

Parroquia La Divina Providencia
A. Serdán No. 1258 Tel. 83-13-48
Apdo. P. Gl Suc. Libertad Col.Lib.
T i j u a n a B. C f a .

RAMOS
4462 CAMINO DE LA PLAZA
SUITE # 370
SAN YSIDRO, CA 92073

5 de Mayo en Tijuana, BC.

Dear Gladys,

You told me to send Doctor bills to you. So, I am enclosing the latest. In addition there is one for car insurance. May I ask you to please forward it to the proper department.

Quite frankly, I don't understand the new insurance procedure and, since I only come up for doctor visits about once a month, I appreciate anything you can do to help me out.

Thank you,

Father Al Ramos

ELEUTERIO V. RAMOS

50600158

PruPASS

The Prudential Patient
Advisory Support Service


P.O. Box 9230
Van Nuys, California 91409

The Prudential 

March 22, 1988

EMPLOYEE:

Fr Eleuterio Ramos
4462 CAMINO DE LAPLAZA #370
SAN YSIDRO, CA 92073

CONTROL #: 95545
PATIENT: FR ELEUTERIO
PACRS REFERENCE #: 88-076-7105
ADMISSION DATE: 3/14/88
REASON:


Dear Fr Eleuterio Ramos:

Thank you for contacting The Prudential Patient Advisory Support Service. After reviewing the available information, we can precertify 3 nights for your admission to ST JUDE HOSPITAL. Should your condition change and a longer stay become necessary, we must be called at 1-800-000-0000 to determine if additional nights can be precertified.

PRECERTIFICATION DOES NOT GUARANTEE BENEFITS OR VERIFY ELIGIBILITY. The Prudential Patient Advisory Support Service precertifies that plan benefits for inpatient room and board charges will be paid PROVIDED that the SERVICES and the FACILITY are eligible and the PATIENT IS COVERED UNDER THE PLAN when actual charges are incurred. Whether precertification has been granted in full, in part, or not granted, after discharge from the hospital has occurred, submit room and board charges to Prudential for claim consideration according to the provisions of your plan.

If additional nights in the hospital have been requested before you received this letter, another letter will be sent with further information. A copy of this letter has been sent to Jeffrey Bodwin, MD and ST JUDE HOSPITAL. Thank you for participating in this program.

The Prudential Patient Advisory Support Service

STATEMENT OF ACCOUNT

FROM

NORTHLAND MEDICAL GROUP, INC.
 P. O. BOX 5369
 FULLERTON, CA. 92635

STATEMENT
 DATE

04 15 88

ANY TRANSACTIONS AFTER THIS DATE
 WILL APPEAR ON YOUR NEXT STATEMENT

ACCOUNT NUMBER		FC	OFFICE TELEPHONE	714 978-163
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TO ELEUTERIO RAMOS
 4462 CAMINO DE LA PLAZA
 #370
 SAN YSIDRO, CA 92073

MAKE PAYMENT AND
 MAIL TO

NORTHLAND MEDICAL GROUP, INC.
 P. O. BOX 5369
 FULLERTON, CA. 92635

42.00

BALANCE PAYMENT DATE PAYMENT AMOUNT

DETACH AND RETURN WITH REMITTANCE

DATE	MO	DAY	SERVICE FOR	PROVIDER CODE	SERVICE CODE	DESCRIPTION OF SERVICE	AMOUNT
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THE FOLLOWING REPRESENT PHYSICIAN FEES FOR PATHOLOGY SERVICES AT ST. JUDE HOSPITAL. YOUR INSURANCE HAS BEEN BILLED. IF YOUR INSURANCE HAS NOT PAID WITHIN 60 DAYS WE REQUEST PAYMENT IN FULL. TO EXPEDITE REIMBURSEMENT WE SUGGEST THAT A TELEPHONE CALL BE MADE TO YOUR INSURANCE COMPANY.

PATIENT: ELEUTERIO RAMOS

FL NORTHLAND MEDICAL GROUP

03-14	ELEUTERIO	FL				(CBC)	6.00
03-14	ELEUTERIO	FL					5.00
03-14	ELEUTERIO	FL					5.00
03-14	ELEUTERIO	FL					5.00
03-14	ELEUTERIO	FL					6.00
03-15	ELEUTERIO	FL					5.00
03-15	ELEUTERIO	FL					5.00
03-15	ELEUTERIO	FL					5.00

To Dr
 3/30/89

DATE	CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	BALANCE DUE
04/15/88	42.00					42.00

PROVIDER	YOUR LAST PAYMENT	ACCOUNT NUMBER	ACCOUNT NAME
NORTHLAND MEDICAL GROUP, INC.			RAMOS, ELEUTERIO

NORTHLAND MEDICAL GROUP, INC. FULLERTON, CA. 92635

RETAIN THIS PORTION FOR YOUR RECORDS

50600160

PRUDENTIAL
2811 VIILA REAL
ORANGE, CA 92667

PRIMARY INSUR

FORM APPROVED
OMB NO. 0938-0006

HEALTH INSURANCE CLAIM FORM

(CHECK APPLICABLE PROGRAM BLOCK BELOW)

INSURED'S EMPLOYER: DIOCESE OF ORANGE

MEDICARE (MEDICARE NO.)
 MEDICAID (MEDICAID NO.)
 CHAMPUS (SPONSOR'S SSN)
 CHAMPVA (VA FILE NO.)
 FECA BLACK LUNG (SSN)
 OTHER (CERTIFICATE SSN)

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) **RAMOS, ELEUTERIO**
 2. PATIENT'S DATE OF BIRTH **03 | 23 | 40**
 3. INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) **RAMOS, ELEUTERIO**
 4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE)
**4462 CAMINO DE LA PLAZA
#370
SAN YSIDRO, CA 92073**
 5. PATIENT'S SEX
 MALE FEMALE
 6. INSURED'S I.D. NO. (FOR PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS)
 7. PATIENT'S RELATIONSHIP TO INSURED
 SELF SPOUSE CHILD OTHER
 8. INSURED'S GROUP NO. (OR GROUP NAME OR FECA CLAIM NO.)
 INSURED IS EMPLOYED AND COVERED BY EMPLOYER HEALTH PLAN
 9. OTHER HEALTH INSURANCE COVERAGE (ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER)
 10. WAS CONDITION RELATED TO:
 A. PATIENT'S EMPLOYMENT
 YES NO
 B. ACCIDENT
 AUTO OTHER
 11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE)
**4462 CAMINO DE LA PLAZA
#370
SAN YSIDRO, CA 92073**
 11a. CHAMPUS SPONSOR'S
 STATUS: ACTIVE DUTY DECEASED RETIRED
 BRANCH OF SERVICE
 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING)
 I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW.
 13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED. PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW.
SIGNATURE ON FILE
 SIGNED (INSURED OR AUTHORIZED PERSON)

SIGNED _____ DATE _____

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) _____
 15. DATE FIRST CONSULTED YOU FOR THIS CONDITION _____
 16. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES _____
 16a. IF EMERGENCY CHECK HERE
 17. DATE PATIENT ABLE TO RETURN TO WORK _____
 18. DATES OF TOTAL DISABILITY
 FROM _____ THROUGH _____
 19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g., PUBLIC HEALTH AGENCY)
BOWDIN, MD.
 20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES
 ADMITTED _____ DISCHARGED _____
 21. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)
ST. JUDE HOSPITAL & REHAB FULLERTON, CA. 92635
 22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE?
 YES NO CHARGES: _____

23. A. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE 1, 2, 3, ETC. OR DX CODE
1. V726 SEE REFERRING M.D. REPORT
 2. _____
 3. _____
 4. _____
 B. EPSDT YES NO
 FAMILY PLANNING YES NO
 PRIOR AUTHORIZATION NO. _____

PLEASE NOTE CHANGE IN ADDRESS TAX I.D. NO.

A. DATE OF SERVICE		B. PLACE OF SERVICE	C. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN	D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	G. T.O.S.	H. LEAVE BLANK
FROM	TO		(EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES)					
03/14/88		1	85024 26 COMPLETE BLOOD COUNT	1	600	1	5	
03/14/88		1	82947 26 GLUCOSE	1	500	1	5	
03/14/88		1	82947 26 GLUCOSE	1	500	1	5	
03/14/88		1	82947 26 GLUCOSE	1	500	1	5	
03/14/88		1	80112 26 CHEMISTRY 7	1	600	1	5	
03/15/88		1	82947 26 GLUCOSE	1	500	1	5	
03/15/88		1	82947 26 GLUCOSE	1	500	1	5	
03/15/88		1	82947 26 GLUCOSE	1	500	1	5	

*Dr. Lee
for St. Jude at
Northland*

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE(S) OR CREDENTIALS) (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF)
V. LEE, M.D.
 DATE **04/15/88**
 26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK)
 YES NO
 27. TOTAL CHARGE **4200**
 28. AMOUNT PAID **00**
 29. BALANCE DUE **42.00**
 30. YOUR SOCIAL SECURITY NO. _____
 31. PHYSICIAN'S SUPPLIER'S, AND/OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO.
**NORTHLAND MEDICAL GROUP
P. O. BOX 976
ORANGE, CA., 92668
714 978-1630**
 32. YOUR PATIENT'S ACCOUNT NO. _____
 33. YOUR EMPLOYER I.D. NO. _____

50600161

RECEIVED JULY 30TH
AFTER BISHOP'S DEATH



Dear Bishop Johnson,
This is just to assure you
of my personal thoughts
and prayers for you.
Bishop Berlie and Padre
Pedro, my pastor, have
asked me to convey their
best wishes and prayers
to you.

I've had a very busy
summer of '86. With so
few priests and vacation
time we have to double

up on our ministrations
end of each day
very tired, but we
satisfied. The Lord's
most kind to me.

You're thought about
a lot, you know
And every thought's a prayer
That Our Father
will watch over you
And keep you in His care

I continue to see my doctor
— especially Dr. Hoppe — and
Migra. Puente. I remain active
in AA and I've helped start
a priests support group here
in Lijuana — so far just on a
social level. But as we get
to know each other better

50600162

our sharings deepen.

Please keep me in your
prayers and send me a
blessing via the Holy
Spirit.

God bless you!

Love in Christ,

Al Ramos, "PRESBITERO"



AMERICAN GREETINGS
Forget me not



Designed by Anne Marie Trechslin

© 1984 AMERICAN GREETINGS CORP
75C 2626-5E

Thoughts
and Prayers
Are with
You



50600163

MEMO

from

Msgr. Michael P. Driscoll

Eusebio Victor Ramos

- 4-30-66: Ordained, St. Vibiana
Assoc. Pastor, St. Thomas, L.A.
- 6-14-71: Assoc. Pastor, St. Mariana de
Paredes, Los Rios
- 8-1-72: Assoc. Pastor, Resurrection, L.A.
- 3-5-75: Assoc. Pastor, St. Joseph, Placentia
- 7-1-78: Assoc. Pastor, IHM, Santa Ana
- 12-21-79: Left assignment - St.
Luke Institute, Ma.
- 5-6-80: Assoc. Pastor, St. Angela Brea
- 7-5-83: Assoc. Pastor, O.L. Guad, La Habra
- 7-2-84: Pastor, St. Anth. Cl, Anaheim
- 9-1-85: to Tijuana

50600164

RECEIVED
MAR 25 1991
Ans'd.....

LAW OFFICE OF WERNER, R. MELISSNER
A PROFESSIONAL SERVICE CORPORATION
831 WEST N. MAIN STREET
SAN PEDRO, CALIFORNIA 90731

To
MARYWOOD CENTER
2811 East Villa Real Drive
Orange, California 92667
Attention: Thomas Flynn,
Director of Ins.



50600165

MEMO

from

Msgr. Michael P. Driscoll

Eleuterio Victor Ramos

- 4-30-66: Ordained, St. Vibiana
Assoc. Pastor, St. Thomas, L.A.
- 6-14-71: Assoc. Pastor, St. Mariana de
Paredes, Los Rincon
- 8-1-72: Assoc. Pastor, Resurrection, L.A.
- 3-5-75: Assoc. Pastor, St. Joseph, Placentia
- 7-1-78: Assoc. Pastor, I.H.M., Santa Ana
- 12-21-79: Left assignment - St.
Luke Institute, Ma.
- 5-6-80: Assoc. Pastor, St. Angela Brea
- 7-5-83: Assoc. Pastor, O.L. Guard, La Habra
- 7-2-84: Pastor, St. Anth. Cl., Anaheim
- 9-1-85: to Tijuana

50600164

SUMMONS
(CITACION JUDICIAL)

ORIGINAL

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

NOTICE TO DEFENDANT: (Aviso a Acusado)
IMMACULATE HEART OF MARY PARISH; ROMAN CATHOLIC DIOCESE OF ORANGE; ROMAN CATHOLIC ARCHDIOCESE OF LOS ANGELES; ELUCETERIO RAMOS AKA AL RAMOS; ROMAN CATHOLIC BISHOP OF ORANGE; BISHOP WILLIAM JOHNSON; BISHOP McFARLAND; ARCHBISHOP THOMAS CLAVEL; FRANCIS MORAN; JOHN WEENHOFFER; and DOES 1 through 100, inclusive, and each of them,

YOU ARE BEING SUED BY PLAINTIFF:
(A Ud. le está demandando)

RONALD GLENANE

You have 30 CALENDAR DAYS after this summons is served on you to file a typewritten response at this court.

A letter or phone call will not protect you; your typewritten response must be in proper legal form if you want the court to hear your case.

If you do not file your response on time, you may lose the case, and your wages, money and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

Después de que le entreguen esta citación judicial usted tiene un plazo de 30 DIAS CALENDARIOS para presentar una respuesta escrita a máquina en esta corte.

Una carta o una llamada telefónica no le ofrecerá protección; su respuesta escrita a máquina tiene que cumplir con las formalidades legales apropiadas si usted quiere que la corte escuche su caso.

Si usted no presenta su respuesta a tiempo, puede perder el caso, y le pueden quitar su salario, su dinero y otras cosas de su propiedad sin aviso adicional por parte de la corte.

Existen otros requisitos legales. Puede que usted quiera llamar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de referencia de abogados o a una oficina de ayuda legal (vea el directorio telefónico).

CASE NUMBER

551899

The name and address of the court is: (El nombre y dirección de la corte es)

ORANGE COUNTY SUPERIOR COURT
700 Civic Center Drive West
Santa Ana, CA 92702

JUDGE JAMES R. ROSS

DEPT. 80

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es)

LAW OFFICE OF WERNER R. MEISSNER
A PROFESSIONAL LAW CORPORATION
831 West Ninth Street
San Pedro, CA 90731
(213) 833-2335

GARY L. GRANVILLE

DATE: MAR 08 1991
(fecha)

~~Frank S. Zolin~~

Clerk, by
(Actuaria)

JOHN HAYMAN

Deputy
(Delegado)

(SEAL)



NOTICE TO THE PERSON SERVED: You are served

- as an individual defendant.
- as the person sued under the fictitious name of (specify):
- on behalf of (specify):

under: CCP 416.10 (corporation)
 CCP 416.20 (defunct corporation)
 CCP 416.40 (association or partnership)
 other:

CCP 416.60 (minor)
 CCP 416.70 (conservatee)
 CCP 416.90 (individual)

- by personal delivery on (date):

50600166

PROOF OF SERVICE — SUMMONS
(Use separate proof of service for each person served)

1. I served the
- a. summons complaint amended summons amended complaint
 completed and blank Case Questionnaires Other (specify):
- b. on defendant (name):
- c. by serving defendant other (name and title or relationship to person served):
- d. by delivery at home at business
(1) date:
(2) time:
(3) address:
- e. by mailing
(1) date:
(2) place:
2. Manner of service (check proper box):
- a. Personal service. By personally delivering copies. (CCP 415.10)
- b. Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(a))
- c. Substituted service on natural person, minor, conservatee, or candidate. By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d. Mail and acknowledgment service. By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) (Attach completed acknowledgment of receipt.)
- e. Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- f. Other (specify code section):
 additional page is attached.
3. The "Notice to the Person Served" (on the summons) was completed as follows (CCP 412.30, 415.10, and 474):
- a. as an individual defendant.
- b. as the person sued under the fictitious name of (specify):
- c. on behalf of (specify):
under: CCP 416.10 (corporation) CCP 416.60 (minor) other:
 CCP 416.20 (defunct corporation) CCP 416.70 (conservatee)
 CCP 416.40 (association or partnership) CCP 416.90 (individual)
- d. by personal delivery on (date):
4. At the time of service I was at least 18 years of age and not a party to this action.
5. Fee for service: \$
6. Person serving:
- a. California sheriff, marshal, or constable.
- b. Registered California process server.
- c. Employee or independent contractor of a registered California process server.
- d. Not a registered California process server.
- e. Exempt from registration under Bus. & Prof. Code 22350(b).
- f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff, marshal, or constable use only)
I certify that the foregoing is true and correct.

Date:

Date:

(SIGNATURE)

(SIGNATURE)

ORIGINAL

50600167