



STATE OF CALIFORNIA  
 DIVISION OF WORKERS' COMPENSATION  
 WORKERS' COMPENSATION APPEALS BOARD  
 COMPROMISE AND RELEASE



ADJ14349578

Case Number 1

Case Number 4

ADJ14349577

Case Number 2

Case Number 5

550679707

Case Number 3

SSN (Numbers Only)

**Venue Choice is based upon: (Completion of this section is required)**

- County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
- County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
- County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

AHM

Select 3 Letter Office Code For Place/Venue of Hearing (From Document Cover Sheet)

**Employee(Completion of this section is required)**

REGELIN

First Name

MI

CASTILLO

Last Name

27003 MOUNTAIN WILLOW LN

Address/PO Box (Please leave blank spaces between numbers, names or words)

SANTA CLARITA

City

CA

State

91387

Zip Code

**Employer Information (Completion of this section is required)**

- Insured
- Self-Insured
- Legally Uninsured
- Uninsured

ADVENTIST HEALTH WHITE MEMORIAL

Employer Name (Please leave blank spaces between numbers, names or words)

1720 E CESAR E CHAVEZ AVE

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

LOS ANGELES

City

CA

State

90033

Zip Code



**Applicant's Attorney or Authorized Representative:**

Law Firm/Attorney       Non Attorney Representative

NATALIA

First Name

FOLEY

Last Name

13792552

Law Firm Number

WORKERS DEFENDERS ANAHEIM

Law Firm Name

751 S WEIR CANYON RD STE 157 455

Address/PO Box (Please leave blank spaces between numbers, names or words)

ANAHEIM

City

CA

State

92808

Zip Code

**Defendant's Attorney or Authorized Representative:**

Law Firm/Attorney       Non Attorney Representative

ALLISON

First Name

SEGHETTI

Last Name

5234276

Law Firm Number

ALBERT MACKENZIE AGOURA HILLS

Law Firm Name

28216 DOROTHY DR STE 200

Address/PO Box (Please leave blank spaces between numbers, names or words)

AGOURA HILLS

City

CA

State

91301

Zip Code

**Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)**

PERMISSIBLY SELF-INSURED

Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

PO BOX 14433

Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

LEXINGTON

City

KY

State

40512

Zip Code

Claims Administrator Information (if known and if applicable)

SEDGWICK ROSEVILLE

Name (Please leave blank spaces between numbers, names or words)

PO BOX 14433

Street Address/PO Box (Please leave blank spaces between numbers, names or words)

LEXINGTON

KY

40512

City

State

Zip Code

IT IS CLAIMED THAT:

1. The injured employee, born 07/23/1965, alleges that while employed as a(n) +  
(DATE OF BIRTH: MM/DD/YYYY)

ADMINISTRATIVE COORDINATOR

, sustained injury

(OCCUPATION AT THE TIME OF INJURY)

arising out of and in the course of employment at the locations and during the dates listed below:

(State with specificity the date(s) of injury(ies) and what part(s) of body, conditions or systems are being settled.)

Specific Injury

ADJ14349578

09/17/2018

Case Number 1

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 200 NECK Body Part 2: BILATERAL KNEES Body Part 3: BILATERAL ARMS

Body Part 4: BILATERAL ELBOWS Other Body Parts: BILATERAL HANDS, BILATERAL WRISTS, BILATERAL UPPER/LOWER EXTREMITIES

The injury occurred at 1720 E CESAR E CHAVEZ AVE

(Street Address/PO Box Please leave blank spaces between numbers, names or words)

LOS ANGELES

CA

90033

City

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.



ADJ14349577

Specific Injury

01/01/2009

02/19/2019

Case Number 2

Cumulative Injury

(Start Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: 200 NECK Body Part 2: 420 BACK Body Part 3: CIRCULATORY SYSTEM

Body Part 4: BILATERAL EYES Other Body Parts: BILATERAL SHOULDERS, BILATERAL HIPS, HIGH BLOOD PRESSURE, VISION, BILATERAL UPPER/LOWER

The injury occurred at 1720 E CESAR E CHAVEZ AVE EXTREMITIES  
(Street Address/PO Box Please leave blank spaces between numbers, names or words)

LOS ANGELES CA 90033  
City State Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

Specific Injury

//

Case Number 3

Cumulative Injury

(Start Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: \_\_\_\_\_ Body Part 2: \_\_\_\_\_ Body Part 3: \_\_\_\_\_

Body Part 4: \_\_\_\_\_ Other Body Parts: \_\_\_\_\_

The injury occurred at \_\_\_\_\_  
(Street Address/PO Box Please leave blank spaces between numbers, names or words)

\_\_\_\_\_  
City State Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

Specific Injury

//

Case Number 4

Cumulative Injury

(Start Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: \_\_\_\_\_ Body Part 2: \_\_\_\_\_ Body Part 3: \_\_\_\_\_

Body Part 4: \_\_\_\_\_ Other Body Parts: \_\_\_\_\_

The injury occurred at \_\_\_\_\_  
(Street Address/PO Box Please leave blank spaces between numbers, names or words)

\_\_\_\_\_  
City State Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

Specific Injury

//

Case Number 5

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_ Body Part 2: \_\_\_\_\_ Body Part 3: \_\_\_\_\_

Body Part 4: \_\_\_\_\_ Other Body Parts: \_\_\_\_\_

The injury occurred at \_\_\_\_\_  
(Street Address/PO Box Please leave blank spaces between numbers, names or words)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Body parts, conditions and systems may not be incorporated by reference to medical reports.

2. Upon approval of this compromise agreement by the Workers' Compensation Appeals Board or a workers' compensation administrative law judge and payment in accordance with the provisions hereof, the employee releases and forever discharges the above-named employer(s) and insurance carrier(s) from all claims and causes of action, whether now known or ascertained or which may hereafter arise or develop as a result of the above-referenced injury(ies), including any and all liability of the employer(s) and the insurance carrier(s) and each of them to the dependents, heirs, executors, representatives, administrators or assigns of the employee. Execution of this form has no effect on claims that are not within the scope of the workers' compensation law or claims that are not subject to the exclusivity provisions of the workers' compensation law, unless otherwise expressly stated.

3. This agreement is limited to settlement of the body parts, conditions, or systems and for the dates of injury set forth in Paragraph No. 1 and further explained in Paragraph No. 9 despite any language to the contrary elsewhere in this document or any addendum.

4. Unless otherwise expressly stated, approval of this agreement RELEASES ANY AND ALL CLAIMS OF APPLICANT'S DEPENDENTS TO DEATH BENEFITS RELATING TO THE INJURY OR INJURIES COVERED BY THIS COMPROMISE AGREEMENT. The parties have considered the release of these benefits in arriving at the sum in Paragraph 7. Any addendum duplicating this language pursuant to Sumner v WCAB (1983) 48 CCC 369 is unnecessary and shall not be attached.

5. Unless otherwise expressly ordered by the Workers' Compensation Appeals Board or a workers' compensation administrative law judge, approval of this agreement does not release any claim applicant may have for vocational rehabilitation benefits or supplemental job displacement benefits.

6. The parties represent that the following facts are true: (If facts are disputed, state what each party contends under Paragraph No. 9.)

EARNINGS AT TIME OF INJURY \$ 1,301.57

TEMPORARY DISABILITY INDEMNITY PAID 74,631.66 Weekly Rate \$ 867.71

Period(s) Paid 6/22/2020 02/13/2022  
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

PERMANENT DISABILITY INDEMNITY PAID 3480.00 Weekly Rate \$ 290.000

Period(s) Paid 2/14/22 End date 5/8/22 and ongoing through OACR  
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

TOTAL MEDICAL BILLS PAID \$ According to Proof Total Unpaid Medical Expense to be Paid By: PER PARA 8

Unless otherwise specified herein, the employer will pay no medical expenses incurred after approval of this agreement



7. The parties agree to settle the above claim(s) on account of the injury(ies) by the payment of the SUM OF

\$ 67,500.00

Settlement Amount

The following amounts are to be deducted from the settlement amount:

\$ 3,480.00 for permanent disability advances through 5/8/22 or through OAC&R or BPO

\$ 4,277.07 for temporary disability indemnity overpayment, if any.

\$ payable to

\$ payable to

\$ payable to

\$ payable to

\$ 10,125.00 requested as applicant's attorney's fee.

LEAVING A BALANCE OF \$ 49,617.93, after deducting the amounts set forth above and less further permanent disability advances made after the date set forth above. Interest under Labor Code section 5800 is included if the sums set forth herein are paid within 30 days after the date of approval of this agreement.

8. Liens not mentioned in Paragraph No. 7 are to be disposed of as follows (Attach an addendum if necessary):

WITHOUT ADMITTING LIABILITY, DEFENDANT AGREES TO PAY, ADJUST, OR LITIGATE ALL LIEN CLAIMS OF RECORD WITH REGARD TO THE INJURY OF 09/17/2018, CT:01/01/2009-02/19/2019 ONLY. PLEASE SEE ADDENDUM A. DEFENDANT RESERVES THE RIGHT TO FURTHER PDAS ACCORDING TO PROOF. WCAB JURISDICTION RESERVED. THE PARTIES STIPULATE THAT THE PAYMENT SHALL ISSUE TO THE APPLICANT AND THEIR ATTORNEY PER PAGE 1 OF THE SETTLEMENT. THE APPLICANT REPRESENTS THIS IS THEIR TRUE AND CORRECT ADDRESS AT WHICH THEY RESIDE, AND HAVE AGREED TO RECEIVE PAYMENT AT THE ADDRESS LISTED ON PAGE 1. THE C&R IS BASED ON THE FOLLOWING: THE FINDINGS OF ORTHOPEDIC AME SOHEIL AVAL, MD, IN HIS REPORT DATED 12/07/2021. DR. AVAL'S FINDINGS WERE RATED AND AGREED TO BY THE PARTIES AT 11% PD FOR THE CUMULATIVE TRAUMA INJURY AND 7% PD FOR THE SPECIFIC INJURY. COMBINED IMPAIRMENT VALUE IS \$16,022.50. THE EMPLOYER WOULD HAVE BEEN ABLE TO ACCOMMODATE THE PERMANET WORK RESTRICTIONS OUTLINED BY DR. AVAL. THE PARTIES STIPULATE TO CREDIT FOR ONE HALF OF THE TTD OVERPAYMENT AT \$4,277.07.

9. The parties wish to settle these matters to avoid the costs, hazards and delays of further litigation, and agree that a serious dispute exists as to the following issues (initial only those that apply). ONLY ISSUES INITIALED BY THE APPLICANT OR HIS/HER REPRESENTATIVE AND DEFENDANTS OR THEIR REPRESENTATIVES ARE INCLUDED WITHIN THIS SETTLEMENT.

Applicant Defendant

	AJS	earnings
	AJS	temporary disability
		jurisdiction
	AJS	apportionment
		employment
	AJS	injury AOE/COE
	AJS	serious and willful misconduct
	AJS	discrimination (Labor Code §132a)
	AJS	statute of limitations
	AJS	future medical treatment
	AJS	other <u>PENALTY AND INTEREST, OUT OF POCKET/MILEAGE</u>
	AJS	permanent disability
	AJS	self-procured medical treatment, except as provided in Paragraph 7
		vocational rehabilitation benefits/supplemental job displacement benefits

COMMENTS:

THERE IS A DISPUTE REGARDING THE NATURE AND EXTENT OF INJURY, THE DURATION OF TEMPORARY DISABILITY, PERMANENT DISABILITY, EARNINGS, APPORTIONMENT, LIABILITY FOR SELF-PROCURED MEDICAL TREATMENT, NEED FOR FURTHER MEDICAL TREATMENT, MEDICAL-LEGAL, MILEAGE EXPENSES, OTHER CLAIMED OUT-OF-POCKET EXPENSES, AND CLAIMED PENALTIES ON ALL SPECIES OF BENEFITS. TO RESOLVE ALL ISSUES AND AVOID THE HAZARDS OF DELAYS OF LITIGATION, THE PARTIES ENTER INTO THIS SETTLEMENT. IT IS THE MUTUAL INTENT OF THE PARTIES TO SETTLE THE CLAIMS AND INJURIES SET FORTH IN PARAGRAPH 1 AND FURTHER EXPLAINED IN PARAGRAPH 9. THERE ARE NO OUTSTANDING ATTORNEY FEE CLAIMS IN THIS MATTER, AND ALL CLAIMS OF ATTORNEY FEES, INCLUDING BUT NOT LIMITED TO LABOR CODE 5710 FEES, ARE INCLUDED AND RESOLVED BY THIS SETTLEMENT. SEE ADDENDUM "A" TO COMPROMISE AND RELEASE REGARDING THE FOLLOWING: PROVISIONS FOR LIEN CLAIMS, PROVISIONS REGARDING RELEASE, INTEREST, PENALTY AND PAYMENT CONDITIONS.

Any accrued claims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded.

10. It is agreed by all parties hereto that the filing of this document is the filing of an application, and that the workers' compensation administrative law judge may in its discretion set the matter for hearing as a regular application, reserving to the parties the right to put in issue any of the facts admitted herein and that if hearing is held with this document used as an application, the defendants shall have available to them all defenses that were available as of the date of filing of this document, and that the workers' compensation administrative law judge may thereafter either approve this Compromise and Release or disapprove it and issue Findings and Award after hearing has been held and the matter regularly submitted for decision.



# ACKNOWLEDGMENT

State of California

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are  
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the  
person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing  
paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)



11. WARNING TO EMPLOYEE: SETTLEMENT OF YOUR WORKERS' COMPENSATION CLAIM BY COMPROMISE AND RELEASE MAY AFFECT OTHER BENEFITS YOU ARE RECEIVING TO WHICH YOU BECOME ENTITLED TO RECEIVE IN THE FUTURE FROM SOURCES OTHER THAN WORKERS' COMPENSATION, INCLUDING BUT NOT LIMITED TO SOCIAL SECURITY, MEDICARE AND LONG-TERM DISABILITY BENEFITS.

THE APPLICANT'S (EMPLOYEE'S) SIGNATURE MUST BE ATTESTED TO BY TWO DISINTERESTED PERSONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC

By signing this agreement, applicant (employee) acknowledges that he/she has read and understands this agreement and has had any questions he/she may have had about this agreement answered to his/her satisfaction.

Witness the signature hereof this 13 day of May, 2022 at 12:45 pm

[Signature]  
Witness 1 (Date) 5-13-22

[Signature]  
Witness 2 (Date) 5/13/22

\_\_\_\_\_  
Interpreter (Date)

[Signature]  
Applicant (Employee) (Date) 5/13/22

[Signature]  
Attorney for Applicant (Date) 5/18/22

\_\_\_\_\_  
Attorney for Defendant (Date)

\_\_\_\_\_  
Attorney for Defendant (Date)

\_\_\_\_\_  
Attorney for Defendant (Date)

\_\_\_\_\_  
Attorney for Defendant (Date)



## ADDENDUM A

### **PROVISIONS FOR LIEN CLAIMS**

Without admitting liability, defendants have paid, or will pay, adjust or litigate all liens of record as follows:

### **PROVISIONS REGARDING INTEREST, PENALTY AND PAYMENT CONDITIONS**

All parties agreed that this Compromise and Release is fair and reasonable. In further consideration of the payment of the aforesaid sum, the applicant agrees that this Release extends to and covers the executors, administrators, heirs, representatives, successors, assigns, officers, directors, agents, servants and employees of defendants.

The parties agree that the Compromise and Release includes any claim for interest or penalty due within 30 days after the Order Approving issues.

Additionally, it is agreed that defendant shall have a credit for any permanent disability advances made either prior or subsequent to the execution of this document.

It is the specific intention of the parties, for which consideration has been paid to settle by virtue of this Compromise and Release, any claim or claims for penalties relating to untimely payment and/or no payment on temporary disability benefits, permanent disability benefits/advances and/or medical-legal or medical treatment.

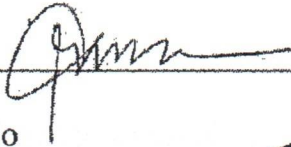
### **PROVISIONS RE: SUPPLEMENTAL JOB DISPLACEMENT BENEFITS**

Applicant's rights to supplemental job displacement benefits pursuant to Labor Code §4658.7 is in dispute and there is no evidence to support applicant is QIW based on the findings of AME Soheil Aval, M.D. and does not meet the criteria for eligibility as set forth in Labor Code §4658.7 at the time of approval of this settlement.

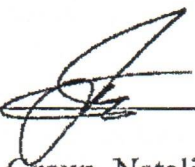
Accordingly, the right to supplemental job displacement benefits is abrogated by this Compromise and Release. Approval of this agreement releases any and all claims of supplemental job displacement benefits under Labor Code §4658.7, up through and including the date of this settlement. The parties hereby waive the provisions of Paragraph 5, of this agreement. The parties understand that by settling herein, the

applicant is barred from any further benefits pursuant to the provision of Labor Code §4658.7.

By signing below, applicant's counsel/representative acknowledges that he/she has fully explained to the applicant the effect of this settlement on the applicant's waiver of supplemental job displacement benefits.

  
\_\_\_\_\_  
Applicant  
Regelin Castillo

05/23/2022  
\_\_\_\_\_  
Dated

  
\_\_\_\_\_  
Attorney for Applicant  
Workers Defenders Law Group, Natalia Foley, Esq.

05/23/2022  
\_\_\_\_\_  
Dated



**ADDENDUM B**  
**MEDICARE**

1. Applicant is not a Social Security Recipient and does not reasonably expect to receive social security in the next 30 months.
2. This claim does not meet Medicare's current review thresholds as described in the July 11, 2005 and April 24, 2006 Medicare Policy Memoranda. As such, the claim does not require review and/or approval from CMS.
3. The Claimant acknowledges that she understands that if she has received any benefits, at any time, known or unknown, from Medicare or Medicaid for any injuries or conditions, related or not to her industrial accident, she must contact Medicare/ Medicaid to resolve any lien or claim Medicare/Medicaid might have against the proceeds of this settlement. The Claimant acknowledges that any and all known liens or potential liens of Medicare/Medicaid or child support enforcement, have been revealed to the Employer/Carrier and agrees to be responsible for any child support liens.
4. The Employer/Carrier is entering into this agreement on the understanding that the claimant has not received any benefits under Medicare or Medicaid or, if the claimant received such benefits, that the claimant has promised to resolve any claim, lien, or other rights Medicare/ Medicaid might have against these proceeds.

\_\_\_\_\_  
Applicant  
Regelin Castillo

05/23/2022

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Attorney for Applicant  
Workers Defenders Law Group, Natalia Foley, Esq.

05/23/2022

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Interpreter  
State Certificate Number: \_\_\_\_\_

\_\_\_\_\_  
Dated

Proof of Service by Mail

STATE OF CALIFORNIA, COUNTY OF SAN DIEGO

Uniform Assigned Name : ALBERT MACKENZIE SAN DIEGO  
EAMS Administrator Name : Bruce H. Albert  
EAMS Administrator's Phone : 818-575-9876  
EAMS Administrator Email : wcab@albmac.com

**RE: REGELIN CASTILLO v. ADVENTIST HEALTH WHITE MEMORIAL  
CASE NO: ADJ14349578, ADJ14349577**

I am employed in the County of San Diego, State of California. I am over the age of eighteen (18) years, and not a party to the within action; my business address is 5050 Murphy Canyon Road, Suite 120, San Diego, California, 92123.

On May 31, 2022, I served the foregoing document described as:

**COMPROMISE AND RELEASE**

on the interested persons to the within action by enclosing a true copy thereof in a sealed envelope addressed as follows:

Workers' Compensation Appeals Board  
1065 N. Link, Suite 170  
Anaheim, CA 92806  
(XX) Filed electronically via EAMS

Sedgwick Claims Management - Adventist  
Health/Roseville  
Attn: Gerardo Quezada, Claims  
Representative  
P.O. Box 14433  
Lexington, KY 40512-4433  
Claim No. 18025499, 30217364863-0001

Workers Defenders Law Group  
Attn: Natalia Foley, Esq.  
751 S. Weir Canyon Rd., Ste. 157-455  
Anaheim, CA 92808

EDD SDI Santa Ana  
P.O. Box 1466  
Santa Ana, CA 92702-1466

Regelin Castillo  
27003 Mountain Willow Lane  
Santa Clarita, CA 91387

**XX BY MAIL (via DocuCents)**

XX I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service with postage thereon fully prepaid at Encino, California in the ordinary course of business.

Executed on May 31, 2022 at Encino, California.

XX (State) I declare, under penalty of perjury, under the laws of the State of California that the above is true and correct.

Jazmine Martinez  
\_\_\_\_\_  
Typed Name

  
\_\_\_\_\_  
Signature #35547



**PROOF OF SERVICE AFFIDAVIT**  
CCP 1013(a), CCP 1013(b), and CCP 1013a(3)

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

My name is David Birdsall.

I am over the age of 18 and not a party to the related cause(s).

I am employed at DocuCents in the county of Los Angeles, State of California, which is where the mailing occurred.

My business address is: 960 S Village Oaks Dr, Covina, CA 91724, which is where I placed the correspondence described herein for deposit in the United States Postal Service.

I am readily familiar with the business' practice for collection and processing of correspondence for mailing with the United States Postal Service.

The following correspondence will be deposited with the United States Postal Service this same day in the ordinary course of business.

Each envelope was sealed and placed for collection and mailing on 05/31/2022, following ordinary business practices.

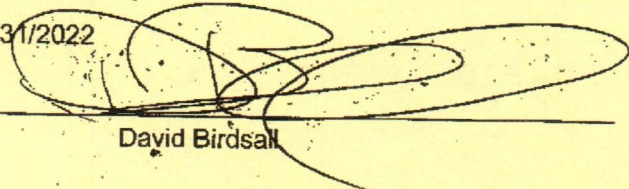
The exact TITLE of the document(s) served and the name(s) and address(s) of the people or entities being served are listed on the following attached Service List(s). This affidavit may include multiple Service Lists for documents which were mailed to many different parties on unrelated causes as part of the ordinary course of services.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all information contained in the attached Service List(s) is true and correct.

Printed name: David Birdsall

Dated: 05/31/2022

X

  
\_\_\_\_\_  
David Birdsall

Attachments: Service List(s) included as part of this affidavit.



REP. CONTACT : Albert and Mackenzie  
28216 DOROTHY AVE STE 200  
AGOURA HILLS CA 91301

**SERVICE LIST**  
CCP 1013a(3)

This Service List is part of the attached Proof Of Service Affidavit dated 05/31/2022 signed by David Birdsall and describes the documents served for Mailing ID 452DC9FB5B68B397.

Total Number of Images: 15

The TITLE of the document(s) being served is:

COMPROMISE AND RELEASE

The following persons/entities were served by placing a true copy thereof into a sealed envelope with postage paid in the manner described in the attached affidavit:

EDD SDI SANTA ANA  
PO BOX 1466  
SANTA ANA CA 92702

MS. REGELIN CASTILLO  
27003 MOUNTAIN WILLOW LN  
CANYON COUNTRY CA 91387

MS. NATALIA FOLEY  
WORKERS DEFENDERS LAW GROUP  
751 S WEIR CANYON RD STE 157  
ANAHEIM CA 92808

END OF SERVICE LIST FOR THE ABOVE TITLED DOCUMENTS