



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors Recovered - Nov 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1810-04872	Erica Canales	2018-08331	Corneas	\$230.00
R1811-00613	Luis Rodriguez			\$230.00
R1811-00749	Sandra Espinosa			\$230.00
R1811-01775	Ofelia Flores Cardenas			\$230.00
R1811-02566	Daniel Cravens	2018-08806	Heart Valves	\$500.00
R1811-03107	Douglas Stephens	2018-08814	Corneas	\$230.00
Total Number of Non-Bone Donors Recovered		6	Reimbursement	\$1650.00

Wendy Myring
Administrative Deputy I

1-7-19
Date

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO-IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

1 0 1 7 1 9 1 8 2 0 1 8 1 1 0 4 N M I S S I O N R D L O S A N G E L E S C A L I F O R N I A 9 0 0 3 3

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 19ME0138 Ver.: 1 Function: New Phase: Final Modified by e285621 , 02/26/19 04:34.34

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 01/02/2019	Reclassification Held:
Budget FY: 2019	Document Dispute Status:
Fiscal Year: 2019	Service From Date:
Period: 7	Service To Date:

Document Description:
Reimb. for Bone Donors Recovered for Oct 2018

Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$4,370.00

Closed Amount:
\$4,370.00

Closed Date:
02/26/2019

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$4,370.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$4,370.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 19ME0138	Invoice Date 01-02-19
	ARDept/BPRO	Due Date
	ME:ROE	02-01-19
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
		\$4,370.00

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number 527189	Invoice Number 19ME0138	Invoice Date 01-02-19
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Invoice Charges									
Ref Line No.	Project	Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1			Reimb. for Bone Donors Recovered for Oct. 2018 Case # 2018-07612 and various.						\$4,370.00
TOTAL INVOICE Charges									\$4,370.00

Other Charges		
Description	Date	Charges
	01-02-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 02-01-19	\$4,370.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

LACDOC Bone Donors Recovered -- October 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1809-04225	Mark Leslie	2018-07612	Bone	\$230.00
R1810-00363	John Rogan	2018-07636	Bone	\$230.00
R1810-00649	Sherry Harkless			\$230.00
R1810-00755	Susan Arredondo	2018-07663	Bone	\$230.00
R1810-00814	Marcos Sanchez	2018-07691	Bone	\$230.00
R1810-01925	Christopher Buenrostro	2018-07840	Bone	\$230.00
R1810-01982	Todd Wilson	2018-07843	Bone	\$230.00
R1810-02240	Albert Harve	2018-07874	Bone	\$230.00
R1810-02667	Dominic Holguin	2018-07969	Bone	\$230.00
R1810-02705	Victoria Hernandez	2018-07966	Bone	\$230.00
R1810-03027	Michael Girvan	2018-08005	Bone	\$230.00
R1810-03083	Daniel Bell	2018-08015	Bone	\$230.00
R1810-03171	Wayne Garton	2018-08034	Bone	\$230.00
R1810-03341	Mario Rodriguez	2018-08051	Bone	\$230.00
R1810-03347	David Hunter	2018-08045	Bone	\$230.00
R1810-03470	Sarah Cromarty	2018-08156	Bone	\$230.00
R1810-03484	Jason Broderick	2018-08067	Bone	\$230.00
R1810-03847	Leonides Ramirez	2018-08133	Bone	\$230.00
R1810-04093	Paul Lee	2018-08164	Bone	\$230.00
Total Number of Bone Donors Recovered		19	Reimbursement	\$4370.00

Wendy Myring

 Administrative Deputy I

10-3-18

 Date

Accreditations:

National Association of Medical Examiners (Provisional)
 California Medical Association-Continuing Medical Education
 Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
 Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 19ME0137 Ver.: 1 Function: New Phase: Final Modified by e265621 02/26/19 04:33 49

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 01/02/2019	Reclassification Held:
Budget FY: 2019	Document Dispute Status:
Fiscal Year: 2019	Service From Date:
Period: 7	Service To Date:

Document Description:
Reimb. for Bone Donors
Recovered for Sept. 2018

Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$4,600.00

Closed Amount:
\$4,600.00

Closed Date:
02/26/2019

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$4,600.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$4,600.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	19ME0137	01-02-19
	ARDept/BERO	Due Date
	ME:ROE	02-01-19
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$4,600.00	

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	19ME0137	01-02-19

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Bone Donors Recovered for Sept. 2018 Case # 2018-06879 and various.						\$4,600.00
TOTAL INVOICE Charges								\$4,600.00

Other Charges		
Description	Date	Charges
	01-02-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 02-01-19	\$4,600.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Bone Donors Recovered - September 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1808-05739	Robert Elliott	2018-06879	Bone	\$230.00
R1809-00083	Russell Case	2018-07036	Bone	\$230.00
R1809-00453	Stephen Collins	2018-06841	Bone	\$230.00
R1809-00706	Juan Gonzalez	2018-06856	Bone	\$230.00
R1809-01026	Kristen Hagberg	2018-06918	Bone	\$230.00
R1809-01085	Eddason Andrus	2018-06943	Bone	\$230.00
R1809-01457	Michael Calderon			\$230.00
R1809-01599	Logan Tuttle	2018-06996	Bone	\$230.00
R1809-01857	Luis Avalos	2018-07347	Bone	\$230.00
R1809-01977	Olga Nelo	2018-07130	Bone	\$230.00
R1809-02164	David Moreno	2018-07101	Bone	\$230.00
R1809-02628	Matthew Fielding	2018-07165	Bone	\$230.00
R1809-02687	Branden Ridout	2018-07283	Bone	\$230.00
R1809-02798	Iris Aparicio Olivarde Cruz	2018-07200	Bone	\$230.00
R1809-03166	Mark Mallett	2018-07260	Bone	\$230.00
R1809-03555	Jerome Taylor	2018-07333	Bone	\$230.00
R1809-04139	Alexander Rackohn	2018-07455	Bone	\$230.00
R1809-04352	Rafael Rivera	2018-07450	Bone	\$230.00
R1809-04882	Armando Zamora Rivera	2018-07530	Bone	\$230.00
R1809-05032	Scott Nehring	2018-07549	Bone	\$230.00
Total Number of Bone Donors Recovered		20	Reimbursement	\$4600.00

Wendy Myring
Administrative Deputy

12-3-18
Date

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | (N) Approve action completed

Receivable(RE) Dept: ME ID: 19ME0061 Ver.: 1 Function: New Phase: Final Modified by e265621 . 12/24/18 02:11:28

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 11/05/2018	Reclassification Held:
Budget FY: 2019	Document Dispute Status:
Fiscal Year: 2019	Service From Date:
Period: 5	Service To Date:
Document Description: Reimb. for Bone Donors Recovered for July & Aug. 2018	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$14,950.00	
Closed Amount: \$14,950.00	
Closed Date: 12/24/2018	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$14,950.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$14,950.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 19ME0061	Invoice Date 11-05-18
	ARDept/BPRO ME:ROE	Due Date 12-05-18
	Project No	Revenue Source 9731
	Amount Due \$14,950.00	Amount Enclosed

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number 527189	Invoice Number 19ME0061	Invoice Date 11-05-18
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Invoice Charges								Charges/ Credit
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	
1		Reimb. for Bone Donors Recovered for July 2018 Case # 2018-04988 and various.						\$6,210.00
2		Reimb. for Bone Donors Recovered for Aug. 2018 Case # 2018-05934 and various.						\$8,740.00
TOTAL INVOICE Charges								\$14,950.00

Other Charges		
Description	Date	Charges
	11-05-18	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 12-05-18	\$14,950.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Bone Donors Recovered - August 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1807-05700	Erica Ruvalcaba	2018-05934	Bone	\$230.00
R1808-00041	Emanuel Meneravaldivinos	2018-06062	Bone	\$230.00
R1808-00213	Deborah McDonald	2018-05935	Bone	\$230.00
R1808-00626	Christian Estrada	2018-06021	Bone	\$230.00
R1808-00749	Eric Barnes	2018-06016	Bone	\$230.00
R1808-00836	Joel Berger	2018-06203	Bone	\$230.00
R1808-00945	William Shanley	2018-06268	Bone	\$230.00
R1808-01023	Gregory Duff	2018-06332	Bone	\$230.00
R1808-01070	Andy Muela	2018-06060	Bone	\$230.00
R1808-01444	Jesus Gonzalez	2018-06350	Bone	\$230.00
R1808-01473	Eduardo Enriquez	2018-06122	Bone	\$230.00
R1808-01658	Irene Aleo	2018-06148	Bone	\$230.00
R1808-01735	Chase Sata	2018-06282	Bone	\$230.00
R1808-01857	Hilario Flores Avalos	2018-06185	Bone	\$230.00
R1808-01971	Vicki Boillin	2018-06236	Bone	\$230.00
R1808-02070	Kathleen Martin	2018-06206	Bone	\$230.00
R1808-02372	Timothy Fournier	2018-06259	Bone	\$230.00
R1808-02544	Jason Hartley	2018-06280	Bone	\$230.00
R1808-02599	Mario Suarez	2018-06294	Bone	\$230.00
R1808-02616	Lee Harding	201806297	Bone	\$230.00
R1808-02765	Justin Gutierrez	2018-06352	Bone	\$230.00
R1808-02963	Steven Mora	2018-06361	Bone	\$230.00
R1808-03064	Trayshard Sorrell	2018-06466	Bone	\$230.00
R1808-03388	Douglas Jones	2018-06407	Bone	\$230.00
R1808-03401	Kent Hosterman	2018-06626	Bone	\$230.00
R1808-03568	Randall Macgugan	2018-06423	Bone	\$230.00
R1808-03579	Christopher Barnes	2018-06424	Bone	\$230.00
R1808-03685	Gabnelle Benson	2018-06442	Bone	\$230.00
R1808-03699	Fernando Llamas	2018-06531	Bone	\$230.00
R1808-03893	Amanda Schmidt	2018-06537	Bone	\$230.00
R1808-04017	Ruben Rosales	2018-06494	Bone	\$230.00
R1808-04277	Naushad Hussain	2018-06521	Bone	\$230.00
R1808-04511	Andrew Stoecklein	2018-06592	Bone	\$230.00
R1808-04530	Zachary Abundis	2018-06566	Bone	\$230.00
R1808-05034	Lawanda Culverson	2018-06679	Bone	\$230.00
R1808-05217	Daniel Murtha	2018-06552	Bone	\$230.00
R1808-05782	John Estes	2018-06763	Bone	\$230.00
R1808-05797	Tristan Sadonis	2018-06767	Bone	\$230.00
Total Number of Bone Donors Recovered		38	Reimbursement	\$8740.00

Wendy Myring
Administrative Deputy
7-18-18
Date
Adviser received / goods received

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Bone Donors Recovered - July 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1806-05087	Reina Mercado Angulo	2018-04988	Bone	\$230.00
R1807-00110	David George	2018-05125	Bone	\$230.00
R1807-00281	Matthew Geier	2018-05055	Bone	\$230.00
R1807-00585	Teresa Ochoa	2018-05191	Bone	\$230.00
R1807-00609	Todd Loza	2018-05078	Bone	\$230.00
R1807-01230	Kathryn Vanceckhoute	2018-05159	Bone	\$230.00
R1807-01253	Jose Rojas Valdez	2018-05157	Bone	\$230.00
R1807-01414	Thomas Patton			\$230.00
R1807-01450	Joe Delgado	2018-05180	Bone	\$230.00
R1807-01507	Jesse Sorto	2018-05205	Bone	\$230.00
R1807-02400	Mark Bauer	2018-05383	Bone	\$230.00
R1807-02480	Nathaniel Debose	2018-05387	Bone	\$230.00
R1807-03382	Jose Naranjo- Rosas	2018-05544	Bone	\$230.00
R1807-03461	Jennifer Beltran	2018-05550	Bone	\$230.00
R1807-03475	Chia-Chen Chuang	2018-05548	Bone	\$230.00
R1807-03552	Raymond Vavla	2018-05581	Bone	\$230.00
R1807-03580	Leonid Zhilov	2018-05597	Bone	\$230.00
R1807-03766	Toya Jervay	2018-05612	Bone	\$230.00
R1807-03987	Dwain Johnson	2018-05640	Bone	\$230.00
R1807-04076	Sandra Cota	2018-05650	Bone	\$230.00
R1807-04381	Armando Sipaque-DeJesus	2018-05957	Bone	\$230.00
R1807-04417	Roy McAuley	2018-05686	Bone	\$230.00
R1807-04683	Julio Tena	2018-05712	Bone	\$230.00
R1807-05114	Gregory Martin	2018-05925	Bone	\$230.00
R1807-05396	Keith Reece			\$230.00
R1807-05598	Rene Munoz Pena	2018-05827	Bone	\$230.00
R1807-05685	David Williams	2018-05842	Bone	\$230.00
Total Number of Bone Donors Recovered		27	Reimbursement	\$6210.00

Wendy Myring

Administrative Deputy I

Date 9-18-18

All services rendered / goods received

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 19ME0497 Ver.: 1 Function: New Phase: Final Modified by e265621 . 09/06/19 12:20:07

Header

General Information

Document Name: Reimbursement of Expense Reclassification Date:

Record Date: 07/15/2019 Reclassification Held:

Budget FY: 2019 Document Dispute Status:

Fiscal Year: 2019 Service From Date:

Period: 13 Service To Date:

Document Description:
Reimb. for Non-Bone Donors for June 2019

Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$4,340.00

Closed Amount:
\$4,340.00

Closed Date:
09/06/2019

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$4,340.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$4,340.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	19ME0497	07-15-19
	ARDept/BPRO	Due Date
	ME:ROE	08-14-19
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$4,340.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 14 OF 17

Customer Number	Invoice Number	Invoice Date
527189	19ME0497	07-15-19

Invoice Charges								Charges/ Credit
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	
1		Reimb. for Non-Bone Donors for June 2019, Case # 2019-04225 & various.						\$4,340.00
TOTAL INVOICE Charges								\$4,340.00

Other Charges		
Description	Date	Charges
	07-15-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 08-14-19	\$4,340.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors Recovered - June 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1906-00195	Michael Lopez	2019-04225	Heart Valves	\$500.00
R1906-00339	Kenneth Mabray	2019-05203	Corneas	\$230.00
R1906-01296	Timothy McCord	2019-04353	Heart Valves	\$500.00
R1906-01519	Gabriella Randolph	2019-04381	Corneas	\$230.00
R1906-01875	Efren Aldaz	Pending	Corneas	\$230.00
R1906-01954	Micheal Seely	2019-04462	Heart Valves	\$500.00
R1906-01988	Kenyata McIntosh	2019-04463	Corneas	\$230.00
R1906-02038	Cenovio Morales	2019-04704	Heart Valves	\$500.00
R1906-03646	Karol Cruz Rivas			\$230.00
R1906-03897	Cornett Cornelius	2019-04755	Heart Valves	\$500.00
R1906-04393	Fermin De Leon	2019-04336	Corneas	\$230.00
R1906-04864	Megan Harper	2019-04894	Corneas	\$230.00
R1906-05047	Bianca Enriquez-Cabrera	2019-04905	Corneas	\$230.00
Total Number of Non-Bone Donors Recovered		13	Reimbursement	\$4340.00

Wendy Myring
Administrative Deputy

7-8-19
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
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Receivable(RE) Dept: ME ID: 19ME0495 Ver.: 1 Function: New Phase: Final Modified by e265621 09/06/19 12:18:26

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 07/15/2019	Reclassification Hold:
Budget FY: 2019	Document Dispute Status:
Fiscal Year: 2019	Service From Date:
Period: 13	Service To Date:
Document Description: Reimb for Non-Bone Donors for May 2019	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$2,650.00	
Closed Amount: \$2,650.00	
Closed Date: 09/06/2019	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$2,650.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$2,650.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	19ME0495	07-15-19
	ARDept/BPRO	Due Date
	ME:ROE	08-14-19
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$2,650.00	

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 12 OF 17

Customer Number	Invoice Number	Invoice Date
527189	19ME0495	07-15-19

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for May 2019, Case # 2019-03361 & various.						\$2,650.00
TOTAL INVOICE Charges								\$2,650.00

Other Charges		
Description	Date	Charges
	07-15-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 08-14-19	\$2,650.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors Recovered - May 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1904-04851	Sebastian Gonzalez Mejia	2019-03361	Corneas	\$230.00
R1905-00719	William Sheldon	2019-03456	Corneas	\$230.00
R1905-00789	Vincent Cancasci	2019-03467	Corneas	\$230.00
R1905-00916	Laura Huerta	2019-03571	Heart Valves	\$500.00
R1905-01592	Remigia Fermin			\$230.00
R1905-02325	Mark Cadiz	2019-03667	Corneas	\$230.00
R1905-02386	Megan Pierce	2019-03691	Heart Valves	\$500.00
R1905-03570	Francisco Flores Chan	2019-03844	Heart Valves	\$500.00
Total Number of Non-Bone Donors Recovered		8	Reimbursement	\$2650.00

Wendy Myring
Administrative Deputy

7-8-19
Date

Accreditations:

ational Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
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View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 19ME0437 Ver.: 1 Function: New Phase: Final Modified by a265621 , 08/27/19 09:35:36

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 08/26/2019	Reclassification Held:
Budget FY: 2019	Document Dispute Status:
Fiscal Year: 2019	Service From Date:
Period: 12	Service To Date:
Document Description: Reimb. for Non-Bone Donors for April 2019	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$2,340.00	
Closed Amount: \$2,340.00	
Closed Date: 08/27/2019	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$2,340.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$2,340.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 19ME0437	Invoice Date 06-26-19
	ARDept/BPRO	Due Date
	ME:ROE	07-26-19
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$2,340.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 6 OF 6

Customer Number 527189	Invoice Number 19ME0437	Invoice Date 06-26-19
---------------------------	----------------------------	--------------------------

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for April 2019, Case # 2019-02616 & various.						\$2,340.00
TOTAL INVOICE Charges								\$2,340.00

Other Charges		
Description	Date	Charges
	06-26-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 07-26-19	\$2,340.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Donors - April 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1903-05801	Graham Berry	2019-02616	Corneas	\$230.00
R1904-01832	Scott Norgard	2019-02990	Corneas	\$230.00
R1904-02048	Zachery Matheson	2019-02857	Corneas	\$230.00
R1904-02152	Ismael Tinajero Ramirez			\$230.00
R1904-02597	Marlene Briones			\$230.00
R1904-03100	Alonzo Velez	2019-03068	Corneas	\$230.00
R1904-04229	Omar Marrero	2019-03278	Heart Valves	\$500.00
R1904-04241	Eduardo Arredondo	2019-03162	Corneas	\$230.00
R1904-04251	Elinor Pyburn	2019-03207	Corneas	\$230.00
Total Number of Non-Bone Donors Recovered		9	Reimbursement	\$2340.00

Wendy Musing
Administrative Deputy I

5-29-19
Date

Accreditations:

Colonial Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

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View All 1 of 1 | (1) Approve action completed.

Receivable(RE) Dept: ME ID: 19ME0350 Ver.: 1 Function: New Phase: Final Modified by e265621 . 08/19/19 11.33.52

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 05/24/2019	Reclassification Held:
Budget FY: 2019	Document Dispute Status:
Fiscal Year: 2019	Service From Date:
Period: 11	Service To Date:
Document Description: Reimb. for Non-Bone Donors for March, 2019	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$2,340.00	
Closed Amount: \$2,340.00	
Closed Date: 08/19/2019	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$2,340.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$2,340.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 19ME0350	Invoice Date 05-24-19
ARDept/BPRO		Due Date
ME:ROE		06-23-19
Project No		Revenue Source
		9731
Amount Due		Amount Enclosed
		\$2,340.00

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number 527189	Invoice Number 19ME0350	Invoice Date 05-24-19
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Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for March 2019, Case # 2019-01772 & various.						\$2,340.00
TOTAL INVOICE Charges								\$2,340.00

Other Charges		
Description	Date	Charges
	05-24-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 06-23-19	\$2,340.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033

MAY 07 2019



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Non-Bone Donors Recovered - March 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1903-00467	Griselda Lopez	2019-01772	Corneas	\$230.00
R1903-00542	Bias Gonzales IV	2019-01774	Corneas	\$230.00
R1903-00742	Carlos Cervantes	2019-01879	Corneas	\$230.00
R1903-00744	Peter Bumacod			\$230.00
R1903-00825	Rosa Guillen	201901818	Corneas	\$230.00
R1903-05169	Richard Moore	2019-02416	Corneas	\$230.00
R1903-05680	John Mendoza	2019-02482	Corneas	\$230.00
R1903-05975	Cynthia Abernathy	2019-02530	Corneas	\$230.00
R1903-06017	Tyler Ellison	Pending	Heart Valves	\$500.00
Total Number of Non-Bone Donors Recovered		9	Reimbursement	\$2340.00

Wendy Myzing

Administrative Deputy I

5-7-19

Date

All services rendered/goods received

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
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Receivable(RE) Dept: ME ID: 19ME0271 Ver.: 1 Function: New Phase: Final Modified by e265621 08/19/19 10:29.16

Header

General Information

Document Name: Reimbursement of Expense
 Record Date: 04/15/2019
 Budget FY: 2019
 Fiscal Year: 2019
 Period: 10
 Document Description: Reimb for Non-Bone Donors for Feb 2019
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$2,070.00
 Closed Amount: \$2,070.00
 Closed Date: 08/19/2019

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$2,070.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$2,070.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 19ME0271	Invoice Date 04-15-19
ARDept/BPRO		Due Date 05-15-19
ME:ROE		Revenue Source 9731
Project No		Amount Enclosed
Amount Due \$2,070.00		

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 8 OF 22

Customer Number 527189	Invoice Number 19ME0271	Invoice Date 04-15-19
---------------------------	----------------------------	--------------------------

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for Feb. 2019 Case # 2019-00917 & various.						\$2,070.00
TOTAL INVOICE Charges								\$2,070.00

Other Charges		
Description	Date	Charges
	04-15-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 05-15-19	\$2,070.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors Recovered - February 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1902-00346	Gaylord Liggins	2019-00917	Corneas	\$230.00
R1902-00461	Luis Rivera	2019-00937	Corneas	\$230.00
R1902-01335	Antwan Sargent	2019-01048	Corneas	\$230.00
R1902-01529	Lyndall Graham	2019-51123	Corneas	\$230.00
R1902-04225	Jesus Anaya			\$230.00
R1902-04301	Diane Labbe	2019-01529	Corneas	\$230.00
R1902-04923	Jorge Soto	2019-01581	Corneas	\$230.00
R1902-05140	Benita Salas			\$230.00
R1902-05421	Humberto Pimentel Lemus	2019-01677	Corneas	\$230.00
Total Number of Non-Bone Donors Recovered		9	Reimbursement	\$2070.00

Wendy Myring
Administrative Deputy I

3-27-19
Date

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
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Receivable(RE) Dept: ME ID: 19ME0270 Ver.: 1 Function: New Phase: Final Modified by e265621 08/19/19 10.11.34

Header

General Information

Document Name: Reimbursement of Expense
Reclassification Date:
Reclassification Held:
Record Date: 04/15/2019
Budget FY: 2018
Fiscal Year: 2019
Period: 10
Document Dispute Status:
Service From Date:
Service To Date:
Document Description: Reimb. for Non-Bone Donors for Jan 2019
Accounting Profile:
Expected Amount: \$0.00
Actual Amount: \$1,610.00
Closed Amount: \$1,610.00
Closed Date: 08/19/2019

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$1,610.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$1,610.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 19ME0270	Invoice Date 04-15-19
	ARDept/BPRO	Due Date 05-15-19
	ME:ROE	Revenue Source 9731
	Project No	Amount Enclosed
	Amount Due \$1,610.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 7 OF 22

Customer Number 527189	Invoice Number 19ME0270	Invoice Date 04-15-19
---------------------------	----------------------------	--------------------------

Invoice Charges										
Ref Line No.	Project	Desc	Description	Service From	Service To	Taxable	No. of Units	Unit of Measure	Unit Price	Charges/Credit
1			Reimb. for Non-Bone Donors for Jan. 2019 Case # 2019-00143 & various.							\$1,610.00
TOTAL INVOICE Charges										\$1,610.00

Other Charges		
Description	Date	Charges
	04-15-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 05-15-19	\$1,610.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors - January 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1901-01115	Jose Raigosa	2019-00143	Corneas	\$230.00
R1901-01816	David Contreras	2019-00248	Corneas	\$230.00
R1901-01858	Guadalupe Ortiz	2019-00251	Corneas	\$230.00
R1901-02151	Paul Smith	2019-00292	Corneas	\$230.00
R1901-04392	David Squires	2019-00597	Corneas	\$230.00
R1901-05294	Stephen Hook	2019-00732	Corneas	\$230.00
R1901-05988	Ian Martin	2019-00826	Corneas	\$230.00
Total Number of Non-Bone Donors Recovered		7	Reimbursement	\$1610.00

Wendy Myring
Administrative Deputy I

3-27-19
Date

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
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View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 19ME0269 Ver.: 1 Function: New Phase: Final Modified by e265621 08/19/19 10:10.16

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 04/15/2019	Reclassification Held:
Budget FY: 2018	Document Dispute Status:
Fiscal Year: 2019	Service From Date:
Period: 10	Service To Date:
Document Description: Reimb for Non-Bone Donors for Dec 2018	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$1,420.00	
Closed Amount: \$1,420.00	
Closed Date: 08/19/2019	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$1,420.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$1,420.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	19ME0269	04-15-19
ARDept/BPRO		Due Date
ME:ROE		05-15-19
Project No		Revenue Source
		9731
Amount Due		Amount Enclosed
		\$1,420.00

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	19ME0269	04-15-19

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for Dec. 2018 Case # 2018-09105 & various.						\$1,420.00
TOTAL INVOICE Charges								\$1,420.00

Other Charges		
Description	Date	Charges
	04-15-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 05-15-19	\$1,420.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Non-Bone Donors Recovered - Dec 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1811-04444	Steven Candler	2018-09105	Corneas	\$230.00
R1812-00007	Manuel Valle Villapando	2018-09126	Corneas	\$230.00
R1812-00020	Leslie Appel	2018-09187	Corneas	\$230.00
R1812-03792	Luz Ordaz			\$230.00
R1812-04115	Donnisha Dumas	2018-09708	Heart Valves	\$500.00
Total Number of Non-Bone Donors Recovered		5	Reimbursement	\$1420.00

← Wendy Myring 3-4-19
Administrative Deputy I Date
* All services rendered/goods received

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 19ME0136 Ver.: 1 Function: New Phase: Final Modified by e265621 02/26/19 04:33:04

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 01/02/2019	Reclassification Held:
Budget FY: 2019	Document Dispute Status:
Fiscal Year: 2019	Service From Date:
Period: 7	Service To Date:

Document Description:
Reimb. for Non-Bone Donors for Oct 2018

Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$1,650.00

Closed Amount:
\$1,650.00

Closed Date:
02/26/2019

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$1,650.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$1,650.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	19ME0136	01-02-19
	ARDept/BPRO	Due Date
	ME:ROE	02-01-19
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$1,650.00	

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 3 OF 8

Customer Number	Invoice Number	Invoice Date
527189	19ME0136	01-02-19

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for Oct. 2018 Case # 2018-07651 and various.						\$1,650.00
TOTAL INVOICE Charges								\$1,650.00

Other Charges		
Description	Date	Charges
	01-02-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 02-01-19	\$1,650.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors Recoverd - October 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1809-05001	Rosario Carranza Santana	2018-07651	Corneas	\$230.00
R1810-01476	Jeremy Sapien	2018-07800	Corneas	\$230.00
R1810-01799	Robert Hooks	2018-07823	Heart Valves	\$500.00
R1810-02579	Antonio Carlos	2018-07952	Corneas	\$230.00
R1810-02649	Robert Pratt	2018-07957	Corneas	\$230.00
R1810-02880	William Banks	2018-07992	Corneas	\$230.00
Total Number of Non-Bone Donors Recovered		6	Reimbursement	\$1650.00

Wendy Myring
 Administrative Deputy I

12-3-18
 Date

Accreditations:

ational Association of Medical Examiners (Provisional)
 California Medical Association-Continuing Medical Education
 Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
 Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | (1) Approve action completed.

Receivable(RE) Dept: ME ID: 19ME0135 Ver.: 1 Function: New Phase: Final Modified by e265621 . 02/26/19 04:32:21

Header

General Information

Document Name: Reimbursement of Expense
 Record Date: 01/02/2019
 Budget FY: 2018
 Fiscal Year: 2018
 Period: 7
 Document Description: Reimb for Non-Bone Donors for Sept 2018
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$1,880.00
 Closed Amount: \$1,880.00
 Closed Date: 02/26/2019

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$1,880.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$1,880.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	19ME0135	01-02-19
	ARDept/BPRO	Due Date
	ME:ROE	02-01-19
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$1,880.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 2 OF 8

Customer Number	Invoice Number	Invoice Date
527189	19ME0135	01-02-19

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for Sept. 2018 Case # 2018-06843 and various.						\$1,880.00
TOTAL INVOICE Charges								\$1,880.00

Other Charges		
Description	Date	Charges
	01-02-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 02-01-19	\$1,880.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors Recovered - Sept 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1809-00169	Albert Lopez	2018-06843	Heart Valves	\$500.00
R1809-00321	Jose Ernesto Fuentes			\$230.00
R1809-00430	Donald Jenkins	2018-06831	Corneas	\$230.00
R1809-02453	Sonia Baquedano	2018-07183	Corneas	\$230.00
R1809-02789	Javier Maya	2018-07245	Corneas	\$230.00
R1809-03742	Jay Espinosa	2018-07537	Corneas	\$230.00
R1809-03881	Sheryl Mau'u			\$230.00
Total Number of Non-Bone Donors Recovered		7	Reimbursement	\$1880.00

Wendy Myring
Administrative Deputy I

12-3-18
Date

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | (D) Approve action completed.

Receivable(RE) Dept: ME ID: 19ME0064 Ver.: 1 Function: New Phase: Final Modified by e265621 12/26/18 11:25:14

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 11/05/2018	Reclassification Held:
Budget FY: 2019	Document Dispute Status:
Fiscal Year: 2019	Service From Date:
Period: 5	Service To Date:

Document Description:
Reimb for Non-Bone Donors for July 2018 & Aug. 2018

Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$6,910.00

Closed Amount:
\$6,910.00

Closed Date:
12/26/2018

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$6,910.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$6,910.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	19ME0064	11-05-18
	ARDept/BPRO	Due Date
	ME:ROE	12-05-18
	Project No	Revenue Source
		9731
Amount Due	Amount Enclosed	
	\$6,910.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	19ME0064	11-05-18

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for July 2018 Case # 2018-05001 and various.						\$3,340.00
2		Reimb. for Non-Bone Donors for Aug. 2018 Case # 2018-06015 and various.						\$3,570.00
TOTAL INVOICE Charges								\$6,910.00

Other Charges		
Description	Date	Charges
	11-05-18	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 12-05-18	\$6,910.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors - August 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1808-00736	Ganesh Bhat	2018-06015	Corneas	\$230.00
R1808-01252	Luis Sedano	2018-06091	Heart Valves	\$500.00
R1808-01500	Vincent Kripal			\$230.00
R1808-01637	Guillermo Perez	2018-06152	Corneas	\$230.00
R1808-02064	Fox Sternbach	2018-06212	Heart Valves	\$500.00
R1808-02287	Jose Flores Orellana	2018-06244	Corneas	\$230.00
R1808-03106	Florence Niko	2018-06369	Corneas	\$230.00
R1808-03179	Jeffrey Miller	2018-06379	Corneas	\$230.00
R1808-03301	Jose Perez Maldonado	2018-06396	Corneas	\$230.00
R1808-04020	Rita Caso	2018-06493	Heart Valves	\$500.00
R1808-04426	Kyung Hwa Lee	2018-06552	Corneas	\$230.00
R1808-04922	Julio Herrarte			\$230.00
Total Number of Non-Bone Donors Recovered		12	Reimbursement	\$3570.00

Wendy Maying
Administrative Deputy

9-18-18
Date

All services rendered/goods received

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors Recovered - July 2018

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1806-05585	Priscilla Morales	2018-05001	Heart Valves	\$500.00
R1807-01192	Bishara Shofani	2018-05156	Corneas	\$230.00
R1807-01436	Sean Pasqual	2018-05196	Corneas	\$230.00
R1807-01453	Souhil Rezghi	2018-05200	Heart Valves	\$500.00
R1807-02669	Nathan Ware	2018-05421	Corneas	\$230.00
R1807-03064	Terry Jacobs	2018-05489	Corneas	\$230.00
R1807-03093	Carlos Raymond Sanchez	2018-05463	Corneas	\$230.00
R1807-03469	Hee Kim	2018-05554	Corneas	\$230.00
R1807-03776	Noah Ross	2018-05609	Heart Valves	\$500.00
R1807-05236	Luis Sanchez	2018-05956	Corneas	\$230.00
R1807-05896	Juliann Figueroa	2018-05876	Corneas	\$230.00
Total Number of Non-Bone Donors Recovered		11	Reimbursement	\$3340.00

←

Wendy Meyung
Administrative Deputy

All services rendered/goods received

9-18-18

Date

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 20ME0238 Ver.: 1 Function: New Phase: Final Modified by e265621 , 10/01/20 02:32:40

Header # 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 07/17/2020
 Budget FY: 2020
 Fiscal Year: 2020
 Period: 13
 Document Description: Bone Donors Recovered for June2020, Case # 2020-04845 &
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$10,382.00
 Closed Amount: \$10,382.00
 Closed Date: 10/01/2020

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$10,382.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$10,382.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0238	07-17-20
	ARDept/BPRO	Due Date
	ME:ROE	08-16-20
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$10,362.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	20ME0238	07-17-20

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered June 2020. ID # R2005-07007, 00102, 00123, 00507, 00531, 00737, 00817, 00836..						\$10,362.00
TOTAL INVOICE Charges								\$10,362.00

Other Charges		
Description	Date	Charges
	07-17-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 08-16-20	\$10,362.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov

7/06/20



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors -- June 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2005-07007	Vanessa Wheatley	2020-04845	Bone	\$314.00
R2006-00102	Francisco Rodriguez	2020-04832	Bone	\$314.00
R2006-00123	Basillo Diaz	2020-04877	Bone	\$314.00
R2006-00507	David Sanchez	2020-04879	Bone	\$314.00
R2006-00531	Victor Gonzalez	2020-04918	Bone	\$314.00
R2006-00737	Joshua Picker	2020-04910	Bone	\$314.00
R2006-00817	Anton Fischer	2020-04931	Bone	\$314.00
R2006-00836	Marques Richardson	2020-04932	Bone	\$314.00
R2006-00891	Derrick Taylor	2020-04941	Bone	\$314.00
R2006-00938	Lyn Robinson	2020-04973	Bone	\$314.00
R2006-01109	Salvador Melgoza Martinez	2020-05122	Bone	\$314.00
R2006-01162	Kaelyn Estrada	2020-04983	Bone	\$314.00
R2006-01258	Ray Whitaker	2020-04988	Bone	\$314.00
R2006-01574	John Neal	2020-05042	Bone	\$314.00
R2006-01612	Johana Garcia	2020-05029	Bone	\$314.00
R2006-01760	Dalyn Griffin	2020-05068	Bone	\$314.00
R2006-02012	Maleek Thomas	2020-05093	Bone	\$314.00
R2006-02109	Jose Ramos Jr			\$314.00
R2006-02400	Kimberly Guevara	2020-05169	Bone	\$314.00
R2006-02549	Ricardo Gubierrez Gonzalez	2020-05185	Bone	\$314.00
R2006-02650	Travon Givens Jr	2020-05210	Bone	\$314.00
R2006-03462	Ricardo Orejel	2020-05311	Bone	\$314.00
R2006-03486	Kenneth Bounds	2020-05325	Bone	\$314.00
R2006-03548	George Podegracz	2020-05337	Bone	\$314.00
R2006-03928	Romeo Belga	2020-05543	Bone	\$314.00
R2006-04077	Maximino Pena	2020-05416	Bone	\$314.00
R2006-04170	Sean O'Herilhy	2020-05436	Bone	\$314.00
R2006-04825	Victor Varela	pending	Bone	\$314.00
R2006-04924	Michael Dadich	2020-05522	Bone	\$314.00
R2006-04971	Ryan Chao	2020-05548	Bone	\$314.00
R2006-06474	Marty Shih	2020-05736	Bone	\$314.00
R2006-06559	Martin Tocco	2020-05752	Bone	\$314.00
R2006-06654	Luis Alaniz	2020-05778	Bone	\$314.00
Total Number of Bone Donors Recovered		33	Reimbursement	\$10362.00

314.
33.
10362.00

0.00

Wendy Myring
Administrative Deputy

7-6-20
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 20ME0237 Ver.: 1 Function: New Phase: Final Modified by e265621, 10/01/20 02 31:53

Header 1

General Information	
Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 07/17/2020	Reclassification Held:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 13	Service To Date:
Document Description: Bone Donors Recovered for May 2020, Case # 2020-03866 &ver	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$10,890.00	
Closed Amount: \$10,890.00	
Closed Date: 10/01/2020	

Additional Amounts
Sent to Collection Amount: \$0.00
Liquidated Amount: \$10,890.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$10,890.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates
Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:
Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0237	07-17-20
ARDept/BPRO		Due Date
ME:ROE		08-16-20
Project No		Revenue Source
		9731
Amount Due		Amount Enclosed
		\$10,990.00

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 3 OF 4

Customer Number	Invoice Number	Invoice Date
527189	20ME0237	07-17-20

Invoice Charges

Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered for May 2020. ID # R2005-00162, 00290, 00382, 00467, 00526, 00592, 00890, ...						\$10,990.00
TOTAL INVOICE Charges								\$10,990.00

Other Charges

Description	Date	Charges
	07-17-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 08-16-20	\$10,990.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov

7/06/20



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - May 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2005-00162	Ethan Ibsen	2020-03866	Bone	\$314.00
R2005-00290	Jesus Rodriguez	2020-03850	Bone	\$314.00
R2005-00382	David Garcia	2020-03859	Bone	\$314.00
R2005-00467	Jesus Villagomez Jr	2020-03878	Bone	\$314.00
R2005-00526	Michael Anderson	2020-03889	Bone	\$314.00
R2005-00592	Ken Thim	2020-03893	Bone	\$314.00
R2005-00890	Mark Brown	2020-03940	Bone	\$314.00
R2005-01051	Britten Marshall	2020-03946	Bone	\$314.00
R2005-01163	Margarito Castro	2020-03966	Bone	\$314.00
R2005-01245	Els0 Rodriguez	2020-03972	Bone	\$314.00
R2005-01397	James Garcia-Olea	2020-04003	Bone	\$314.00
R2005-01517	Gerardo Camou	2020-04015	Bone	\$314.00
R2005-01679	William Soto Sr.	2020-04041	Bone	\$314.00
R2005-02179	Ramona Blanton	2020-04214	Bone	\$314.00
R2005-02183	Alejandro Santana	2020-04108	Bone	\$314.00
R2005-02243	Michael Fruhling	2020-04114	Bone	\$314.00
R2005-02319	Ricky Do	2020 04169	Bone	\$314.00
R2005-02402	Debra Young	2020-04124	Bone	\$314.00
R2005-02411	Shanan Duitsman	2020-04127	Bone	\$314.00
R2005-02496	Pedro Alcantara	2020-04156	Bone	\$314.00
R2005-02740	Josue Romero Camarena	2020-04312	Bone	\$314.00
R2005-03393	Nathan Young- Nichols	2020-04300	Bone	\$314.00
R2005-03411	Sergio Martinez	2020-04297	Bone	\$314.00
R2005-03473	Julianne Deprez-Kajiyama			\$314.00
R2005-03701	Guillermo AlvarezCurnel	2020-04549	Bone	\$314.00
R2005-03761	Eduardo Aranda Jr	2020-04350	Bone	\$314.00
R2005-04346	Jorge Rodriguez	2020-04440	Bone	\$314.00
R2005-04484	Ti Mao	2020-04451	Bone	\$314.00
R2005-04929	Christina Alba	2020-04525	Bone	\$314.00
R2005-05335	Nicole Fletcher	2020-04584	Bone	\$314.00
R2005-05383	Virginia Naumann	2020-04583	Bone	\$314.00
R2005-06006	Mellani Wang	2020-04662	Bone	\$314.00
R2005-06399	Dennis Heintzelman	2020-04723	Bone	\$314.00
R2005-06424	Ruben Pacheco	2020-04806	Bone	\$314.00
R2005-06472	Jairne Morales	2020-04735	Bone	\$314.00
Total Number of Bone Donors Recovered		35	Reimbursement	\$10990.00

35
314
11,090.00

0.00

0.00

0.00

Wendy Meyung
Administrative Deputy

7-6-20
Date

Accreditations:

onal Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | (i) Approve action completed

Receivable(RE) Dept: ME ID: 20ME0213 Ver.: 1 Function: New Phase: Final Modified by e265621_08/13/20 10 35 08

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 06/04/2020
 Budget FY: 2020
 Fiscal Year: 2020
 Period: 12
 Document Description: March, April 2020 Non-Bone Donors & Bone Donors Recovered
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$21,874.00
 Closed Amount: \$21,874.00
 Closed Date: 08/13/2020

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$21,874.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$21,874.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0213	06-04-20
	ARDept/BPRO	Due Date
	ME:ROE	07-04-20
Project No	Revenue Source	
	9731	
Amount Due	Amount Enclosed	
	\$21,874.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 1 OF 1

Customer Number	Invoice Number	Invoice Date
527189	20ME0213	06-04-20

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Bone Donors for March. 2020, Case # : N/A-LAC/USC & various.						\$8,478.00
2		Reimb. for Non-Bone Donors for March. 2020, Case # : 2020-1952 & various.						\$1,308.00
3		Reimb. for Bone Donors for April 2020, Case # : 2020-02799 & various.						\$10,048.00
4		Reimb. for Non-Bone Donors for April 2020, Case # : 2020-03159 & various.						\$2,040.00
TOTAL INVOICE Charges								\$21,874.00

Other Charges		
Description	Date	Charges
	06-04-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 07-04-20	\$21,874.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov

6/3/20



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Tissue - April 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2003-06941	Isaac Smith	2020-02799	Bone	\$314.00
R2003-07414	Michael Fillinuk	2020-02836	Bone	\$314.00
R2004-00279	Christopher Winter	2020-02848	Bone	\$314.00
R2004-00408	Alan Robles	2020-02888	Bone	\$314.00
R2004-00520	Jan Michael Ocampo	2020-02882	Bone	\$314.00
R2004-00849	Hector Murguia	2020-02921	Bone	\$314.00
R2004-01194	Sridhar Kothandaraman	2020-02958	Bone	\$314.00
R2004-01512	Linnea Lenkus	2020-03005	Bone	\$314.00
R2004-01768	Brian Larson	2020-03048	Bone	\$314.00
R2004-01791	Patrick Sullivan	2020-03053	Bone	\$314.00
R2004-01825	Manolo Chim	2020-03047	Bone	\$314.00
R2004-02056	Jeannette Boland	2020-03242	Bone	\$314.00
R2004-02232	Andrea Garcia	2020-03123	Bone	\$314.00
R2004-02371	Hector Lopez	2020-03153	Bone	\$314.00
R2004-03138	Kevin Brumfield	2020-03253	Bone	\$314.00
R2004-03624	William Adams III	2020-03309	Bone	\$314.00
R2004-04357	David Sanchez	2020-03413	Bone	\$314.00
R2004-04468	Christopher Ramirez	2020-03774	Bone	\$314.00
R2004-05063	Ethan Merchant	2020-03508	Bone	\$314.00
R2004-05070	Elvira Nufable	2020-03586	Bone	\$314.00
R2004-05217	Tommy Khuu	2020-03541	Bone	\$314.00
R2004-05361	Amanda Casale	2020-03555	Bone	\$314.00
R2004-05401	Jose Herrera Ayala	2020-03557	Bone	\$314.00
R2004-05547	Larry Saarloos	2020-03609	Bone	\$314.00
R2004-05762	Joseph Encinas	2020-03622	Bone	\$314.00
R2004-05796	Destany Franklin	2020-03626	Bone	\$314.00
R2004-05856	Jameson Cutler	2020-03628	Bone	\$314.00
R2004-06020	Ernest Brito	2020-03657	Bone	\$314.00
R2004-06257	Mynor Sarti	2020-03686	Bone	\$314.00
R2004-06666	Luis Flores	2020-03736	Bone	\$314.00
R2004-06767	Robert Lafferty	2020-03756	Bone	\$314.00
R2004-07063	James Castillo	2020-07063	Bone	\$314.00
Total Number of Bone Donors Recovered		32	Reimbursement	\$10048.00

Wendy Myring
Administrative Deputy

6-1-20
Date

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

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COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Tissue - March 2020

Identifier	Decedent Name	Coroner Case No.	Tissue	Reimbursement
R2002-06749	Sacramento Montoya Garcia			\$314.00
R2003-00375	Eva Mendoza			\$314.00
R2003-00627	William Mejia	2020-02148	Bone	\$314.00
R2003-00812	Michael Sanchez	2020-01941	Bone	\$314.00
R2003-01139	Roberta Gordon	2020-01994	Bone	\$314.00
R2003-01234	Robert Riggs	2020-02081	Bone	\$314.00
R2003-01372	Phylis Bond	2020-02555	Bone	\$314.00
R2003-01907	Gregorio Flores	2020-52048	Bone	\$314.00
R2003-01961	Derek Van Der Blomen	2020-02080	Bone	\$314.00
R2003-02182	Sergio Huache Sotelo	2020-02123	Bone	\$314.00
R2003-02194	Patricia Smith			\$314.00
R2003-02932	William Cason	2020-02280	Bone	\$314.00
R2003-02936	Ricardo Monterrosa	2020-02206	Bone	\$314.00
R2003-02954	Andreas Dimopoulos	2020-02212	Bone	\$314.00
R2003-03165	Hannah Miller	2020-02240	Bone	\$314.00
R2003-03546	Viviana Ibarra Rodriguez	2020-02354	Bone	\$314.00
R2003-03589	Jose Ponce	2020-02673	Bone	\$314.00
R2003-03628	Charles Buchanan	2020-02417	Bone	\$314.00
R2003-03822	Sean Warren	2020-02319	Bone	\$314.00
R2003-04041	Luis Medina	2020-02461	Bone	\$314.00
R2003-05186	Keith Lampe	2020-02516	Bone	\$314.00
R2003-05200	Alexander Garcia	2020-02521	Bone	\$314.00
R2003-05324	Corey Puryear	2020-02535	Bone	\$314.00
R2003-05412	Darryl Daniels	2020-02565	Bone	\$314.00
R2003-05506	Joe Cruz	2020-02569	Bone	\$314.00
R2003-07163	Cassandra Hawthorne	2020-02763	Bone	\$314.00
R2003-07311	Saint DePorres Sr.			\$314.00
Total Number of Bone Donors Recovered		27	Reimbursement	\$8478.00

Wendy Meyring
 Administrative Deputy

6-20
 Date

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
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COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

6/03/20

OneLegacy Recovered Non-Bone Tissue - April 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2004-02416	Fernando Gutierrez	2020-03159	Heart Valves	\$680.00
R2004-03140	Joel Buenrostro	2020-03268	Heart Valves	\$680.00
R2004-03715	Jorge Vasquez	2020-03322	Heart Valves	\$680.00
Total Number of Non-Bone Donors Recovered		3	Reimbursement	\$2040.00

Wendy Myring
Administrative Deputy

6-1-20
Date

Accreditations:

ional Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
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COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

6/03/20

OneLegacy Recovered Non-Bone Tissue - March 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2003-00853	Andrea Vaquera	2020-1952	Corneas	\$314.00
R2003-01089	Leonard Mompeller	2020-01974	Heart Valves	\$680.00
R2003-02164	Mindy Flores Umana	2020-02156	Corneas	\$314.00
Total Number of Non-Bone Donors Recovered		3	Reimbursement	\$1308.00

Wendy Myung
Administrative Deputy

6-1-20
Date

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
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View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 20ME0188 Ver.: 1 Function: New Phase: Final Modified by e265621 . 06/07/20 07:56:06

Header 1

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 04/16/2020	Reclassification Held:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 10	Service To Date:
Document Description: Reimb. for Bone Donors Recovered for Feb 2020	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$8,478.00	
Closed Amount: \$8,478.00	
Closed Date: 06/07/2020	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$8,478.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$8,478.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:
Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0188	04-16-20
	ARDept/BPRO	Due Date
	ME:ROE	05-16-20
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$8,478.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 6 OF 7

Customer Number	Invoice Number	Invoice Date
527189	20ME0188	04-16-20

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Bone Donors Recovered for Feb. 2020 Case # 2020-01328 & various.						\$8,478.00
TOTAL INVOICE Charges								\$8,478.00

Other Charges -		
Description	Date	Charges
	04-16-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 05-16-20	\$8,478.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - February 2020

4-06-2022

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2001-05570	Issac Fernandez	2020-01328	Bone	\$314.00
R2002-00020	Kenneth Bonovich	2020-01374	Bone	\$314.00
R2002-00209	Alex Fowler	2020-00987	Bone	\$314.00
R2002-00227	Carla Becerra	2020-00997	Bone	\$314.00
R2002-00529	Enrique Ariano Camillo	2020-01220	Bone	\$314.00
R2002-00876	Carlos Robles Banda	2020-01079	Bone	\$314.00
R2002-01186	Jose Estrada	2020-01234	Bone	\$314.00
R2002-01789	Alvin Sykes	2020-01523	Bone	\$314.00
R2002-01867	Nadine Koyama	2020-01218	Bone	\$314.00
R2002-01993	Luis Vargas	2020-51071	Bone	\$314.00
R2002-02123	Jacqueline Oh	2020-01245	Bone	\$314.00
R2002-02550	Cesar Chavez	2020-01302	Bone	\$314.00
R2002-03180	Fredrick Butte	2002-01711	Bone	\$314.00
R2002-03897	Kassandra Tran	2020-01528	Bone	\$314.00
R2002-04327	Jaden Burris	2020-01586	Bone	\$314.00
R2002-04819	Joseph Nercesian	2020-01609	Bone	\$314.00
R2002-04945	Christian Silva	2020-01635	Bone	\$314.00
R2002-05043	Vicente Rodriguez	2020-01593	Bone	\$314.00
R2002-05146	Arnold Diaz	2020-01616	Bone	\$314.00
R2002-05153	Dominique Martin	2020-01614	Bone	\$314.00
R2002-05709	Norwin Estepa	2020-01675	Bone	\$314.00
R2002-05838	Ty Payton	2020-01696	Bone	\$314.00
R2002-06554	Robert Jackson	2020-01790	Bone	\$314.00
R2002-06641	Javier Rosas	2020-01805	Bone	\$314.00
R2002-06888	Darrell Garrett	2020-01823	Bone	\$314.00
R2003-00062	Anthony Terry Sr.	2020-01848	Bone	\$314.00
R2003-00084	Curtis Shingleton	2020-01853	Bone	\$314.00
Total Number of Bone Donors Recovered		27	Reimbursement	\$8478.00

0.
0.
27.
314.
8,478.00

Wendy Myring

Administrative Deputy

4-3-20

Date

Accreditations:

California Association of Medical Examiners (Provisional)
 California Medical Association-Continuing Medical Education
 Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
 Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 20MED169 Ver.: 1 Function: New Phase: Fml Modified by e265621 . 06/07/20 07 18 26

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 04/02/2020
 Budget FY: 2020
 Fiscal Year: 2020
 Period: 10
 Document Description: Reimb. for Bone Donors Recovered for Jan. 2020
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$6,875.00
 Closed Amount: \$6,875.00
 Closed Date: 06/07/2020

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$6,875.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$6,875.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0169	04-02-20
	ARDept/BPRO	Due Date
	ME:ROE	05-02-20
	Project No	Revenue Source
		9731
Amount Due	Amount Enclosed	
	\$6,875.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 2 OF 7

Customer Number	Invoice Number	Invoice Date
527189	20ME0169	04-02-20

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Bone Donors Recovered for Jan. 2020 Case # 2019-09945 & various.						\$6,875.00
TOTAL INVOICE Charges								\$6,875.00

Other Charges		
Description	Date	Charges
	04-02-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 05-02-20	\$6,875.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

3/24/2020

OneLegacy Recovered Bone Donors - January 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1912-05547	Stephanie Pham	2019-09945	Bone	\$275.00
R1912-06780	Thomas Gonzales	2019-09938	Bone	\$275.00
R1912-06971	Eberaldo Gonzales	2020-00011	Bone	\$275.00
R2001-00556	Christian Lehnig	2020-00048	Bone	\$275.00
R2001-00770	Reymond Mosqueda	2020-00089	Bone	\$275.00
R2001-00777	Robert McCready	2020-00091	Bone	\$275.00
R2001-00997	Christopher Kazandjian	2020-00152	Bone	\$275.00
R2001-01160	Maria Mota-Gomez			\$275.00
R2001-01315	Walter Wilinski	2020-00139	Bone	\$275.00
R2001-01323	Luis Villanueva	2020-00240	Bone	\$275.00
R2001-01465	Felipe Leal	2020-00212	Bone	\$275.00
R2001-02549	Calvin Messler	2020-00298	Bone	\$275.00
R2001-02571	Gunter Voelkel	2020-00318	Bone	\$275.00
R2001-03179	Matthew Campbell	2020-00556	Bone	\$275.00
R2001-03439	Rocky Kramer	2020-00408	Bone	\$275.00
R2001-04076	Alberto Moran			\$275.00
R2001-04107	Seung Shin			\$275.00
R2001-04243	Carey Chang	2020-00610	Bone	\$275.00
R2001-04740	Blair Hillman	2020-00579	Bone	\$275.00
R2001-04844	Antoinette Giannelli	2020-00578	Bone	\$275.00
R2001-05098	Jennifer Brauer	2020-00804	Bone	\$275.00
R2001-06173	Pedro Cortez Gonzalez	2020-00742	Bone	\$275.00
R2001-06444	Joseph Parker	2020-00772	Bone	\$275.00
R2001-07021	Daniel Hagan	2020-0852	Bone	\$275.00
R2001-07266	Abraham Ros	2020-00926	Bone	\$275.00
Total Number of Bone Donors Recovered		25	Reimbursement	\$6875.00

Wendy Medina
Administrative Deputy

3-23-20
Date

Accreditations:

National Association of Medical Examiners (Provisional)
Laboratories

ANAB ISO/IEC 17025:2005 Forensic Science Testing

California Medical Association-Continuing Medical Education
Certified Accreditation Council for Graduate Medical Education

Peace Officer Standards and Training

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View All 1 of 1 | (D) Approve action completed

Receivable(RE) Dept: ME ID: 20ME0159 Ver.: 1 Function: New Phase: Final Modified by e2G5G21 , 05/05/20 02 57 44

Header 1

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 03/11/2020	Reclassification Held:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 9	Service To Date:
Document Description: Romb for Bone Donors Recovered for Dec. 2019	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$8,525.00	
Closed Amount: \$8,525.00	
Closed Date: 05/06/2020	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$8,525.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$8,525.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:
Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 20ME0159	Invoice Date 03-11-20
ARDept/BPRO		Due Date 04-10-20
ME:ROE		Revenue Source 9731
Project No		Amount Enclosed
Amount Due \$8,525.00		

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order, DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 8 OF 9

Customer Number 527189	Invoice Number 20ME0159	Invoice Date 03-11-20
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Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Bone Donors Recovered for Dec. 2019 Case # 2019-09493 & various.						\$8,525.00
TOTAL INVOICE Charges								\$8,525.00

Other Charges		
Description	Date	Charges
	03-11-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 04-10-20	\$8,525.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Bone Donors Recovered December 2019

3/04/2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1911-05521	Julian Solis	2019-09493	Bone	\$275.00
R1912-00384	Jose Martinez Barragan	2019-09124	Bone	\$275.00
R1912-00388	Rafael Macias	2019-09052	Bone	\$275.00
R1912-01243	Tanika Burrell			\$275.00
R1912-01250	Quyen Nguyen	2019-9202	Bone	\$275.00
R1912-01272	Raymond Ortega	2019-09196	Bone	\$275.00
R1912-01642	Benjie Knox	2019-09242	Bone	\$275.00
R1912-01702	Travis Jones	2019-09296	Bone	\$275.00
R1912-01738	Jose Luis Ordonez	2019-09254	Bone	\$275.00
R1912-02067	Beverly Callahan			\$275.00
R1912-02282	Daniel Romero	2019-09324	Bone	\$275.00
R1912-02313	Jane Ferrari	2019-09415	Bone	\$275.00
R1912-02812	Fabiola Manriquez	2019-57629	Bone	\$275.00
R1912-03035	Raul Arroyo	2019-09418	Bone	\$275.00
R1912-03175	Sigrid Hudson	2019-09422	Bone	\$275.00
R1912-03204	Yoceline Zuniga Aguilar	2019-09564	Bone	\$275.00
R1912-03339	Leffie Magee	2019-09457	Bone	\$275.00
R1912-03758	Aidan Smith	2019-09565	Bone	\$275.00
R1912-03896	Michael Akai	2019-09527	Bone	\$275.00
R1912-04122	Polo Granillo	2019-09570	Bone	\$275.00
R1912-04343	Claudia Avalos Mata	2019-09792	Bone	\$275.00
R1912-04822	Artemio Rendon			\$275.00
R1912-04885	Thomas Coleman	2019-09768	Bone	\$275.00
R1912-04995	Lacarlos Wright	2019-09692	Bone	\$275.00
R1912-05435	Paula Cosio	2019-09852	Bone	\$275.00
R1912-05569	John Maniord	2019-09743	Bone	\$275.00
R1912-05665	Manuel Jauregui Ortega	2019-09755	Bone	\$275.00
R1912-05908	Rogelio Enriquez	2019-09796	Bone	\$275.00
R1912-06249	Carlos Silva Cabrera	2019-09834	Bone	\$275.00

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

First Last Name
Date
Page 2

R1912-06431	Gevork Topalian	2019-09849	Bone	\$275.00
R1912-06846	Michael Hamlin			\$275.00

Total Number of Bone Donors Recovered	31	Reimbursement	\$8525.00
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Wendy Myzing
Administrative Deputy

3-4-2020
Date

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 20ME0138 Ver.: 1 Function: New Phase: Final Modified by e265621 03/24/20 06 47 23

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 01/14/2020
 Budget FY: 2020
 Fiscal Year: 2020
 Period: 7
 Document Description: Reimb for Bone Donors Recovered for Sept. Oct. Nov
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$23,375.00
 Closed Amount: \$23,375.00
 Closed Date: 03/24/2020

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$23,375.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$23,375.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0138	01-14-20
	ARDept/BPRO	Due Date
	ME:ROE	02-13-20
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$23,375.00	

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 2 OF 2

Customer Number	Invoice Number	Invoice Date
527189	20ME0138	01-14-20

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Bone Donors Recovered for Sept. 2019 Case # 2019-06635 & various.						\$9,350.00
2		Reimb. for Bone Donors Recovered for Oct. 2019 Case # 2019-07435 & various.						\$7,975.00
3		Reimb. for Bone Donors Recovered for Nov. 2019 Case # 2019-08223 & various.						\$6,050.00
TOTAL INVOICE Charges								\$23,375.00

Other Charges		
Description	Date	Charges
	01-14-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 02-13-20	\$23,375.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Bone Donors Billing- November 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1911-00273	Wayne Kies	2019-08223	Bone	\$275.00
R1911-00572	Sheldon Shaw	2019-08242	Bone	\$275.00
R1911-00614	Jose Lugo	2019-08257	Bone	\$275.00
R1911-01567	John Chipman	2019-08374	Bone	\$275.00
R1911-01574	Yessenia Camacho	2019-08379	Bone	\$275.00
R1911-01756	Kenyatta Laiche	2019-08415	Bone	\$275.00
R1911-01887	Regina Bonseigneur			\$275.00
R1911-01896	Paul Holcomb	2019-08430	Bone	\$275.00
R1911-01976	David McNeil	2019-08442	Bone	\$275.00
R1911-02002	Abel Garcia	2019-08446	Bone	\$275.00
R1911-02289	Jose Cruz	2019-08488	Bone	\$275.00
R1911-02320	Marcus Jackson			\$275.00
R1911-02608	Elizabeth Mendoza	2019-08539	Bone	\$275.00
R1911-02944	J Jesus Arias	2019-08580	Bone	\$275.00
R1911-03239	Irma Corrales	2019-08613	Bone	\$275.00
R1911-03329	Timothy St. Germain-Halsch	2019-08659	Bone	\$275.00
R1911-03988	Ricardo Orozco Lopez	2019-08764	Bone	\$275.00
R1911-04084	Lindsey Davis	2019-08787	Bone	\$275.00
R1911-04138	Sebastien Gallegos	2019-08748	Bone	\$275.00
R1911-05060	Maria Matute De Medina			\$275.00
R1911-05259	Mark Guerrero	2019-08898	Bone	\$275.00
R1912-00059	Terry Hicks	2019-09024	Bone	\$275.00
Total Number of Bone Donors Recovered		22	Reimbursement	\$6050.00

Wendy Myring
Administrative Deputy I

1-13-2020
Date

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

Accreditations:

ANAB ISO/IEC 17025:2005 Fo.
Peace Office

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COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

Bone Donors Recovered - Oct 2019

R1910-06125	Maria Salvador De Marroquin	2019-08149	Bone	\$275.00
R1910-06298	Christopher Banninger	2019-08159	Bone	\$275.00
Total Number of Bone Donors Recovered		29	Reimbursement	\$7975.00

Wendy Meyring
 Administrative Deputy I

1-13-2020
 Date

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Accreditations:

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COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

Bone Donors Recovered - Oct 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1909-04681	Vung Khai	2019-07435	Bone	\$275.00
R1910-00145	Christopher Gutierrez	2019-07413	Bone	\$275.00
R1910-00184	Steven Potter			\$275.00
R1910-00394	Viacheslav Pavlov	2019-07439	Bone	\$275.00
R1910-00556	Timothy Huntsman	2019-07468	Bone	\$275.00
R1910-00873	Frank Marron	2019-07512	Bone	\$275.00
R1910-00894	Tommy Cruz	2019-07505	Bone	\$275.00
R1910-00906	Mary McLeod	2019-07592	Bone	\$275.00
R1910-01098	Javier Morales	2019-07537	Bone	\$275.00
R1910-01595	Pedro Fuentes	2019-07594	Bone	\$275.00
R1910-01992	Tracey Miller	2019-07645	Bone	\$275.00
R1910-02078	Todd Washington Jr.	2019-07688	Bone	\$275.00
R1910-02155	John Butler	2019-07671	Bone	\$275.00
R1910-02347	Rommel Lorenzo	2019-07858	Bone	\$275.00
R1910-02378	Eric Thompson			\$275.00
R1910-02551	Ivan Gonzalez	2019-07729	Bone	\$275.00
R1910-02572	Salvador Tovar	2019-07719	Bone	\$275.00
R1910-02664	Erin Granata	2019-07734	Bone	\$275.00
R1910-03067	Gwendolyn McCool	2019-07781	Bone	\$275.00
R1910-03161	Judith Hardy	2019-07810	Bone	\$275.00
R1910-03559	Dennis Kniffen	2019-07849	Bone	\$275.00
R1910-03780	Rufee Fontela			\$275.00
R1910-04398	Jesus Montano	2019-07984	Bone	\$275.00
R1910-04487	Alexander Dunn	2019-07958	Bone	\$275.00
R1910-04543	Kevin Lingan	2019-07964	Bone	\$275.00
R1910-05188	Marcus Hernandez	2019-08044	Bone	\$275.00
R1910-05409	Andrew Ortega	2019-08062	Bone	\$275.00

Accreditations:

California Association of Medical Examiners (Provisional)
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COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - September 2019

R1909-05569	Martha Carnegie	2019-07348	Bone	\$275.00
R1909-05779	Manuel Mercado	2019-07368	Bone	\$275.00
R1909-05820	Gerald Flowers	2019-07371	Bone	\$275.00
Total Number of Bone Donors Recovered		34	Reimbursement	\$9350.00 ✓

Wendy Meying
 Administrative Deputy I

1-13-2020
 Date

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Accreditations:

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California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

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COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - September 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1908-04474	Gerardo Avalos Ponce	2019-06635	Bone	\$275.00
R1908-04752	Gerry Gutierrez	2019-06543	Bone	\$275.00
R1909-00031	Jhonathan Felix Ramirez	2019-06879	Bone	\$275.00
R1909-00788	Jovita Gonzalez	2019-06878	Bone	\$275.00
R1909-00832	Joshua Fort	2019-06777	Bone	\$275.00
R1909-01061	Woodrow Taylor Jr			\$275.00
R1909-01159	Rigoberto Estrada Sambrano	2019-06900	Bone	\$275.00
R1909-01212	Guadalupe Rivera	2019-06800	Bone	\$275.00
R1909-01328	Desiree Nichols	2019-06812	Bone	\$275.00
R1909-01417	Daniele Scutero	2019-06827	Bone	\$275.00
R1909-01530	Salvador Perez Jr.	2019-06836	Bone	\$275.00
R1909-01822	John Plessner			\$275.00
R1909-02489	Daniela Quijas Zepeda	2019-06952	Bone	\$275.00
R1909-02689	Adriano Kim	2019-06979	Bone	\$275.00
R1909-02756	Alan Johnson	2019-06999	Bone	\$275.00
R1909-02758	Emanuel Rojas	2019-06988	Bone	\$275.00
R1909-02832	Tony Hawara	2019-06985	Bone	\$275.00
R1909-02935	Luis Becerra	2019-07007	Bone	\$275.00
R1909-03516	Benjamin Aguilar	2019-07155	Bone	\$275.00
R1909-03520	Sarah Powers	2019-07077	Bone	\$275.00
R1909-03584	Aileen Wong	2019-07078	Bone	\$275.00
R1909-03841	Kenneth Marks	2019-07200	Bone	\$275.00
R1909-04025	Olivia Redick	2019-55993	Bone	\$275.00
R1909-04124	Diana Schwab	2019-07163	Bone	\$275.00
R1909-04311	Victor Ortega	2019-07169	Bone	\$275.00
R1909-04430	Michelle Moore	2019-07234	Bone	\$275.00
R1909-04522	Tricia Mendoza	2019-07282	Bone	\$275.00
R1909-04636	Juan Alonso			\$275.00
R1909-04674	Patricia Carbajal Cervantes	2019-07268	Bone	\$275.00
R1909-04846	Michael Reeder	2019-07247	Bone	\$275.00
R1909-05196	Mauricio Lira Alcocer	2019-07309	Bone	\$275.00

Accreditations:

ational Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

View All 1 of 1 | (D) Approve action completed

Receivable(RE) Dept: ME ID: 20ME0119 Ver.: 1 Function: New Phase: Final Modified by e265621 03/10/20 04:48:49

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 12/17/2019	Reclassification Held:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 6	Service To Date:
Document Description: Reimb for Bone Donors Recovered for Aug 2019	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$7,700.00	
Closed Amount: \$7,700.00	
Closed Date: 03/10/2020	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$7,700.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$7,700.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 20ME0119	Invoice Date 12-17-19
ARDept/BPRO		Due Date 01-16-20
ME:ROE		Revenue Source 9731
Project No		Amount Enclosed \$7,700.00
Amount Due		

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number 527189	Invoice Number 20ME0119	Invoice Date 12-17-19
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Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Bone Donors Recovered for Aug. 2019 Case # 2019-05723 & various.						\$7,700.00
TOTAL INVOICE Charges								\$7,700.00

Description	Date	Charges
	12-17-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 01-16-20	\$7,700.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

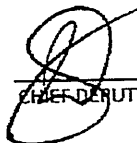
COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Bone Donors Recovered - August 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1907-04476	Samantha Valla	2019-05723	Bone	\$275.00
R1907-04906	Emmanuel Nunez	2019-05776	Bone	\$275.00
R1908-00366	Jose Brambila	2019-05840	Bone	\$275.00
R1908-00626	Roy Dibias	2019-05887	Bone	\$275.00
R1908-00809	Bryan Lawlor	2019-05921	Bone	\$275.00
R1908-00975	Robert Medina	2019-06003	Bone	\$275.00
R1908-01031	Abel Chavez	2019-05947	Bone	\$275.00
R1908-01513	Wilberth Tamayo-Pech	2019-06112	Bone	\$275.00
R1908-01535	Lawrence Ioder	2019-06037	Bone	\$275.00
R1908-01682	Dwain Roque	2019-06050	Bone	\$275.00
R1908-01702	Mark Sean	2019-06063	Bone	\$275.00
R1908-01970	Knsti Chismar	2019-06113	Bone	\$275.00
R1908-01992	Pauline Hatcher	2019-06513	Bone	\$275.00
R1908-02239	Emma Wheeler	2019-06208	Bone	\$275.00
R1908-02364	Theron Heine	2019-06172	Bone	\$275.00
R1908-02600	Robert Macmillan	2019-06263	Bone	\$275.00
R1908-02612	Alberto De Leon Monzon	2019-06220	Bone	\$275.00
R1908-02656	Danilo Bracamante	2019-06211	Bone	\$275.00
R1908-03918	Laura Roughen	201906394	Bone	\$275.00
R1908-03925	Cyrus Carrasco	2019-06435	Bone	\$275.00
R1908-03968	Sherrie McGrane	2019-06493	Bone	\$275.00
R1908-04181	Roman Hernandez	2019-06432	Bone	\$275.00
R1908-04228	Carlos Coronado	2019-06442	Bone	\$275.00
R1908-04433	William Stano	2019-06540	Bone	\$275.00
R1908-04509	Lugardo Montes	2019-06473	Bone	\$275.00
R1908-04915	Ruth Gasca De Gurubel	2019-06538	Bone	\$275.00
R1908-05106	David Strand	2019-06553	Bone	\$275.00
R1908-05152	Marlet Reyes	2019-06559	Bone	\$275.00
Total Number of Bone Donors Recovered		28	Reimbursement	\$7700.00



CHIEF DEPUTY DIRECTOR



DATE

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 20ME0118 Ver.: 1 Function: New Phase: Final Modified by a265621 03/10/20 04:48:03

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 12/17/2019	Reclassification Held:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 6	Service To Date:
Document Description: Reimb. for Bone Donors Recovered for July 2019	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$8,954.00	
Closed Amount: \$8,954.00	
Closed Date: 03/10/2020	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$8,954.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$8,954.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 20ME0118	Invoice Date 12-17-19
ARDept/BPRO		Due Date 01-16-20
ME:ROE		Revenue Source 9731
Project No		Amount Enclosed
Amount Due \$8,954.00		

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 2 OF 6

Customer Number 527189	Invoice Number 20ME0118	Invoice Date 12-17-19
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Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered July 2019 Case#2019-04985 & various. Orig. billing \$9,900 - credit \$946.00						\$8,954.00
TOTAL INVOICE Charges								\$8,954.00

Other Charges		
Description	Date	Charges
	12-17-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 01-16-20	\$8,954.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Bone Donors Recovered - July 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1906-04455	Angelica Castillo	2019-04985	Bone	\$275.00
R1907-00041	Michael Matthews	2019-04919	Bone	\$275.00
R1907-00093	Leon Jones	2019-05154	Bone	\$275.00
R1907-00257	Hugo Ramirez			\$275.00
R1907-00422	James Truax	2019-04983	Bone	\$275.00
R1907-00425	Deborah Silvers	2019-05129	Bone	\$275.00
R1907-00536	Jin Xi	2019-05043	Bone	\$275.00
R1907-00643	Peter Bossard	2019-05165	Bone	\$275.00
R1907-00985	Gwendolyn Dickinson	2019-05183	Bone	\$275.00
R1907-01053	Cameron Flosi	2019-05094	Bone	\$275.00
R1907-01132	Samuel DeJean	2019-05110	Bone	\$275.00
R1907-01248	Awki Wilds	2019-05121	Bone	\$275.00
R1907-01360	Jay Wahl	2019-05136	Bone	\$275.00
R1907-01715	Lidia Ruiz Barranco	2019-05191	Bone	\$275.00
R1907-01888	Vincent Le	2019-05617	Bone	\$275.00
R1907-01921	Gordon Myers	2019-05238	Bone	\$275.00
R1907-02040	Daniel Mendoza	2019-05252	Bone	\$275.00
R1907-02067	Clemente Rodriguez			\$275.00
R1907-02103	Bradley Graham	2019-05256	Bone	\$275.00
R1907-02453	Theodore Bennett	2019-05322	Bone	\$275.00
R1907-02525	Victor Deleon	2019-05315	Bone	\$275.00
R1907-02726	Jose Reyna Fonseca	2019-05361	Bone	\$275.00
R1907-02831	Paul Vasquez	2019-05385	Bone	\$275.00
R1907-02842	Oliver Crawford	2019-05403	Bone	\$275.00
R1907-02961	Jill Jackson	2019-05411	Bone	\$275.00
R1907-02997	Susan Mastro	2019-05413	Bone	\$275.00
R1907-03228	Jamison Felipe	2019-05600	Bone	\$275.00
R1907-03690	Michelle Washington	Pending	Bone	\$275.00
R1907-03727	Ronnie Ward	2019-05597	Bone	\$275.00
R1907-03755	Maria Segura	2019-05524	Bone	\$275.00
R1907-03764	Lorena Cardona	2019-05564	Bone	\$275.00
R1907-03998	Christian Patterson	2019-05635	Bone	\$275.00
R1907-04011	Georgia Froncek Warwick	2019-05556	Bone	\$275.00
R1907-04018	Hillary Wood	2019-05563	Bone	\$275.00
R1907-04233	Timothy Graham	2019-05613	Bone	\$275.00
R1907-04918	Robert Turrietta	2019-05721	Bone	\$275.00
Total Number of Bone Donors Recovered		36	Reimbursement	\$9900.00

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946.00
Adj. Sep 201

SEP 2019

CHIEF DEPUTY DIRECTOR

11-21-19
DATE

note: Adjustment of
\$ 946 credit &
overcharge Sep 21

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | (I) Approve action completed

Receivable(RE) Dept: ME ID: 20ME0236 Ver.: 1 Function: New Phase: Final Modified by e265621, 10/01/20 02.30.38

Header 1

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 07/17/2020	Reclassification Hold:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 13	Service To Date:
Document Description: Reimb. Non-Bone Donors for June 2020, case # 2020-05278 &	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$1,938.00	
Closed Amount: \$1,938.00	
Closed Date: 10/01/2020	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$1,938.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$1,938.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:
Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 20ME0236	Invoice Date 07-17-20
ARDept/BPRO		Due Date 08-16-20
ME:ROE		Revenue Source 9731
Project No		Amount Enclosed \$1,936.00
Amount Due \$1,936.00		

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 2 OF 4

Customer Number 527189	Invoice Number 20ME0236	Invoice Date 07-17-20
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Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Recovered Non-Bone Donors June 2020, ID # R2005-06359, 00207, 01544, 02641, 04241						\$1,936.00
TOTAL INVOICE Charges								\$1,936.00

Other Charges		
Description	Date	Charges
	07-17-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 08-16-20	\$1,936.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Donors - June 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2005-06359	Kathryn Gottlieb	pending	Corneas	\$314.00
R2006-00207	David Dionisio	Pending	Corneas	\$314.00
R2006-01544	Maximiliano Hernandez Portillo	2020-05278	Heart Valves	\$680.00
R2006-02641	Thomas Salliamonas	2020-05206	Corneas	\$314.00
R2006-04241	Andrea Nicole Pastrano	2020-05487	Corneas	\$314.00
Total Number of Non-Bone Donors Recovered		6	Reimbursement	\$1936.00

Wendy Myung
Administrative Deputy

7-7-20
Date

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Accreditations:

ational Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 20ME0235 Ver.: 1 Function: New Phase: Final Modified by e285621 . 10/01/20 02 31 16

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 07/17/2020
 Budget FY: 2020
 Fiscal Year: 2020
 Period: 13
 Document Description: Reimb. Non-Bone Donors for May 2020, case # 2020-04008 &
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$2,616.00
 Closed Amount: \$2,616.00
 Closed Date: 10/01/2020

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$2,616.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$2,616.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 20ME0235	Invoice Date 07-17-20
ARDept/BPRO		Due Date 08-16-20
ME:ROE		Revenue Source 9731
Project No		Amount Enclosed
Amount Due \$2,616.00		

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 1 OF 4

Customer Number 527189	Invoice Number 20ME0235	Invoice Date 07-17-20
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Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Recovered Non-Bone Donors May 2020, ID # R2005-01464, 01954, 02175, 04181, 04871, 06167						\$2,616.00
TOTAL INVOICE Charges								\$2,616.00

Other Charges		
Description	Date	Charges
	07-17-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 08-16-20	\$2,616.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov

7/06/20



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Donors - May 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2005-01464	Eliseo Ramirez Sr	2020-04008	Corneas	\$314.00
R2005-01954	Benjamin Martin	2020-04082	Heart Valves	\$680.00
R2005-02175	Jaime Garcia	2020-04415	Corneas	\$314.00
R2005-04181	Rene Fajardo	2020-04506	Corneas	\$314.00
R2005-04871	Raul Rivera Castro	2020-04587	Heart Valves	\$680.00
R2005-06167	Vicente Herrera	2020-04689	Corneas	\$314.00
Total Number of Non-Bone Donors Recovered		6	Reimbursement	\$2616.00

Alondra Myung
Administrative Deputy

7-6-20
Date

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Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 20ME0187 Ver.: 1 Function: New Phase: Final Modified by e265621 . 06/07/20 07:53:13

Header 1

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 04/16/2020	Reclassification Held:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 10	Service To Date:
Document Description: Reimb for Non-Bone Donors for Feb. 2020	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$3,244.00	
Closed Amount: \$3,244.00	
Closed Date: 06/07/2020	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$3,244.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$3,244.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:
Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0187	04-16-20
ARDept/BPRO		Due Date
ME:ROE		05-16-20
Project No		Revenue Source
		9731
Amount Due		Amount Enclosed
\$3,244.00		

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 5 OF 7

Customer Number	Invoice Number	Invoice Date
527189	20ME0187	04-16-20

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for Feb. 2020, Case # 2020-01048 & various.						\$3,244.00
TOTAL INVOICE Charges								\$3,244.00

Other Charges		
Description	Date	Charges
	04-16-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 05-16-20	\$3,244.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

4-06-2020

OneLegacy Recovered Non-Bone Donors - February 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2002-00235	Sergio Granados	2020-01048	Corneas	\$314.00
R2002-00472	David Garcia Calixto	[REDACTED]		\$314.00
R2002-00521	Catherine Caver			\$314.00
R2002-00734	Maria Trujillo Rabadan			\$314.00
R2002-02233	Chi Yang	2020-01271	Corneas	\$314.00
R2002-03503	Craig Savisky	2020-01408	Corneas	\$314.00
R2002-04633	Gerardo Sandoval	2020-01577	Heart Valves	\$680.00
R2002-05832	Luke Gilmore	2020-01698	Heart Valves	\$680.00
Total Number of Non-Bone Donors Recovered		8	Reimbursement	\$3244.00

Wendy Myzina
 Administrative Deputy

4-3-20
 Date

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Accreditations:

International Association of Medical Examiners (Provisional)
 California Medical Association-Continuing Medical Education
 Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
 Peace Officer Standards and Training Certified

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 20ME0168 Ver.: 1 Function: New Phase: Final Modified by e265621, 06/07/20 07 12 23

Header 1

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 04/02/2020	Reclassification Held:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 10	Service To Date:

Document Description:
Reimb. for Non-Bone Donors for Jan. 2020

Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$3,835.00

Closed Amount:
\$3,835.00

Closed Date:
06/07/2020

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$3,835.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$3,835.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 20ME0168	Invoice Date 04-02-20
ARDept/BPRO		Due Date 05-02-20
ME:ROE		Revenue Source 9731
Project No		Amount Enclosed \$3,635.00
Amount Due		

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 1 OF 7

Customer Number 527189	Invoice Number 20ME0168	Invoice Date 04-02-20
---------------------------	----------------------------	--------------------------

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for Jan. 2020, Case # 2020-00003 & various.						\$3,635.00
TOTAL INVOICE Charges								\$3,635.00

Other Charges		
Description	Date	Charges
	04-02-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 05-02-20	\$3,635.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

3/24/2020

OneLegacy Recovered Non-Bone Tissue - January 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2001-00060	Harut Ayvazyan	2020-00003	Corneas	\$275.00
R2001-01115	Taurino Ortiz			\$275.00
R2001-02033	Vicente Moran			\$275.00
R2001-02130	Douglas Nakano	2020-00247	Corneas	\$275.00
R2001-02565	Albert Lawrence	2020-00317	Corneas	\$275.00
R2001-02703	Dennis Witzel	2020-00355	Corneas	\$275.00
R2001-04560	Christopher O'Dell			\$275.00
R2001-04697	Brian Duran	2020-00571	Corneas	\$275.00
R2001-04916	Charles Heisler Jr.	2020-00591	Corneas	\$275.00
R2001-07396	Rebel Armstrong	2020-00916	Heart Valves	\$580.00
R2001-07845	Eames Chuchen	2020-00971	Heart Valves	\$580.00
Total Number of Non-Bone Donors		11	Reimbursement	\$3635.00

Wendy Myring
Administrative Deputy

3-23-20
Date

Accreditations:

Professional Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 20ME0158 Ver.: 1 Function: New Phase: Final Modified by e265621 , 05/06/20 02:56:03

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 03/11/2020
 Budget FY: 2020
 Fiscal Year: 2020
 Period: 9
 Document Description: Reimb for Non-Bone Donors for Dec 2019
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$4,480.00
 Closed Amount: \$4,480.00
 Closed Date: 05/06/2020

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$4,480.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$4,480.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0158	03-11-20
	ARDept/BPRO	Due Date
	ME:ROE	04-10-20
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$4,460.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 7 OF 9

Customer Number	Invoice Number	Invoice Date
527189	20ME0158	03-11-20

Invoice Charges									
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit	
1		Reimb. for Non-Bone Donors for Dec. 2019, Case # 2019-09086 & various.							\$4,460.00
TOTAL INVOICE Charges									\$4,460.00

Other Charges		
Description	Date	Charges
	03-11-20	
TOTAL OTHER Charges		

Credit Payments Applied	
Total Amount Due By 04-10-20	\$4,460.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

3/04/2020

OneLegacy Non-Bone Donors - Dec. 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1911-06236	Rosalina Garcia	2019-09086	Corneas	\$275.00
R1912-00296	Joshua Armenta	2019-09050	Corneas	\$275.00
R1912-00562	Maria Reyes			\$275.00
R1912-00890	Santiago Bernabe Osorio	2019-09184	Corneas	\$275.00
R1912-01710	Xavzier Paschal	2019-09251	Corneas	\$275.00
R1912-02502	Brandon Thomas	2019-09354	Corneas	\$275.00
R1912-02736	Angel Ibarra	2019-09695	Heart Valves	\$580.00
R1912-03549	Bremer Fenton	2019-09588	Corneas	\$275.00
R1912-03894	Hector Carbarin	2019-09526	Corneas	\$275.00
R1912-03971	Teresa Verduzco Salazar	2019-09611	Corneas	\$275.00
R1912-04166	Jose Vaquero	2019-09568	Corneas	\$275.00
R1912-04231	Jaime Vasquez Lopez	2019-09655	Heart Valves	\$580.00
R1912-06237	Jose Funes Guerrero	2019-09831	Corneas	\$275.00
R1912-06935	Timothy Weis	2019-09931	Corneas	\$275.00
Total Number of Non-Bone Donors Recovered		14	Reimbursement	\$4460.00

Wendy Myring
Administrative Deputy


3-4-2020
Date

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 |  Approve action completed.

Receivable(RE) Dept: ME ID: 20ME0137 Ver.: 1 Function: New Phase: Final Modified by 0265G21 , 03/24/20 06:45:46

Header 1

General Information	
Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 01/14/2020	Reclassification Held:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 7	Service To Date:
Document Description: Reimb for Non-Bone Donors for Sept Oct Nov 2019	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$9,010.00	
Closed Amount: \$9,010.00	
Closed Date: 03/24/2020	

Additional Amounts
Sent to Collection Amount: \$0.00
Liquidated Amount: \$9,010.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$9,010.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates
Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:
Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0137	01-14-20
	ARDept/BPRO	Due Date
	ME:ROE	02-13-20
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$9,010.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 1 OF 2

Customer Number	Invoice Number	Invoice Date
527189	20ME0137	01-14-20

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for Sept. 2019, Case # 2019-06584 & various.						\$2,535.00
2		Reimb. for Non-Bone Donors for Oct. 2019, Case # 2019-07573 & various.						\$4,490.00
3		Reimb. for Non-Bone Donors for Nov. 2019, Case # N/A - LAC/USC & various.						\$1,985.00
TOTAL INVOICE Charges								\$9,010.00

Other Charges		
Description	Date	Charges
	01-14-20	
TOTAL OTHER Charges		

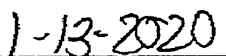
Credit Payments Applied	\$0.00
Total Amount Due By 02-13-20	\$9,010.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov

Recovered Non-Bone Donors - Nov 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1910-05836	Carlos Ramirez			\$275.00
R1911-03106	Silvia Arreaga	2019-08747	Corneas	\$275.00
R1911-03577	Alejandro Bautista Coronado	2019-08666	Corneas	\$275.00
R1911-03674	Kathleen Lopez	2019-08673	Heart Valves	\$580.00
R1911-03811	Baby Girl Jewell-Busche	2019-08696	Heart Valves	\$580.00
Total Number of Non-Bone Donors Recovered		5	Reimbursement	\$1985.00


 Administrative Deputy I


 Date



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD. LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

Recoverd Non-Bone Donors - Oct 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1910-01065	William Matheus	2019-07573	Corneas	\$275.00
R1910-01265	Eronald Deas	2019-07539	Corneas	\$275.00
R1910-01549	Veronica Navarro			\$275.00
R1910-01939	George Cruz			\$275.00
R1910-02360	Dane Robertson	2019-07762	Corneas	\$275.00
R1910-02535	Trevor Barger	2019-07718	Corneas	\$275.00
R1910-02582	Manuel Reyes			\$275.00
R1910-02863	Liam Vital Quero	2019-07764	Heart Valves	\$580.00
R1910-03227	Armando Martinez Espinosa	2019-07809	Corneas	\$275.00
R1910-04240	Flor Villagran Raymundo	2019-08040	Heart Valves	\$580.00
R1910-05207	Lidia Guerra	2019-08042	Heart Valves	\$580.00
R1910-05517	Edwin Stamp	2019-08074	Corneas	\$275.00
R1910-05857	Kenny Krogh	2019-08122	Corneas	\$275.00
Total Number of Non-Bone Donors Recovered		13	Reimbursement	\$4490.00

Wendy Myzing
 Administrative Deputy I

1-13-2020
 Date

Accreditations:

ational Association of Medical Examiners (Provisional)
 California Medical Association-Continuing Medical Education
 Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
 Peace Officer Standards and Training Certified

Law and Science Serving the Community



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

Non-Bone Donors Recoverd - Sept. 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1908-04594	Jose Sanchez	2019-06584	Corneas	\$275.00
R1908-04989	Ariana Cervantes	2019-06596	Heart Valves	\$580.00
R1909-02777	Leighton Okano	2019-06992	Heart Valves	\$580.00
R1909-02871	Richard Jaffke	2019-07000	Corneas	\$275.00
R1909-03478	Cezary Lucki	2019-07072	Corneas	\$275.00
R1909-04049	Teresa McMahon	2019-07153	Corneas	\$275.00
R1909-05778	Carina TamayoCalderon			\$275.00
Total Number of Non-Bone Donors		7	Reimbursement	\$2535.00

Wendy Meyung

Administrative Deputy I

1-13-2020

Date

Accreditations:

National Association of Medical Examiners (Provisional)
 California Medical Association-Continuing Medical Education
 Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
 Peace Officer Standards and Training Certifi.

Law and Science Serving the Community

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 20MED121 Ver.: 1 Function: New Phase: Final Modified by e265621 . 03/10/20 04:50.17

Header

General Information

Document Name: Reimbursement of Expense
Reclassification Date:
Reclassification Held:
Record Date: 12/17/2019
Budget FY: 2020
Fiscal Year: 2020
Period: 6
Document Description: Reimb for Non-Bone Donors for Aug 2019
Accounting Profile:
Expected Amount: \$0.00
Actual Amount: \$4,215.00
Closed Amount: \$4,215.00
Closed Date: 03/10/2020

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$4,215.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$4,215.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0121	12-17-19
	ARDept/BPRO	Due Date
	ME:ROE	01-16-20
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$4,215.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 5 OF 6

Customer Number	Invoice Number	Invoice Date
527189	20ME0121	12-17-19

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for Aug. 2019, Case # 2019-05752 & various.						\$4,215.00
TOTAL INVOICE Charges								\$4,215.00

Other Charges		
Description	Date	Charges
	12-17-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 01-16-20	\$4,215.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov




COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

LACDOC Non -Bone Donors Recovered - August 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1907-04798	Sonia Meza	2019-05752	Corneas	\$275.00
R1907-05018	Wilfredo Lopez			\$275.00
R1908-00479	Pharaoh Singleton Escobar	2019-05866	Heart Valves	\$580.00
R1908-01139	Gustavo Zeledon	2019-06223	Corneas	\$275.00
R1908-01232	Ebony Griffin	2019-05983	Corneas	\$275.00
R1908-01578	Bianca Davis	2019-06041	Corneas	\$275.00
R1908-01877	Margarita Villegas Salas	2019-06084	Corneas	\$275.00
R1908-02192	Alfredo Carrera	2019-06161	Corneas	\$275.00
R1908-02296	Jose Flores Velazquez	2019-06160	Corneas	\$275.00
R1908-02903	Paulina Pimentel Hernandez	2019-06472	Heart Valves	\$580.00
R1908-03607	Azalea Widdison	2019-06355	Heart Valves	\$580.00
R1908-04847	Michael Weber			\$275.00
Total Number of Non-Bone Donors Recovered		12	Reimbursement	\$4215.00



 CHIEF DEPUTY DIRECTOR

11-21-19
 DATE

Accreditations:

ational Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All: 1 of 1 | (T) Approve action completed.

Receivable(RE) Dept: ME ID: 20ME0120 Ver.: 1 Function: New Phase: Final Modified by e265621 03/10/20 04.49.43

Header

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 12/17/2019	Reclassification Held:
Budget FY: 2020	Document Dispute Status:
Fiscal Year: 2020	Service From Date:
Period: 6	Service To Date:
Document Description: Reimb. for Non-Bone Donors for July 2019	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$4,185.00	
Closed Amount: \$4,185.00	
Closed Date: 03/10/2020	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$4,185.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$4,185.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	20ME0120	12-17-19
	ARDept/BPRO	Due Date
	ME:ROE	01-16-20
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$4,185.00	

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 4 OF 6

Customer Number	Invoice Number	Invoice Date
527189	20ME0120	12-17-19

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Reimb. for Non-Bone Donors for July 2019, Case # 2019-04998 & various.						\$4,185.00
TOTAL INVOICE Charges								\$4,185.00

Other Charges		
Description	Date	Charges
	12-17-19	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 01-16-20	\$4,185.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"


COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

LACDOC Non-Bone Donors Recovered - July 2019

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R1907-00097	Liam Custodio Martinez	201904998	Heart Valves	\$580.00
R1907-00529	Ronald Portalski	2019-05051	Corneas	\$275.00
R1907-01816	Manuel Silva			\$275.00
R1907-02865	Oscar Trejo	2019-05392	Corneas	\$275.00
R1907-02941	Edis Alcantara			\$275.00
R1907-02947	Patricia Haley	2019-05405	Corneas	\$275.00
R1907-03134	Fernando Pleitez			\$275.00
R1907-03353	Genoveva Robles	2019-05459	Corneas	\$275.00
R1907-03397	Emily Tellez	2019-05465	Corneas	\$275.00
R1907-03769	Lisa Robinson	2019-05530	Corneas	\$275.00
R1907-04045	Eric Williams Johnson	2019-05577	Heart Valves	\$580.00
R1907-04766	Cassandra Ventura	2019-05707	Corneas	\$275.00
R1907-05142	Henk Robledo	2019-05755	Corneas	\$275.00
Total Number of Non-Bone Donors Recovered		13	Reimbursement	\$4185.00



CHIEF DEPUTY DIRECTOR

11-21-19
DATE

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2005 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

Extended Description

Additional Dates	Last Automatic Interest Fee Date:
	Last Automatic Late Fee Date:
	Last Automatic Admin Fee Date:
	Last Automatic Other Fee Date:

Additional Amounts	Sent to Collection Amount:	\$0.00
	Liquidated Amount:	\$1,705.00
	Written-off Amount:	\$0.00
	Outstanding Amount:	\$0.00
	Collected Amount:	\$1,705.00
	Payment within Tolerance Amount:	\$0.00
	Interest Amount:	\$0.00
	Late Fee Amount:	\$0.00
	Admin Fee Amount:	\$0.00
	Other Fee Amount:	\$0.00

General Information	Document Name:	Organ Procurement
	Record Date:	03/25/2020
	Budget FY:	2020
	Fiscal Year:	2020
	Period:	9
	Document Description:	Organ Procurement - Dr. Ortiz
	Accounting Profile:	
	Expected Amount:	\$0.00
	Actual Amount:	\$1,705.00
	Closed Amount:	\$1,705.00
	Closed Date:	05/07/2020
	Reclassification Date:	
	Reclassification Held:	
	Document Dispute Status:	
	Service From Date:	
	Service To Date:	

Header

INVOICE

Customer Name	QNTBAGCT
Customer Number	527189
Invoice Number	Z0MEO166
Invoice Date	03-25-20
Agency/Unit	04-24-20
Project No.	9492
Revenue Source	9492
Amount Billed	\$1,705.00

Remit to:
 Auditor Controller
 Shared Services Division
 Acct: Accounts Receivable
 3470 Wilshire Blvd., #1100
 Los Angeles CA 90010

BILL TO:
 QNTBAGCT
 221 S FIGUEROA ST SUITE 500
 Alcatraz Superhospital District
 LOS ANGELES CA 90012

Payment Method: Money Order Check
 Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH
 Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to County of Los Angeles

Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	527189
Invoice Number	Z0MEO166
Invoice Date	03-25-20

Line	Net	Project Desc	Description	From	To	Service	No. of	Unit of	Charge/Credit
1	\$1,705.00	Organ Procurement Case	2019-07418				Case	1705.000000	\$1,705.00
TOTAL INVOICE CHARGES \$1,705.00									

Other Charges	
Description	
Date	03-25-20
TOTAL OTHER CHARGES	

Credit Payments Applied	50.00
Total Amount Due By 04-24-20	\$1,705.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKNM@auditor.lacounty.gov

1,705.00 *
 1,705.00 +

 3,410.00

001

Organ
 Procurement
 2019

or

On October 4, 2019, Dr. Ortiz went to Miller Childrens Hospital in Long Beach to observe an organ procurement. Attached is a copy of the overtime slip. Please bill OneLegacy for the Department's fee for organ procurement (hospital).

SUBJECT: ONELEGACY BILLING

FROM: Christopher Rogers, M.D. *CR*
 Chief, Forensic Medicine

TO: Accounting

March 12, 2020



DEPARTMENT OF MEDICAL EXAMINER-CORONER



Extended Description

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Additional Amounts

Sent to Collection Amount: \$0.00

Liquidated Amount: \$2,109.00

Written-off Amount: \$0.00

Outstanding Amount: \$0.00

Collected Amount: \$2,109.00

Payment within Tolerance Amount: \$0.00

Interest Amount: \$0.00

Late Fee Amount: \$0.00

Admin Fee Amount: \$0.00

Other Fee Amount: \$0.00

General Information

Document Name: Organ Procurement

Record Date: 07/21/2020

Budget FY: 2020

Fiscal Year: 2020

Period: 13

Document Description: Organ Procurement - Dr. Ortiz

Accounting Profile:

Expected Amount: \$0.00

Actual Amount: \$2,109.00

Closed Amount: \$2,109.00

Closed Date: 10/01/2020

Reclassification Date:

Reclassification Held:

Document Dispute Status:

Service From Date:

Service To Date:

Header 1

INVOICE

Customer Name	ONELEGACY
Customer Number	527189
Invoice Number	20ME0239
Invoice Date	07-21-20
ARDepc/BPRD	
MB:OP	
Due Date	08-20-20
Revenue Source	9482
Project No	
Amount Due	\$2,109.00
Amount Enclosed	

Remit to:
 Auditor Controller
 Shared Services Division
 Attn: Accounts Receivable
 3470 Wilshire Blvd., #1100
 Los Angeles CA 90010

Bill to:
 ONELEGACY
 221 S FIGUEROA ST SUITE 500
 LOS ANGELES CA 90012

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to County of Los Angeles

Department of Medical Examiner - Coroner
 ORIGINAL



Customer Number	527189
Invoice Number	20ME0239
Invoice Date	07-21-20
Invoice Charges	
Ref	
No. of Project Desc	
Description	Organ Procurement Case
From To	
Service Service	
No. of Unit of Unit	1.000 Case
Measure Price	2109.000000
Charges/Credit	\$2,109.00
TOTAL INVOICE Charges	
	\$2,109.00

Other Charges	
Description	
Date	07-21-20
TOTAL OTHER Charges	

Credit Payments Applied	50.00
Total Amount Due By 08-20-20	\$2,109.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKMAN@auditor.lacounty.gov

2,109.00 *
2,109.00 +

001

2,109.00 *

On June 15, 2020, Dr. Ortiz went to Long Beach Memorial Medical Center to observe an organ procurement. I have already forwarded the overtime slip to Accounting.
Please bill OnLegacy for the Department's fee for organ procurement (hospital).

SUBJECT: ONELEGACY BILLING

FROM: Christopher Rogers, M.D.
Chief, Forensic Medicine

TO: Accounting

July 9, 2020

DEPARTMENT OF MEDICAL EXAMINER-CORONER



Receivable(RE) Dept: ME ID: 21ME0143 Ver.: 1 Function: New Phase: Final Modified by e255621 , 06/09/21 04:35:24

Header 1

General Information

Document Name: Reimbursement of Expense

Reclassification Date:

Record Date: 06/09/2021

Reclassification Hold:

Budget FY: 2021

Document Dispute Status:

Fiscal Year: 2021

Service From Date:

Period: 12

Service To Date:

Document Description: Bone Donors Recovered for April 2021

Accounting Profile:

Expected Amount: \$0.00

Actual Amount: \$10,137.00

Closed Amount: \$0.00

Closed Date:

Additional Amounts

Sent to Collection Amount: \$0.00

Liquidated Amount: \$0.00

Written-off Amount: \$0.00

Outstanding Amount: \$10,137.00

Collected Amount: \$0.00

Payment within Tolerance Amount: \$0.00

Interest Amount: \$0.00

Late Fee Amount: \$0.00

Admin Fee Amount: \$0.00

Other Fee Amount: \$0.00

Bone Donors

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

Extended Description:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0143	06-09-21
	ARDept/BPRO	Due Date
	ME:ROE	07-09-21
	Project No	Revenue Source
		9731
Amount Due	Amount Enclosed	
	\$10,137.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	21ME0143	06-09-21

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered April 2021. ID # R2104-00215, 00429, 00672, 00997, 01040, 01145, 01349, 01422,						\$10,137.00
TOTAL INVOICE Charges								\$10,137.00

Other Charges		
Description	Date	Charges
	06-09-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 07-09-21	\$10,137.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - April 2021

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2104-00215	Reade Childress	2021-04806	Bone	\$327.00
R2104-00429	Juan Lira	2021-04716	Bone	\$327.00
R2104-00672	Fidel Parra	2021-04745	Bone	\$327.00
R2104-00997	Michael Treinen	2021-04839	Bone	\$327.00
R2104-01040	Ricardo Mendez Soriano	2021-04803	Bone	\$327.00
R2104-01145	Truc Thai	2021-04833	Bone	\$327.00
R2104-01349	Ernesto AlatorreVazquez	2021-05125	Bone	\$327.00
R2104-01422	David Inglada	2021-04908	Bone	\$327.00
R2104-01493	Stacy Torres	2021-04899	Bone	\$327.00
R2104-01561	Miguel Ortega	2021-04904	Bone	\$327.00
R2104-01624	Chaejun Kim	2021-04912	Bone	\$327.00
R2104-01935	Abel Garcia Ramos	2021-05052	Bone	\$327.00
R2104-01961	John Ryor	2021-04971	Bone	\$327.00
R2104-02088	Gerardo Sanchez Garcia	2021-05451	Bone	\$327.00
R2104-02126	Samantha Lancaster	2021-04992	Bone	\$327.00
R2104-02221	Mark Samuel	2021-05014	Bone	\$327.00
R2104-02654	Janet Morris	2021-05093	Bone	\$327.00
R2104-02736	Luis Ek	2021-05096	Bone	\$327.00
R2104-03195	Tommy Maiden	2021-05171	Bone	\$327.00
R2104-03345	Nima Noorizadeh	2021-05190	Bone	\$327.00
R2104-03423	James Castaldi	2021-05207	Bone	\$327.00
R2104-03584	Andrew Maldonado	2021-05237	Bone	\$327.00
R2104-04335	Jose Ochoa			\$327.00
R2104-04360	Salvador Garibay	2021-05358	Bone	\$327.00
R2104-04531	Jesus Mata Garcia	2021-05435	Bone	\$327.00
R2104-04823	Blake Nawrocki	2021-054591	Bone	\$327.00
R2104-04903	Bismarck Lopez	2021-05471	Bone	\$327.00
R2104-04979	Gregorio Diego	202105483	Bone	\$327.00
R2104-05420	Alexandra Aguas	2021-05562	Bone	\$327.00
R2104-05622	Austin Cervantes	2021-05586	Bone	\$327.00
R2104-06035	Jose Cuevas	2021-05658	Bone	\$327.00
Total Number of Bone Donors Recovered		31	Reimbursement	\$10137.00

Wendy Meyring
Administrative Deputy

5-24-21
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Receivable(RE) Dept: ME ID: 21ME0142 Ver.: 1 Function: New Phase: Final Modified by e285621 , 06/09/21 04:35:57

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 08/09/2021
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 12
 Document Description: Bone Donors Recovered for March 2021
 Accounting Profile:

Reclassification Date:
 Reclassification Hold:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Expected Amount: \$0.00
 Actual Amount: \$9,810.00
 Closed Amount: \$0.00
 Closed Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$0.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$9,810.00
 Collected Amount: \$0.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

Extended Description:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0142	06-09-21
	ARDept/BPRO	Due Date
	ME:ROE	07-09-21
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$9,810.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	21ME0142	06-09-21

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered March 2021. ID # R2103-00122, 00265, 01639, 01708, 02911, 03142, 03215, 03260,						\$9,810.00
TOTAL INVOICE Charges								\$9,810.00

Other Charges		
Description	Date	Charges
	06-09-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 07-09-21	\$9,810.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors -- March 2021

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2103-00122	Morgan Ellis	2021-05574	Bone	\$327.00
R2103-00265	Aaron Arias	2021-03641	Bone	\$327.00
R2103-01639	Jordan Balcena -Summers	2021-03782	Bone	\$327.00
R2103-01708	Antonio Hernandez	2021-03875	Bone	\$327.00
R2103-02911	Alex Valencia	2021-04167	Bone	\$327.00
R2103-03142	Jeffery George	2021-03984	Bone	\$327.00
R2103-03215	Ricardo de Hernandez Ramirez	2021-04000	Bone	\$327.00
R2103-03260	Mia Valenzuela	2021-04004	Bone	\$327.00
R2103-03465	Alanna Rojas	2021-04033	Bone	\$327.00
R2103-03616	Leon Ramales Ponce			\$327.00
R2103-03791	Aaron Katz	2021-04078	Bone	\$327.00
R2103-03913	Dean Plawin	2021-04083	Bone	\$327.00
R2103-04241	Taelour Adkins			\$327.00
R2103-04470	Angel Gonzales	2021-04169	Bone	\$327.00
R2103-04743	Chelsea Rooker	2021-04216	Bone	\$327.00
R2103-05138	Ashley Solis	2021-04284	Bone	\$327.00
R2103-05207	Fermin DelRio	2021-04291	Bone	\$327.00
R2103-05315	Adam Pryor	2021-04505	Bone	\$327.00
R2103-05525	Daniel Towse	2021-04367	Bone	\$327.00
R2103-05661	Niels Graybill	2021-04352	Bone	\$327.00
R2103-05822	Jesse Gallotiscareno	2021-04436	Bone	\$327.00
R2103-06052	Joseph Lombardo	2021-04524	Bone	\$327.00
R2103-06124	Heather Adams	2021-04497	Bone	\$327.00
R2103-06253	Michael Carlson	2021-04667	Bone	\$327.00
R2103-06449	Jason Smith	2021-04558	Bone	\$327.00
R2103-06487	Rojello Gutierrez Florez	2021-04483	Bone	\$327.00
R2103-06550	Sibonnet Mendez	2021-04489	Bone	\$327.00
R2103-06783	Scott Benner	2021-04514	Bone	\$327.00
R2103-06791	Jorge Garcia Gonzalez	2021-04515	Bone	\$327.00
R2103-07340	Silvia Quintana			\$327.00
Total Number of Bone Donors Recovered		30	Reimbursement	\$9810.00

Wendy Myring
Administrative Deputy

5-24-21
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Receivable(RE) Dept: ME ID: 21ME0141 Ver.: 1 Function: New Phase: Final Modified by e265821 , 06/09/21 04:35:41

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 06/09/2021
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 12
 Document Description: Bone Donors Recovered for Feb. 2021
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$8,502.00
 Closed Amount: \$0.00
 Closed Date:

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$0.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$8,502.00
 Collected Amount: \$0.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

Extended Description:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0141	06-09-21
	ARDept/BPRO	Due Date
	ME:ROE	07-09-21
	Project No	Revenue Source
		9731
Amount Due	Amount Enclosed	
	\$8,502.00	

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	21ME0141	06-09-21

Invoice Charges									
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit	
1		Bone Donors Recovered Feb. 2021. ID # R2102-00384, 00615,00655, 01095, 01127, 03235, 03756,03969, ..							\$8,502.00
TOTAL INVOICE Charges									\$8,502.00

Other Charges		
Description	Date	Charges
	06-09-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 07-09-21	\$8,502.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - February 2021

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2102-00384	Jose Miranda	2021-02340	Bone	\$327.00
R2102-00615	Celeste Pineda	2021-02382	Bone	\$327.00
R2102-00655	Espiridion Cruz Gomez	2021-02384	Bone	\$327.00
R2102-01095	Ricardo Albavera	2021-02426	Bone	\$327.00
R2102-01127	Adam Lewis	2021-02555	Bone	\$327.00
R2102-03235	Samuel Chapman	2021-02650	Bone	\$327.00
R2102-03756	Julian Scherp	2021-02850	Bone	\$327.00
R2102-03969	Molly Steinsapir	2021-03034	Bone	\$327.00
R2102-04374	Daniel Cattani Jr.	2021-03021	Bone	\$327.00
R2102-04404	Linley Regalado Ramirez	2021-03868	Bone	\$327.00
R2102-04523	Kelly Tillman	2021-02999	Bone	\$327.00
R2102-04828	John Nielsen	2021-02993	Bone	\$327.00
R2102-05093	Nancy Cervantes	2021-02933	Bone	\$327.00
R2102-05248	Amanda Schmidt	2021-02969	Bone	\$327.00
R2102-05355	Jaime Villalobos	2021-02979	Bone	\$327.00
R2102-05401	Gilbert Cabral Jr.	2021-02980	Bone	\$327.00
R2102-05489	Melissa Harnett	2021-02988	Bone	\$327.00
R2102-05640	Michelle Rubio	2021-03001	Bone	\$327.00
R2102-06215	Jeremiah Snead	2021-03049	Bone	\$327.00
R2102-06396	Virginia Toyooka	2021-03067	Bone	\$327.00
R2102-06882	Krishna Diaz Martin Del Campo	2021-03165	Bone	\$327.00
R2102-07490	Alexander Granados	2021-03276	Bone	\$327.00
R2102-08261	Louis Holguin	2021-03506	Bone	\$327.00
R2102-08286	Brian Kenny	2021-03322	Bone	\$327.00
R2102-08642	Austin Beaumont	2021-03362	Bone	\$327.00
R2102-09808	Rose De Silva	2021-03509	Bone	\$327.00
Total Number of Bone Donors Recovered		26	Reimbursement	\$8502.00

Wendy Meying
Administrative Deputy

5-19-21
Date

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 21ME0089 Ver.: 1 Function: New Phase: Final Modified by e265621 , 04/06/21 09:18 59

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 03/03/2021
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 9

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Document Description:
 Bone Donors Recovered for Jan. 2021, Case # 2021-00185 &var.
 Accounting Profile:

Expected Amount: \$0.00
 Actual Amount: \$5,232.00
 Closed Amount: \$5,232.00
 Closed Date: 04/06/2021

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$5,232.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$5,232.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0089	03-03-21
	ARDept/BPRO	Due Date
	ME:ROE	04-02-21
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$5,232.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment.

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 5 OF 5

Customer Number	Invoice Number	Invoice Date
527189	21ME0089	03-03-21

Invoice Charges

Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered Jan. 2021. ID # R2101-01291, 01567, 04129, 05020, 07085, 07408, 08213, 08522,.						\$5,232.00
TOTAL INVOICE Charges								\$5,232.00

Other Charges

Description	Date	Charges
	03-03-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 04-02-21	\$5,232.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - January 2021

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2101-01291	Gabriela Deharo	2021-00195	Bone	\$327.00
R2101-01567	Richard Rosen	2021-00148	Bone	\$327.00
R2101-04129	Edwardo Ching	2021-00428	Bone	\$327.00
R2101-05020	Sally Wu	2021-51560	Bone	\$327.00
R2101-07085	Judith Veale	2021-00789	Bone	\$327.00
R2101-07408	Paul Haas	2021-01690	Bone	\$327.00
R2101-08213	Alissa McMurrin	2021-00965	Bone	\$327.00
R2101-08522	Armando Mejia Garcia	2021-01023	Bone	\$327.00
R2101-10421	Oliver Torres Moreno	2021-01252	Bone	\$327.00
R2101-10897	Douglas Young	2021-01302	Bone	\$327.00
R2101-13514	Gerard Lewis	2021-01702	Bone	\$327.00
R2101-14109	Yadira Olvera Alvarez	2021-01743	Bone	\$327.00
R2101-14166	Eduardo Robles	2021-01968	Bone	\$327.00
R2101-15724	Julian Teran Jr	2021-01885	Bone	\$327.00
R2101-15952	Consuelo Wenceslao	2021-01924	Bone	\$327.00
R2101-17434	Sonia Castro	2021-02114	Bone	\$327.00
Total Number of Bone Donors Recovered		16	Reimbursement	\$5232.00

Wendy Myring
Administrative Deputy

2-25-21
Date

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 21ME0088 Ver.: 1 Function: New Phase: Final Modified by e265G21 , 04/08/21 09 19 45

Header 1

General Information

Document Name: Reimbursement of Expense
Reclassification Date:

Record Date: 03/03/2021
Reclassification Held:

Budget FY: 2021
Document Dispute Status:

Fiscal Year: 2021
Service From Date:

Period: 9
Service To Date:

Document Description:
Bone Donors Recovered for Dec
2020, Case # 2020-11347 &var
Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$7,521.00

Closed Amount:
\$7,521.00

Closed Date:
04/06/2021

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$7,521.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$7,521.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0088	03-03-21
	ARDept/BPRO	Due Date
	ME:ROE	04-02-21
	Project No	Revenue Source
		9731
Amount Due	Amount Enclosed	
	\$7,521.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	21ME0088	03-03-21

Invoice Charges

Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered Dec. 2020. ID # R2012-00584, 00911,01183, 01553, 01996, 02024, 03800,03864,...						\$7,521.00
TOTAL INVOICE Charges								\$7,521.00

Other Charges

Description	Date	Charges
	03-03-21	
TOTAL OTHER Charges		

Credit Payments Applied

Credit Payments Applied	\$0.00
Total Amount Due By 04-02-21	\$7,521.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Cases - December 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2012-00584	Jose Dizon			\$327.00
R2012-00911	Joana Flores	2020-11347	Bone	\$327.00
R2012-01183	Marlon Williams	2020-11300	Bone	\$327.00
R2012-01553	Emily Legeza	2020-11343	Bone	\$327.00
R2012-01996	Aida Portillo	2020-11399	Bone	\$327.00
R2012-02024	Maria Flood	2020-11383	Bone	\$327.00
R2012-03800	Kimberly VanBuren	2020-11584	Bone	\$327.00
R2012-03864	Eddy Vasquez	2020-11593	Bone	\$327.00
R2012-04177	Manuel Alvarez	2020-11632	Bone	\$327.00
R2012-04763	James Coleman	2020-11699	Bone	\$327.00
R2012-05326	Stephen Gerard	2020-11752	Bone	\$327.00
R2012-05791	Elizandra Quevedo Rosales			\$327.00
R2012-05897	Lincoln Goodman	2020-11825	Bone	\$327.00
R2012-06349	Juan Camarena Ramirez	2020-11879	Bone	\$327.00
R2012-06421	Jessie Garcia	2020-11876	Bone	\$327.00
R2012-07471	Kathleen Morgan	2020-11981	Bone	\$327.00
R2012-08538	Jeffery Carter	2020-12084	Bone	\$327.00
R2012-10125	Judith Lanning	2021-02179	Bone	\$327.00
R2012-10416	Juan Gama	2020-12243	Bone	\$327.00
R2012-11102	Barbara Weiner	2020-12289	Bone	\$327.00
R2012-11949	Brett MacDonald	2020-12359	Bone	\$327.00
R2012-12378	Timothy Davis	2020-12520	Bone	\$327.00
R2012-13426	Gerald Lippert Jr	2020-12485	Bone	\$327.00
Total Number of Bone Donors Recovered		23	Reimbursement	\$7521.00

Wendy Myring
Administrative Deputy

2-25-21
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

View All 1 of 1 (1) Approve action completed.

Receivable(RE) Dept: ME ID: 21ME0076 Ver.: 1 Function: New Phase: Final Modified by e265621 . 04/01/21 05 18.54

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 02/12/2021
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 8

Reclassification Date:
 Reclassification Hold:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Document Description:
 Bone Donors Recovered for Nov 2020, Case # 2020-10158 &var
 Accounting Profile:

Expected Amount: \$0.00
 Actual Amount: \$10,048.00
 Closed Amount: \$10,048.00
 Closed Date: 04/01/2021

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$10,048.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$10,048.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0076	02-12-21
	ARDept/BPRO	Due Date
	ME:ROE	03-14-21
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$10,048.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	21ME0076	02-12-21

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered Nov.2020. ID # R2010-06319, R2011-00042, 01053, 02145, 02162, 02341, 02389,...						\$10,048.00
TOTAL INVOICE Charges								\$10,048.00

Other Charges		
Description	Date	Charges
	02-12-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 03-14-21	\$10,048.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046/-email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

Recovered Bone Tissue - November 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2010-06319	Jai Skinner	2020-10158	Bone	\$314.00
R2011-00042	Nikisha Daniel	2020-10178	Bone	\$314.00
R2011-01053	Paul Garcia Jr.	2020-10319	Bone	\$314.00
R2011-02145	Iris Allen	2020-10573	Bone	\$314.00
R2011-02162	Mario Zavalza	2020-10477	Bone	\$314.00
R2011-02341	Alejandro Delano	2021-00583	Bone	\$314.00
R2011-02389	Madeleine Cammarata	2020-10552	Bone	\$314.00
R2011-02401	Michael McManus	2020-10513	Bone	\$314.00
R2011-02647	Rebecca Anderson	2020-10556	Bone	\$314.00
R2011-02681	Thomas Winters	2020-10738	Bone	\$314.00
R2011-02729	Jan Lacy	2020-10558	Bone	\$314.00
R2011-02777	Victoria Mueller	2020-10576	Bone	\$314.00
R2011-03048	SoonSeon Hwang			\$314.00
R2011-03285	Andrew Bradley	2020-10635	Bone	\$314.00
R2011-03448	Jorge Orellana Rosales	2020-10673	Bone	\$314.00
R2011-03656	Carnisha Smith	2020-10695	Bone	\$314.00
R2011-03825	Juan Soriano Mejia	2020-10897	Bone	\$314.00
R2011-03880	Franklin Rivas Moz	2020-10713	Bone	\$314.00
R2011-04247	Kathleen Stevens	2020-10759	Bone	\$314.00
R2011-04422	Jon Haley	2020-10792	Bone	\$314.00
R2011-04546	Rachel Quintanilla	2020-10801	Bone	\$314.00
R2011-05198	Scott Henriksen	2020-10898	Bone	\$314.00
R2011-05288	Steven Shin	2020-10932	Bone	\$314.00
R2011-05744	Mark Ibarra	2020-10970	Bone	\$314.00
R2011-05826	Nicolas Vargas	2020-10980	Bone	\$314.00
R2011-06056	Eric Armstead	2020-11013	Bone	\$314.00
R2011-06180	Richard Casillas	2020-11026	Bone	\$314.00
R2011-06293	Kenneth Mims, Jr	2020-11044	Bone	\$314.00
R2011-06815	Christina Tontisakis	2020-11090	Bone	\$314.00
R2011-07245	Douglas Tracey	2020-11126	Bone	\$314.00
R2011-07337	Jon-Erik Livingston	2020-11159	Bone	\$314.00
R2011-07350	Richard White	2020-11130	Bone	\$314.00
Total Number of Bone Donors Recovered		32	Reimbursement	\$10048.00

Wendy Meyring
Administrative Deputy

1-21-21
Date

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
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Law and Science Serving the Community

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 21ME0075 Ver.: 1 Function: New Phase: Final Modified by a265621 , 04/01/21 05 21 31

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 02/12/2021
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 8
 Document Description: Bone Donors Recovered for Oct. 2020. Case # 202009132 &var
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$12,560.00
 Closed Amount: \$12,560.00
 Closed Date: 04/01/2021

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$12,560.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$12,560.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0075	02-12-21
	ARDept/BPRO	Due Date
	ME:ROE	03-14-21
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$12,560.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	21ME0075	02-12-21

Invoice Charges

Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered Oct.2020. ID # R2010-00153, 00516, 00798, 00956, 01250, 01347, 01674, ...						\$12,560.00
TOTAL INVOICE Charges								\$12,560.00

Other Charges

Description	Date	Charges
	02-12-21	
TOTAL OTHER Charges		

Credit Payments Applied

Total Amount Due By 03-14-21	\$0.00
	\$12,560.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

Recovered Bone Donors - October 2020

R2010-05019	Hans Bodvarsson	2020-09937	Bone	\$314.00
R2010-05424	Armen Mekikian	2020-10086	Bone	\$314.00
R2010-05654	Bryant Campos	2020-10019	Bone	\$314.00
R2010-05821	Sandra Malady	2020-10032	Bone	\$314.00
R2010-05911	David Gondek	2020-10051	Bone	\$314.00
R2010-06023	Lawrence Ingham	2020-10072	Bone	\$314.00
R2010-06098	Antonine Williams	2020-10080	Bone	\$314.00
R2010-06749	Jonathan Rodriguez	2020-10174	Bone	\$314.00
R2011-00036	Rob Macieu	2020-10173	Bone	\$314.00
Total Number of Bone Donors Recovered		40	Reimbursement	\$12560.00

Wendy Myring
Administrative Deputy

1-21-21
Date

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

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COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

Recovered Bone Donors - October 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2010-00153	David Cannon	202009132	Bone	\$314.00
R2010-00516	Miguel Perez Boyzo	2020-09188	Bone	\$314.00
R2010-00798	Leonso Martinez	2020-09231	Bone	\$314.00
R2010-00956	Sarkis Zenopyan	2020-09248	Bone	\$314.00
R2010-01250	Alejandro Mendoza	2020-09294	Bone	\$314.00
R2010-01347	Baldomero Martinez	2020-09328	Bone	\$314.00
R2010-01674	Michael Hallahan	2020-09378	Bone	\$314.00
R2010-01732	Joshua Gadberry	2020-09391	Bone	\$314.00
R2010-01775	Alejandro Martin Jr	2020-09397	Bone	\$314.00
R2010-01784	Stephanie Sheppard	2020-09512	Bone	\$314.00
R2010-02113	James Harrison	2020-09456	Bone	\$314.00
R2010-02133	Michelle Oliveros Rey	2020-09461	Bone	\$314.00
R2010-02233	Daisy Robles-Nava	2020-09466	Bone	\$314.00
R2010-02435	Evan Phan	2020-09510	Bone	\$314.00
R2010-02579	Samuel Tyo	2020-09533	Bone	\$314.00
R2010-02649	Juan Veliz Pena	2020-09542	Bone	\$314.00
R2010-02691	Jose Muneton	2020-09547	Bone	\$314.00
R2010-02717	Matthew Molina	2020-09551	Bone	\$314.00
R2010-02738	Jerry Tena	2020-09634	Bone	\$314.00
R2010-02983	Rolando Garcia Escobar	2020-09607	Bone	\$314.00
R2010-03152	Cindy Avila	2020-09623	Bone	\$314.00
R2010-03176	Diana Knabe	2020-09630	Bone	\$314.00
R2010-03786	Jessie Rivas	2020-09738	Bone	\$314.00
R2010-03837	Brian Murillo	2020-09740	Bone	\$314.00
R2010-03886	Angelo Worthy	2020-09749	Bone	\$314.00
R2010-03931	Vlorel Lelea	2020-09760	Bone	\$314.00
R2010-04015	Dorothy Zetina	2020-09822	Bone	\$314.00
R2010-04296	Aurelio Barrera	2020-09830	Bone	\$314.00
R2010-04707	Jose Garcia Sr	2020-10154	Bone	\$314.00
R2010-04935	Eduardo Correa	2020-10121	Bone	\$314.00
R2010-04987	Kathleen Renda	2020-10036	Bone	\$314.00

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
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View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 21ME0035 Ver.: 1 Function: New Phase: Final Modified by e265621 . 01/04/21 11 01 32

Header 1

General Information

Document Name: Reimbursement of Expense	Reclassification Date:
Record Date: 11/02/2020	Reclassification Held:
Budget FY: 2021	Document Dispute Status:
Fiscal Year: 2021	Service From Date:
Period: 5	Service To Date:
Document Description: Bone Donors Recovered for Sept. 2020, Case # 2020-08081 &var	
Accounting Profile:	
Expected Amount: \$0.00	
Actual Amount: \$10,362.00	
Closed Amount: \$10,362.00	
Closed Date: 01/04/2021	

Additional Amounts

Sent to Collection Amount: \$0.00
Liquidated Amount: \$10,362.00
Written-off Amount: \$0.00
Outstanding Amount: \$0.00
Collected Amount: \$10,362.00
Payment within Tolerance Amount: \$0.00
Interest Amount: \$0.00
Late Fee Amount: \$0.00
Admin Fee Amount: \$0.00
Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
Last Automatic Late Fee Date:
Last Automatic Admin Fee Date:
Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0035	11-02-20
ARDept/BPRO		Due Date
ME:ROE		12-02-20
Project No		Revenue Source
		9731
Amount Due		Amount Enclosed
\$10,362.00		

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 2 OF 3

Customer Number	Invoice Number	Invoice Date
527189	21ME0035	11-02-20

Invoice Charges

Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered Sept.2020. ID # R2008-05114, 00273, 00399, 00442, 00516, 00669, 00806, ...						\$10,362.00
TOTAL INVOICE Charges								\$10,362.00

Other Charges

Description	Date	Charges
	11-02-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 12-02-20	\$10,362.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - Sept 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2008-05114	Seth Vest	2020-08061	Bone	\$314.00
R2009-00273	Xochitl Hernandez Maciel			\$314.00
R2009-00399	Jose Sanchez	2020-08580	Bone	\$314.00
R2009-00442	Ulises Vasquez	2020-08102	Bone	\$314.00
R2009-00516	Vincent Nava	2020-08305	Bone	\$314.00
R2009-00669	Mark Smart	2020-08133	Bone	\$314.00
R2009-00806	Robert Redden	2020-08162	Bone	\$314.00
R2009-00821	Victoriano Lopez Diaz	2020-08167	Bone	\$314.00
R2009-00823	Yolanda Rivas	2020-08165	Bone	\$314.00
R2009-00925	Humberto Carbajal	2020-08585	Bone	\$314.00
R2009-00945	Osvaldo Vega Jr.	2020-08185	Bone	\$314.00
R2009-01486	Alexander Alonzo	2020-08237	Bone	\$314.00
R2009-01846	Marco German	2020-8347	Bone	\$314.00
R2009-01931	Leticia Alonzo	2020-08384	Bone	\$314.00
R2009-01984	Ronnie Bollig	2020-08329	Bone	\$314.00
R2009-02254	George Teamer Jr	2020-08373	Bone	\$314.00
R2009-02388	Lawren Merriweather	2020-08634	Bone	\$314.00
R2009-02639	Obed Sanchez	2020-08432	Bone	\$314.00
R2009-02769	Marco Vasquez	2020-08507	Bone	\$314.00
R2009-02836	Jesse Gonzalez	2020-08584	Bone	\$314.00
R2009-03611	Kimberley Bandy	2020-08594	Bone	\$314.00
R2009-04119	Juan Cortez	2020-08676	Bone	\$314.00
R2009-04451	Gustavo Gonzalez Atiano	2020-08705	Bone	\$314.00
R2009-04510	Robert Anderson	2020-08724	Bone	\$314.00
R2009-04822	Jason Autery	2020-08770	Bone	\$314.00
R2009-05129	Gene Schilder	2020-08823	Bone	\$314.00
R2009-05607	William Fields Jr.	2020-08890	Bone	\$314.00
R2009-05681	Santiago Lopez Robles	2020-08911	Bone	\$314.00
R2009-05718	Jose Leon Sanchez	2020-08905	Bone	\$314.00
R2009-05762	Karla Tapia	2020-08910	Bone	\$314.00
R2009-05994	Jonathan Bravo	2020-08958	Bone	\$314.00
R2009-06087	Francisca Hernandez	2020-08969	Bone	\$314.00
R2009-06380	Wiley Ball Jr.			\$314.00
Total Number of Bone Donors Recovered		33	Reimbursement	\$10362.00

Wendy Murray
Administrative Deputy

10-27-20
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 21ME0030 Ver.: 1 Function: New Phase: Final Modified by e265621, 12/22/20 07 38.43

Header 1

General Information

Document Name: Reimbursement of Expense
Reclassification Date:

Record Date: 10/22/2020
Reclassification Held:

Budget FY: 2021
Document Dispute Status:

Fiscal Year: 2021
Service From Date:

Period: 4
Service To Date:

Document Description:
Bone Donors Recovered for Aug
2020, Case # 2020-06939 &var
Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$8,792.00

Closed Amount:
\$8,792.00

Closed Date:
12/22/2020

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$8,792.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$8,792.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0030	10-22-20
ARDept/BPRO		Due Date
ME:ROE		11-21-20
Project No	Revenue Source	
	9731	
Amount Due	Amount Enclosed	
	\$8,792.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 2 OF 5

Customer Number	Invoice Number	Invoice Date
527189	21ME0030	10-22-20

Invoice Charges									
Ref Line No.	Project	Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1			Bone Donors Recovered Aug.2020. ID # R2008-00027, 00052, 00159, 01441, 01513, 01614, 01813, ...						\$8,792.00
TOTAL INVOICE Charges									\$8,792.00

Other Charges		
Description	Date	Charges
	10-22-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 11-21-20	\$8,792.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



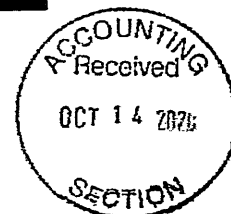
Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - August 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2008-00027	Kevin Rojas	2020-06939	Bone	\$314.00
R2008-00052	Ashley Oliver	2020-07197	Bone	\$314.00
R2008-00159	Darnell Pollard	2020-06995	Bone	\$314.00
R2008-01441	Edward Bejenaru	2020-07081	Bone	\$314.00
R2008-01513	Adrian Martinez	2020-07104	Bone	\$314.00
R2008-01614	Hilary Tisch	2020-07262	Bone	\$314.00
R2008-01813	John Lopez II	2020-07366	Bone	\$314.00
R2008-01896	Anne Moses	2020-07226	Bone	\$314.00
R2008-01925	Maria Sanchez de Gardiel			\$314.00
R2008-01977	Edward Berns	2020-07238	Bone	\$314.00
R2008-02037	Melvin Grace	2020-07276	Bone	\$314.00
R2008-02316	Blade Chavez	2020-07323	Bone	\$314.00
R2008-02317	Ernie Chiotakis	2020-07207	Bone	\$314.00
R2008-03443	Dustyn Gobler	2020-07350	Bone	\$314.00
R2008-03462	Paige Bolt Brennan	2020-07442	Bone	\$314.00
R2008-04423	Jacob Gibson	2020-07509	Bone	\$314.00
R2008-05117	Fernando Monrroy Bueso	2020-07652	Bone	\$314.00
R2008-05279	Brian Brown	2020-07649	Bone	\$314.00
R2008-05379	Kristina Johnson			\$314.00
R2008-05826	Denise Gatlin	2020-07861	Bone	\$314.00
R2008-06692	Samuel Rincon	2020-07848	Bone	\$314.00
R2008-06958	Jeffery Gutierrez	2020-07896	Bone	\$314.00
R2008-07281	Judith Wickliff	2020-08077	Bone	\$314.00
R2008-07304	Gabriel Sepulveda	2020-07935	Bone	\$314.00
R2008-07446	Jorge Rueda	2020-08094	Bone	\$314.00
R2008-07526	Bradley Kroc	2020-07960	Bone	\$314.00
R2008-07718	Kenny Palacios	2020-07986	Bone	\$314.00
R2008-07889	Alan Derlighter	2020-08013	Bone	\$314.00
Total Number of Bone Donors Recovered		28	Reimbursement	\$8792.00

Wendy Murray
Administrative Deputy

10-14-20
Date



Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 21ME0016 Ver.: 1 Function: New Phase: Final Modified by e265621, 11/19/20 04 15:50

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 09/23/2020
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 3
 Document Description: Bone Donors Recovered for July 2020, Case # 2020-05809 & var
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$8,164.00
 Closed Amount: \$8,164.00
 Closed Date: 11/19/2020

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$8,164.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$8,164.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0016	09-23-20
	ARDept/BPRO	Due Date
	ME:ROE	10-23-20
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$8,164.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 2 OF 5

Customer Number	Invoice Number	Invoice Date
527189	21ME0016	09-23-20

Invoice Charges

Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Bone Donors Recovered July 2020. ID # R2007-00078, 00134, 00305, 00888, 01022, 01037, 01087, ...						\$8,164.00
TOTAL INVOICE Charges								\$8,164.00

Other Charges

Description	Date	Charges
	09-23-20	
TOTAL OTHER Charges		

Credit Payments Applied

Credit Payments Applied	\$0.00
Total Amount Due By 10-23-20	\$8,164.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES

DEPARTMENT OF MEDICAL EXAMINER-CORONER

1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



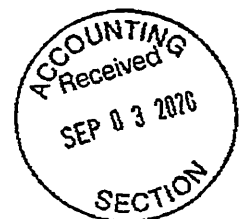
Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Bone Donors - July 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2007-00078	Dorothy Salazar	2020-05809	Bone	\$314.00
R2007-00134	Antonio Fernandez	2020-05824	Bone	\$314.00
R2007-00305	Kristi Tyminski	2020-05856	Bone	\$314.00
R2007-00888	Franzella Fox	2020-05932	Bone	\$314.00
R2007-01022	Joseph Beki	2020-05959	Bone	\$314.00
R2007-01037	Gustavo Ramirez	2020-06128	Bone	\$314.00
R2007-01087	Felipe Alvarez	2020-05961	Bone	\$314.00
R2007-01102	Noel Rangel	2020-05972	Bone	\$314.00
R2007-01201	Lora Somoza	2020-05984	Bone	\$314.00
R2007-01818	Vlad Reznik	2020-06062	Bone	\$314.00
R2007-02058	Santiago Perez	2020-06116	Bone	\$314.00
R2007-02112	Maria Sanchez	2020-06180	Bone	\$314.00
R2007-02828	Sergio Gamma Hernandez	2020-06218	Bone	\$314.00
R2007-02880	Alvaro Dominguez	2020-06302	Bone	\$314.00
R2007-03366	Rachel Buhner	2020-06486	Bone	\$314.00
R2007-03630	Liberty Henkel	2020-06331	Bone	\$314.00
R2007-03760	James Guido	2020-06492	Bone	\$314.00
R2007-04020	Mario Marroquin	2020-06388	Bone	\$314.00
R2007-04531	Oscar Reyes Rivas	2020-06451	Bone	\$314.00
R2007-05248	Miguel Barraza Lopez	2020-06634	Bone	\$314.00
R2007-06104	Manuel Zamora Jr	2020-06684	Bone	\$314.00
R2007-06177	Dominic Holden	2020-06678	Bone	\$314.00
R2007-06703	Lauren Afenir	2020-06748	Bone	\$314.00
R2007-06861	Melissa Rangel	2020-06765	Bone	\$314.00
R2007-07381	Dominic Gooden	2020-06824	Bone	\$314.00
R2007-07999	Robert Bennett Jr.	2020-06894	Bone	\$314.00
Total Number of Bone Donors Recovered		26	Reimbursement	\$8164.00

Wendy Myring
Administrative Deputy

9-3-20
Date



Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

Receivable(RE) Dept: ME ID: 21ME0140 Ver.: 1 Function: New Phase: Final Modified by a265621, 06/09/21 04:36:05

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 08/09/2021
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 12
 Document Description: Reimb Non-Bone Donors April 2021
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$1,982.00
 Closed Amount: \$0.00
 Closed Date:

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$0.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$1,982.00
 Collected Amount: \$0.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Non-Bone

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

Extended Description:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0140	06-09-21
ARDept/BPRO		Due Date
ME:ROE		07-09-21
Project No		Revenue Source
		9731
Amount Due		Amount Enclosed
		\$1,962.00

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 3 OF 6

Customer Number	Invoice Number	Invoice Date
527189	21ME0140	06-09-21

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Recovered Non-Bone Donors April 2021, case #2021-05050 & various (ID # R2103-06436, 00935, 03959,...						\$1,962.00
TOTAL INVOICE Charges								\$1,962.00

Other Charges		
Description	Date	Charges
	06-09-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 07-09-21	\$1,962.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Donors - April 2021

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2103-06436	Andrew Vazquez	2021-05050	Heart Valves (tissue only)	\$327.00
R2104-00935	Brima Sahr Lebbie	2021-04970	Corneas	\$327.00
R2104-03959	Rodrigo Arroyo	2021-05296	Corneas	\$327.00
R2104-04604	Theodric Young	2021-05412	Corneas	\$327.00
R2104-05769	Victor Govea	2021-05615	Corneas	\$327.00
R2104-05941	Draven Waters	2021-05649	Heart Valves (tissue only)	\$327.00
Total Number of Non-Bone Donors Recovered		6	Reimbursement	\$1962.00

Wendy Meying
Administrative Deputy

5-24-21
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

Receivable(RE) Dept: ME ID: 21ME0139 Ver.: 1 Function: New Phase: Final Modified by e255621 , 06/09/21 04:35:31

Header 1

General Information

Document Name: Reimbursement of Expense

Reclassification Date:

Record Date: 08/09/2021

Reclassification Held:

Budget FY: 2021

Document Dispute Status:

Fiscal Year: 2021

Service From Date:

Period: 12

Service To Date:

Document Description: Reimb Non-Bone Donors March 2021

Accounting Profile:

Expected Amount: \$0.00

Actual Amount: \$3,270.00

Closed Amount: \$0.00

Closed Date:

Additional Amounts

Sent to Collection Amount: \$0.00

Liquidated Amount: \$0.00

Written-off Amount: \$0.00

Outstanding Amount: \$3,270.00

Collected Amount: \$0.00

Payment within Tolerance Amount: \$0.00

Interest Amount: \$0.00

Late Fee Amount: \$0.00

Admin Fee Amount: \$0.00

Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

Extended Description:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0139	06-09-21
	ARDept/BPRO	Due Date
	ME:ROE	07-09-21
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$3,270.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 2 OF 6

Customer Number	Invoice Number	Invoice Date
527189	21ME0139	06-09-21

Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Recovered Non-Bone Donors March 2021, case #2021-04695 & various (ID # R2103-00836, 02448, 02852,...						\$3,270.00
TOTAL INVOICE Charges								\$3,270.00

Other Charges		
Description	Date	Charges
	06-09-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 07-09-21	\$3,270.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Tissue -- March 2021

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2103-00836	Dorothy Leichman	2021-04695	Corneas	\$327.00
R2103-02448	Susan Boos	2021-03963	Corneas	\$327.00
R2103-02852	Nicole Traslavina	2021-03952	Corneas	\$327.00
R2103-02939	Andy Mancilla	2021-03962	Heart Valves (tissue only)	\$327.00
R2103-05530	Aurelio DeLaRochaNajera	2021-04364	Corneas	\$327.00
R2103-05600	Bryan Munoz	2021-04438	Heart Valves (tissue only)	\$327.00
R2103-06865	Lance Scott	2021-04534	Corneas	\$327.00
R2103-07166	Steven Wallace	2021-04574	Corneas	\$327.00
R2103-07366	Jason Christofferson	2021-04602	Heart Valves (tissue only)	\$327.00
R2103-07393	Zullivan Navas Aguilar	2021-04651	Corneas	\$327.00
Total Number of Non-Bone Donors Recovered		10	Reimbursement	\$3270.00

Wendy Myring
 Administrative Deputy

5-24-21
 Date

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Receivable(RE) Dept: ME ID: 21ME0138 Ver.: 1 Function: New Phase: Final Modified by a265621, 06/09/21 04:35:48

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 06/09/2021
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 12
 Document Description: Reimb. Non-Bone Donors Feb 2021.
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$981.00
 Closed Amount: \$0.00
 Closed Date:

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$0.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$981.00
 Collected Amount: \$0.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

Extended Description:

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0138	06-09-21
	ARDept/BPRO	Due Date
	ME:ROE	07-09-21
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$981.00	

Payment Method: Check Money Order

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 1 OF 6

Customer Number	Invoice Number	Invoice Date
527189	21ME0138	06-09-21

Invoice Charges									
Ref Line No.	Project Desc	Description	Service From	Service To	Taxable Units	No. of Units	Unit of Measure	Unit Price	Charges/Credit
1		Recovered Non-Bone Donors Feb. 2021, case # 2021-02690 (ID # R2102-02757), R2102-03220, R2102-04039							\$981.00
TOTAL INVOICE Charges									\$981.00

Other Charges		
Description	Date	Charges
	06-09-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 07-09-21	\$981.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Tissue Donors - February 2021

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2102-02757	Doris Toldson	2021-02690	Corneas	\$327.00
R2102-03220	Kenneth Whittlesey	2021-02914	Corneas	\$327.00
R2102-04039	Jazlyn Holguin	2021-03118	Corneas	\$327.00
Total Number of Non-Bone Donors Recovered		3	Reimbursement	\$981.00

Wendy Myring
Administrative Deputy

5-19-21
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 21ME0087 Ver.: 1 Function: New Phase: Final Modified by e265621 . 04/06/21 09:20 24

Header 1

General Information

Document Name: Reimbursement of Expense
Reclassification Date:

Record Date: 03/03/2021
Reclassification Held:

Budget FY: 2021
Document Dispute Status:

Fiscal Year: 2021
Service From Date:

Period: 9
Service To Date:

Document Description:
Reimb. Non-Bone Donors Jan.
2021, case # 2021-00166 & ...
Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$981.00

Closed Amount:
\$981.00

Closed Date:
04/06/2021

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$981.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$981.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0087	03-03-21
ARDept/BPRO		Due Date
ME:ROE		04-02-21
Project No	Revenue Source	
	9731	
Amount Due	Amount Enclosed	
	\$981.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	21ME0087	03-03-21

Invoice Charges									
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit Measure	Unit Price	Charges/Credit	
1		Recovered Non-Bone Donors Jan. 2021, ID # R2101-00504, R2101-12763, R2101-13874							\$981.00
TOTAL INVOICE Charges									\$981.00

Other Charges		
Description	Date	Charges
	03-03-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 04-02-21	\$981.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Donors - January 2021

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2101-00504	Christopher Brown	2021-00166	Heart Valves (tissue only)	\$327.00
R2101-12763	Noe Moreno Toro	2021-01578	Heart Valves (tissue only)	\$327.00
R2101-13874	Marlen Tchakerian	2021-01768	Corneas	\$327.00
Total Number of Non-Bone Donors Recovered		3	Reimbursement	\$981.00

Wendy Myring
Administrative Deputy

2-25-21
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 21ME0086 Ver.: 1 Function: New Phase: Final Modified by e265621, 04/05/21 09:21:06

Header 1

General Information

Document Name: Reimbursement of Expense
 Record Date: 03/03/2021
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 9
 Document Description: Reimb Non-Bone Donors Dec 2020, case # 2020-11079 & ...
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$1,962.00
 Closed Amount: \$1,962.00
 Closed Date: 04/06/2021

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$1,962.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$1,962.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:
 Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 21ME0086	Invoice Date 03-03-21
	ARDept/BPRO	Due Date 04-02-21
	ME:ROE	Revenue Source 9731
	Project No	Amount Enclosed
	Amount Due \$1,962.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number 527189	Invoice Number 21ME0086	Invoice Date 03-03-21
---------------------------	----------------------------	--------------------------

Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Recovered Non-Bone Donors Dec. 2020, ID R2011-06317, 07335, R2012-00071, 01530, 06286, 09218						\$1,962.00
TOTAL INVOICE Charges								\$1,962.00

Other Charges		
Description	Date	Charges
	03-03-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 04-02-21	\$1,962.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Donors - December

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2011-06317	Hector Aceves	2020-11079	Heart Valves (tissue only)	\$327.00
R2011-07335	Jeffery Fontáñez	2020-11169	Corneas	\$327.00
R2012-00071	Jaime Perez Anaya	2020-11141	Corneas	\$327.00
R2012-01530	Eugene Santos	2020-11623	Heart Valves (tissue only)	\$327.00
R2012-06286	John Ford	2020-11884	Corneas	\$327.00
R2012-09218	Marcell Thomas Jr.	2020-12149	Heart Valves (tissue only)	\$327.00
Total Number of Non-Bone Donors Recovered		6	Reimbursement	\$1962.00

Wendy Myring
Administrative Deputy

2-25-21
Date

Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

View All 1 of 1 | Approve action completed

Receivable(RE) Dept: ME ID: 21ME0078 Ver.: 1 Function: New Phase: Final Modified by e265621 . 04/01/21 05:14 48

Header 1

General Information

Document Name: Reimbursement of Expense
Reclassification Date:

Record Date: 02/12/2021
Reclassification Held:

Budget FY: 2021
Document Dispute Status:

Fiscal Year: 2021
Service From Date:

Period: 8
Service To Date:

Document Description:
Reimb. Non-Bone Donors Nov. 2020, case # 2020-10255 & ...
Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$2,616.00

Closed Amount:
\$2,616.00

Closed Date:
04/01/2021

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$2,616.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$2,616.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0078	02-12-21
ARDept/BPRO		Due Date
ME:ROE		03-14-21
Project No		Revenue Source
		9731
Amount Due		Amount Enclosed
		\$2,616.00

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	21ME0078	02-12-21

Invoice Charges

Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Recovered Non-Bone Donors Nov. 2020, ID # R2011-00375, 02398, 03980, 04360, 05065, 05578						\$2,616.00
TOTAL INVOICE Charges								\$2,616.00

Other Charges

Description	Date	Charges
	02-12-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 03-14-21	\$2,616.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

Recovered Non-Bone Donors - November 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2011-00375	Juan Diaz	2020-10255	Heart Valves	\$680.00
R2011-02398	Mary Sturgeon			\$314.00
R2011-03980	Rachel Severson Palmer	2020-10742	Corneas	\$314.00
R2011-04360	Bephon Phet	2020-10776	Corneas	\$314.00
R2011-05065	Brooklynn Fernandez	2020-11526	Heart Valves	\$680.00
R2011-05578	Kim Greetham			\$314.00
Total Number of Non-Bone Donors Recovered		6	Reimbursement	\$2616.00

Wendy Moxing
Administrative Deputy

1-21-21
Date

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

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[View All](#) 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 21ME0077 Var.: 1 Function: New Phase: Final Modified by e265621 , 04/01/21 05.23 10

Header 1

General Information

Document Name: Reimbursement of Expense
Reclassification Date:

Record Date: 02/12/2021
Reclassification Held:

Budget FY: 2021
Document Dispute Status:

Fiscal Year: 2021
Service From Date:

Period: 8
Service To Date:

Document Description:
Reimb Non-Bone Donors Oct 2020, case # 2020-08048 & ...

Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$2,512.00

Closed Amount:
\$2,512.00

Closed Date:
04/01/2021

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$2,512.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$2,512.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Hall of Record - Shared Services Division
 Attn: Account Receivable
 320 West Temple Street, Room #380
 Los Angeles CA 90012

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0077	02-12-21
	ARDept/BPRO	Due Date
	ME:ROE	03-14-21
	Project No	Revenue Source
		9731
	Amount Due	Amount Enclosed
	\$2,512.00	

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number	Invoice Number	Invoice Date
527189	21ME0077	02-12-21

Invoice Charges									
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit	
1		Recovered Non-Bone Donors Oct. 2020, ID # R2009-05902, R2010-02075, 02733, 04625, 04791, 05012, 05651							\$2,512.00
TOTAL INVOICE Charges									\$2,512.00

Other Charges		
Description	Date	Charges
	02-12-21	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 03-14-21	\$2,512.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

Non-Bone Recovered Tissue - October 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2009-05902	Derrick Mora	2020-09048	Corneas	\$314.00
R2010-02075	George Stewart III	2020-09458	Corneas	\$314.00
R2010-02733	Nkosi Pendergraph			\$314.00
R2010-04625	Jose Mendoza	2020-09866	Corneas	\$314.00
R2010-04791	Wade Williams	2020-09902	Corneas	\$314.00
R2010-05012	Briauna Ramirez	2020-09936	Corneas	\$314.00
R2010-05651	Justin Roush	2020-10014	Corneas	\$314.00
R2010-06073	James Wallace Jr	2020-10235	Corneas	\$314.00
Total Number of Non-Bone Donors Recovered		8	Reimbursement	\$2512.00

Wendy Myring
Administrative Deputy

1-21-21
Date

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

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Receivable(RE) Dept: ME ID: 21ME0034 Ver.: 1 Function: New Phase: Final Modified by e26562T, 12/22/20 07:45:39

Header

General Information

Document Name: Reimbursement of Expense
 Record Date: 11/02/2020
 Budget FY: 2021
 Fiscal Year: 2021
 Period: 5
 Document Description: Reimb. Non-Bone Donors for Sept 2020, case # 2020-08355 &
 Accounting Profile:
 Expected Amount: \$0.00
 Actual Amount: \$1,256.00
 Closed Amount: \$1,256.00
 Closed Date: 12/22/2020

Reclassification Date:
 Reclassification Held:
 Document Dispute Status:
 Service From Date:
 Service To Date:

Additional Amounts

Sent to Collection Amount: \$0.00
 Liquidated Amount: \$1,256.00
 Written-off Amount: \$0.00
 Outstanding Amount: \$0.00
 Collected Amount: \$1,256.00
 Payment within Tolerance Amount: \$0.00
 Interest Amount: \$0.00
 Late Fee Amount: \$0.00
 Admin Fee Amount: \$0.00
 Other Fee Amount: \$0.00

Additional Dates

Last Automatic Interest Fee Date:
 Last Automatic Late Fee Date:
 Last Automatic Admin Fee Date:

INVOICE

Customer Name ONELEGACY		
Customer Number	Invoice Number	Invoice Date
527189	21ME0034	11-02-20
ARDept/BERG		Due Date
ME:ROE		12-02-20
Project No	Revenue Source	
	9731	
Amount Due	Amount Enclosed	
	\$1,256.00	

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Payment Method: Money Order
 Check

Please write Invoice No on front of
 check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct
 address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 1 OF 3

Customer Number	Invoice Number	Invoice Date
527189	21ME0034	11-02-20

Invoice Charges									
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit	
1		Recovered Non-Bone Donors Sept. 2020, ID # R2009-02213, 05051, 06377, 06499							\$1,256.00
TOTAL INVOICE Charges									\$1,256.00

Other Charges		
Description	Date	Charges
	11-02-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 12-02-20	\$1,256.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 217-8046 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Non-Bone Donor Billing - Sept 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2009-02213	Joshua Gardner	2020-08355	Corneas	\$314.00
R2009-05051	Marvin Davis	2020-08925	Corneas	\$314.00
R2009-06377	Maria Torres	2020-09017	Corneas	\$314.00
R2009-06499	Josegerardo Galang Aquino	2020-09039	Corneas	\$314.00
Total Number of Non-Bone Donors Recovered		5	Reimbursement	\$1256.00

Wendy Myring
Administrative Deputy

10-27-20
Date

Accreditations:

California Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

Law and Science Serving the Community

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Receivable(RE) Dept: ME ID: 21ME0029 Ver.: 1 Function: New Phase: Final Modified by e265621, 12/22/20 07:35:07

Header 1

General Information

Document Name: Reimbursement of Expense
Reclassification Date:

Record Date: 10/22/2020
Reclassification Held:

Budget FY: 2021
Document Dispute Status:

Fiscal Year: 2021
Service From Date:

Period: 4
Service To Date:

Document Description:
Reimb Non-Bone Donors for
Aug. 2020, case # 2020-07085 &
Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$2,302.00

Closed Amount:
\$2,302.00

Closed Date:
12/22/2020

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$2,302.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$2,302.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

INVOICE

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 21ME0029	Invoice Date 10-22-20
ARDept/BPRO ME:ROE		Due Date 11-21-20
Project No		Revenue Source 9731
Amount Due \$2,302.00		Amount Enclosed

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

Customer Number 527189	Invoice Number 21ME0029	Invoice Date 10-22-20
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Invoice Charges								
Ref Line No.	Project Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1		Recovered Non-Bone Donors Aug. 2020, ID # R2008-00665, 00669, 01825, 02649, 04813						\$2,302.00
TOTAL INVOICE Charges								\$2,302.00

Other Charges		
Description	Date	Charges
	10-22-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 11-21-20	\$2,302.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
 1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
 Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Tissue - August 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2008-00665	Journey Carrero	2020-07085	Heart Valves	\$680.00
R2008-00669	Anna Yentes	2020-07271	Heart Valves	\$680.00
R2008-01825	Eduardo Zamorano Garcia	2020-07158	Corneas	\$314.00
R2008-02649	Richard Cruz	2020-07264	Corneas	\$314.00
R2008-04813	Robert Valentine	2020-07570	Corneas	\$314.00
Total Number of Non-Bone Donors Recovered		5	Reimbursement	\$2302.00

Wendy Myring
 Administrative Deputy

10-14-20
 Date



Accreditations:

International Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

View All 1 of 1 | Approve action completed.

Receivable(RE) Dept: ME ID: 21ME0015 Ver.: 1 Function: New Phase: Final Modified by e265621 , 11/19/20 04 07 55

Header 1

General Information

Document Name: Reimbursement of Expense
Reclassification Date:

Record Date: 09/23/2020
Reclassification Held:

Budget FY: 2021
Document Dispute Status:

Fiscal Year: 2021
Service From Date:

Period: 3
Service To Date:

Document Description:
Reimb Non-Bone Donors for July 2020, case # 2020-05807 &
Accounting Profile:

Expected Amount:
\$0.00

Actual Amount:
\$2,982.00

Closed Amount:
\$2,982.00

Closed Date:
11/19/2020

Additional Amounts

Sent to Collection Amount:
\$0.00

Liquidated Amount:
\$2,982.00

Written-off Amount:
\$0.00

Outstanding Amount:
\$0.00

Collected Amount:
\$2,982.00

Payment within Tolerance Amount:
\$0.00

Interest Amount:
\$0.00

Late Fee Amount:
\$0.00

Admin Fee Amount:
\$0.00

Other Fee Amount:
\$0.00

Additional Dates

Last Automatic Interest Fee Date:

Last Automatic Late Fee Date:

Last Automatic Admin Fee Date:

Last Automatic Other Fee Date:

Extended Description

INVOICE

Customer Name ONELEGACY		
Customer Number 527189	Invoice Number 21ME0015	Invoice Date 09-23-20
ARDept/BPRO		Due Date 10-23-20
ME:ROE		Revenue Source 9731
Project No		Amount Enclosed
		\$2,982.00

Remit to:

County of Los Angeles, Auditor Controller
 Shared Services
 Attn: Account Receivable
 3470 Wilshire Blvd., Ste #1100
 Los Angeles CA 90010

Bill to:

ONELEGACY
 221 S FIGUEROA ST SUITE 500
 First Supervisorial District
 LOS ANGELES CA 90012

Payment Method: Money Order
 Check

Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed. Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to Department of Medical Examiner - Coroner



Department of Medical Examiner - Coroner

ORIGINAL

PAGE 1 OF 5

Customer Number 527189	Invoice Number 21ME0015	Invoice Date 09-23-20
----------------------------------	-----------------------------------	---------------------------------

Invoice Charges									
Ref Line No.	Project	Desc	Description	Service From	Service To	No. of Taxable Units	Unit of Measure	Unit Price	Charges/Credit
1			Recovered Non-Bone Donors July 2020, ID # R2007-00037, 00059, 01069, 02024, 03001, 08319						\$2,982.00
TOTAL INVOICE Charges									\$2,982.00

Other Charges		
Description	Date	Charges
	09-23-20	
TOTAL OTHER Charges		

Credit Payments Applied	\$0.00
Total Amount Due By 10-23-20	\$2,982.00

Due and payable within 30 days of receipt of invoice. Please indicate the invoice number in your remittance. If you have any questions, please call (213) 251-5019 / email: HKWAN@auditor.lacounty.gov



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



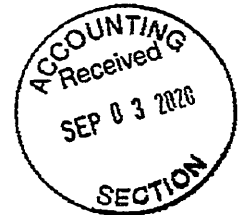
Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

OneLegacy Recovered Non-Bone Donors - July 2020

Identifier	Decedent Name	Coroner Case No	Tissue	Reimbursement
R2007-00037	Tracy Samuels	2020-05807	Corneas	\$314.00
R2007-00059	Alexander Gonzalez	2020-05810	Heart Valves	\$680.00
R2007-01069	Wilmer Serrano	2020-05949	Corneas	\$314.00
R2007-02024	Luis Fierro Guevara	2020-06297	Heart Valves	\$680.00
R2007-03001	Charlotte Maldonado	2020-06241	Heart Valves	\$680.00
R2007-08319	Austin Bellsle	2020-06930	Corneas	\$314.00
Total Number of Non-Bone Donors Recovered		6	Reimbursement	\$2982.00

Wendy Myring
Administrative Deputy

9-3-20
Date



Accreditations:

ational Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified