


<p>Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address</p> <p>Rachel C. Quimby, Esq. (SBN 315398) Daglian Law Group, APLC 701 N. Brand Blvd., Suite 610 Glendale, CA 91203 Tel: (818) 545-7700 Fax: (818) 545-3700</p>		<p>FOR COURT USE ONLY</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"><p>FILED</p><p>OCT 17 2018</p><p><small>CLERK OF BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA BY:  Deputy Clerk</small></p></div>	
<p><input type="checkbox"/> Individual appearing without attorney <input checked="" type="checkbox"/> Attorney for: Movant Noble Williams</p>			
<p>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</p>			
<p>In re: VERITY HEALTH SYSTEM OF CALIFORNIA, INC., et al.,</p> <p style="text-align: right;">Debtor(s).</p>		<p>CASE NO.: 2:18-bk-20164-ER / 18-20151-ER CHAPTER: 11</p>	
		<p>NOTICE OF MOTION AND MOTION FOR RELIEF FROM THE AUTOMATIC STAY UNDER 11 U.S.C. § 362 (with supporting declarations) (ACTION IN NONBANKRUPTCY FORUM)</p>	
		<p>DATE: 11/19/2018 TIME: 10:00 am COURTROOM: 1568</p>	
<p>Movant: Noble Williams</p>			

1. **Hearing Location:**

<input checked="" type="checkbox"/> 255 East Temple Street, Los Angeles, CA 90012 <input type="checkbox"/> 21041 Burbank Boulevard, Woodland Hills, CA 91367 <input type="checkbox"/> 3420 Twelfth Street, Riverside, CA 92501	<input type="checkbox"/> 411 West Fourth Street, Santa Ana, CA 92701 <input type="checkbox"/> 1415 State Street, Santa Barbara, CA 93101
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------
2. Notice is given to the Debtor and trustee (*if any*)(Responding Parties), their attorneys (*if any*), and other interested parties that on the date and time and in the courtroom stated above, Movant will request that this court enter an order granting relief from the automatic stay as to Debtor and Debtor's bankruptcy estate on the grounds set forth in the attached Motion.
3. To file a response to the motion, you may obtain an approved court form at www.cacb.uscourts.gov/forms for use in preparing your response (optional LBR form F 4001-1.RFS.RESPONSE), or you may prepare your response using the format required by LBR 9004-1 and the Court Manual.



4. When serving a response to the motion, serve a copy of it upon the Movant's attorney (or upon Movant, if the motion was filed by an unrepresented individual) at the address set forth above.
5. If you fail to timely file and serve a written response to the motion, or fail to appear at the hearing, the court may deem such failure as consent to granting of the motion.
6. ☒ This motion is being heard on REGULAR NOTICE pursuant to LBR 9013-1(d). If you wish to oppose this motion, you must file and serve a written response to this motion no later than 14 days before the hearing and appear at the hearing.
7. ☐ This motion is being heard on SHORTENED NOTICE pursuant to LBR 9075-1(b). If you wish to oppose this motion, you must file and serve a response no later than (date) _____ and (time) _____; and, you may appear at the hearing.
- a. ☐ An application for order setting hearing on shortened notice was not required (according to the calendaring procedures of the assigned judge).
- b. ☐ An application for order setting hearing on shortened notice was filed and was granted by the court and such motion and order have been or are being served upon the Debtor and upon the trustee (if any).
- c. ☐ An application for order setting hearing on shortened notice was filed and remains pending. After the court rules on that application, you will be served with another notice or an order that specifies the date, time and place of the hearing on the attached motion and the deadline for filing and serving a written opposition to the motion.

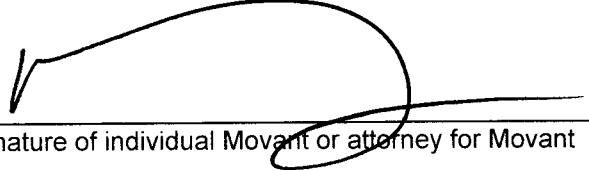
Date: 10/15/2018

Daglian Law Group, APLC

Printed name of law firm (if applicable)

Rachel C. Quimby, Esq.

Printed name of individual Movant or attorney for Movant



Signature of individual Movant or attorney for Movant

MOTION FOR RELIEF FROM THE AUTOMATIC STAY AS TO NONBANKRUPTCY ACTION

1. **In the Nonbankruptcy Action, Movant is:**

- a. ☒ Plaintiff
- b. ☐ Defendant
- c. ☐ Other (*specify*):

2. **The Nonbankruptcy Action:** There is a pending lawsuit or administrative proceeding (Nonbankruptcy Action) involving the Debtor or the Debtor's bankruptcy estate:

- a. *Name of Nonbankruptcy Action:* Noble Williams v. St. Vincent Medical Center, et al.
- b. *Docket number:* BC683258
- c. *Nonbankruptcy forum where Nonbankruptcy Action is pending:*
Los Angeles Superior Court, Central District- Stanley Mosk Courthouse
- d. *Causes of action or claims for relief (Claims):*
Negligence and Premises Liability

3. **Bankruptcy Case History:**

- a. ☒ A voluntary ☐ An involuntary petition under chapter ☐ 7 ☒ 11 ☐ 12 ☐ 13
was filed on (*date*) 09/13/2018.
- b. ☐ An order to convert this case to chapter ☐ 7 ☐ 11 ☐ 12 ☐ 13
was entered on (*date*) _____.
- c. ☐ A plan was confirmed on (*date*) _____.

4. **Grounds for Relief from Stay:** Pursuant to 11 U.S.C. § 362(d)(1), cause exists to grant Movant relief from stay to proceed with the Nonbankruptcy Action to final judgment in the nonbankruptcy forum for the following reasons:

- a. ☒ Movant seeks recovery only from applicable insurance, if any, and waives any deficiency or other claim against the Debtor or property of the Debtor's bankruptcy estate.
- b. ☐ Movant seeks recovery primarily from third parties and agrees that the stay will remain in effect as to enforcement of any resulting judgment against the Debtor or bankruptcy estate, except that Movant will retain the right to file a proof of claim under 11 U.S.C. § 501 and/or an adversary complaint under 11 U.S.C. § 523 or § 727 in this bankruptcy case.
- c. ☐ Mandatory abstention applies under 28 U.S.C. § 1334(c)(2), and Movant agrees that the stay will remain in effect as to enforcement of any resulting judgment against the Debtor or bankruptcy estate, except that Movant will retain the right to file a proof of claim under 11 U.S.C. § 501 and/or an adversary complaint under 11 U.S.C. § 523 or § 727 in this bankruptcy case.
- d. ☒ The Claims are nondischargeable in nature and can be most expeditiously resolved in the nonbankruptcy forum.
- e. ☒ The Claims arise under nonbankruptcy law and can be most expeditiously resolved in the nonbankruptcy forum.

f. ☐ The bankruptcy case was filed in bad faith.

- (1) ☐ Movant is the only creditor, or one of very few creditors, listed or scheduled in the Debtor's case commencement documents.
- (2) ☐ The timing of the filing of the bankruptcy petition indicates that it was intended to delay or interfere with the Nonbankruptcy Action.
- (3) ☐ Multiple bankruptcy cases affect the Nonbankruptcy Action.
- (4) ☐ The Debtor filed only a few case commencement documents. No schedules or statement of financial affairs (or chapter 13 plan, if appropriate) has been filed.

g. ☐ Other (*specify*):

5. **Grounds for Annulment of Stay.** Movant took postpetition actions against the Debtor.

- a. ☐ The actions were taken before Movant knew that the bankruptcy case had been filed, and Movant would have been entitled to relief from stay to proceed with these actions.
- b. ☐ Although Movant knew the bankruptcy case was filed, Movant previously obtained relief from stay to proceed in the Nonbankruptcy Action in prior bankruptcy cases affecting the Nonbankruptcy Action as set forth in Exhibit. _____.
- c. ☐ Other (*specify*):

6. **Evidence in Support of Motion: (*Important Note: declaration(s) in support of the Motion MUST be signed under penalty of perjury and attached to this motion.*)**

- a. ☒ The DECLARATION RE ACTION IN NONBANKRUPTCY FORUM on page 6.
- b. ☐ Supplemental declaration(s).
- c. ☐ The statements made by Debtor under penalty of perjury concerning Movant's claims as set forth in Debtor's case commencement documents. Authenticated copies of the relevant portions of the Debtor's case commencement documents are attached as Exhibit. _____.
- d. ☐ Other evidence (*specify*):

7. ☐ **An optional Memorandum of Points and Authorities is attached to this Motion.**

Movant requests the following relief:

- 1. Relief from the stay pursuant to 11 U.S.C. § 362(d)(1).
- 2. ☐ Movant may proceed under applicable nonbankruptcy law to enforce its remedies to proceed to final judgment in the nonbankruptcy forum, provided that the stay remains in effect with respect to enforcement of any judgment against the Debtor or property of the Debtor's bankruptcy estate.
- 3. ☐ The stay is annulled retroactively to the bankruptcy petition date. Any postpetition acts taken by Movant in the Nonbankruptcy Action shall not constitute a violation of the stay.

4. ☐ The co-debtor stay of 11 U.S.C. § 1201(a) or § 1301(a) is terminated, modified, or annulled as to the co-debtor, on the same terms and condition as to the Debtor.
5. ☐ The 14-day stay prescribed by FRBP 4001(a)(3) is waived.
6. ☒ The order is binding and effective in any bankruptcy case commenced by or against the Debtor for a period of 180 days, so that no further automatic stay shall arise in that case as to the Nonbankruptcy Action.
7. ☐ The order is binding and effective in any future bankruptcy case, no matter who the debtor may be, without further notice
8. ☐ Other relief requested.

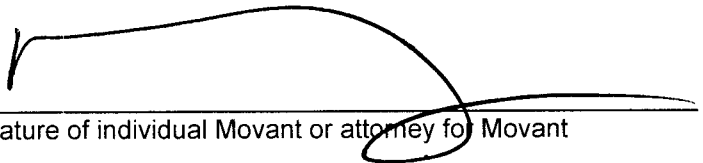
Date: 10/15/2018

Daglian Law Group, APLC

Printed name of law firm (if applicable)

Rachel C. Quimby, Esq.

Printed name of individual Movant or attorney for Movant


Signature of individual Movant or attorney for Movant

DECLARATION RE ACTION IN NONBANKRUPTCY FORUM

I, (name of Declarant) Rachel C. Quimby, Esq., declare as follows:

1. I have personal knowledge of the matters set forth in this declaration and, if called upon to testify, I could and would competently testify thereto. I am over 18 years of age. I have knowledge regarding (Nonbankruptcy Action) because:

- ☐ I am the Movant.
☒ I am Movant's attorney of record in the Nonbankruptcy Action.
☐ I am employed by Movant as (title and capacity):
☐ Other (specify):

2. I am one of the custodians of the books, records and files of Movant as to those books, records and files that pertain to the Nonbankruptcy Action. I have personally worked on books, records and files, and as to the following facts, I know them to be true of my own knowledge or I have gained knowledge of them from the business records of Movant on behalf of Movant, which were made at or about the time of the events recorded, and which are maintained in the ordinary course of Movant's business at or near the time of the acts, conditions or events to which they relate. Any such document was prepared in the ordinary course of business of Movant by a person who had personal knowledge of the event being recorded and had or has a business duty to record accurately such event. The business records are available for inspection and copies can be submitted to the court if required.

3. In the Nonbankruptcy Action, Movant is:

- ☒ Plaintiff
☐ Defendant
☐ Other (specify):

4. The Nonbankruptcy Action is pending as:

- a. Name of Nonbankruptcy Action: Noble Williams v. St. Vincent Medical Center, et al.
b. Docket number: BC683258
c. Nonbankruptcy court or agency where Nonbankruptcy Action is pending:
Los Angeles Superior Court, Central District- Stanley Mosk Courthous

5. **Procedural Status of Nonbankruptcy Action:**

- a. The Claims are:
Negligence
Premises Liability

- b. True and correct copies of the documents filed in the Nonbankruptcy Action are attached as Exhibit 1.
c. The Nonbankruptcy Action was filed on (date) 11/13/2017.
d. Trial or hearing began/is scheduled to begin on (date) 05/13/2019.
e. The trial or hearing is estimated to require 5-7 days (specify).
f. Other plaintiffs in the Nonbankruptcy Action are (specify):
N/A

- g. Other defendants in the Nonbankruptcy Action are (*specify*):

Schindler Elevator Corporation

5. **Grounds for relief from stay:**

- a. ☐ Movant seeks recovery primarily from third parties and agrees that the stay will remain in effect as to enforcement of any resulting judgment against the Debtor or the Debtor's bankruptcy estate, except that Movant will retain the right to file a proof of claim under 11 U.S.C. § 501 and/or an adversary complaint under 11 U.S.C. § 523 or § 727 in this bankruptcy case.

- b. ☐ Mandatory abstention applies under 28 U.S.C. § 1334(c)(2), and Movant agrees that the stay will remain in effect as to enforcement of any resulting judgment against the Debtor or the Debtor's bankruptcy estate, except that Movant will retain the right to file a proof of claim under 11 U.S.C. § 501 and/or an adversary complaint under 11 U.S.C. § 523 or § 727 in this bankruptcy case.

- c. ☒ Movant seeks recovery only from applicable insurance, if any, and waives any deficiency or other claim against the Debtor or property of the Debtor's bankruptcy estate. The insurance carrier and policy number are (*specify*):

Marillac Insurance Company, Ltd.
PLGL-26000-012

- d. ☒ The Nonbankruptcy Action can be tried more expeditiously in the nonbankruptcy forum.

(1) ☒ It is currently set for trial on (*date*) 05/13/2019.

(2) ☐ It is in advanced stages of discovery and Movant believes that it will be set for trial by (*date*) _____. The basis for this belief is (*specify*):

(3) ☒ The Nonbankruptcy Action involves non-debtor parties and a single trial in the nonbankruptcy forum is the most efficient use of judicial resources.

- e. ☐ The bankruptcy case was filed in bad faith specifically to delay or interfere with the prosecution of the Nonbankruptcy Action.

(1) ☐ Movant is the only creditor, or one of very few creditors, listed or scheduled in the Debtor's case commencement documents.

(2) ☐ The timing of the filing of the bankruptcy petition indicates it was intended to delay or interfere with the Nonbankruptcy Action based upon the following facts (*specify*):

(3) ☐ Multiple bankruptcy cases affecting the Property include:

(A) Case name:

Case number:

Chapter:

Date filed:

Date discharged:

Date dismissed:

Relief from stay regarding this Nonbankruptcy Action ☐ was ☐ was not granted.

(B) Case name:
Case number: Chapter:
Date filed: Date discharged: Date dismissed:
Relief from stay regarding this Nonbankruptcy Action ☐ was ☐ was not granted.

(C) Case name:
Case number: Chapter:
Date filed: Date discharged: Date dismissed:
Relief from stay regarding this Nonbankruptcy Action ☐ was ☐ was not granted.

☐ See attached continuation page for information about other bankruptcy cases affecting the Nonbankruptcy Action.

☐ See attached continuation page for additional facts establishing that this case was filed in bad faith.

f. ☐ See attached continuation page for other facts justifying relief from stay.

6. ☐ Actions taken in the Nonbankruptcy Action after the bankruptcy petition was filed are specified in the attached supplemental declaration(s).

a. ☐ These actions were taken before Movant knew the bankruptcy petition had been filed, and Movant would have been entitled to relief from stay to proceed with these actions.

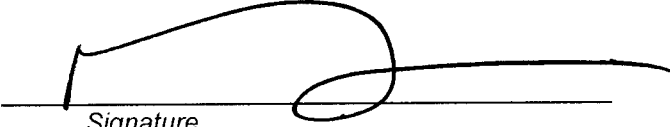
b. ☐ Movant knew the bankruptcy case had been filed, but Movant previously obtained relief from stay to proceed with the Nonbankruptcy Action enforcement actions in prior bankruptcy cases affecting the Property as set forth in Exhibit ____

c. ☐ For other facts justifying annulment, see attached continuation page.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

10/15/2018
Date

Rachel C. Quimby, Esq.
Printed name


Signature

SUMMONS

(CITACION JUDICIAL)

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO):

St. Vincent Medical Center and DOES 1 to 100

YOU ARE BEING SUED BY PLAINTIFF:
(LO ESTÁ DEMANDANDO EL DEMANDANTE):

Noble Williams

Electronically

FILED

by Superior Court of California
County of Los Angeles on

11/13/17

Sherri R. Carter, Executive Officer/Clerk

By Melissa Yelverton Deputy
Melissa Yelverton

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, 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 want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association. **NOTE:** The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case. **¡AVISO!** Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. **AVISO:** Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

The name and address of the court is:

(El nombre y dirección de la corte es):
Los Angeles Superior Court- Stanley Mosk Courthouse
111 N. Hill Street
Los Angeles, CA 90012

CASE NUMBER:
(Número del Caso)

BC683258

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):
Rachel C. Quimby, Esq. (SBN 315398) T: (818) 545-7700 F: (818) 545-3700
Daglian Law Group, APLC
701 N. Brand Blvd., Suite 610, Glendale, CA 91203

DATE:
(Fecha) 11/13/2017

Sherri R. Carter

Clerk, by
(Secretario) Melissa Yelverton Melissa Yelverton, Deputy
(Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-010).)

(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, (POS-010)).

NOTICE TO THE PERSON SERVED: You are served

1. ☐ as an individual defendant.
2. ☐ as the person sued under the fictitious name of (specify):
3. ☐ on behalf of (specify):

under: <input type="checkbox"/> CCP 416.10 (corporation)	<input type="checkbox"/> CCP 416.60 (minor)
<input type="checkbox"/> CCP 416.20 (defunct corporation)	<input type="checkbox"/> CCP 416.70 (conservatee)
<input type="checkbox"/> CCP 416.40 (association or partnership)	<input type="checkbox"/> CCP 416.90 (authorized person)
<input type="checkbox"/> other (specify):	
4. ☐ by personal delivery on (date):



PLD-PI-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Rachel C. Quimby, Esq. (SBN 315398) Daglian Law Group, APLC 701 N. Brand Blvd., Suite 610 Glendale, CA 91203 TELEPHONE NO: (818)545-7700 FAX NO (Optional): (818)545-3700 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Plaintiff		Electronically FILED by Superior Court of California County of Los Angeles on 11/13/17 Sherri R. Carter, Executive Officer/Clerk By <u>Melissa Yelverton</u> Deputy Melissa Yelverton
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, 90012 BRANCH NAME: Stanley Mosk Courthouse		
PLAINTIFF: Noble Williams DEFENDANT: St. Vincent Medical Center and <input checked="" type="checkbox"/> DOES 1 TO 100		
COMPLAINT—Personal Injury, Property Damage, Wrongful Death <input type="checkbox"/> AMENDED (Number): Type (check all that apply): <input type="checkbox"/> MOTOR VEHICLE <input checked="" type="checkbox"/> OTHER (specify): Premise Liability <input type="checkbox"/> Property Damage <input type="checkbox"/> Wrongful Death <input checked="" type="checkbox"/> Personal Injury <input type="checkbox"/> Other Damages (specify):		
Jurisdiction (check all that apply): <input type="checkbox"/> ACTION IS A LIMITED CIVIL CASE Amount demanded <input type="checkbox"/> does not exceed \$10,000 <input type="checkbox"/> exceeds \$10,000, but does not exceed \$25,000 <input checked="" type="checkbox"/> ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000) <input type="checkbox"/> ACTION IS RECLASSIFIED by this amended complaint <input type="checkbox"/> from limited to unlimited <input type="checkbox"/> from unlimited to limited		CASE NUMBER BC683258

1. Plaintiff (name or names): Noble Williams
alleges causes of action against defendant (name or names):
St. Vincent Medical Center and DOES 1 to 100
2. This pleading, including attachments and exhibits, consists of the following number of pages: 5
3. Each plaintiff named above is a competent adult
 - a. ☐ except plaintiff (name):
 - (1) ☐ a corporation qualified to do business in California
 - (2) ☐ an unincorporated entity (describe):
 - (3) ☐ a public entity (describe):
 - (4) ☐ a minor ☐ an adult
 - (a) ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - (b) ☐ other (specify):
 - (5) ☐ other (specify):
 - b. ☐ except plaintiff (name):
 - (1) ☐ a corporation qualified to do business in California
 - (2) ☐ an unincorporated entity (describe):
 - (3) ☐ a public entity (describe):
 - (4) ☐ a minor ☐ an adult
 - (a) ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - (b) ☐ other (specify):
 - (5) ☐ other (specify):

☐ Information about additional plaintiffs who are not competent adults is shown in Attachment 3.

PLD-PI-001

SHORT TITLE Williams v. St. Vincent Medical Center, et al.	CASE NUMBER BC683258
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4. ☐ Plaintiff (name):
is doing business under the fictitious name (specify):

and has complied with the fictitious business name laws.
5. Each defendant named above is a natural person
- a. ☒ except defendant (name): St. Vincent Medical Center
(1) ☒ a business organization, form unknown
(2) ☒ a corporation
(3) ☐ an unincorporated entity (describe):
(4) ☐ a public entity (describe):
(5) ☐ other (specify):
- b. ☐ except defendant (name):
(1) ☐ a business organization, form unknown
(2) ☐ a corporation
(3) ☐ an unincorporated entity (describe):
(4) ☐ a public entity (describe):
(5) ☐ other (specify):
- c. ☐ except defendant (name): DOES 1-100
(1) ☒ a business organization, form unknown
(2) ☒ a corporation
(3) ☒ an unincorporated entity (describe):
Unknown at time.
(4) ☒ a public entity (describe):
Unknown at time.
(5) ☒ other (specify):
Unknown at time.
- d. ☐ except defendant (name):
(1) ☐ a business organization, form unknown
(2) ☐ a corporation
(3) ☐ an unincorporated entity (describe):
(4) ☐ a public entity (describe):
(5) ☐ other (specify):
- ☐ Information about additional defendants who are not natural persons is contained in Attachment 5.
6. The true names of defendants sued as Does are unknown to plaintiff.
- a. ☒ Doe defendants (specify Doe numbers): 1 to 100 were the agents or employees of other named defendants and acted within the scope of that agency or employment.
- b. ☒ Doe defendants (specify Doe numbers): 1 to 100 are persons whose capacities are unknown to plaintiff.
7. ☐ Defendants who are joined under Code of Civil Procedure section 382 are (names):
8. This court is the proper court because
- a. ☐ at least one defendant now resides in its jurisdictional area.
- b. ☐ the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area.
- c. ☒ injury to person or damage to personal property occurred in its jurisdictional area.
- d. ☐ other (specify):
9. ☐ Plaintiff is required to comply with a claims statute, and
- a. ☐ has complied with applicable claims statutes, or
- b. ☐ is excused from complying because (specify):

FILED:04/29/19 FRIAL: 05/13/19 USC: 11/13/20

FILED:04/29/19 FRIAL: 05/13/19 USC: 11/13/20

PLD-PI-001

SHORT TITLE: Williams v. St. Vincent Medical Center, et al.	CASE NUMBER: BC683258
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10. The following causes of action are attached and the statements above apply to each (*each complaint must have one or more causes of action attached*):

- a. ☐ Motor Vehicle
- b. ☒ General Negligence
- c. ☐ Intentional Tort
- d. ☐ Products Liability
- e. ☒ Premises Liability
- f. ☐ Other (*specify*):

11. Plaintiff has suffered

- a. ☐ wage loss
- b. ☐ loss of use of property
- c. ☒ hospital and medical expenses
- d. ☒ general damage
- e. ☐ property damage
- f. ☒ loss of earning capacity
- g. ☒ other damage (*specify*):

Further damages are unknown at this time and will be amended if and when discovered. Also, for cost of suit incurred, prejudgment interest pursuant to CCP Section 3291 and for such other relief as the Court may deem just and proper.

12. ☐ The damages claimed for wrongful death and the relationships of plaintiff to the deceased are

- a. ☐ listed in Attachment 12.
- b. ☐ as follows:

13. The relief sought in this complaint is within the jurisdiction of this court.

14. Plaintiff prays for judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- a. (1) ☒ compensatory damages
- (2) ☐ punitive damages

The amount of damages is (*in cases for personal injury or wrongful death, you must check (1)*):

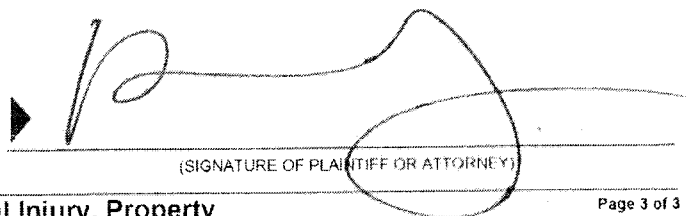
- (1) ☒ according to proof
- (2) ☐ in the amount of: \$

15. ☐ The paragraphs of this complaint alleged on information and belief are as follows (*specify paragraph numbers*):

Date: November 9, 2017

Rachel C. Quimby, Esq.

(TYPE OR PRINT NAME)


(SIGNATURE OF PLAINTIFF OR ATTORNEY)

PLD-PI-001(2)

SHORT TITLE: Williams v. St. Vincent Medical Center, et al.	CASE NUMBER: BC683258
----------------------------------------------------------------	--------------------------

FIRST CAUSE OF ACTION—General Negligence Page 4
(number)

ATTACHMENT TO ☒ Complaint ☐ Cross - Complaint

(Use a separate cause of action form for each cause of action.)

GN-1. Plaintiff (name): Noble Williams

alleges that defendant (name): St. Vincent Medical Center and

☒ Does 1 to 100

was the legal (proximate) cause of damages to plaintiff. By the following acts or omissions to act, defendant negligently caused the damage to plaintiff

on (date): November 16, 2015

at (place): St. Vincent Medical Center, 2131 W. 3rd St., Los Angeles, CA 90057

(description of reasons for liability):

On or about November 16, 2015, Plaintiff Noble Williams sustained injuries on the premises of St. Vincent Medical Center located at 2131 W. 3rd St. in Los Angeles, California 90057.

Defendants St. Vincent Medical Center and DOES 1 to 100, negligently owned, operated, managed, maintained, repaired and failed to guard or warn against the dangerous conditions at St. Vincent Medical Center, such that premises were a dangerous condition that resulted in a breach of duty owed to Plaintiff.

Plaintiff, Noble Williams, fell stepping out of the elevator because the elevator did not fully descend to the floor and was still elevated when the doors opened for Plaintiff to exit. Plaintiff's injuries were caused by an unreasonably unsafe condition, posing a foreseeable risk of injury to persons foreseeably using said premises.

Defendants further breached their duty owed to Plaintiff by failing to warn Plaintiff of a dangerous condition, of which it knew, or should have known, caused by Defendants on Defendant's premises which proximately caused injuries and damages to Plaintiff. Defendants continued to breach their duty by failing to inspect and maintain said premises in a reasonably safe condition.

As a proximate result of the negligence, carelessness, recklessness and/or unlawfulness of the Defendants, Plaintiff was injured in his health, strength and activity. Plaintiff sustained injury to the body and shock and injury to the nervous system and person, sustained personal injuries all of which have caused and continue to cause Plaintiff great mental, physical and nervous pain and suffering. These injuries may result in some permanent disability to Plaintiff, all to Plaintiff's general damages.

FILED: 04/29/19 11:13/19 USC: 11/13/20

FILED: 04/29/19 11:13/19 USC: 11/13/20

SHORT TITLE: Williams v. St. Vincent Medical Center, et al.	CASE NUMBER BC683258
----------------------------------------------------------------	-------------------------

SECOND CAUSE OF ACTION—Premises Liability

Page 5

(number)

ATTACHMENT TO ☒ Complaint ☐ Cross - Complaint

(Use a separate cause of action form for each cause of action.)

Prem.L-1. Plaintiff (name): Noble Williams

alleges the acts of defendants were the legal (proximate) cause of damages to plaintiff.

On (date): November 16, 2015

plaintiff was injured on the following premises in the following

fashion (description of premises and circumstances of injury):

Due to Defendants, St. Vincent Medical Center and DOES 1 to 100's negligent ownership, maintenance, operation, management and failure to warn or make safe, Plaintiff, Noble Williams was caused severe injuries and damages. Defendants negligently, willfully, and recklessly allowed and created a dangerous condition of an elevator not fully descending to the floor and was still elevated when the doors opened for Plaintiff to exit, posing a foreseeable risk of injury to users of the premises including Plaintiff, resulting in Plaintiff tripping and falling and suffering serious injuries and damages.

Prem.L-2. ☒ **Count One—Negligence** The defendants who negligently owned, maintained, managed and operated the described premises were (names):

☒ Does 1 to 100

Prem.L-3. ☐ **Count Two—Willful Failure to Warn** [Civil Code section 846] The defendant owners who willfully or maliciously failed to guard or warn against a dangerous condition, use, structure, or activity were (names):

☐ Does _____ to _____

Plaintiff, a recreational user, was ☐ an invited guest ☐ a paying guest.

Prem.L-4. ☐ **Count Three—Dangerous Condition of Public Property** The defendants who owned public property on which a dangerous condition existed were (names):

☐ Does _____ to _____

a. ☐ The defendant public entity had ☐ actual ☐ constructive notice of the existence of the dangerous condition in sufficient time prior to the injury to have corrected it

b. ☐ The condition was created by employees of the defendant public entity.

Prem.L-5. a. ☒ **Allegations about Other Defendants** The defendants who were the agents and employees of the other defendants and acted within the scope of the agency were (names):
St. Vincent Medical Center and

☒ Does 1 to 100

b. ☒ The defendants who are liable to plaintiffs for other reasons and the reasons for their liability are ☐ described in attachment Prem.L-5.b ☒ as follows (names):
Unknown at this time, will amend when known.

ATTORNEY FOR PARTY WITHOUT ATTORNEY (Name, St.

Number and address)

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Electronically

FILEDby Superior Court of California
County of Los Angeles on

11/13/17

Shemi R. Carter, Executive Officer/Clerk

By Melissa Yelverton Deputy
Melissa Yelverton

CASE NUMBER:

BC683258

JUDGE:

DEPT

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles

STREET ADDRESS: 111 N. Hill Street

MAILING ADDRESS: 111 N. Hill Street

CITY AND ZIP CODE: Los Angeles, 90012

BRANCH NAME: Stanley Mosk Courthouse

CASE NAME:

Noble Williams v. St. Vincent Medical Center, et al.

CIVIL CASE COVER SHEET

☒ **Unlimited** ☐ **Limited**
(Amount demanded exceeds \$25,000) (Amount demanded is \$25,000 or less)

Complex Case Designation☐ **Counter** ☐ **Joinder**Filed with first appearance by defendant
(Cal. Rules of Court, rule 3.402)

Items 1–6 below must be completed (see instructions on page 2).

1. Check **one** box below for the case type that best describes this case:**Auto Tort**

☐ Auto (22)
☐ Uninsured motorist (46)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort

☐ Asbestos (04)
☐ Product liability (24)
☐ Medical malpractice (45)
☒ Other PI/PD/WD (23)

Non-PI/PD/WD (Other) Tort

☐ Business tort/unfair business practice (07)
☐ Civil rights (08)
☐ Defamation (13)
☐ Fraud (16)
☐ Intellectual property (19)
☐ Professional negligence (25)
☐ Other non-PI/PD/WD tort (35)

Employment

☐ Wrongful termination (36)
☐ Other employment (15)

Contract

☐ Breach of contract/warranty (06)
☐ Rule 3.740 collections (09)
☐ Other collections (09)
☐ Insurance coverage (18)
☐ Other contract (37)

Real Property

☐ Eminent domain/Inverse condemnation (14)
☐ Wrongful eviction (33)
☐ Other real property (26)

Unlawful Detainer

☐ Commercial (31)
☐ Residential (32)
☐ Drugs (38)

Judicial Review

☐ Asset forfeiture (05)
☐ Petition re: arbitration award (11)
☐ Writ of mandate (02)
☐ Other judicial review (39)

Provisionally Complex Civil Litigation
(Cal. Rules of Court, rules 3.400–3.403)

☐ Antitrust/Trade regulation (03)
☐ Construction defect (10)
☐ Mass tort (40)
☐ Securities litigation (28)
☐ Environmental/Toxic tort (30)
☐ Insurance coverage claims arising from the above listed provisionally complex case types (41)

Enforcement of Judgment☐ Enforcement of judgment (20)**Miscellaneous Civil Complaint**

☐ RICO (27)
☐ Other complaint (not specified above) (42)

Miscellaneous Civil Petition

☐ Partnership and corporate governance (21)
☐ Other petition (not specified above) (43)

2. This case ☐ is ☒ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:

- a. ☐ Large number of separately represented parties d. ☐ Large number of witnesses
b. ☐ Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve e. ☐ Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
c. ☐ Substantial amount of documentary evidence f. ☐ Substantial postjudgment judicial supervision

3. Remedies sought (check all that apply): a. ☒ monetary b. ☐ nonmonetary; declaratory or injunctive relief c. ☐ punitive

4. Number of causes of action (specify): 1. General Negligence 2. Premise Liability

5. This case ☐ is ☒ is not a class action suit.

6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015)

Date: November 9, 2017

Rachel C. Quimby, Esq.

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

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CASE ER

BC683258

**CIVIL CASE COVER SHEET ADDENDUM AND
STATEMENT OF LOCATION
(CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO COURTHOUSE LOCATION)**

This form is required pursuant to Local Rule 2.3 in all new civil case filings in the Los Angeles Superior Court.

Step 1: After completing the Civil Case Cover Sheet (Judicial Council form CM-010), find the exact case type in Column A that corresponds to the case type indicated in the Civil Case Cover Sheet.

Step 2: In Column B, check the box for the type of action that best describes the nature of the case.

Step 3: In Column C, circle the number which explains the reason for the court filing location you have chosen.

Applicable Reasons for Choosing Court Filing Location (Column C)

- | | |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 1. Class actions must be filed in the Stanley Mosk Courthouse, Central District. | 7. Location where petitioner resides. |
| 2. Permissive filing in central district. | 8. Location wherein defendant/respondent functions wholly. |
| 3. Location where cause of action arose. | 9. Location where one or more of the parties reside. |
| 4. Mandatory personal injury filing in North District. | 10. Location of Labor Commissioner Office. |
| 5. Location where performance required or defendant resides. | 11. Mandatory filing location (Hub Cases – unlawful detainer, limited non-collection, limited collection, or personal injury). |
| 6. Location of property or permanently garaged vehicle. | |

	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons - See Step 3 Above
Auto Tort	Auto (22)	<input type="checkbox"/> A7100 Motor Vehicle - Personal Injury/Property Damage/Wrongful Death	1, 4, 11
	Uninsured Motorist (46)	<input type="checkbox"/> A7110 Personal Injury/Property Damage/Wrongful Death – Uninsured Motorist	1, 4, 11
Other Personal Injury/Property Damage/Wrongful Death Tort	Asbestos (04)	<input type="checkbox"/> A6070 Asbestos Property Damage <input type="checkbox"/> A7221 Asbestos - Personal Injury/Wrongful Death	1, 11 1, 11
	Product Liability (24)	<input type="checkbox"/> A7260 Product Liability (not asbestos or toxic/environmental)	1, 4, 11
	Medical Malpractice (45)	<input type="checkbox"/> A7210 Medical Malpractice - Physicians & Surgeons	1, 4, 11
		<input type="checkbox"/> A7240 Other Professional Health Care Malpractice	1, 4, 11
	Other Personal Injury Property Damage Wrongful Death (23)	<input checked="" type="checkbox"/> A7250 Premises Liability (e.g., slip and fall) <input type="checkbox"/> A7230 Intentional Bodily Injury/Property Damage/Wrongful Death (e.g., assault, vandalism, etc.) <input type="checkbox"/> A7270 Intentional Infliction of Emotional Distress <input type="checkbox"/> A7220 Other Personal Injury/Property Damage/Wrongful Death	1, 4, 11 1, 4, 11 1, 4, 11 1, 4, 11

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Williams v. St. Vincent Medical Center, et al.

CASE ER

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	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons - See Step 3 Above
Non-Personal Injury/ Property Damage/ Wrongful Death Tort	Business Tort (07)	<input type="checkbox"/> A6029 Other Commercial/Business Tort (not fraud/breach of contract)	1, 2, 3
	Civil Rights (08)	<input type="checkbox"/> A6005 Civil Rights/Discrimination	1, 2, 3
	Defamation (13)	<input type="checkbox"/> A6010 Defamation (slander/libel)	1, 2, 3
	Fraud (16)	<input type="checkbox"/> A6013 Fraud (no contract)	1, 2, 3
	Professional Negligence (25)	<input type="checkbox"/> A6017 Legal Malpractice <input type="checkbox"/> A6050 Other Professional Malpractice (not medical or legal)	1, 2, 3 1, 2, 3
	Other (35)	<input type="checkbox"/> A6025 Other Non-Personal Injury/Property Damage tort	1, 2, 3
Employment	Wrongful Termination (36)	<input type="checkbox"/> A6037 Wrongful Termination	1, 2, 3
	Other Employment (15)	<input type="checkbox"/> A6024 Other Employment Complaint Case <input type="checkbox"/> A6109 Labor Commissioner Appeals	1, 2, 3 10
Contract	Breach of Contract/ Warranty (06) (not insurance)	<input type="checkbox"/> A6004 Breach of Rental/Lease Contract (not unlawful detainer or wrongful eviction) <input type="checkbox"/> A6008 Contract/Warranty Breach -Seller Plaintiff (no fraud/negligence) <input type="checkbox"/> A6019 Negligent Breach of Contract/Warranty (no fraud) <input type="checkbox"/> A6028 Other Breach of Contract/Warranty (not fraud or negligence)	2, 5 2, 5 1, 2, 5 1, 2, 5
	Collections (09)	<input type="checkbox"/> A6002 Collections Case-Seller Plaintiff <input type="checkbox"/> A6012 Other Promissory Note/Collections Case <input type="checkbox"/> A6034 Collections Case-Purchased Debt (Charged Off Consumer Debt Purchased on or after January 1, 2014)	5, 6, 11 5, 11 5, 6, 11
	Insurance Coverage (18)	<input type="checkbox"/> A6015 Insurance Coverage (not complex)	1, 2, 5, 8
	Other Contract (37)	<input type="checkbox"/> A6009 Contractual Fraud <input type="checkbox"/> A6031 Tortious Interference <input type="checkbox"/> A6027 Other Contract Dispute(not breach/insurance/fraud/negligence)	1, 2, 3, 5 1, 2, 3, 5 1, 2, 3, 8, 9
	Eminent Domain/Inverse Condemnation (14)	<input type="checkbox"/> A7300 Eminent Domain/Condemnation Number of parcels_____	2, 6
Real Property	Wrongful Eviction (33)	<input type="checkbox"/> A6023 Wrongful Eviction Case	2, 6
	Other Real Property (26)	<input type="checkbox"/> A6018 Mortgage Foreclosure <input type="checkbox"/> A6032 Quiet Title <input type="checkbox"/> A6060 Other Real Property (not eminent domain, landlord/tenant, foreclosure)	2, 6 2, 6 2, 6
	Unlawful Detainer		
Unlawful Detainer	Unlawful Detainer-Commercial (31)	<input type="checkbox"/> A6021 Unlawful Detainer-Commercial (not drugs or wrongful eviction)	6, 11
	Unlawful Detainer-Residential (32)	<input type="checkbox"/> A6020 Unlawful Detainer-Residential (not drugs or wrongful eviction)	6, 11
	Unlawful Detainer- Post-Foreclosure (34)	<input type="checkbox"/> A6020F Unlawful Detainer-Post-Foreclosure	2, 6, 11
	Unlawful Detainer-Drugs (38)	<input type="checkbox"/> A6022 Unlawful Detainer-Drugs	2, 6, 11

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CASE

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	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons - See Step 3 Above	
Judicial Review	Asset Forfeiture (05)	<input type="checkbox"/> A6108 Asset Forfeiture Case	2, 3, 6	
	Petition re Arbitration (11)	<input type="checkbox"/> A6115 Petition to Compel/Confirm/Vacate Arbitration	2, 5	
	Writ of Mandate (02)	<input type="checkbox"/> A6151 Writ - Administrative Mandamus <input type="checkbox"/> A6152 Writ - Mandamus on Limited Court Case Matter <input type="checkbox"/> A6153 Writ - Other Limited Court Case Review	2, 8 2 2	
	Other Judicial Review (39)	<input type="checkbox"/> A6150 Other Writ /Judicial Review	2, 8	
Provisionally Complex Litigation	Antitrust/Trade Regulation (03)	<input type="checkbox"/> A6003 Antitrust/Trade Regulation	1, 2, 8	
	Construction Defect (10)	<input type="checkbox"/> A6007 Construction Defect	1, 2, 3	
	Claims Involving Mass Tort (40)	<input type="checkbox"/> A6006 Claims Involving Mass Tort	1, 2, 8	
	Securities Litigation (28)	<input type="checkbox"/> A6035 Securities Litigation Case	1, 2, 8	
	Toxic Tort Environmental (30)	<input type="checkbox"/> A6036 Toxic Tort/Environmental	1, 2, 3, 8	
	Insurance Coverage Claims from Complex Case (41)	<input type="checkbox"/> A6014 Insurance Coverage/Subrogation (complex case only)	1, 2, 5, 8	
Enforcement of Judgment	Enforcement of Judgment (20)	<input type="checkbox"/> A6141 Sister State Judgment <input type="checkbox"/> A6160 Abstract of Judgment <input type="checkbox"/> A6107 Confession of Judgment (non-domestic relations) <input type="checkbox"/> A6140 Administrative Agency Award (not unpaid taxes) <input type="checkbox"/> A6114 Petition/Certificate for Entry of Judgment on Unpaid Tax <input type="checkbox"/> A6112 Other Enforcement of Judgment Case	2, 5, 11 2, 6 2, 9 2, 8 2, 8 2, 8, 9	
	RICO (27)	<input type="checkbox"/> A6033 Racketeering (RICO) Case	1, 2, 8	
	Miscellaneous Civil Complaints	Other Complaints (Not Specified Above) (42)	<input type="checkbox"/> A6030 Declaratory Relief Only <input type="checkbox"/> A6040 Injunctive Relief Only (not domestic/harassment) <input type="checkbox"/> A6011 Other Commercial Complaint Case (non-tort/non-complex) <input type="checkbox"/> A6000 Other Civil Complaint (non-tort/non-complex)	1, 2, 8 2, 8 1, 2, 8 1, 2, 8
		Partnership Corporation Governance (21)	<input type="checkbox"/> A6113 Partnership and Corporate Governance Case	2, 8
		Miscellaneous Civil Petitions	Other Petitions (Not Specified Above) (43)	<input type="checkbox"/> A6121 Civil Harassment <input type="checkbox"/> A6123 Workplace Harassment <input type="checkbox"/> A6124 Elder/Dependent Adult Abuse Case <input type="checkbox"/> A6190 Election Contest <input type="checkbox"/> A6110 Petition for Change of Name/Change of Gender <input type="checkbox"/> A6170 Petition for Relief from Late Claim Law <input type="checkbox"/> A6100 Other Civil Petition

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Step 4: Statement of Reason and Address: Check the appropriate boxes for the numbers shown under Column C for the type of action that you have selected. Enter the address which is the basis for the filing location, including zip code. (No address required for class action cases).

REASON: <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> 10. <input checked="" type="checkbox"/> 11.			ADDRESS: 2131 W. 3rd St.		
CITY: Los Angeles		STATE: CA	ZIP CODE: 90057		

Step 5: Certification of Assignment: I certify that this case is properly filed in the Central District of the Superior Court of California, County of Los Angeles [Code Civ. Proc., §392 et seq., and Local Rule 2.3(a)(1)(E)].

Dated: November 9, 2017



(SIGNATURE OF ATTORNEY/FILING PARTY)

PLEASE HAVE THE FOLLOWING ITEMS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:

1. Original Complaint or Petition.
2. If filing a Complaint, a completed Summons form for issuance by the Clerk.
3. Civil Case Cover Sheet, Judicial Council form CM-010.
4. Civil Case Cover Sheet Addendum and Statement of Location form, LACIV 109, LASC Approved 03-04 (Rev. 02/16).
5. Payment in full of the filing fee, unless there is court order for waiver, partial or scheduled payments.
6. A signed order appointing the Guardian ad Litem, Judicial Council form CIV-010, if the plaintiff or petitioner is a minor under 18 years of age will be required by Court in order to issue a summons.
7. Additional copies of documents to be conformed by the Clerk. Copies of the cover sheet and this addendum must be served along with the summons and complaint, or other initiating pleading in the case.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State) Gary K. Daglian, Esq. SBN: 232717 Daglian Law Group, APLC 701 N. Brand Blvd. Suite 610 Glendale, CA 91203 TELEPHONE NO.: (818) 545-7700 FAX NO. (818) 545-3700 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Plaintiff: Noble Williams		FOR COURT USE ONLY CONFORMED COPY OF ORIGINAL FILED Los Angeles Superior Court NOV 27 2017 Sherri R. Carter, Executive Officer/clerk By Shaunya Bolden, Deputy
Los Angeles County Superior Court STREET ADDRESS: 111 North Hill Street - MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Stanley Mosk - Central District		
PLAINTIFF: Noble Williams DEFENDANT: St. Vincent Medical Center		CASE NUMBER: BC683258
PROOF OF SERVICE OF SUMMONS		Ref. No. or File No.: Williams, Noble

(Separate proof of service is required for each party served.)

- At the time of service I was at least 18 years of age and not a party to this action.
- I served copies of:
 - ☒ Summons
 - ☒ Complaint
 - ☒ Alternative Dispute Resolution (ADR) package
 - ☐ Civil Case Cover Sheet
 - ☐ Cross-complaint
 - ☒ other (specify documents): Notice of Case Assignment; Seventh Amended General Order RE Personal Injury Court ("PI Court") Procedures, Central District; Fourth Amended General Order - Final Status Conference, Personal Injury ("PI") Courts; Statement of Damages
- Party served (specify name of party as shown on documents served):
St. Vincent Medical Center
 - ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
Frank J Cracoli - Authorized Agent for Service of process
- Address where the party was served: **St. Vincent Medical Center**
2131 W 3rd St
Los Angeles, CA 90057-1901
- I served the party (check proper box)
 - ☐ by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): (2) at (time):
 - ☒ by substituted service. On (date): **11/20/2017** at (time): **3:14 PM** I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3b):
Amelia Lopez - Release of Info/Person Authorized to Accept Service
Age: 30 Weight: 150 Hair: Black Sex: Female Height: 5'5 Eyes: Brown Race: Hispanic
 - ☒ (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - ☐ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - ☐ (physical address unknown) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - ☒ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., §415.20). I mailed the documents on (date): **11/20/2017** from (city): **Los Angeles** or ☐ a declaration of mailing is attached.
 - ☐ I attach a declaration of diligence stating actions taken first to attempt personal service.

PETITIONER: Noble Williams

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CASE NUMBER:

BC683258

RESPONDENT: St. Vincent Medical Center

- c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt*.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (*specify means of service and authorizing code section*):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant.
- b. ☐ as the person sued under the fictitious name of (*specify*):
- c. ☐ as occupant.
- d. ☒ On behalf of (*specify*): **St. Vincent Medical Center**
under the following Code of Civil Procedure section:

- | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: **Tom H. Stenberg - ON-CALL LEGAL**
- b. Address: **1875 Century Park East, STE H Los Angeles, CA 90067**
- c. Telephone number: **(310) 858-9800**
- d. The fee for service was: **\$ 78.60**
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☒ registered California process server:
- (i) ☐ owner ☐ employee ☒ independent contractor.
- (ii) Registration No.: **6289**
- (iii) County: **Los Angeles**



8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or
9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.


Date: **11/22/2017**

ON-CALL LEGAL
1875 Century Park East, STE H
Los Angeles, CA 90067
(310) 858-9800
www.OnCallLegal.com



Tom H. Stenberg

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: Rachel C. Quimby, Esq. Daglian Law Group, APLC 701 N. Brand Blvd., Suite 610 Glendale, CA 91203 (818)545-7700 ATTORNEY FOR (Name) Plaintiff Noble Williams		STATE BAR NUMBER 315398	<i>Reserved for Clerk's File Stamp</i> Electronically FILED by Superior Court of California County of Los Angeles on 07/6/18 Sheri R. Carter, Executive Officer/Clerk By  Deputy Carlos Hidalgo
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
COURTHOUSE ADDRESS: 111 N. Hill Street, Los Angeles, CA 90012			
PLAINTIFF: Noble Williams			
DEFENDANT: St. Vincent Medical Center and DOES 1 to 100			
AMENDMENT TO COMPLAINT (Fictitious /Incorrect Name)			CASE NUMBER: BC683258

☒ FICTITIOUS NAME (No order required)

Upon the filing of the complaint, the plaintiff, being ignorant of the true name of the defendant and having designated the defendant in the complaint by the fictitious name of:

FICTITIOUS NAME
DOE 1

and having discovered the true name of the defendant to be:

TRUE NAME
SCHINDLER ELEVATOR CORPORATION

amends the complaint by substituting the true name for the fictitious name wherever it appears in the complaint.

DATE July 5, 2018	TYPE OR PRINT NAME Rachel C. Quimby, Esq.	SIGNATURE OF ATTORNEY 
----------------------	----------------------------------------------	---------------------------------------------------------------------------------------------------------------

☐ INCORRECT NAME (Order required)

The plaintiff, having designated a defendant in the complaint by the incorrect name of:

INCORRECT NAME

and having discovered the true name of the defendant to be:

TRUE NAME

amends the complaint by substituting the true name for the incorrect name wherever it appears in the complaint.

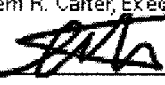
DATE	TYPE OR PRINT NAME	SIGNATURE OF ATTORNEY
------	--------------------	-----------------------

ORDER

THE COURT ORDERS the amendment approved and filed.

Dated

Judicial Officer

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: Rachel C. Quimby, Esq. Daglian Law Group, APLC 701 N. Brand Blvd., Suite 610 Glendale, CA 91203 (818)545-7700 ATTORNEY FOR (Name): Plaintiff Noble Williams		STATE BAR NUMBER 315398	Reserved for Clerk's File Stamp Electronically FILED by Superior Court of California County of Los Angeles on 07/6/18 Shemi R. Carter, Executive Officer/Clerk By  Deputy Carlos Hidalgo
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES			
COURTHOUSE ADDRESS: 111 N. Hill Street, Los Angeles, CA 90012			
PLAINTIFF: Noble Williams			
DEFENDANT: St. Vincent Medical Center and DOES 1 to 100			
AMENDMENT TO COMPLAINT (Fictitious /Incorrect Name)			CASE NUMBER: BC683258

☒ **FICTITIOUS NAME (No order required)**

Upon the filing of the complaint, the plaintiff, being ignorant of the true name of the defendant and having designated the defendant in the complaint by the fictitious name of:

FICTITIOUS NAME
DOE 2

and having discovered the true name of the defendant to be:

TRUE NAME
OTIS ELEVATOR COMPANY

amends the complaint by substituting the true name for the fictitious name wherever it appears in the complaint.

DATE July 5, 2018	TYPE OR PRINT NAME Rachel C. Quimby, Esq.	SIGNATURE OF ATTORNEY 
----------------------	----------------------------------------------	---------------------------------------------------------------------------------------------------------------

☐ **INCORRECT NAME (Order required)**

The plaintiff, having designated a defendant in the complaint by the incorrect name of:

INCORRECT NAME

and having discovered the true name of the defendant to be:

TRUE NAME

amends the complaint by substituting the true name for the incorrect name wherever it appears in the complaint.

DATE	TYPE OR PRINT NAME	SIGNATURE OF ATTORNEY

ORDER

THE COURT ORDERS the amendment approved and filed.

Dated

Judicial Officer

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) Rachel C. Quimby, Esq. SBN: 315398 Daglian Law Group, APLC 701 N. Brand Blvd. Suite 610 Glendale, CA 91203 TELEPHONE NO.: (818) 545-7700 FAX NO. (818) 545-3700 E-MAIL ADDRESS ATTORNEY FOR (Name): Plaintiff: Noble Williams		FOR COURT USE ONLY CONFORMED COPY, ORIGINAL FILED Superior Court of California County of Los Angeles JUL 10 2018 Served on Executive Officer/Plaintiff By Raul Sanchez, Deputy	
Los Angeles County Superior Court - Stanley Mosk Courthouse STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Stanley Mosk - Central District			
PLAINTIFF: Noble Williams DEFENDANT: St. Vincent Medical Center, et al.		CASE NUMBER: BC683258 DEPT-5	
PROOF OF SERVICE OF SUMMONS		Ref. No. or File No.: Williams, Noble 11-16-15	

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of:
 - a. ☒ Summons
 - b. ☒ Complaint
 - c. ☒ Alternative Dispute Resolution (ADR) package
 - d. ☒ Civil Case Cover Sheet
 - e. ☐ Cross-complaint
 - f. ☒ other (specify documents): Amendment to Complaint(2); Civil Case Cover Sheet Addendum and Statement of Location; Notice of Case Assignment Unlimited Civil Case; Seventh Amended General Order; Fourth Amended General Order Final Status Conference, Personal Injury (PI) Courts (Effective as of June 10, 2016); Standing Order-Re:Final Status Conference, Personal Injury (PI) Courts (effective as of February 1, 2018)
3. a. Party served (specify name of party as shown on documents served):
Schindler Elevator Corporation
 - b. ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
CT Corporation Systems C/O Gabriela Sanchez - Registered Agent for Service of Process
Age: 30 Weight: 160 Hair: Black Sex: Female Height: 5'10" Eyes: Black Race: Hispanic
4. Address where the party was served: **818 W 7th St Ste 930**
Los Angeles, CA 90017-3476
5. I served the party (check proper box)
 - a. ☒ **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): **7/11/2018** (2) at (time): **12:09 PM**
 - b. ☐ **by substituted service.** On (date): at (time): I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3b):
 - (1) ☐ **(business)** a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - (2) ☐ **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (3) ☐ **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - (4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., §415.20). I mailed the documents on (date): from (city): or ☐ a declaration of mailing is attached.
 - (5) ☐ I attach a **declaration of diligence** stating actions taken first to attempt personal service.

PETITIONER: Noble Williams

RESPONDENT: St. Vincent Medical Center, et al.

CASE NUMBER:

BC683258

- c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt*.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant.
- b. ☒ as the person sued under the fictitious name of (specify): **Doe 1**
- c. ☐ as occupant.
- d. ☒ On behalf of (specify): **Schindler Elevator Corporation**
under the following Code of Civil Procedure section:

- | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: **Robert Mann - ON-CALL LEGAL**
- b. Address: **1875 Century Park East, STE H Los Angeles, CA 90067**
- c. Telephone number: **(310) 858-9800**
- d. The fee for service was: **\$ 80.55**
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☒ registered California process server:
- (i) ☐ owner ☐ employee ☒ independent contractor.
- (ii) Registration No.: **2016147098**
- (iii) County: **Los Angeles**



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

or

9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: **7/18/2018**

ON-CALL LEGAL
1875 Century Park East, STE H
Los Angeles, CA 90067
(310) 858-9800
www.OnCallLegal.com

Robert Mann

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

Robert R. Mann

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) Rachel C. Quimby, Esq. SBN: 315398 Daglian Law Group, APLC 701 N. Brand Blvd. Suite 610 Glendale, CA 91203 TELEPHONE NO.: (818) 545-7700 FAX NO. (818) 545-3700 E-MAIL ADDRESS ATTORNEY FOR (Name): Plaintiff: Noble Williams		FOR COURT USE ONLY CONFORMED COPY ORIGINAL FILED Superior Court of California County of Los Angeles JUL 18 2018 Sherri n. Carter, Executive Officer/Clerk By: Marlon Gomez, Deputy	
Los Angeles County Superior Court - Stanley Mosk Courthouse STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Stanley Mosk - Central District			
PLAINTIFF: Noble Williams DEFENDANT: St. Vincent Medical Center, et al.		CASE NUMBER: BC683258 DS	
PROOF OF SERVICE OF SUMMONS		Ref. No. or File No.: Williams, Noble 11-16-15	

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.

2. I served copies of:

- a. ☒ Summons
- b. ☒ Complaint
- c. ☒ Alternative Dispute Resolution (ADR) package
- d. ☒ Civil Case Cover Sheet
- e. ☐ Cross-complaint
- f. ☒ other (specify documents): Amendment to Complaint(2); Civil Case Cover Sheet Addendum and Statement of Location; Notice of Case Assignment Unlimited Civil Case; Seventh Amended General Order; Fourth Amended General Order Final Status Conference, Personal Injury (P1) Courts (Effective as of June 10, 2016); Standing Order-Re:Final Status Conference, Personal Injury ('PI') Courts (effective as of February 1, 2018)

3. a. Party served (specify name of party as shown on documents served):

Otis Elevator Company

- b. ☒ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):

CT Corporation Systems C/O Gabriela Sanchez - Registered Agent for Service of Process

Age: 30 Weight: 160 Hair: Black Sex: Female Height: 5'10" Eyes: Black Race: Hispanic

4. Address where the party was served: 818 W 7th St Ste 930
Los Angeles, CA 90017-3476

5. I served the party (check proper box)

- a. ☒ by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): 7/11/2018 (2) at (time): 12:09 PM
- b. ☐ by substituted service. On (date): at (time): I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3b):
 - (1) ☐ (business) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - (2) ☐ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (3) ☐ (physical address unknown) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - (4) ☐ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., §415.20). I mailed the documents on (date): from (city): or ☐ a declaration of mailing is attached.
 - (5) ☐ I attach a declaration of diligence stating actions taken first to attempt personal service.

PETITIONER: Noble Williams

CASE NUMBER:

RESPONDENT: St. Vincent Medical Center, et al.

BC683258

- c. ☐ by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on (date): (2) from (city):
- (3) ☐ with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (Attach completed *Notice and Acknowledgment of Receipt*.) (Code Civ. Proc., § 415.30.)
- (4) ☐ to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. ☐ by other means (specify means of service and authorizing code section):

☐ Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. ☐ as an individual defendant.
- b. ☒ as the person sued under the fictitious name of (specify): **Doe 2**
- c. ☐ as occupant.
- d. ☒ On behalf of (specify): **Otis Elevator Company**
under the following Code of Civil Procedure section:
- | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: **Robert Mann - ON-CALL LEGAL**
- b. Address: **1875 Century Park East, STE H Los Angeles, CA 90067**
- c. Telephone number: **(310) 858-9800**
- d. The fee for service was: **\$ 80.55**
- e. I am:

- (1) ☐ not a registered California process server.
- (2) ☐ exempt from registration under Business and Professions Code section 22350(b).
- (3) ☒ registered California process server:
- (i) ☐ owner ☐ employee ☒ independent contractor.
- (ii) Registration No.: **2016147098**
- (iii) County: **Los Angeles**



8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- or
9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: **7/18/2018**

ON-CALL LEGAL
1875 Century Park East, STE H
Los Angeles, CA 90067
(310) 858-9800
www.OnCallLegal.com



Robert Mann

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

Robert R. Mann

CIV-110

FOR COURT USE ONLY

Code of Civil Procedure, § 581 et seq.; Gov. Code,
§ 68637(c); Cal. Rules of Court, rule 3.1390
www.courts.ca.gov

E-SCANNED

Plaintiff/Petitioner:	Noble Williams	CASE NUMBER
Defendant/Respondent:	St. Vincent Medical Center, et al.	BC683258

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for (name):
2. The person named in item 1 is (check one below):
 - a. ☐ not recovering anything of value by this action.
 - b. ☐ recovering less than \$10,000 in value by this action.
 - c. ☐ recovering \$10,000 or more in value by this action. (If item 2c is checked, item 3 must be completed.)
3. ☐ All court fees and court costs that were waived in this action have been paid to the court (check one): Yes No

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

Date

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State bar number, and address): Samuel R. Maizel SBN 189301 DENTONS US LLP 601 South Figueroa Street, Suite 2500 Los Angeles, CA 90017 TELEPHONE NO.: 213/623-9300 FAX NO. (Optional): 213/623-9924 E-MAIL ADDRESS (Optional): samuel.maizel@dentons.com ATTORNEY FOR (Name): Verity Health System of CA, Inc.; St. Vincent Medical Center		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Stanley Mosk Courthouse		
PLAINTIFF/PETITIONER: NOBEL WILLIAMS, DEFENDANT/RESPONDENT: VERITY HEALTH SYSTEM OF CA, INC., et al.		
NOTICE OF STAY OF PROCEEDINGS		CASE NUMBER: BC683258
		JUDGE: Hon. Marvin Lager DEPT.: 5

To the court and to all parties:

1. Declarant (name): Samuel R. Maizel

- a. ☐ is ☐ the party ☒ the attorney for the party who requested or caused the stay.
- b. ☐ is ☐ the plaintiff or petitioner ☐ the attorney for the plaintiff or petitioner. The party who requested the stay has not appeared in this case or is not subject to the jurisdiction of this court.

2. This case is stayed as follows:

- a. ☐ With regard to all parties.
- b. ☒ With regard to the following parties (specify by name and party designation): St. Vincent Medical Center; Verity Health System of CA, Inc..

3. Reason for the stay:

- a. ☒ Automatic stay caused by a filing in another court. (Attach a copy of the Notice of Commencement of Case, the bankruptcy petition, or other document showing that the stay is in effect, and showing the court, case number, debtor, and petitioners.)
- b. ☐ Order of a federal court or of a higher California court. (Attach a copy of the court order.)
- c. ☐ Contractual arbitration under Code of Civil Procedure section 1281.4. (Attach a copy of the order directing arbitration.)
- d. ☐ Arbitration of attorney fees and costs under Business and Professions Code section 6201. (Attach a copy of the client's request for arbitration showing filing and service.)
- e. ☐ Other:

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

Date: September 6, 2018

Samuel R. Maizel

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE)

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Central District of California
(State)

Case number (if known): Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Verity Health System of California, Inc.

2. All other names debtor used in the last 8 years
Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 9 1 - 2 1 4 5 4 8 4

4. Debtor's address

Principal place of business		Mailing address, if different from principal place of business				
<u>2040 E. Mariposa Avenue</u>		<u></u>				
Number	Street	Number	Street			
<u></u>		<u></u>				
<u>El Segundo</u> <u>CA</u> <u>90245</u>		<u>P.O. Box</u>				
City	State	ZIP Code	City	State	ZIP Code	
<u>Los Angeles County</u>		Location of principal assets, if different from principal place of business				
County		<u></u>		<u></u>		
		Number		Street		
		<u></u>		<u></u>		
		City		State		ZIP Code

5. Debtor's website (URL) https://verity.org

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Verity Health System of California, Inc.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>.

6 2 2 1

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes. Debtor See attached list. Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Verity Health System of California, Inc.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property? _____

Number

Street

City

State

ZIP Code

Is the property insured?

☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated assets

☐ \$0-\$50,000☐ \$50,001-\$100,000☐ \$100,001-\$500,000☐ \$500,001-\$1 million☐ \$1,000,001-\$10 million☐ \$10,000,001-\$50 million☐ \$50,000,001-\$100 million☐ \$100,000,001-\$500 million☒ \$500,000,001-\$1 billion☐ \$1,000,000,001-\$10 billion☐ \$10,000,000,001-\$50 billion☐ More than \$50 billion

Debtor Verity Health Systems of California, Inc. Case number (if known) _____

Name

16. Estimated liabilities

- | | | |
|------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input checked="" type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☐ I have been authorized to file this petition on behalf of the debtor.
- ☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on 08/31/2018
MM / DD / YYYY

x

Signature of authorized representative of debtor

Richard Adcock

Printed name

Title Chief Executive Officer

18. Signature of attorney

x

Samuel R. Maizel

Signature of attorney for debtor

Date 08/31/2018

MM / DD / YYYY

Samuel R. Maizel (Bar No. 189301)

Printed name

Dentons US LLP

Firm name

601 South Figueroa Street, Suite 2500

Number Street

Los Angeles

City

CA

State

90017-5704

ZIP Code

(213) 623-9300

Contact phone

samuel.maizel@dentons.com

Email address

189301

Bar number

CA

State

Debtor Verity Health System of California, Inc.
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:
Central District of California

Case number (if known) Chapter 11

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment

Debtor	O'Connor Hospital	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	O'Connor Hospital Foundation	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	Saint Louise Regional Hospital	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	Saint Louise Regional Hospital Foundation	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	St. Francis Medical Center	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	St. Francis Medical Center of Lynwood Foundation	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	St. Vincent Medical Center	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	St. Vincent Foundation	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	St. Vincent Dialysis Center, Inc.	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	Seton Medical Center	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	Seton Medical Center Foundation	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	Verity Business Services	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	Verity Medical Foundation	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	DePaul Ventures, LLC	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	DePaul Ventures - San Jose, ASC, LLC	Relationship to you	Affiliate
District	When	Case number, if known	

Debtor Verity Health System of California, Inc.
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:
Central District of California

Case number (if known) Chapter 11

☐ Check if this an
amended filing

FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment - Continued

Debtor	Verity Holdings, LLC	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor	VHoldings Mob, LLC	Relationship to you	Affiliate
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	
Debtor		Relationship to you	
District	When	Case number, if known	

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Central District of California
(State)

Case number (if known): Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name St. Vincent Medical Center

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 9 1 - 2 1 5 4 4 3 8

4. Debtor's address

Principal place of business

2131 West Third Street

Number Street

Los Angeles, California 90057

City State ZIP Code

Los Angeles

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) https://stvincent.verity.org

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor St. Vincent Medical Center
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>.

6 2 2 1

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes. Debtor See attached list. Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor St. Vincent Medical Center
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input checked="" type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Saint Vincent Medical Center Case number (if known) _____

Name

16. Estimated liabilities

- | | | |
|------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input checked="" type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

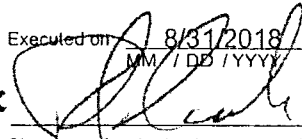
Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☐ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☐ I have been authorized to file this petition on behalf of the debtor.
- ☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on 8/31/2018
MM / DD / YYYY
x 

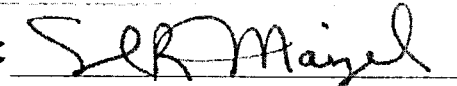
Signature of authorized representative of debtor

Richard Adcock

Printed name

Title Chief Executive Officer

18. Signature of attorney

x 
Signature of attorney for debtor

Date 8/31/2018
MM / DD / YYYY

Samuel R. Maizel

Printed name

DENTONS US LLP

Firm name

601 South Figueroa Street, Suite 2500

Number Street

Los Angeles

City

CA 90017-5704

State

ZIP Code

(213) 623-9300

Contact phone

samuel.maizel@dentons.com

Email address

189301

Bar number

CA

State

Debtor St. Vincent Medical Center
Name

Case number (if known) _____

Fill in this information to identify your case:

United States Bankruptcy Court for the:
CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____ Chapter 11

☐ Check if this an
amended filing

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

Debtor	O'Connor Hospital		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	O'Connor Hospital Foundation		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Verity Health Systems of California Inc.		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Saint Louise Regional Hospital Foundation		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Saint Louise Regional Hospital		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Saint Francis Medical Center of Lynwood Foundation		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Saint Francis Medical Center		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Saint Vincent Foundation		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Saint Vincent Dialysis Center, Inc.		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Seton Medical Center and Seton Coastside		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Seton Medical Center Foundation		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Verity Business Services		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	Verity Medical Foundation		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	DePaul Ventures, LLC		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	
Debtor	DePaul Ventures - San Jose, ASC, LLC		Relationship to you	Affiliate
District	Central District of California	When <u>August 2018</u>	Case number, if known	

Debtor St. Vincent Medical Center
Name

Case number (if known) _____

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Central District of California

Case number (if known) _____ Chapter 11

☐ Check if this an
amended filing

FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment - Continued

Debtor	Relationship to you	Affiliate
<u>Verity Holdings, LLC</u>	_____	_____
District <u>Central District of California</u> When <u>August 2018</u>	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____
Debtor _____	Relationship to you _____	_____
District _____ When _____	Case number, if known _____	_____

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Samuel R. Maizel (Bar No. 189301) samuel.maizel@dentons.com John A. Moe, II (Bar No. 066893) john.moe@dentons.com Tania M. Moyron (Bar No. 235736) tania.moyron@dentons.com DENTONS US LLP 601 South Figueroa Street, Suite 2500 Los Angeles, CA 90017-5704 Tel.: (213) 623-9300 / Fax: (213) 623-9924	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION	
In re: St. Vincent Medical Center, <div style="text-align: right;">Debtor(s).</div>	CASE NO.: CHAPTER: 11 <div style="text-align: center;"> ATTACHMENT TO VOLUNTARY PETITION FOR NON-INDIVIDUAL FILING FOR BANKRUPTCY UNDER CHAPTER 11 </div> <div style="text-align: center; font-size: small;"> <i>[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this form shall be completed and attached to the petition.]</i> </div>

1. If any of the Debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is N/A.

2. The following financial data is the latest available information and refers to the debtor's condition on June 30, 2018.

- a. Total assets \$ 119,121,843.00
- b. Total debts (including debts listed in 2.c., below) \$ 432,281,227.00
- c. Debt securities held by more than 500 holders

				Approximate number of holders:
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	

d. Number of shares of preferred stock _____

e. Number of shares of common stock _____

Comments, if any:

3. Brief description of the Debtor's business: N/A

4. List the names of any persons who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of the Debtor:

N/A

PROOF OF SERVICE

Nobel Williams v. Verity Health System of California, Inc.
LASC Case No. BC683258

I am employed with the law firm of Dentons US LLP, whose address is 601 South Figueroa Street, Suite 2500, Los Angeles, California 90017-5704. I am over the age of eighteen years, and am not a party to this action.

On September 6, 2018, I served the following:

NOTICE OF STAY OF PROCEEDINGS

on the interested parties in this action by:

☒ **U. S. MAIL:** I placed a copy in a separate envelope, with postage fully prepaid, for each address named on the attached service list for collection and mailing on the below indicated day following the ordinary business practices at Luce, Forward, Hamilton & Scripps LLP. I certify I am familiar with the ordinary business practices of my place of employment with regard to collection for mailing with the United States Postal Service. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit or mailing affidavit.

☐ **OVERNIGHT MAIL:** I sent a copy via Federal Express for overnight delivery.

☐ **HAND DELIVERY:**

☐ **FACSIMILE:** I sent a copy via facsimile transmission to the telefax number(s) indicated below. The facsimile machine I used complied with California Rules of Court, Rule 2003 and no error was reported by machine. Pursuant to California Rules of Court, Rule 2006(d), I caused the machine to print a transmission record of the transmission, a copy of which is attached to this declaration.

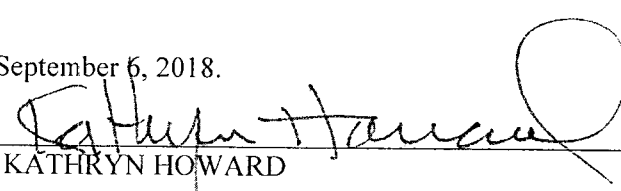
☐ **BY ELECTRONIC SUBMISSION:** per court order, submitted electronically to Verilaw to be posted to the website and notice given to all parties that the document has been served.

Rachel C. Quimby
Daglian Law Group, APLC
701 North Brand Blvd., Suite 640
Glendale, CA 91203

☒ **(STATE):** I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

Executed at Los Angeles, California on September 6, 2018.


KATHRYN HOWARD