydration**. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids).

Based on a resident's comprehensive assessment, the facility must ensure that a resident--

- (1) **Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance**, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;
- (2) **Is offered sufficient fluid intake to maintain proper hydration and health**; and
- (3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.

Title 22 California Code of Regulations – Skilled Nursing Facilities

§72315 Nursing Service – Patient Care

- (a) No patient shall be admitted or accepted for care by a skilled nursing facility except on the order, of a physician.
- (b) Each patient shall be treated as individual with dignity and respect and shall not be subjected to verbal or physical abuse of any kind.
- (c) Each patient, upon admission, shall be given orientation to the skilled nursing facility and, the facility's services and staff.
- (d) Each patient shall be provided care which shows evidence of good personal hygiene, including care of the skin, shampooing and grooming of hair, oral hygiene, shaving or beard trimming, cleaning and cutting of fingernails and toenails. The patient shall be free of offensive odors.
- (e) Each patient shall be encouraged and/or assisted to achieve and maintain the highest level of self-care and independence. Every effort shall be made to keep patients active, and out of bed for reasonable periods of time, except when contraindicated by orders of a licensed health care practitioner acting within the scope of his or her professional licensure.
- (f) Each patient shall be given care to prevent formation and progression of decubiti, contractures and deformities.

RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

Title 22 Code of Regulations, Division 6, Chapter 8

§87224 Eviction Procedures

(a) The licensee may evict a resident for one or more of the reasons listed in Section 87224(a)(1) through (5).

Thirty (30) days written notice to the resident is required except as otherwise specified in paragraph (5).

- (1) Nonpayment of the rate for basic services within ten days of the due date.
- (2) Failure of the resident to comply with state or local law after receiving written notice of the alleged violation.
- (3) Failure of the resident to comply with general policies of the facility. Said general policies must be in writing, must be for the purpose of making it possible for residents to live together and must, be made part of the admission agreement.
- (4) If, after admission, it is determined that the resident has a need not previously identified and a reappraisal has been conducted pursuant to Section 87463, and the licensee and the person who performs the reappraisal believe that the facility is not appropriate for the resident.
- (5) Change of use of the facility.

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If you click on Residential Care/Assisted Living on the CANHR website, it has a great deal of info there about ALFs.

A better place to search for ALFs is www.ccl.dss.ca.gov

25 Common Nursing Home Problems – & How to Resolve Them (Justice in Aging)

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25 Common Nursing Home Problems – & How to Resolve Them (Justice in Aging)

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Sample Letter #1

Marina E. Pink
Glen Park at Long Beach, Inc. dba Glen Park at Long Beach
1046 East 4th Street
Long Beach, CA 90802

RE: LANZONE MORGAN CLIENT

Dear Ms. Pink:

This office represents LANZONE MORGAN CLIENT, residents at Glen Park at Long Beach, Inc. dba Glen Park at Long Beach. Mr. LANZONE MORGAN CLIENT informed us that today, February 9, 2017, you threatened to evict him if he did not compensate you \$500 for a new couch you purchased for the facility. Apparently, you purchased a new couch to replace a couch that has been in the facility for a few years. This demand is unjustified and appears to be an attempt to harass, threaten, and extort money from Mr. and Mrs. LANZONE MORGAN CLIENT. As such, please inform us the reason you are requesting \$500 in compensation and on what grounds Mr. and Mrs. LANZONE MORGAN CLIENT are required to pay. Is there a written agreement between the facility and Mr. and Mrs. LANZONE MORGAN CLIENT that compels them to pay for the couch? If so, please provide us with a copy of the agreement. Please also inform us of the condition the replaced couch is in and provide us with pictures of it.

Sample Letter #1

Moreover, your attempt to evict Mr. and Mrs. LANZONE MORGAN CLIENT is in direct violation of their Admission Agreement. As you know, the Admission Agreement sets out the specific conditions that must be met for eviction. To properly evict a resident, the facility must provide a 30-day written notice to the resident, which includes: (1) the reasons relied upon for the eviction, with specific facts to permit determination of the date, place, witnesses, and circumstances concerning those reasons; (2) the effective date of the eviction; (3) information about resources available to assist the resident in identifying alternative housing and care options; (4) the resident's right to file a complaint with the CDSS regarding the eviction; (5) a statement that informs the resident that the licensee cannot evict a resident who remains in the facility after the effective date of the eviction unless the licensee files an unlawful detainer; (6) a statement that if a licensee pursues an unlawful detainer action, the resident must be served with a summons and complaint; and, (7) a statement that the resident has the right to contest the eviction in writing and through a hearing. You have failed to provide Mr. and Mrs. LANZONE MORGAN CLIENT with written notice of the eviction or the required information.

According to the Admission Agreement, a resident may only be evicted for one or more of the circumstances enumerated in the Admission Agreement, none of which have occurred here. Mr. and Mrs. LANZONE MORGAN CLIENT have paid the rate for basic services, complied with state and local law, and complied with the facility's house rules. Thus, your attempt to evict Mr. and Mrs. LANZONE MORGAN CLIENT is unwarranted and in violation of their Admission Agreement. As the required conditions for eviction have not been met, the facility cannot evict Mr. and Mrs. LANZONE MORGAN CLIENT.

Please provide us with the requested information by February 16, 2017. In the meantime, feel free to contact me should you wish to discuss the foregoing in more detail. All future correspondence regarding your \$500 demand for the couch and/or attempt to evict our clients shall be directed to this office. Please cease all direct correspondence towards Mr. and Mrs. LANZONE MORGAN CLIENT regarding this issue immediately.

Sample Letter #2

Attn: Lourdes Guevarra, Administrator
Inland Valley Care & Rehab Center
250 W. Artesia Street
Pomona, CA 91768

Re: My Client: LANZONE MORGAN CLIENT
DOB: ?/??/19??

Dear Ms. Guevarra,

Please be advised this office represents LANZONE MORGAN CLIENT. We have been informed by Mr. LANZONE MORGAN CLIENT's daughter and Power of Attorney, _____, that Inland Valley Care & Rehab Center has failed to return Mr. LANZONE MORGAN CLIENT's personal belongings. Ms. _____ began requesting the return of Mr. LANZONE MORGAN CLIENT's belongings on approximately _____, 2019 after Mr. LANZONE MORGAN CLIENT was transferred to Hospital. Ms. _____ has made several unsuccessful attempts since _____, 2019 to retrieve her father's belongings, the most recent being _____, 2019. The following items of Mr. LANZONE MORGAN CLIENT are in Inland Valley Care & Rehab Center's possession and shall be returned immediately:

Sample Letter #2

1. One (1) white poster board with family pictures;
2. One (1) small wooden plaque of Jesus;
3. One (1) black rotating fan;
4. One (1) Three-tiered white storage drawers;
5. One (1) homemade flower basket;
6. Four (4) nightgowns;
7. Three (3) glass plaques;
8. Two (2) flowerpots;
9. One (1) red, white, and blue handheld fan;
10. One (1) red, white, and blue flower paperweight; and
11. One (1) black abduction pillow.

Sample Letter #2

All the above-referenced items should be easily identified as Mr. LANZONE MORGAN CLIENT's because his name is clearly written on each item in permanent black marker and his black fan is engraved with his name.

I write this letter to remind Inland Valley Care & Rehab Center of its responsibility to exercise reasonable care for the protection of the resident's property from loss or theft, pursuant to 22 C.C.R. §72529, California Health and Safety Code §1289.3-4, and 42 C.F.R. §483.10(i)(1)(ii) (ii). A long-term health care facility which fails to make reasonable efforts to safeguard patient property shall reimburse a patient for or replace stolen or lost patient property at its then current value pursuant to California Health and Safety Code §1289.3. A Citation shall be issued if the facility does not show by clear and convincing evidence that it complied with California Health and Safety Code §1289.4. California Health and Safety Code §1289.3-4 requires a number of things, including:

(e) Inventory and surrender of the resident's personal effects and valuables upon discharge to the resident or authorized representative in exchange for a signed receipt.

Sample Letter #2

Should it be determined that Inland Valley Care & Rehab Center deliberately misplaced Mr. LANZONE MORGAN CLIENT's belongings, then that constitutes "misappropriation of resident property" as defined under 42 C.F.R §483.5. Misappropriation of resident property is a violation of his rights along with the right to be free from abuse, neglect, and exploitation. That kind of violation carries severe penalties – including criminal penalties.

Should the State of California issue a penalty against Inland Valley Care & Rehab Center, 42 C.F.R. §488.442(g)(3) provides for the reimbursement of residents for personal funds or property lost at a facility as a result of actions by the facility or by individuals used by the facility to provide services to residents.

We hope to resolve this issue as expeditiously and without intervention from the court or Department of Public Health. Please contact me to arrange for the return of Mr. LANZONE MORGAN CLIENT's personal belongings by end of business _____, 2019.

Sample Letter #3

Ms. Katie Rush
LIFE CARE CENTERS OF AMERICA
3001 Keith Street NW
Cleveland, TN 37312

RE: *Mr. LANZONE MORGAN CLIENT's chart from Bel Toreen Villa Convalescent*

Dear Ms. Rush:

This matter was just brought to my attention and I am hopeful that we can work this out amicably. As I understand an Advance Directive was sent to you that was never signed by Mrs. LANZONE MORGAN CLIENT. I apologize for our mistake, however, I would like to bring to your attention some facts that would suggest honoring our record request is appropriate.

If you review the Bel Toreen Villa Convalescent chart, you will see that Mr. LANZONE MORGAN CLIENT was not competent upon admission to the facility. Upon admission, Bel Toreen designated Mrs. LANZONE MORGAN CLIENT, the resident's wife, as the responsible party and resident representative for Mr. LANZONE MORGAN CLIENT. As such, during the course of his residency, the facility treated Mrs. LANZONE MORGAN CLIENT as the resident representative for all purposes including:

Sample Letter #3

- Mrs. LANZONE MORGAN CLIENT executed all admission paperwork wherein the facility identified her as the responsible party and resident representative for Mr. LANZONE MORGAN CLIENT. The admission agreement even states a “Resident Representative” may be a family member, which Mrs. LANZONE MORGAN CLIENT certainly qualifies.
- The admission agreement even states that Mrs. LANZONE MORGAN CLIENT was a party to the contract for which Life Care agreed to provide care and services to her husband.
- She functioned as Mr. LANZONE MORGAN CLIENT’s decision maker while a resident at Bel Toren and was readily informed of his condition and was regularly consulted when healthcare decisions had to be made for Mr. LANZONE MORGAN CLIENT. Bel Toren acquiesced to her decision making on behalf of Mr. LANZONE MORGAN CLIENT as his resident representative.
- Bel Toren received payments from third-party payors for the care and services it allegedly provided Mr. LANZONE MORGAN CLIENT because Mrs. LANZONE MORGAN CLIENT executed the admission agreement. The facility would not have been able to receive such payments without a resident representative executing the admission agreement.
- I anticipate that Attachment E to the admission agreement identifies Mrs. LANZONE MORGAN CLIENT as a family member authorized to receive all medical information related to her husband.

Sample Letter #3

It seems terribly disingenuous for Bel Toreen to identify and treat Mrs. LANZONE MORGAN CLIENT as the Resident Representative during this residency, sharing all aspects of his care and treatment with her, relying on her for medical decisions on behalf of her husband, advising her of assessments, care planning, discharge planning, IDT meetings, etc.; then when litigation is potentially pending treat her as an outsider with no rights to act on behalf of her husband and completely ignore the contract the facility entered into with her. This is in and of itself a Violation of Resident's Rights and is actionable pursuant to Health & Safety Code §1430(b).

I encourage you to reconsider the new requirements, outside the scope of the admission agreement, Bel Toreen is now imposing on Mrs. LANZONE MORGAN CLIENT. It seems counterproductive to force Mrs. LANZONE MORGAN CLIENT to file an action just to receive her husband's chart from Bel Toreen that she is so entitled to obtain pursuant to the admission agreement.

As always, please contact me at your convenience if you wish to discuss an amicable resolution. If not, please let me know how you will advise Bel Toreen so we can act accordingly. I appreciate your attention to this matter and professional courtesy.

This is NOT in your Power Point

General Advice to Clients with family in NHs – Still not rising to the level of litigation

i. Be a Squeaky Wheel

When it comes to nursing home care, the squeaky wheel gets the grease. The residents and families who are determined in asking for individualized care, tend to receive more attention and better care.

ii. Visit at Different Times of the Day/Week

iii. Look under the clothes, socks, etc.

iv. Have other people visit, especially at different days/times

v. Have a POA or HC Directive

vi. Take Notes – “For My Attorney”

vii. Make a complaint IN WRITING to MANAGEMENT

viii. Seek Assistance from the Ombudsman

ix. Seek Assistance from an Attorney, Advocate, DPH, DSS

x. Speak Up

I can't stress this point enough: speak up! Nursing home care should be based on a care plan, and the resident and family members have a major role in making that plan. Be involved, ask questions, use resources, make requests, seek expert advice when needed — in short, have high expectations, and do what's necessary to push the nursing home towards providing the type of care that the law requires.

Elder Abuse & Dependent Adult Civil Protection Act
Welfare & Institutions Code Division 9, Part 3, Chapter 11

§15610.07. Abuse of an elder or dependent adult

(a) “Abuse of an elder or a dependent adult” means any of the following:

- (1) Physical abuse, neglect, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
- (2) The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.
- (3) Financial abuse, as defined in Section 15610.30.

(b) This section shall become operative on July 1, 2016.

§15610.23. Dependent adult [Effective 1/1/2019]

(a) “**Dependent adult**” means a person, regardless of whether the person lives independently, between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age.

(b) “Dependent adult” includes any person between the ages of 18 and 64 years who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

§15610.27. Elder

“**Elder**” means any person residing in this state, 65 years of age or older

Elder Abuse & Dependent Adult Civil Protection Act
Welfare & Institutions Code Division 9, Part 3, Chapter 11

§15610.57. Neglect

(a) “Neglect” means either of the following:

(1) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.

(2) The negligent failure of an elder or dependent adult to exercise that degree of self care that a reasonable person in a like position would exercise.

(b) Neglect includes, but is not limited to, all of the following:

(1) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter.

(2) Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.

(3) Failure to protect from health and safety hazards.

(4) Failure to prevent malnutrition or dehydration.

(5) Failure of an elder or dependent adult to satisfy the needs specified in paragraphs (1) to (4), inclusive, for himself or herself as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health.

Elder Abuse & Dependent Adult Civil Protection Act
Welfare & Institutions Code Division 9, Part 3, Chapter 11

§15657. Remedies

Where it is proven by clear and convincing evidence that a defendant is liable for physical abuse as defined in Section 15610.63, or neglect as defined in Section 15610.57, and that the defendant has been guilty of recklessness, oppression, fraud, or malice in the commission of this abuse, the following shall apply, in addition to all other remedies otherwise provided by law:

(a) The court shall award to the plaintiff reasonable attorney's fees and costs. The term "costs" includes, but is not limited to, reasonable fees for the services of a conservator, if any, devoted to the litigation of a claim brought under this article.

(b) The limitations imposed by Section 377.34 of the Code of Civil Procedure on the damages recoverable shall not apply. However, the damages recovered shall not exceed the damages permitted to be recovered pursuant to subdivision (b) of Section 3333.2 of the Civil Code.

(c) The standards set forth in subdivision (b) of Section 3294 of the Civil Code regarding the imposition of punitive damages on an employer based upon the acts of an employee shall be satisfied before any damages or attorney's fees permitted under this section may be imposed against an employer

Title 22 of the California Code of Regulations § 72527

§72527 Patients' Rights

(a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right:

- (1) To be fully informed, as evidenced by the patient's written acknowledgement prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct.
- (2) To be fully informed, prior to or at the time of admission and during stay, of services available in the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate or not covered under Titles XVIII or XIX of the Social Security Act.
- (3) To be fully informed by a physician of his or her total health status and to be afforded the opportunity to participate on an immediate and ongoing basis in the total plan of care including the identification of medical, nursing and psychosocial needs and the planning of related services.
- (4) To consent to or to refuse any treatment or procedure or participation in experimental research.
- (5) To receive all information that is material to an individual patient's decision concerning whether to accept or refuse any proposed treatment or procedure. The disclosure of material information for administration of psychotherapeutic drugs or physical restraints or the prolonged use of a device that may lead to the inability to regain use of a normal bodily function shall include the disclosure of information listed in Section 72528(b).
- (6) To be transferred or discharged only for medical reasons, or the patient's welfare or that of other patients or for nonpayment for his or her stay and to be given reasonable advance notice to ensure orderly transfer or discharge. Such actions shall be documented in the patient's health record.

Title 22 of the California Code of Regulations § 72527 cont'd

- (7) To be encouraged and assisted throughout the period of stay to exercise rights as a patient and as a citizen, and to this end to voice grievances and recommend changes in policies and services to facility staff and/or outside representatives of the patient's choice, free from restraint, interference, coercion, discrimination or reprisal.
- (8) To be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, or registered domestic partner status.
- (9) To manage personal financial affairs, or to be given at least a quarterly accounting of financial transactions made on the patient's behalf should the facility accept written delegation of this responsibility subject to the provisions of Section 72529.
- (10) To be free from mental and physical abuse.
- (11) To be assured confidential treatment of financial and health records and to approve or refuse their release, except as; authorized by law.
- (12) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs.
- (13) Not to be required to perform services for the facility that are not included for therapeutic purposes in the patient's plan of care.
- (14) To associate and communicate privately with persons of the patient's choice, and to send and receive personal mail unopened.
- (15) To meet with others and participate in activities of social, religious and community groups.
- (16) To retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the health, safety or rights of the patient or other patients.
- (17) If married or registered as a domestic partner, to be assured privacy for visits by the patient's spouse or registered domestic partner and if both are patients in the facility, to be permitted to share a room.
- (18) To have daily visiting hours established.

Title 22 of the California Code of Regulations § 72527 cont'd

- (19) To have visits from members of the clergy at any time at the request of the patient or the patient's representative.
- (20) To have visits from persons of the patient's choosing at any time if the patient is critically ill, unless medically contraindicated.
- (21) To be allowed privacy for visits with family, friends, clergy, social workers or for professional or business purposes.
- (22) To have reasonable access to telephones and to make and receive confidential calls.
- (23) To be free from any requirement to purchase drugs or rent or purchase medical supplies or equipment from any particular source in accordance with the provisions of Section 1320 of the Health and Safety Code.
- (24) To be free from psychotherapeutic drugs and physical restraints used for the purpose of patient discipline or staff convenience and to be free from psychotherapeutic drugs used as a chemical restraint as defined in Section 72018, except in an emergency which threatens to bring immediate injury to the patient or others. If a chemical restraint is administered during an emergency, such medication shall be only that which is required to treat the emergency condition and shall be provided in ways that are least restrictive of the personal liberty of the patient and used only for a specified and limited period of time.
- (25) Other rights as specified in Health and Safety Code, Section 1599.1.
- (26) Other rights as specified in Welfare and Institutions Code, Sections 5325 and 5325.1, for persons admitted for psychiatric evaluations or treatment.
- (27) Other rights as specified in Welfare and Institutions Code Sections 4502, 4503 and 4505 for patients who are developmentally disabled as defined in Section 4512 of the Welfare and Institutions Code.

Stage I

The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue, or purple hues.



Stage II

Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister or shallow crater.



Stage III

Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia



Stage IV

Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g. tendon, joint capsule).



Stage IV

Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g. tendon, joint capsule).



Eschar
Thick dry black necrotic tissue – Unstageable



STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

1. NAME OF DECEDENT - FIRST GIVEN		2. MIDDLE		3. LAST GIVEN		4. SEX		5. RACE		6. YEAR	
7. SOCIAL SECURITY NUMBER	8. DATE OF BIRTH	9. MONTH	10. DAY	11. YEAR	12. PLACE OF BIRTH	13. STATE OF BIRTH	14. SEX	15. RACE	16. YEAR	17. MARRIAGE	
	05001941	78	03	08	CA	CA	M	M	M	M	
18. COUNTY OF DEATH		19. MARRIAGE STATUS		20. DATE OF DEATH		21. HOUR		22. MINUTE		23. YEAR	
CA		DIVORCED		02/16/2018		0220					
24. DECEASED'S OCCUPATION		25. DECEASED'S OCCUPATION (SPECIAL) - If free, use available on back		26. DECEASED'S RACE - Use to 3 codes, unless first listed on back		27. DECEASED'S SEX		28. DECEASED'S MARRIAGE STATUS		29. DECEASED'S YEAR	
OWNER OPERATOR				MEXICAN AMERICAN		M		DIVORCED		2018	
30. DECEASED'S RESIDENCE (Street and Number, or Location)		31. DECEASED'S PLACE OF DEATH		32. DECEASED'S COUNTY		33. DECEASED'S STATE		34. DECEASED'S YEAR		35. DECEASED'S MONTH	
AIR CONDITIONING		WOODLAKE DISTRICT CEMETERY		TULARE		CA		2018		02	
36. DECEASED'S NAME (Including Maiden Name)		37. DECEASED'S MARRIAGE STATUS		38. DECEASED'S PLACE OF BIRTH		39. DECEASED'S COUNTY OF BIRTH		40. DECEASED'S STATE OF BIRTH		41. DECEASED'S YEAR OF BIRTH	
42. SEX		43. MIDDLE		44. LAST GIVEN NAME		45. STATE		46. YEAR		47. MONTH	
M						CA		2018		02	
48. SEX		49. MIDDLE		50. LAST GIVEN NAME		51. STATE		52. YEAR		53. MONTH	
M						AZ		2018		02	
54. PLACE OF DEATH (City and County)		55. PLACE OF DEATH (City and County)		56. PLACE OF DEATH (City and County)		57. PLACE OF DEATH (City and County)		58. PLACE OF DEATH (City and County)		59. PLACE OF DEATH (City and County)	
WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WOODLAKE DISTRICT CEMETERY 165 N. CYPRESS, WOODLAKE, CA 93286		WOODLAKE DISTRICT CEMETERY 165 N. CYPRESS, WOODLAKE, CA 93286		WOODLAKE DISTRICT CEMETERY 165 N. CYPRESS, WOODLAKE, CA 93286		WOODLAKE DISTRICT CEMETERY 165 N. CYPRESS, WOODLAKE, CA 93286		WOODLAKE DISTRICT CEMETERY 165 N. CYPRESS, WOODLAKE, CA 93286	
60. DECEASED'S COUNTY OF DEATH		61. DECEASED'S COUNTY OF BIRTH		62. DECEASED'S COUNTY OF DEATH		63. DECEASED'S COUNTY OF BIRTH		64. DECEASED'S COUNTY OF DEATH		65. DECEASED'S COUNTY OF BIRTH	
LOS ANGELES		TULARE		LOS ANGELES		TULARE		LOS ANGELES		TULARE	
66. DECEASED'S MARRIAGE STATUS		67. DECEASED'S MARRIAGE STATUS		68. DECEASED'S MARRIAGE STATUS		69. DECEASED'S MARRIAGE STATUS		70. DECEASED'S MARRIAGE STATUS		71. DECEASED'S MARRIAGE STATUS	
DIVORCED		DIVORCED		DIVORCED		DIVORCED		DIVORCED		DIVORCED	
72. DECEASED'S OCCUPATION		73. DECEASED'S OCCUPATION		74. DECEASED'S OCCUPATION		75. DECEASED'S OCCUPATION		76. DECEASED'S OCCUPATION		77. DECEASED'S OCCUPATION	
OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR	
78. DECEASED'S PLACE OF DEATH		79. DECEASED'S PLACE OF DEATH		80. DECEASED'S PLACE OF DEATH		81. DECEASED'S PLACE OF DEATH		82. DECEASED'S PLACE OF DEATH		83. DECEASED'S PLACE OF DEATH	
WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS	
84. DECEASED'S COUNTY OF DEATH		85. DECEASED'S COUNTY OF BIRTH		86. DECEASED'S COUNTY OF DEATH		87. DECEASED'S COUNTY OF BIRTH		88. DECEASED'S COUNTY OF DEATH		89. DECEASED'S COUNTY OF BIRTH	
LOS ANGELES		TULARE		LOS ANGELES		TULARE		LOS ANGELES		TULARE	
90. DECEASED'S MARRIAGE STATUS		91. DECEASED'S MARRIAGE STATUS		92. DECEASED'S MARRIAGE STATUS		93. DECEASED'S MARRIAGE STATUS		94. DECEASED'S MARRIAGE STATUS		95. DECEASED'S MARRIAGE STATUS	
DIVORCED		DIVORCED		DIVORCED		DIVORCED		DIVORCED		DIVORCED	
96. DECEASED'S OCCUPATION		97. DECEASED'S OCCUPATION		98. DECEASED'S OCCUPATION		99. DECEASED'S OCCUPATION		100. DECEASED'S OCCUPATION		101. DECEASED'S OCCUPATION	
OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR	
102. DECEASED'S PLACE OF DEATH		103. DECEASED'S PLACE OF DEATH		104. DECEASED'S PLACE OF DEATH		105. DECEASED'S PLACE OF DEATH		106. DECEASED'S PLACE OF DEATH		107. DECEASED'S PLACE OF DEATH	
WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS		WEST HILLS HOSPITAL & MEDICAL CENTER 7300 MEDICAL CENTER DR WEST HILLS	
108. DECEASED'S COUNTY OF DEATH		109. DECEASED'S COUNTY OF BIRTH		110. DECEASED'S COUNTY OF DEATH		111. DECEASED'S COUNTY OF BIRTH		112. DECEASED'S COUNTY OF DEATH		113. DECEASED'S COUNTY OF BIRTH	
LOS ANGELES		TULARE		LOS ANGELES		TULARE		LOS ANGELES		TULARE	
114. DECEASED'S MARRIAGE STATUS		115. DECEASED'S MARRIAGE STATUS		116. DECEASED'S MARRIAGE STATUS		117. DECEASED'S MARRIAGE STATUS		118. DECEASED'S MARRIAGE STATUS		119. DECEASED'S MARRIAGE STATUS	
DIVORCED		DIVORCED		DIVORCED		DIVORCED		DIVORCED		DIVORCED	
120. DECEASED'S OCCUPATION		121. DECEASED'S OCCUPATION		122. DECEASED'S OCCUPATION		123. DECEASED'S OCCUPATION		124. DECEASED'S OCCUPATION		125. DECEASED'S OCCUPATION	
OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR		OWNER OPERATOR	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.



001599754



Health Officer and Registrar VE

MAR -8 2018

This copy is required unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOS ANGO

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

1. DECEASED'S FIRST NAME		2. MIDDLE		3. LAST NAME	
4. DATE OF BIRTH		5. SEX	6. RACE	7. DATE OF DEATH	8. HOUR OF DEATH
10/24/1927		91	WIDOWED	03/28/2019	1819
9. MARITAL STATUS		10. DECEASED'S RACE		11. DECEASED'S SEX	
WIDOWED		WHITE		F	
12. DECEASED'S OCCUPATION		13. DECEASED'S EDUCATION		14. DECEASED'S GRADE	
REGISTERED NURSE		MEDICAL		35	
15. DECEASED'S COUNTY		16. DECEASED'S CITY		17. DECEASED'S ZIP CODE	
LOS ANGELES		LOS ANGELES		93	
18. DECEASED'S PLACE OF BIRTH		19. DECEASED'S STATE OF BIRTH		20. DECEASED'S COUNTRY OF BIRTH	
LOS ANGELES		CALIFORNIA		UNITED STATES OF AMERICA	
21. DECEASED'S PLACE OF DEATH		22. DECEASED'S COUNTY OF DEATH		23. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
24. DECEASED'S PLACE OF DEATH		25. DECEASED'S COUNTY OF DEATH		26. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
27. DECEASED'S PLACE OF DEATH		28. DECEASED'S COUNTY OF DEATH		29. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
30. DECEASED'S PLACE OF DEATH		31. DECEASED'S COUNTY OF DEATH		32. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
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ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
36. DECEASED'S PLACE OF DEATH		37. DECEASED'S COUNTY OF DEATH		38. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
39. DECEASED'S PLACE OF DEATH		40. DECEASED'S COUNTY OF DEATH		41. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
42. DECEASED'S PLACE OF DEATH		43. DECEASED'S COUNTY OF DEATH		44. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
45. DECEASED'S PLACE OF DEATH		46. DECEASED'S COUNTY OF DEATH		47. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
48. DECEASED'S PLACE OF DEATH		49. DECEASED'S COUNTY OF DEATH		50. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
51. DECEASED'S PLACE OF DEATH		52. DECEASED'S COUNTY OF DEATH		53. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
54. DECEASED'S PLACE OF DEATH		55. DECEASED'S COUNTY OF DEATH		56. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
57. DECEASED'S PLACE OF DEATH		58. DECEASED'S COUNTY OF DEATH		59. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
60. DECEASED'S PLACE OF DEATH		61. DECEASED'S COUNTY OF DEATH		62. DECEASED'S CITY OF DEATH	
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63. DECEASED'S PLACE OF DEATH		64. DECEASED'S COUNTY OF DEATH		65. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
66. DECEASED'S PLACE OF DEATH		67. DECEASED'S COUNTY OF DEATH		68. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
69. DECEASED'S PLACE OF DEATH		70. DECEASED'S COUNTY OF DEATH		71. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
72. DECEASED'S PLACE OF DEATH		73. DECEASED'S COUNTY OF DEATH		74. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
75. DECEASED'S PLACE OF DEATH		76. DECEASED'S COUNTY OF DEATH		77. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
78. DECEASED'S PLACE OF DEATH		79. DECEASED'S COUNTY OF DEATH		80. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
81. DECEASED'S PLACE OF DEATH		82. DECEASED'S COUNTY OF DEATH		83. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
84. DECEASED'S PLACE OF DEATH		85. DECEASED'S COUNTY OF DEATH		86. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
87. DECEASED'S PLACE OF DEATH		88. DECEASED'S COUNTY OF DEATH		89. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
90. DECEASED'S PLACE OF DEATH		91. DECEASED'S COUNTY OF DEATH		92. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
93. DECEASED'S PLACE OF DEATH		94. DECEASED'S COUNTY OF DEATH		95. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
96. DECEASED'S PLACE OF DEATH		97. DECEASED'S COUNTY OF DEATH		98. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
99. DECEASED'S PLACE OF DEATH		100. DECEASED'S COUNTY OF DEATH		101. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
102. DECEASED'S PLACE OF DEATH		103. DECEASED'S COUNTY OF DEATH		104. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
105. DECEASED'S PLACE OF DEATH		106. DECEASED'S COUNTY OF DEATH		107. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
108. DECEASED'S PLACE OF DEATH		109. DECEASED'S COUNTY OF DEATH		110. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
111. DECEASED'S PLACE OF DEATH		112. DECEASED'S COUNTY OF DEATH		113. DECEASED'S CITY OF DEATH	
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ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
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ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
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ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
126. DECEASED'S PLACE OF DEATH		127. DECEASED'S COUNTY OF DEATH		128. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
129. DECEASED'S PLACE OF DEATH		130. DECEASED'S COUNTY OF DEATH		131. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
132. DECEASED'S PLACE OF DEATH		133. DECEASED'S COUNTY OF DEATH		134. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
135. DECEASED'S PLACE OF DEATH		136. DECEASED'S COUNTY OF DEATH		137. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
138. DECEASED'S PLACE OF DEATH		139. DECEASED'S COUNTY OF DEATH		140. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
141. DECEASED'S PLACE OF DEATH		142. DECEASED'S COUNTY OF DEATH		143. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
144. DECEASED'S PLACE OF DEATH		145. DECEASED'S COUNTY OF DEATH		146. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
147. DECEASED'S PLACE OF DEATH		148. DECEASED'S COUNTY OF DEATH		149. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	
150. DECEASED'S PLACE OF DEATH		151. DECEASED'S COUNTY OF DEATH		152. DECEASED'S CITY OF DEATH	
ROSE HILLS MEMORIAL PARK 3888 WORKMAN MILL RD, WHITTIER, CA 90601		LOS ANGELES		WHITTIER	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

02016239

DATE ISSUED
APR 17 2019

Health Officer: *Raylene Reynolds, MD*
DO 14

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

1. NAME OF DECEASED - FIRST, MIDDLE, LAST: [REDACTED] 2. SEX: F 3. AGE AT DEATH: 72 4. DATE OF BIRTH: 01/05/1945 5. MARITAL STATUS: NEVER MARRIED 6. DATE OF DEATH: 07/29/2017 7. HOUR: 1600

8. EDUCATION: High School Graduate 9. OCCUPATION: SEAMSTRESS 10. DECEASED'S RACE: MEXICAN 11. DECEASED'S RESIDENCE: SEAMSTRESS 12. DECEASED'S PLACE OF BIRTH: LOS ANGELES, CA

13. PLACE OF DEATH: LACUSO MEDICAL CENTER, 2051 MARENGO STREET, LOS ANGELES, CA 90007 14. CAUSE OF DEATH: SUBDURAL HEMATOMA 15. MANNER OF DEATH: NO

16. SIGNATURE OF CORONER/DEPUTY CORONER: REGINA AUGUSTINE, DEP. CORONER 17. DATE: 08/09/2017 18. SIGNATURE OF REGISTERAR: [REDACTED]



CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES
This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar
DATE ISSUED: AUG 15 2017

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Print name) [REDACTED] LOCAL REGISTRATION NUMBER [REDACTED]

2. ALSO KNOWN AS (Include all ALIAS FIRST MIDDLE LAST) [REDACTED]

3. DATE OF BIRTH (month/day/year) 02/01/1947 4. AGE (at death) 69 5. SEX (M/F) [REDACTED]

6. DECEASED'S RESIDENCE (street and number, or building name, or P.O. box, or other address) [REDACTED]

7. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]

8. MARRIAGE STATUS (at time of death) MARRIED SINGLE SEPARATED DIVORCED WIDOWED

9. DATE OF MARRIAGE (month/day/year) 04/12/2016 10. POLAR NUMBER 0050

11. EDUCATION (highest completed) SOME COLLEGE 12. HIGHEST GRADE ATTAINED (if not an earned degree) [REDACTED]

13. ETHNIC OR RACIAL ORIGIN CAUCASIAN 14. DECEASED'S PLACE OF BIRTH (city and state) [REDACTED]

15. DECEASED'S OCCUPATION (last held) INSURANCE AGENT 16. TYPE OF DEATH (e.g., natural, suicide, homicide, accident, undetermined, or other) INSURANCE 17. YEARS IN OCCUPATION 30

18. DECEASED'S RESIDENCE (street and number, or building name) [REDACTED]

19. CITY [REDACTED] 20. COUNTY LOS ANGELES 21. ZIP CODE 90031 22. HEALTH CARE COUNTY 1 23. REGISTERED COUNTY CA

24. NAME OF REGISTERING PROFESSIONAL OFFICER [REDACTED] 25. LAST OFFICE [REDACTED]

26. NAME OF REGISTERING AGENCY [REDACTED] 27. AGENCY ADDRESS [REDACTED]

28. DATE OF DEATH (month/day/year) 04/19/2016 29. PLACE OF DEATH (street and number, or building name, or P.O. box, or other address) SCATTER AT SEA OFF THE COAST OF LOS ANGELES COUNTY, CA

30. TIME OF DEATH (month/day/year) CR/SEA 31. TIME OF DEATH (hour:minute) [REDACTED]

32. DECEASED'S RELIGION REPUBLICAN PARTY 33. DECEASED'S MARITAL STATUS AT DEATH (M/S) [REDACTED]

34. DECEASED'S SIGNATURE (print name) [REDACTED] 35. DECEASED'S SIGNATURE (print name) [REDACTED]

36. DECEASED'S SIGNATURE (print name) [REDACTED] 37. DECEASED'S SIGNATURE (print name) [REDACTED]

38. DECEASED'S SIGNATURE (print name) [REDACTED] 39. DECEASED'S SIGNATURE (print name) [REDACTED]

40. DECEASED'S SIGNATURE (print name) [REDACTED] 41. DECEASED'S SIGNATURE (print name) [REDACTED]

42. DECEASED'S SIGNATURE (print name) [REDACTED] 43. DECEASED'S SIGNATURE (print name) [REDACTED]

44. DECEASED'S SIGNATURE (print name) [REDACTED] 45. DECEASED'S SIGNATURE (print name) [REDACTED]

46. DECEASED'S SIGNATURE (print name) [REDACTED] 47. DECEASED'S SIGNATURE (print name) [REDACTED]

48. DECEASED'S SIGNATURE (print name) [REDACTED] 49. DECEASED'S SIGNATURE (print name) [REDACTED]

50. DECEASED'S SIGNATURE (print name) [REDACTED] 51. DECEASED'S SIGNATURE (print name) [REDACTED]

52. DECEASED'S SIGNATURE (print name) [REDACTED] 53. DECEASED'S SIGNATURE (print name) [REDACTED]

54. DECEASED'S SIGNATURE (print name) [REDACTED] 55. DECEASED'S SIGNATURE (print name) [REDACTED]

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98. DECEASED'S SIGNATURE (print name) [REDACTED] 99. DECEASED'S SIGNATURE (print name) [REDACTED]

100. DECEASED'S SIGNATURE (print name) [REDACTED]



CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ORANGE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.

DATE ISSUED April 22, 2016

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.



003763113

Eric S. Handler 4.0.
ERIC S. HANDLER, M.D.
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Surname)		4. SEX		5. AGE Yrs. Mths. Ds.		6. PLACE OF BIRTH		7. DATE OF BIRTH		8. SEX OF DECEASED	
[REDACTED]		[REDACTED]		[REDACTED]		M		57		[REDACTED]		01/23/2018		M	
9. MARRIAGE STATUS		10. SOCIAL SECURITY NUMBER		11. MARRIAGE STATUS		12. DATE OF MARRIAGE		13. DATE OF DEATH		14. HOUR		15. MINUTE		16. DAY	
NEVER MARRIED		[REDACTED]		NEVER MARRIED		01/23/2018		0345		[REDACTED]		[REDACTED]		[REDACTED]	
17. OCCUPATION		18. TYPE OF WORK		19. TYPE OF BUSINESS OR INDUSTRY		20. YEARS IN OCCUPATION		21. YEARS IN COUNTY		22. BIRTH STATE		23. BIRTH COUNTRY		24. BIRTH CITY	
HOMEMAKER		OWN HOME		OWN HOME		35		CA		[REDACTED]		[REDACTED]		[REDACTED]	
25. DECEASED'S RESIDENCE		26. COUNTY		27. CITY		28. YEARS IN COUNTY		29. BIRTH STATE		30. BIRTH COUNTRY		31. BIRTH CITY		32. BIRTH STATE	
[REDACTED]		SANTA BARBARA		[REDACTED]		12		CA		[REDACTED]		[REDACTED]		[REDACTED]	
33. NAME OF SURVIVING SPOUSE		34. MIDDLE		35. LAST		36. BIRTH STATE		37. BIRTH COUNTRY		38. BIRTH CITY		39. BIRTH STATE		40. BIRTH COUNTRY	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
41. TYPE OF DEATH		42. PLACE OF DEATH		43. TYPE OF DEATH		44. COUNTY		45. LICENSE NUMBER		46. LICENSE NUMBER		47. DATE OF DEATH		48. DATE OF DEATH	
CR/RES		[REDACTED]		[REDACTED]		SANTA BARBARA		6062		FD 1744		01/24/2018		01/24/2018	
49. PLACE OF DEATH		50. FACILITY ADDRESS OR LOCATION WHERE FOUND		51. TYPE OF FACILITY		52. COUNTY		53. COUNTY		54. COUNTY		55. COUNTY		56. COUNTY	
MARIAN REGIONAL MEDICAL CENTER		1400 EAST CHURCH STREET		HOSPITAL		SANTA BARBARA		SANTA MARIA		SANTA MARIA		SANTA MARIA		SANTA MARIA	
57. CAUSE OF DEATH		58. CAUSE OF DEATH		59. CAUSE OF DEATH		60. CAUSE OF DEATH		61. CAUSE OF DEATH		62. CAUSE OF DEATH		63. CAUSE OF DEATH		64. CAUSE OF DEATH	
HYPOXIC RESPIRATORY FAILURE		COMPLEX STAGE 4 SACRAL DECUBITUS ULCER		END STAGE RENAL DISEASE		CACHEXIA, CHRONIC DIASTOLIC HEART FAILURE, DIABETES TYPE II		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
65. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		66. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		67. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		68. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		69. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		70. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		71. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		72. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
73. OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		74. OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		75. OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		76. OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		77. OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		78. OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		79. OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		80. OPERATOR PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)	
NO		NO		NO		NO		NO		NO		NO		NO	
81. COUNTY		82. COUNTY		83. COUNTY		84. COUNTY		85. COUNTY		86. COUNTY		87. COUNTY		88. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
89. COUNTY		90. COUNTY		91. COUNTY		92. COUNTY		93. COUNTY		94. COUNTY		95. COUNTY		96. COUNTY	
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97. COUNTY		98. COUNTY		99. COUNTY		100. COUNTY		101. COUNTY		102. COUNTY		103. COUNTY		104. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
105. COUNTY		106. COUNTY		107. COUNTY		108. COUNTY		109. COUNTY		110. COUNTY		111. COUNTY		112. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
113. COUNTY		114. COUNTY		115. COUNTY		116. COUNTY		117. COUNTY		118. COUNTY		119. COUNTY		120. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
121. COUNTY		122. COUNTY		123. COUNTY		124. COUNTY		125. COUNTY		126. COUNTY		127. COUNTY		128. COUNTY	
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129. COUNTY		130. COUNTY		131. COUNTY		132. COUNTY		133. COUNTY		134. COUNTY		135. COUNTY		136. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
137. COUNTY		138. COUNTY		139. COUNTY		140. COUNTY		141. COUNTY		142. COUNTY		143. COUNTY		144. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
145. COUNTY		146. COUNTY		147. COUNTY		148. COUNTY		149. COUNTY		150. COUNTY		151. COUNTY		152. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
153. COUNTY		154. COUNTY		155. COUNTY		156. COUNTY		157. COUNTY		158. COUNTY		159. COUNTY		160. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
161. COUNTY		162. COUNTY		163. COUNTY		164. COUNTY		165. COUNTY		166. COUNTY		167. COUNTY		168. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
169. COUNTY		170. COUNTY		171. COUNTY		172. COUNTY		173. COUNTY		174. COUNTY		175. COUNTY		176. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
177. COUNTY		178. COUNTY		179. COUNTY		180. COUNTY		181. COUNTY		182. COUNTY		183. COUNTY		184. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
185. COUNTY		186. COUNTY		187. COUNTY		188. COUNTY		189. COUNTY		190. COUNTY		191. COUNTY		192. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	
193. COUNTY		194. COUNTY		195. COUNTY		196. COUNTY		197. COUNTY		198. COUNTY		199. COUNTY		200. COUNTY	
SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA		SANTA BARBARA	

CASBAR01



CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SANTA BARBARA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

DATE ISSUED

JAN 26 2018

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



000499977

Charity Dean, MD
HEALTH OFFICER - PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY OF PASADENA
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER: [REDACTED] LOCAL REGISTRATION NUMBER: [REDACTED]

DECEASED'S PERSONAL DATA

1. SEX: [REDACTED] 2. DATE OF BIRTH: 07/30/1924 3. AGE: 92 4. ETHNIC OR RACE: CAUCASIAN 5. SEX: F

6. MARRIAGE STATUS: DIVORCED 7. DATE OF DEATH: 09/04/2016 8. HOUR: 0259

9. OCCUPATION: OFFICE MANAGER 10. TYPE OF BUSINESS OR INDUSTRY: INSURANCE 11. YEARS IN OCCUPATION: 15

12. USUAL RESIDENCE: LOS ANGELES 13. COUNTY: LOS ANGELES 14. STATE: CA

15. NAME OF DECEASED: [REDACTED] 16. BIRTH DATE: [REDACTED]

17. NAME OF DECEASED: [REDACTED] 18. BIRTH DATE: [REDACTED]

19. TYPE OF DEATH: CR/RES 20. SIGNATURE OF LOCAL REGISTRAR: YING-YING GOH, MD

21. PLACE OF DEATH: HUNTINGTON MEMORIAL HOSPITAL, LOS ANGELES 22. CITY: PASADENA

23. CAUSE OF DEATH: ASYSTOLE, SEPSIS, URINARY TRACT INFECTION, SACRAL DECUBITUS ULCER

24. SIGNATURE AND TITLE OF CERTIFIER: JULIA CATHERINE SALAMON M.D.

25. DATE OF DEATH: 09/03/2016 26. DATE OF DEATH: 09/04/2016 27. ADDRESS: 797 SO. FAIR OAKS AVENUE, PASADENA, CA 91106

28. STATE REGISTER: [REDACTED]

10000105334124

000405751

DATE ISSUED: SEP 23 2016

FAX AUTHORITY: [REDACTED] CENSUS TRACT: [REDACTED]

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



This is to certify that this document is a true copy of the official record filed with the City of Pasadena.

Ying-Ying Goh
YING-YING GOH, MD
HEALTH OFFICER

DATE ISSUED: SEP 23 2016

This copy is not valid unless prepared on an engraved border, displaying the seal and signature of the Registrar.



CAPASADE1

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO
DEPARTMENT OF PUBLIC HEALTH
FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

A. NAME OF DECEDENT-FIRST (Given)		B. MIDDLE		C. LAST (Surname)		LOCAL REGISTRATION NUMBER	
D. MA, ALSO KNOWN AS - (Include M, A, (FIRST, MIDDLE, LAST)		E. DATE OF BIRTH (month/day/year)		F. AGE (In months, days, hours, minutes)		G. SEX	
H. BIRTH (Country of Birth)		I. SOCIAL SECURITY NUMBER		J. EVER IN U.S. ARMED FORCES		K. MARITAL STATUS (at time of death)	
L. EDUCATION - (highest grade completed)		M. HIGHEST OCCUPATION (Specify if professional)		N. OCCUPATION (Specify if professional)		O. YEARS IN OCCUPATION	
P. DECEASED'S RESIDENCE (Street and number, or building)		Q. CITY		R. COUNTY (Provide)		S. YEARS IN COUNTY	
T. DECEASED'S RESIDENCE (Street and number, or building)		U. COUNTY (Provide)		V. YEARS IN COUNTY		W. RESIDENCE (Street and number, or building)	
X. NAME OF SURVIVING SPOUSE-FIRST		Y. MIDDLE		Z. LAST (BIRTH NAME)		AA. BIRTH STATE	
AB. NAME OF FATHER-FIRST		AC. MIDDLE		AD. LAST		AE. BIRTH STATE	
AF. NAME OF MOTHER-FIRST		AG. MIDDLE		AH. LAST (BIRTH NAME)		AI. BIRTH STATE	
AJ. DEPOSITION DATE (month/day/year)		AK. PLACE OF FINAL DEPOSITION		AL. SIGNATURE OF EMBALMER		AM. LICENSE NUMBER	
AN. NAME OF FUNERAL HOME (Business)		AO. LICENSE NUMBER		AP. SIGNATURE OF LOCAL REGISTRAR		AQ. LICENSE NUMBER	
AR. PLACE OF DEATH		AS. TYPE OF DEATH		AT. SIGNATURE OF LOCAL REGISTRAR		AU. LICENSE NUMBER	
AV. CAUSE OF DEATH		AW. INVESTIGATE CAUSE		AX. SIGNATURE OF LOCAL REGISTRAR		AY. LICENSE NUMBER	
AZ. VEGETATIVE STATE WITH QUADRIPLEGIA		BA. SIGNATURE AND TITLE OF CERTIFIER		BB. LICENSE NUMBER		BC. DATE (month/day/year)	
BD. SIGNATURE OF CORONER/DEPUTY CORONER		BE. DATE (month/day/year)		BF. TYPE, TITLE OF CORONER/DEPUTY CORONER		BG. COUNTY HEALTH OFFICER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

DATE ISSUED FEB 21 2018

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

DECEASED'S FULL NAME: [REDACTED] SEX: [REDACTED] LOCAL RESIDENCE NUMBER: [REDACTED]

DATE OF BIRTH: 12/26/1930 AGE: 87 COUNTY OF BIRTH: [REDACTED] SEX: M

EDUCATION: BACHELOR OCCUPATION: ENGINEER

RELIGION: [REDACTED] RACE: WHITE

DECEASED'S RESIDENCE: [REDACTED] COUNTY: ORANGE CITY: [REDACTED] ZIP: [REDACTED]

DECEASED'S RELATIONSHIP: MARY ANN FRASCO, WIFE

PLACE OF DEATH: RESIDENCE - HOSPICE

CAUSE OF DEATH: END STAGE CEREBRAL ATHEROSCLEROSIS

REGISTRAR: SAMANTHA MEKHAIL VON INS M.D. DATE ISSUED: 09/21/2018

CERTIFIED COPY OF VITAL RECORDS

004210458

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED September 28, 2018

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Eric G. Handler, M.D.
ERIC G. HANDLER, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY
1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CALIFORNIA 92701

CERTIFICATE OF DEATH
WE REQUEST YOU FILL IN THIS FORM ACCURATELY AND COMPLETELY

ALL ALSO KNOWN AS - Include full first middle last
A. DATE OF BIRTH (month/day/year) 03/04/1935 B. AGE Yrs 82 C. SEX M F
D. SINGLE MARRIED WIDOWED DIVORCED SEPARATED
E. RACE WHITE
F. HEIGHT 5 FT 10 IN G. WEIGHT 175 LBS
H. HAIR COLOR BROWN I. EYES COLOR BROWN J. COMPLEXION FAIR
K. OCCUPATION LEGAL SECRETARY L. TYPE OF BUSINESS OR OCCUPATION LAW M. YEARS IN OCCUPATION 40
N. TYPE OF DEATH SUICIDE ACCIDENT OTHER
O. PLACE OF DEATH HARBOR LAWN MOUNT OLIVE MEMORIAL PARK
P. PLACE OF BURIAL OR INTERMENT MALINOW AND SILVERMAN MORTUARY
Q. CAUSE OF DEATH PARKINSON'S DISEASE
R. SIGNATURE AND TITLE OF REGISTRAR ERIC G. HANDLER M.D.
S. SIGNATURE AND TITLE OF CORONER/DEPUTY CORONER



CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ORANGE
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Orange County Health Care Agency.
November 20, 2017
Eric G. Handler M.D.
COUNTY HEALTH OFFICER
004049844
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

DEPARTMENT OF PUBLIC HEALTH
FRESNO, CALIFORNIA

CERTIFICATE OF DEATH

USE ONLY IN DEPT. OF HEALTH, STATISTICS OR CALIFORNIA LOCAL REGISTRATIONS

DECEASED'S PERSONAL DATA <small>ALL ALSO KNOWN AS - Include full first, middle, last</small> 3. BIRTH ESTERFORN COUNTRY 4. DATE OF BIRTH (month/year) 5. AGE YRS. (month) (day) (year) 6. SEX (M) (F) 7. SOCIAL SECURITY NUMBER 8. MARITAL STATUS at time of death 9. DATE OF DEATH (month/year) 10. HOUR (24 hours) 11. EDUCATION - highest attained (specify) (years) (years) 12. US DECEASED HISpanic/Latino/Hispanic? (yes) (no) (NA) 13. DECEASED'S RACE - (up to 3 races may be listed (see instruction on back) 14. TYPE OF OCCUPATION (e.g., grocery store, food preparation, employment agency, etc.) 15. YEARS IN OCCUPATION	INTERNAL FAMILY INFORMATION 16. DECEASED'S RESIDENCE (street and number, or location) 17. CITY 18. COUNTY/PROVINCE 19. ZIP CODE 20. YEARS IN COUNTY 21. STATE/FOREIGN COUNTRY 22. DECEASED'S NAME, RELATIONSHIP 23. NAME OF SURVIVOR (spouse/partner) - first, middle, last (birth name) 24. BIRTH STATE 25. NAME OF NEXT OF KIN - first, middle, last (birth name) 26. BIRTH STATE 27. DECEASED'S LAST RESIDENCE (address) 28. PLACE OF FINAL RESIDENCE (address) 29. DATE OF DEATH 30. TYPE OF DEATH (natural, homicide, suicide, undetermined, unknown, stillborn, stillbirth, unknown) 31. COUNTY 32. FRESNO REGIONAL DEPARTMENT OF HEALTH (signature) 33. LICENSE NUMBER 34. SIGNATURE OF LOCAL REGISTRAR 35. LICENSE NUMBER 36. SIGNATURE OF LOCAL REGISTRAR 37. DATE (month/year)	PLACE OF DEATH 38. NAME OF HOSPITAL 39. ADDRESS 40. CITY 41. COUNTY 42. STATE/FOREIGN COUNTRY 43. CAUSE OF DEATH (enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, stroke, or aneurysm if the cause is listed without showing the etiology. DO NOT abbreviate.) 44. HEART FAILURE 45. EMPHYSEMA 46. STROKE DISORDER 47. ANEMIA, DIABETES MELLITUS, HYPERTENSION 48. ICD-10 CODE (month/year) 49. ICD-10 CODE (month/year)	INTERVIEWER IDENTIFICATION 50. COUNTY 51. DATE (month/year) 52. SIGNATURE OF COUNTY DEPUTY REGISTRAR 53. LICENSE NUMBER 54. TYPE NAME, TITLE OF COUNTY DEPUTY REGISTRAR 55. STATE REGISTRAR 56. FAX AUTH # 57. CENSUS TRACT
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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

NOV 18 2015

DATE ISSUED

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
COUNTY OF SAN BERNARDINO
 SAN BERNARDINO, CALIFORNIA

CERTIFICATE OF DEATH		DATE OF DEATH		COUNTY OF SAN BERNARDINO	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEASED - FIRST NAME		2. MIDDLE		3. LAST NAME	
4. DATE OF BIRTH (month/day/year)					
5. AGE AT DEATH (month/year)					
6. SEX (M/F)					
7. RACE (MEXICAN AMERICAN/OTHER)					
8. MARRIAGE STATUS (MARRIED/NEVER MARRIED)					
9. OCCUPATION (at time of death)					
10. RESIDENCE (street and number, or location)					
11. COUNTY OF BIRTH (CA/OTHER)					
12. ZIP CODE					
13. YEARS IN COUNTY					
14. STATE OF BIRTH (CA/OTHER)					
15. SIGNATURE OF DECEASED (if known)					
16. SIGNATURE OF WITNESS					
17. SIGNATURE OF REGISTRAR					
18. SIGNATURE OF CLERK					
19. SIGNATURE OF DEPUTY CLERK					
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99. SIGNATURE OF DEPUTY CLERK					
100. SIGNATURE OF DEPUTY REGISTRAR					

CASAMBERO



CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO
 This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN BERNARDINO ASSESSOR-RECORDER-CLERK.



0 2 3 8 2 1 7 2

DATE ISSUED AC DEC 2 6 2018

Paula...
 ASSESSOR-RECORDER-CLERK



This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Assessor-Recorder-Clerk.

This is NOT in your Power Point

General Comments

For those of you who do Medi-Cal planning, 90% of you have cases in your office right now.

When you give talks to groups about Medi-Cal planning, etc., you should be adding 5 minutes about elder abuse in NHs and ALFs.

Advice re: whether to get an autopsy

Arbitration in POAs

Suggested addition to DPOA & HCPOA:

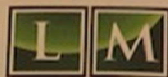
- (Subsection:) Litigation. To mediate, litigate, institute, maintain, defend, compromise, arbitrate or otherwise dispose of, any and all actions, suits, attachments or other legal proceedings for or against me, except for the fact that my Attorney in Fact does NOT have the authority to enter into a pre-dispute arbitration agreement on my behalf or bind me to an arbitration agreement *involving care or residence at a hospital, skilled nursing facility, long term health care facility, assisted living facility, residential care facility, group home, or similar facility, unless such an agreement is signed AFTER the dispute arose, and only with the written consent of an attorney retained by my Attorney in Fact for that dispute.*

Suggested addition to DPOA:

- (r) Medical Records. To have access to my healthcare and medical records and any and all statements regarding billing, insurance, and payments for any and all healthcare and medical expenses, past and future.

Sample Intake Questions:

- Name of Victim:
- D.O.B.:
- D.O.D.:
- Name of Caller:
- Relation to Victim:
- Potential Defendant:
- Dates of Residency:
- Caller's Complaints:
 - Any Bed Sores?
 - Any falls/fractures?
 - Any UTIs?
- Photos?



LANZONE MORGAN
LLP

Notes for my Attorney

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Elder Abuse Attorneys

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