Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

				Wc		Terrace o	-				Jul 12	, 2024 16:54:01 ET
						SIDENT INF						
	Resident Na		P	referred Name	Unit	Unit / Oc		Move in Date		ove In Date	Orig.Moveln	
	Aadland, Ba	rbara			AL	316	-1	04/17/2023	04/	17/2023	04/17/202	
		Previou	us address			Previous I	Phone #			.egal Mailing	ı address	8
	2128 Meridian			enfield, IN, 46140	)	(765) 860					ous Address	
Sex	Birthdate	Age		al Status		eligion	1002	Race	J		ation(s)	Primary Lang.
F	09/28/1935	88			Un	known		- Declined to Spec	ify			- Declined to
									•			Specify
	Moved in	From			Move in Lo	cation		Birth Place	!	Citiz	enship	Maiden Name
		10\ #						0.110 " "				
	Medicare (H	IC) #		Medi	caid#			269-34-2516			Veterans Adr	ninistration #
	Insurance N	ame		Insurance	Policy #:			209-34-2310				
	AetnaMedicar				257500							
		g				YER INFO	RMAT	ON				
Prima	ry Payer Private	Pav - AL										
		,			0	THER INFO	RMAT	ION				
Most	Recent Hospital	Stay						Allergies				
		d	liazePAM,	oxyCODONE, S	ulfa Antib	iotics						
N	dedicaid Recertific	ation Date			s Status							
				No S	ervice							
						CARE PRO	OVIDER					
D.:	Provid	er		Phon		000 = =		Address			UPIN	NPI
Primary (Primary	Physician			Office:(317) 462-8		300 E. Bo	-					1689194086
, ,	/) Andrew			Fax.(317) 462-8	J 10	Greenfiel 46140	u, IIN					
	Physician			Office:(317) 338	-8507	2001 W.	86th St					1750357513
	em, Marwan			Other:(866) 604-		Indianapo						
	,			Fax:(317) 338-2		46260	,					
Dentist						101 N ST	ATE ST					1881690139
Kirkwoo	d, Brian					Greenfiel	d, IN					
						46140						
	ractitioner					25802 St		9				1982027785
Snyder,	Allison					Arcadia,	IN					
Onhthali	mologist			Office:(317) 477	3037	46030	roon Me	eadows Dr Suite 10	18			1235138876
	Douglas			Fax:(317) 477-3		Greenfiel		adows Di Suite To	,0			1233130070
VVIIOOII,	Douglas			ax.(017) +77 0.	300	46140	u, 114					
				'		PHARM	IACY					
	Pharm	acy		ļ i	Phone/Fax					Address		
Guardia	n Pharmacy of I	ndiana (P	rimary)	Phone: (317) 45	2-4669		6530	Corporate Drive				
Primary	Contact: Johan	na Readin	nger	Fax: (317) 452-				apolis, IN, 46278				
						ERNAL CO	MMUN	ITIES				
F	Community	y Name		DI (2:=)	Phone				С	ommunity Ty	ре	
	Mortuary			Phone: (317) 46			_	al Home				
⊣ancoc⊦	k Regional			Phone: (317) 46	2-5544	CONTA	Hospi	tai				
	Name		Cont	act Type	В	elationship	7019	Addre	ee			Phone/Email
Allison, :		Billing	Responsit		Daugh	•	380 Pa	ymaster Dr	<del></del>			5) 860-4892
,, ,	Casari	-	•	f Attorney for	Daugi			ield, IN, 46140			,	ea2@yahoo.com
		Finance		,				., ,				<u></u>
				f Attorney for								
		Healtho		-								
			ency Cont									
Wagner,	, Philip			f Attorney for	Son			41st Ave.				2) 816-9635
		Financ					Plymou	ıth, MN, 55446			Email:ppw	trin@gmail.com
				f Attorney for								
		Healtho		act # 2								
		Emerge	ency Cont	aul # 4	DIAC	SNOSIS IN	FORM/	ATION				
N6/13/20	124 - IRON DE	ICIENCY	ANEMIA	SECONDA (D5				24 - PERIPHERAL	<b>\</b> /Δ<	I AR DISEA	SF 11 /172	9)
				CIFIED (R01.1)	J.U)			24 - PUNSPECIFIED				•
				SPECIFIED (F0	1.50)			24 - IMPACTED CE				
				ERTENSI (I10)				24 - PERSONAL H				·.11)
				ONARY BYPA				23 - ACUTE POST			,	
	023 - HYPERLIF				,			3 - UNSPECIFIED				
				. ,		I					`	

#### Aadland, Barbara(WTONP30308) -- Continued on Page 2

DIAGNOSIS I	NFORMATION
04/17/2023 - METABOLIC ENCEPHALOPATHY (G93.41)	04/17/2023 - HYPERTENSIVE CHRONIC KIDNEY DI (I12.9)
04/17/2023 - ATHEROSCLEROTIC HEART DISEASE (I25.10)	04/17/2023 - MODERATE PERSISTENT ASTHMA, UN (J45.40)
04/17/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA (K21.9)	04/17/2023 - UNILATERAL PRIMARY OSTEOARTHRI (M16.12)
04/17/2023 - CHRONIC KIDNEY DISEASE, STAGE (N18.31)	04/17/2023 - PAIN, UNSPECIFIED (R52)
04/17/2023 - AFTERCARE FOLLOWING JOINT REPL (Z47.1)	04/17/2023 - PRESENCE OF CORONARY ANGIOPLAS (Z95.5)
04/17/2023 - PRESENCE OF LEFT ARTIFICIAL HI (Z96.642)	

# ADVANCE DIRECTIVE

$^{\prime}$	100000	Directive:	סואח
١u	vaniced	Directive.	אוט

dvanced Directive. DNR										
		MISCELLA	ANEOUS	INFORMATION						
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	ı.)				
		452								
	Signature Date Time									
Perso	onal Effects Sent Wit	h		Relationship	Date	Time				

MOVE IN RECORD

Woodland Terrace of New Palestin

				W	oodland <sup>-</sup>	Terrace of	New F	Palestine			Jul 12	., 2024	16:54:01 ET
					RES	IDENT INF	ORMA <sup>*</sup>	TION					
	Resident Nar	ne	P	referred Name	Unit	Unit / Occ	upant	Move in Date	Init. Mo	ve In Date	Orig.Moveln	Date	Resident#
	Allen, Bett	y			AL	211-	•	01/20/2023		20/2023	01/20/202		WTONP3029
		Previous	address			Previous P	hone #		L	egal Mailing	a address		7
	1020 Tree	Γop Lane,	Greenwo	od, IN, 46142		(317) 514	-9765				ous Address	_	
Sex	Birthdate	Age	Marit	al Status	Re	ligion		Race		Occup	oation(s)	Pr	imary Lang.
F	06/18/1931	93	Wie	dowed				White			bus driver		English
	Moved in	From			Move in Loc	cation		Birth Place	!		enship	Ma	aiden Name
	Medicare (HI	~\ #		Mar	dicaid #			Social Security #			J.S. Veterans Ad	miniatro	tion #
	8QE2AF6CI	•		IVIC	licalu #			317-28-9438			Veteraris Au	IIIIIIII	auon #
	Insurance Na			Insuran	ce Policy #:			317-20-3430					
	BCBSofMich	igan			21649088								
Priman	<b>/ Payer</b> Private F	Pov. Al			PA	YER INFO	RMATI	ON					
riiilaiy	rayer Private P	ay - AL			ОТ	HER INFO	RMATI	ON					
Most F	Recent Hospital							Allergies					
			phalexin	n, Ciprofloxacin,	Codeine, m	netroNIDAZC	DLE, traN	MADol, Benicar, Be	entyl, Pe	nicillins, Sι	ulfa Antibiotics	s	
Me	edicaid Recertifica	tion Date			n's Status								
				No S	Service	VADE BES	V/I-1-1-1						
						CARE PRO	VIDER				LIDIN		NE
Primary P	Provide	er .		Office:(217) 40		0004 14/2	lover D	Address			UPIN	1220	<b>NPI</b> 128281
Primary P (Primary)				Office:(317) 497 Fax:(855) 422-5		Indianapo	-	d Suite 100				1326	128281
Lopshire,				an.(000) 422-3	J 102	46268	ııə, IIN					1	
Nurse Pra				Office:(317) 94	1-7338	2485 Dire	ctors Ro	w Ste D				1104	551605
Holder, C	helsea			, , ,		Indianapo	lis, IN						
						46241							
Nurse Pra				Office:(317) 49			-	d Suite 100				1265°	108161
Pulliam, E	Brittany			Fax:(855) 422-	5182	Indianapo	lis, IN						
MadiaalO	>:-!:-t			Off: (247) 001	2 4000	46268	44 D	۵				4500	227404
Medical S Daly, Rya	•			Office:(317) 893	3-1900	5330 E St	op 11 R	a				1598	937484
Daiy, Rya Cardiolog													
caraiolog	jiot					PHARM	ACY						
	Pharma	су			Phone/Fax					Address			
Guardian	Pharmacy of Ir	ndiana (Pri	mary)	Phone: (317) 4	52-4669		6530 C	Corporate Drive					
Primary C	Contact: Johann	a Reading	er	Fax: (317) 452				apolis, IN, 46278					
						ERNAL CO	MMUN	ITIES					
Ct Franci	Community	Name		Dh (247) 5	Phone		11:4	I	С	ommunity Ty	/pe		
St. Franci Wilson St	is Hospital			Phone: (317) 5 Phone: (317) 8			Hospit	al Home					
vviisori St	i. Fierre			F11011e. (317) 0	002-0771	CONTA		ai i ioine					
	Name		Cont	act Type	Re	lationship		Addre	ss			Phone/I	Email
Allen, Ric		Billing R			Son		3517 H	eathcliff Ct			Home:(317		
-		Durable	Power o	f Attorney for			Westfie	ld, IN, 46074			1		205@gmail.
		Finances	S								com		
				f Attorney for									
		Healthca											
Allan T:	41	Emerger			Cara		0700 \	/ Completed Da			11(24	7) 000	4044
Allen, Tim	notny	Finances		f Attorney for	Son			Suncloud Dr alestine, IN, 46163			Home:(317 Email:	7) 902	-1641
				f Attorney for			INEW Fa	ilestille, IIV, 40103	1			ntralin	suranceasso
		Healthca		17 Morricy for							.com	i i i i i i i i	our arrocasso.
		Emerger		act # 1			L						
					DIAG	NOSIS INF							
	24 - HYPOTHY							4 - HYPOKALEMI					
				INSPECIF (FO				4 - MAJOR DEPR					
				ECIFIED (F41.9				4 - CHRONIC DIA				32)	
				ND ARTER (17				4 - ALLERGIC RH				TO 0'	
				FLUX DISEA (	K21.9)			4 - IRRITABLE BO			: WITHO (K	58.9)	
	24 - CONSTIPA				8 30/			4 - GOUT, UNSPE			ITE (NISO O	1)	
				, STAGE (N1 DMS AND S (F				<u>4 - URINARY TRA</u> 4 - ATAXIA, UNSF			ıı⊏ (N39.0	')	
				HER ENDO (F	,			4 - PERSONAL H			R SPFC (7)	87 898	3)
				RDER, REC (F				3 - HB-SS DISEAS					.,
,			_ 2.001	, , , , _ (1	55.57	Į v	., 10,202	S THE CO DIOLA	~	. J. ((J) V	(207.0	,	

#### Allen, Betty(WTONP30297) - Continued on Page 2

DIAGNOSI	SINFORMATION
01/19/2023 - OTHER CHRONIC THYROIDITIS (E06.5)	01/19/2023 - VITAMIN D DEFICIENCY, UNSPECIF (E55.9)
01/19/2023 - VITAMIN DEFICIENCY, UNSPECIFIE (E56.9)	01/19/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
01/19/2023 - POSTPROCEDURAL HYPOTHYROIDISM (E89.0)	01/19/2023 - OTHER SPECIFIED DEPRESSIVE EPI (F32.89)
01/19/2023 - INSOMNIA, UNSPECIFIED (G47.00)	01/19/2023 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)
01/19/2023 - OTHER SECONDARY HYPERTENSION (I15.8)	01/19/2023 - ACUTE SYSTOLIC (CONGESTIVE) HE (I50.21)
01/19/2023 - CHRONIC SYSTOLIC (CONGESTIVE) (I50.22)	01/19/2023 - OCCLUSION AND STENOSIS OF UNSP (165.29)
01/19/2023 - OTHER IRRITABLE BOWEL SYNDROME (K58.8)	01/19/2023 - UNSPECIFIED HEMORRHOIDS (K64.9)
01/19/2023 - IDIOPATHIC GOUT, UNSPECIFIED S (M10.00)	01/19/2023 - OTHER OSTEOPOROSIS WITHOUT CUR (M81.8)
01/19/2023 - CHRONIC KIDNEY DISEASE, UNSPEC (N18.9)	01/19/2023 - NAUSEA (R11.0)
01/19/2023 - UNSTEADINESS ON FEET (R26.81)	01/19/2023 - OTHER AMNESIA (R41.3)
01/19/2023 - ATTENTION AND CONCENTRATION DE (R41.840)	01/19/2023 - AGE-RELATED PHYSICAL DEBILITY (R54)
ADVAN	CE DIRECTIVE

		MISCELLA	ANEOUS	INFORMATION							
Date of Discharge	Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)										
		539									
	Sig	nature			Date	Time					
Persona	al Effects Sent Wit	h	Relationship	Date	Time						

Woodland Terrace of New Palestine

				W		Terrace of					Jul 12,	, 2024	16:54:01 ET
						IDENT INF							
	Resident Na			Preferred Name	Unit	Unit / Occ	_	Move in Date	Init. Move		Orig.Moveln I		Resident #
	Mrs. Anderson	i, Dana			AL	322-	1	09/23/2022	09/23/	/2022	09/23/202	22	WTONP3028 5
		Previ	ous addres	s		Previous P	hone #		Leg	gal Mailing	address		<u> </u>
						(740) 707	-5427		Same	as Previo	us Address		
Sex	Birthdate	Age		ital Status		eligion		Race		-	ation(s)	Pr	imary Lang.
F	10/03/1937	86	W	/idowed		known		White or Caucasia			cator		English
	Moved in	n From			Move in Lo	cation		Birth Place			enship	IVI	aiden Name
	Medicare (H	IC)#		Me	dicaid #			Social Security #			Veterans Adn	ninietrs	ation #
	3A11EC7C			1410-	ulodiu #			276-34-7843			Votorano Aun	misuc	auon #
	Insurance N			Insuran	ce Policy #:			210017010					
	Medicar	е											
					PA	YER INFO	RMAT	ION					
Prima	<b>ry Payer</b> Private	Pay - AL	-										
					ОТ	HER INFO	RMAT						
Most	Recent Hospital	Stay	0 1 :	" :7!DE D: "'	D''	NI		Allergies					
	ladiacid Dagarifia	ation Dat		glipiZIDE, Pioglit		vastatın, raN	I I Idine						
M	ledicaid Recertific	auon Dat	.6		n's Status Service								
				140		CARE PRO	VIDE	RS					
	Provid	ler		Pho				Address			UPIN		NPI
Primary	Physician			Office:(317) 78		2030 Chu	rchmar	Ave Suite A				11240	012729
(Primary				Fax:(317) 781-		Beech Gro							
Smith, C						46107							
Sielski, F	Richard			Office:(740) 68		1941 W. F		•				10230	080298
				Fax:(740) 687-	5898	Lancaster	, OH						
Drimary	Physician			Office:(317) 49	7-5530	43130	lavan F	Rd Suite 100				1326	128281
Lopshire	•			Fax:(855) 422-		Indianapo	-	tu Suite 100				1320	120201
	,			(555)		46268	,						
Nurse Pi	ractitioner			Office:(317) 49	7-5530	9001 Wes	leyan F	Rd Suite 100				1265	108161
Pulliam,	Brittany			Fax:(855) 422-	5182	Indianapo	lis, IN						
						46268							
	ractitioner			Office:(317) 88			-	ne Road Suite 101				18018	360325
Saylor, C	oina -			Fax:(317) 885-	2869	Greenwood 46143	oa, IIN						
Medical	Specialist			Office:(317) 42	1-1812	2455 Intel	linlex C	)r				13068	315394
	er, Michael			Fax:(317) 421-		Shelbyville							710001
	,			, ,		46176	•						
						PHARM	ACY						
	Pharm				Phone/Fax					Address			
	n Pharmacy of			Phone: (317) 4			- 1	Corporate Drive					
Primary	Contact: Johan	na Read	linger	Fax: (317) 452		EDNAL CO		napolis, IN, 46278					
	Community	v Namo			Phone	ERNAL CO	MINIO	MIIIE2	Con	nmunity Ty	00		
St. Franc	cis Hospital	y ITAIIIE		Phone: (317) 5			Hosp	ital	CUII	minumity iy	ρυ		
and						CONTA							
	Name		Cor	ntact Type	Re	elationship		Addre	SS		Р	hone/l	Email
Anderso	n, Patrick	1 7	g Responsi	•	Son		4622 V	West Harvest Way			Cell:(317) 5		
				of Attorney for			New P	alestine, IN, 46163				ersone	3409@gmail.
		Finan		-£ A44 5							com		
			ble Power ( hcare	of Attorney for									
			ncare gency Con	ntact # 1									
					DIAG	NOSIS INF	ORM	ATION					
01/12/20	23 - MALIGNA	NT NEO	PLASM OI	F BREAST (C50				23 - ACUTE UPPE	R RESPIR	ATORY I	NFECT (J06	6.9)	
				RINARY (T (Z				22 - CANDIDIASIS				,	
				F UNSPECIF (		09	0/22/20	22 - ANEMIA, UNS	PECIFIED	(D64.9)			
09/22/20	22 - TYPE 2 D	IABETES	S MELLITU	JS WITHO (E1	1.9)			22 - HYPERLIPIDE			O (E78.5)		
				THIC NEUR (G				22 - UNSPECIFIED					
				PERTENSI (I10	0)			22 - GASTRO-ESC			,		
	22 - GOUT, UN				0.04)			22 - UNSPECIFIED				0.90)	
			•	ERALIZED) (M6	,			22 - OVERACTIVE				2)	
				UNSPECIF (R <sup>.</sup> NOT ELS (R26				22 - LOCALIZED S 22 - NEED FOR AS		-	,		
00122120	DII I IUUL	IIN VV	, LINING, I	101 LLU (NZ0	· <b>-</b> )	μs	,, , (	LL - INLLU I ON AC	JOIO I AINO	_ vviiii[	L100 (21	-r. ı <i>)</i>	

Mrs. Anderson, Dana(WTONP30285) -- Continued on Page 2

		ADV	ANCE DI	RECTIVE		
Advanced Directive: DNR						
		MISCELLA	ANEOUS	INFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)
		658				
	Sig	nature			Date	Time
Persona	al Effects Sent Wit	h		Relationship	Date	Time

Woodland Terrace of New Palestine

Jul 12 2024 16:54:01 FT

					Wo	oodland <sup>-</sup>	Terrace of	of New	Palestine			Jul 12	2, 2024	1 16:54:01 ET
						RES	IDENT IN	FORMA	TION					
	Re	sident Na	me	Р	referred Name	Unit	Unit / O	ccupant	Move in Date	Init. M	ove In Date	Orig.Moveln		Resident#
	Ва	aker, Bet	ty			MC	110	)-1	04/08/2023	04/0	08/2023	04/08/20	23	WTONP3030
			Drovio	us address			Previous	Phone #			_egal Mailing	addross		7
		1384 P			IN, 46140		(317) 51					ous Address		
Sex	Birth	ndate	Age		al Status	Re	ligion	1104	Race	Juli		pation(s)	Pr	rimary Lang.
F	03/25	/1935	89	Wi	dowed	Unl	known		- Declined to Speci	fy			-	Declined to
														Specify
		Moved in	From			Move in Loc	cation		Birth Place		Citiz	enship	М	aiden Name
	Mo	dicare (HI	C) #		Med	icaid #			Social Security #			Veterans Ad	lminietr	ation #
		31Q32A			IVICU	icaiu #			316-36-3984			Veterario Au	iii iii iiou	auon #
		urance N			Insuranc	e Policy #:								
		Medicar	е											
						PA	YER INFO	ORMAT	ION					
Prima	ry Payer	Private	Pay - MC											
						ОТ	HER INF	ORMAT						
Most	Recent	Hospital							Allergies					
	Apdicoid	Recertific	ation Date	Neosporin	Votoron	r's Status								
N	nouludiù	r vecei unic	auon Dale			ervice								
					140 0		CARE PR	OVIDER	RS					
		Provid	er		Phor				Address			UPIN		NPI
Primary	Physici	an			Office:(317) 497	'-5530	9001 We	esleyan F	Rd Suite 100				1326	128281
(Primary	,				Fax:(855) 422-5	182	Indianap	olis, IN						
Lopshire	•				0.55 (0.4=) 10=	. ====	46268							
Nurse P					Office:(317) 497			-	Rd Suite 100				1265	108161
Pulliam,	Dillan	y			Fax:(855) 422-5	102	Indianap 46268	iolis, iiv						
							PHAR	MACY						
		Pharma	асу			Phone/Fax					Address			
Guardia	n Pharn	nacy of I	ndiana (F	rimary)	Phone: (317) 4			6530	Corporate Drive					
Primary	Contac	t: Johan	na Readi	nger	Fax: (317) 452-	4744	~~~		napolis, IN, 46278					
			M		EXII		OMMUNI	HES (N	o Data Found)					
	C	ommunity	Name			Phone					community Ty	pe		
							CONT	ACTS						
	Name	)		Cont	act Type	Re	lationship		Addres	SS			Phone/	Email
Baker, D	avid		Billing	Responsib		Son	•	1384 F	Penny Ln			Home:(81	2) 593	-1530
			Durab	e Power o	f Attorney for			Greenf	ield, IN, 46140			Email:		
			Financ									Bakermor	itanam	nikes@yahoo.
					f Attorney for							com		
			Health		oot # 1									
Baker, E	Recky			ency Cont ency Cont		Daught	ter in law					Home:(31	7) 642	2-9505
	. JUNY					_	NOSIS IN	IFORM/	ATION			51110.(01	. , 🕶	
05/01/20	)24 - UN	NSPECII	IED DE	MENTIA, U	NSPECIF (F0:				24 - MAJOR DEPR	ESSIVE	DISORDE	R, REC (F:	33.1)	
					RDER, REC (F				24 - HEMIPLEGIA,					
					ILLATION (148.0				24 - CHRONIC SYS			•		
					GESTIVE) (I50				24 - ACUTE ON CH				_	
					F CEREBR (16				24 - HEMIPLEGIA			,		
					ND ARTER (17				24 - UNSPECIFIED			•		
					, STAGE (N18				24 - CHRONIC KID		SEASE, ST	AGE (N18	3.32)	
					HYROIDISM	(INZ5.81)			24 - EPISTAXIS (RI		ENIEDAL AT		700.04	1)
				FIED (R27 ING (Z91.8					24 - ENCOUNTER 23 - VASCULAR DI			JULI IVIE (	∠UU.U′	1)
					CIFIED (E03.9)				23 - VASCULAR DI 23 - VITAMIN D DE		, ,	ECIF. (F55.)	9)	
					FIED (E78.5)				23 - AGE-RELATEI			`		)
					NSPECIFI (E07	7.9)			23 - MAJOR DEPR					
					A (ADULT (G				23 - ESSENTIAL (F					
					CIFIED (142.9)	•		04/06/202	23 - PERMANENT	ATRIAL	FIBRILLAT	TION (148.21)	)	
					ONGESTI (I50				23 - CEREBRAL IN			,		
					S OF UNSP (16	5.29)			23 - BILATERAL PR				17.0)	
					(CKD) (N18)				23 - DISORIENTAT			,		
04/06/20	)23 - PF	KEDIABE	ETES (R7	3.03)				)4/06/202	23 - SOLITARY PU	LMONA	KY NODUI	_ <b>∟</b> (R91.1)		

Baker, Betty(WTONP30307) -- Continued on Page 2

	•						
		ADV	ANCE DI	RECTIVE			
Advanced Directive: DNR							
		MISCELLA	ANEOUS I	INFORMATION			
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	D.)	
		461					
	Sig	nature			Date	Time	Ī
Persona	al Effects Sent Wit	h		Relationship	Date	Time	

		Wo	oodland T	Terrace of Ne	ew Palestine			Jul 12.	2024 16:54:01 E
			RES	DENT INFOR	MATION				
Resident Name	9	Preferred Name	Unit	Unit / Occupa		Init. Move		Orig.Moveln	
Berg, Rita			AL	332-1	03/15/2024	03/15		03/15/202	24 WTONP30 0
029 Kirknotri	Previous add	enfield, IN, 46140		(317) 459-572			gal Mailing	us Address	
		Marital Status	Rel	(317) 459-57. ligion	Race	Same		ation(s)	Primary Lang.
F 06/26/1938	86				- Declined to Speci	ify		. ,	English
Moved in F	rom		Move in Loc	ation	Birth Place		Citiz	enship	Maiden Name
Medicare (HIC)	#	Med	icaid#		Social Security #			Veterans Adr	ninistration #
Insurance Nam	ne .	Insurance	e Policy #:		330-30-8485				
United			299200						
			PA	YER INFORM	ATION				
Primary Payer Private Pa	ay - AL								
Mari Daniel III and State Of			ОТ	HER INFORM					
Most Recent Hospital St	Penicill	in			Allergies				
Medicaid Recertificati			's Status						
			ervice						
			C	ARE PROVID					
Provider		Phon			Address			UPIN	NPI
Primary Physician		Office:(317) 497		-	an Rd Suite 100				1326128281
(Primary) Lopshire, John		Fax:(855) 422-5	182	Indianapolis, 46268	IIN				
Primary Physician		Office:(317) 462	-5252	300 E Boyd A	ve Ste 100				1629162987
Powell, Talessa		Fax:(317) 462-8		Greenfield, IN					
				46140					
Dentist		Office:(765) 932		610 E 11th St	treet				1396966073
Young, Randy		Fax:(765) 932-5	//4	Rushville, IN 46173					
Psychiatrist		Office:(317) 468	-6200	120 W McKer	nzie Rd				1639161896
Cobb, Melinda		Fax:(317) 468-6		Greenfield, IN					
				46140					
Podiatrist		Office:(317) 745	-5403		ighway 36 Ste 100				1780093765
Kapsalis, Andrew				Avon, IN					
Nurse Practitioner		Office:(317) 462	-5252	46123 300 Fast Boy	d Ave Suite 100				1346613866
O'Hara, Christine		Fax:(317) 462-8		Greenfield, IN					1340013000
		, ,		46140					
Nurse Practitioner		Office:(317) 497		1	an Rd Suite 100				1265108161
Pulliam, Brittany		Fax:(855) 422-5	182	Indianapolis,	IN				
Ophthalmologist		Office:(317) 462	-2020	46268 740 W Green	Meadows Dr				1902848765
Cacchillo, Paul		Fax:(317) 462-3		Greenfield, IN					
<u> </u>		, , ,		46140					
Ophthalmologist		Office:(317) 462			Meadows Dr Suite 310	0			1669034492
Davis, Lauren		Fax:(317) 462-3	459	Greenfield, IN	I				
				46140 PHARMAC	Υ				
Pharmac	у		Phone/Fax				Address		
Guardian Pharmacy of Inc	liana (Primary				530 Corporate Drive				
Primary Contact: Johanna	Readinger	Fax: (317) 452-	4744	ln	dianapolis, IN, 46278				
0				RNAL COMM	IUNITIES	0			
Community N Hancock Regional	iame	Phone: (317) 46	Phone 62-5544	L	ospital	Con	nmunity Ty	pe	
- Idiloook Regional		110110. (017) 40	- UUTT	CONTACT					
Name		Contact Type	Re	lationship	Addre	SS		P	hone/Email
Hays, Peggy	Billing Respo		Daught		7 Woodland West Drive	e			) 847-4193
		er of Attorney for		Gre	eenfield, IN, 46140			Email:mch	ays64@gmail.cor
	Finances	or of Attornovitor							
	Healthcare	er of Attorney for							
	Emergency C	Contact # 1							
Berg, Paul		er of Attorney for	Son	268	8 West Hampton Dr			Home:(317	987-2786
	Finances			Ind	lianapolis, IN, 46208			Email:paul	berg@yahoo.cor
	Durable Pow	er of Attorney for							

#### Berg, Rita(WTONP30340) - Continued on Page 2

Personal Effects Sent With

,(·	orio, comunada ori i ago 2		CON	TACTS						
Name	Contact Type		Relationship	Address		Phone/Email				
Berg, Paul	Healthcare	S	Son	268 West Hampton Dr	Hon	ne:(317) 987-2786				
	Emergency Contact # 2			Indianapolis, IN, 46208 Email:paul.berg@yaho						
			DIAGNOSIS I	NFORMATION						
04/23/2024 - HYPOVC	DLEMIA (E86.1)			04/23/2024 - HYPOKALEMIA (E	87.6)					
)4/23/2024 - GENERA	LIZED ANXIETY DISORDEI	R (F41.1)		04/23/2024 - SEROUS RETINAL	DETACHMENT, RIG	S (H33.21)				
04/23/2024 - MEMOR	Y DEFICIT FOLLOWING OT	HER (169.81	11)	04/23/2024 - DYSPHAGIA FOLL	OWING OTHER CER	RE (169.891)				
04/23/2024 - INFLUEN	IZA DUE TO OTHER IDENT	TF (J10.1)		04/23/2024 - MILD INTERMITTE	NT ASTHMA WITH	. (J45.21)				
04/23/2024 - UNSPEC	CIFIED ASTHMA, UNCOMPL	ICA (J45.90	9)	04/23/2024 - COUGH VARIANT	ASTHMA (J45.991)					
04/23/2024 - ACUTE F	RESPIRATORY FAILURE W	TTH (J96.01)	)	04/23/2024 - ACUTE KIDNEY FA	AILURE, UNSPECIF	. (N17.9)				
04/23/2024 - CHRONI	C KIDNEY DISEASE, UNSP	EC (N18.9)		04/23/2024 - DIARRHEA, UNSP	ECIFIED (R19.7)					
04/23/2024 - UNSPEC	CIFIED SKIN CHANGES (R2)	3.9)		04/23/2024 - DIFFICULTY IN WA	ALKING, NOT ELS	(R26.2)				
04/23/2024 - OTHER I	LACK OF COORDINATION (	(R27.8)		04/23/2024 - PAIN, UNSPECIFIE	ED (R52)					
04/23/2024 - LONG TE	ERM (CURRENT) USE OF S	SYS (Z79.52)	)	04/04/2024 - HYPERLIPIDEMIA,	, UNSPECIFIED (E78	.5)				
04/04/2024 - UNSPEC	CIFIED GLAUCOMA (H40.9)			04/04/2024 - UNSPECIFIED DIA	STOLIC (CONGEST.	(150.30)				
04/04/2024 - CHRONI	C DIASTOLIC (CONGESTIV	/E) (I50.32)		04/04/2024 - ALLERGIC RHINIT	IS, UNSPECIFIED (J	30.9)				
04/04/2024 - MILD INT	TERMITTENT ASTHMA, UN	CO (J45.20)		04/04/2024 - GASTRO-ESOPHA	GEAL REFLUX DISE	A (K21.9)				
04/04/2024 - UNSPEC	CIFIED OSTEOARTHRITIS, U	UN (M19.90)	)	04/04/2024 - OTHER SPECIFIED	D DISORDERS OF B	(M85.80)				
03/07/2024 - MONOCI	LONAL GAMMOPATHY (D4	7.2)		03/07/2024 - MAJOR DEPRESS	IVE DISORDER, REC	C (F33.41)				
03/07/2024 - MAJOR I	DEPRESSIVE DISORDER, F	REC (F33.9)		03/07/2024 - GLAUCOMA (H40)						
03/07/2024 - RHEUMA	ATIC AORTIC INSUFFICIEN	CY (I06.1)		03/07/2024 - ESSENTIAL (PRIM	ARY) HYPERTENSI.	(I10)				
03/07/2024 - ATHERC	SCLEROTIC HEART DISEA	ASE (I25.10	)	03/07/2024 - ATHEROSCLEROS	SIS OF AORTA (170.0	)				
03/07/2024 - OTHER S	SEASONAL ALLERGIC RHII	NIT (J30.2)		03/07/2024 - CHRONIC OBSTRI	UCTIVE PULMONAR	Y (J44.9)				
03/07/2024 - ASTHMA	(J45)			03/07/2024 - BRONCHIECTASIS	S, UNCOMPLICATED	(J47.9)				
03/07/2024 - OSTEOA	RTHRITIS, UNSPECIFIED S	SI (M19.9)		03/07/2024 - CHRONIC KIDNEY	DISEASE, STAGE	. (N18.31)				
03/07/2024 - NOCTUF	RIA (R35.1)									
			ADVANCE	DIRECTIVE						
		MIS	CELLANEOL	IS INFORMATION						
Date of Disch	arge Time	Length o	f Stay	Discharged to (Morti	ician Name and Licence	No.)				
		119	)							
	, <u> </u>	Signature			Date	Time				
						1				

Relationship

Date

Time

MOVE IN RECORD Woodland Terrace of New Palestine Jul 12, 2024 16:54:01 ET RESIDENT INFORMATION Preferred Name Unit Unit / Occupant Move in Date Init. Move In Date Orig.Moveln Date Resident# 235-1 11/24/2020 11/24/2020 11/24/2020 **WTONP3018** Previous address Previous Phone # Legal Mailing address 2615 south 700 west, New Palestine, IN, 46163 Same as Previous Address **Marital Status** Religion Race Occupation(s) Primary Lang. White or Caucasian Married Unknown English Birth Place Citizenship Maiden Name Move in Location U.S. Medicaid # Social Security # Veterans Administration # 306-30-1323 Insurance Policy #: **PAYER INFORMATION** OTHER INFORMATION Allergies No Known Allergies **CARE PROVIDERS** Phone Address UPIN NPI Office:(317) 497-5530 9001 Wesleyan Rd Suite 100 1326128281 Fax:(855) 422-5182 Indianapolis, IN 46268 Office:(317) 338-8507 2001 W. 86th St 1750357513 Other:(866) 604-2922 Indianapolis, IN Fax:(317) 338-2454 46260 Office:(317) 462-2335 120 W McKenzie Rd 1376545756 Fax:(317) 462-2069 Greenfield, IN Office:(317) 497-5530 9001 Wesleyan Rd Suite 100 1265108161 Fax:(855) 422-5182 Indianapolis, IN 46268 25802 State Rd 19 1982027785 Arcadia, IN 46030 PHARMACY Phone/Fax Address Phone: (317) 861-4838 5026 W. US 52 New Palestine, IN, 46163 Guardian Pharmacy of Indiana (Primary) Phone: (317) 452-4669 6530 Corporate Drive Fax: (317) 452-4744 ndianapolis, IN, 46278 **EXTERNAL COMMUNITIES** Phone Community Type Phone: (317) 462-5544 Hospital Phone: (317) 462-5536 Funeral Home

Community Name Hancock Regional Stillinger Family Funeral Home

Resident Name

Borgmann, Patricia

Moved in From

Home Medicare (HIC) #

7FW6V71EH62

Insurance Name **AARPMedicareComplete** 

Medicaid Recertification Date

Provider

**Pharmacy** 

Primary Contact: Johanna Readinger

Primary Payer Private Pay - AL

Most Recent Hospital Stay

Primary Physician

Primary Physician Mustaklem, Marwan

Primary Physician

Surburg, Matthew

Nurse Practitioner

Nurse Practitioner

Snyder, Allison

CVS (New Pal)

Pulliam, Brittany

Lopshire, John

(Primary)

Birthdate

01/20/1932

Sex

F

		CONT	ACTS	
Name	Contact Type	Relationship	Address	Phone/Email
Borgmann, Amy	Billing Responsible Party	Daughter	2615 south 700 west	Cell:(317) 979-0074
	Durable Power of Attorney for		New Palestine, 46163	Email:brgmnlady@comcast.
	Finances			net
	Durable Power of Attorney for			
	Healthcare			
	Emergency Contact # 1			
	Emergency Contact # 5			
Mr. Borgmann, Alan	Emergency Contact # 2	Son	4869 E US 40	Cell:(317) 626-6224
			Greenfield, IN, 46140	Email:albdirt@gmail.com
Borgmann, Patricia		Self	2615 south 700 west	Cell:(317) 979-0074
			New Palestine, IN, 46163	Email:brgmnlady@comcast.
				net
		<b>DIAGNOSIS IN</b>	IFORMATION	

05/01/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	05/01/2024 - NONRHEUMATIC MITRAL (VALVE) IN (I34.0)
05/01/2024 - CHRONIC ATRIAL FIBRILLATION, U (148.20)	05/01/2024 - HYPOTENSION, UNSPECIFIED (I95.9)
05/01/2024 - ACUTE UPPER RESPIRATORY INFECT (J06.9)	05/01/2024 - CHRONIC OBSTRUCTIVE PULMONARY (J44.9)
05/01/2024 - UNSPECIFIED OSTEOARTHRITIS, UN (M19.90)	05/01/2024 - CHRONIC KIDNEY DISEASE, STAGE (N18.32)
05/01/2024 - URINARY TRACT INFECTION, SITE (N39.0)	05/01/2024 - ATAXIA, UNSPECIFIED (R27.0)

#### Borgmann, Patricia(WTONP30188) -- Continued on Page 2

<b>5</b> , , , , , , , , , , , , , , , , , , ,	
DIAGNOSI	S INFORMATION
05/01/2024 - AGE-RELATED COGNITIVE DECLINE (R41.81)	05/01/2024 - EDEMA, UNSPECIFIED (R60.9)
05/01/2024 - UNSPECIFIED FALL, INITIAL ENCO (W19.XXXA)	05/01/2024 - ENCOUNTER FOR GENERAL ADULT ME (Z00.01)
05/01/2024 - PERSONAL HISTORY OF OTHER MALI (Z85.828)	05/01/2024 - PERSONAL HISTORY OF TRANSIENT (Z86.73)
05/01/2024 - HISTORY OF FALLING (Z91.81)	01/03/2023 - IMPACTED CERUMEN, BILATERAL (H61.23)
12/29/2022 - SHORTNESS OF BREATH (R06.02)	06/10/2021 - TYPE 2 DIABETES MELLITUS (E11)
06/10/2021 - UNSPECIFIED ATRIAL FIBRILLATIO (I48.91)	11/19/2020 - TYPE 2 DIABETES MELLITUS WITHO (E11.9)
11/19/2020 - MIXED HYPERLIPIDEMIA (E78.2)	11/19/2020 - HYPO-OSMOLALITY AND HYPONATREM (E87.1)
11/19/2020 - UNSPECIFIED DEMENTIA, UNSPECIF (F03.90)	11/19/2020 - ANXIETY DISORDER DUE TO KNOWN (F06.4)
11/19/2020 - ANXIETY DISORDER, UNSPECIFIED (F41.9)	11/19/2020 - PAIN DISORDER WITH RELATED PSY (F45.42)
11/19/2020 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)	11/19/2020 - HEART FAILURE, UNSPECIFIED (I50.9)
11/19/2020 - CELLULITIS OF RIGHT LOWER LIMB (L03.115)	11/19/2020 - NAUSEA (R11.0)
11/19/2020 - LOCALIZED EDEMA (R60.0)	

# ADVANCE DIRECTIVE

Advanced Directive: DNR

Advanced Directive: DNR											
MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)								
		1326									
	Sig	nature		Date	Time						
Person	al Effects Sent Wit	h	Relationship	Date	Time						

			W	oodland <sup>1</sup>	Terrace of	New	Palestine			Jul 12,	2024	16:54:01 ET		
				RES	IDENT INF	ORMA	TION							
	Resident Nam		Preferred Name	Unit	Unit / Occ	•	Move in Date		e In Date	-				
	Boring, Evely	'n		MC	106-	1	08/11/2023	08/11	/2023	08/11/202	3	WTONP303 <sup>2</sup> 8		
		Previous ad	dress		Previous P	hone #		Le	gal Mailing	j address		0		
	1223 W Furry	Road, Foun	ntaintown, IN, 46130		(317) 443	-1569		Same	as Previo	ous Address				
Sex	Birthdate	Age	Marital Status		ligion		Race		Occup	ation(s)	Pr	imary Lang.		
F	01/01/1938	86	Married		known		- Declined to Spec		Citi-	enship	NA.	English aiden Name		
	Moved in F	rom		Move in Lo	cation		Birtii Flace		Citiz	ensnip	IVI	alueli Naille		
	Medicare (HIC)	)#	Med	licaid #			Social Security #			Veterans Adm	ninistra	ation #		
	2N15Y88YJ6	/					307-38-6571							
	Insurance Nan	ne	Insuran	ce Policy #:										
	Medicare				VIII NII O									
Deimo	- B D : 4 B	140		PA	YER INFO	RMAI	ON							
Prima	<b>ry Payer</b> Private Pa	ay - MC		ОТ	HER INFO	DMAT	ION							
Most	Recent Hospital S	tav		UI	HER INFO	RIVIAT	Allergies							
moot	Trocom Troopital C		lotide, Potassium Chl	oride Povid	done lodine	Pregab		trast Med	a					
M	ledicaid Recertificat			n's Status	20110 1041110,		,							
			No S	Service										
					CARE PRO	VIDER								
D :	Provider		Pho		0500.0 :	<b>.</b>	Address			UPIN	4700	NPI		
	Physician		Office:(765) 776	0-8000	3500 S La Kokomo, I		Э				1/808	382449		
(Primary Moonesi	nghe, Deshini				46902	IIN								
	Physician		Office:(317) 497	7-5530		levan R	ld Suite 100				1326 <sup>-</sup>	128281		
Lopshire	•		Fax:(855) 422-5		Indianapo	-								
			, ,		46268	•								
	ractitioner		Office:(317) 497		l l	-	d Suite 100				1265°	108161		
Pulliam,	Brittany		Fax:(855) 422-5	5182	Indianapo	lis, IN								
Madical	Specialist				46268 8904 Bash	h Ctroot	Cuito D				1002	564717		
Murphy,	•				Indianapo		Suite B				1003	004717		
iviai priy,	Loigila				46256	110, 114								
					PHARM	ACY								
	Pharmac	•		Phone/Fax					Address					
	n Pharmacy of Ind						Corporate Drive							
Primary	Contact: Johanna	Readinger	Fax: (317) 452		ERNAL CO		apolis, IN, 46278							
	Community N	lame		Phone	-INIAL CO	MIMOR	ITILO	Cor	nmunity Ty	ne				
Erlewein	Mortuary	tumo	Phone: (317) 4			Funer	al Home			PO				
	Regional		Phone: (317) 4			Hospi								
			,		CONTA									
	Name		Contact Type		lationship		Addre	SS			hone/l			
Reed, R	obin		onsible Party	Daugh	ter	4616 S				Home:(317	,			
		Durable Pov Finances	wer of Attorney for			⊢ounta	intown, IN, 46130			Email:tomro	obinre	ed@gmail.		
			Contact # 1							com				
Boring, \	Villiam		wer of Attorney for	Husba	nd	1223 V	/ Furry Road			Home:(317	) 443	-1569		
0.		Finances	·				intown, IN, 46130			,	,			
		Durable Pov	wer of Attorney for											
		Healthcare												
		Emergency	Contact # 2	DIAC	NOCIC INE	ODMA	TION							
00/00/00	DISORDER	OF TUNDOU	D LINEDECIEL (EQ		NOSIS INF			TEC ME	LITUO	ITU /E44.44	2)			
			D, UNSPECIFI (E0 LITUS WITHO (E1				23 - TYPE 2 DIABE 23 - PURE HYPER			•		)		
			ID HYPONATREM				3 - PURE HYPER 3 - UNSPECIFIED					1		
			ED, NOT INT (G43.	, ,			23 - TRANSIENT (							
			MENT DISORDE (G				23 - CARPAL TUN					))		
			HYPERTENSI (I10				23 - CEREBRAL IN					•		
		, ,	FIED ORGANIS (J	,			3 - OTHER SPEC			,				
			L REFLUX DISEA (		08	3/09/202	3 - NONINFECTI	/E GASTF	ROENTEF	RITIS A (K52	2.9)			
	)23 - GOUT, UNS	,	,				3 - UNSPECIFIED			S, UN (M19	.90)			
			NSPECIFIED (R01.1)				23 - PARESTHESI		N (R20.2)					
	23 - REPEATED		,		08	3/09/202	23 - WEAKNESS (	R53.1)						
J8/09/20	)23 - SHOCK, UN	SPECIFIED	(K57.9)											

Boring, Evelyn(WTONP30318) -- Continued on Page 2

MISCELLANEOUS INFORMATION  Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)  336  Signature Date Tim  Personal Effects Sent With Relationship Date Tim			ADV	ANCE DI	RECTIVE							
Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)  336  Signature Date Time												
336 Signature Date Tim			MISCELLA	ANEOUS I	NFORMATION							
Signature Date Tim	Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)											
	336											
Personal Effects Sent With Pelationship Date Tim		S	ignature			Date	Time					
Personal Effects Sent With Polationship Date Tim												
Parsonal Effects Sent With Palationship Date Tim												
refound Enects cent with Relationship Date Till												

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 FT

		W	oodland T	errace o	f New	Palestine			Jul 12	, 2024 16:54:01 ET
			RESI	DENT INF	ORMA	TION				
Resident Na	me	Preferred Name	Unit	Unit / Oc	cupant	Move in Date	Init. Mo	ve In Date	Orig.Moveln	Date Resident #
Bowman, Elizal	peth M.		AL	333		06/29/2022		5/2021	02/05/202	
,										7
	Previous ac	ddress		Previous F	Phone #		Le	egal Mailin	g address	
4334 Wood	ed Wav. New	Palestine, IN, 46163		(317) 370	0-0265		Samo	e as Previ	ous Address	
Sex Birthdate	Age	Marital Status	Rel	igion		Race			pation(s)	Primary Lang.
F 11/16/1939	84	Married	Unk	nown		White or Caucasia	ın			English
Moved in			Move in Loc			Birth Place		Citiz	zenship	Maiden Name
								ı	J.S.	
Medicare (HI	C) #	Me	dicaid #			Social Security #				ministration #
7AGDK80H	•					310-42-0999			1000101107101	, mileadaeir ii
Insurance Na		Insuran	ce Policy #:			010 42 0000				
IUHealth			0794400							
TOTICALL	ı	IVIOOO		YER INFO	DMAT	ION				
D' D			ГА	I EK INFO	NIVIAI	ON				
Primary Payer Private	Pay - AL									
			ОТІ	HER INFO	PRMAT					
Most Recent Hospital	Stay					Allergies				
	Code	eine								
Medicaid Recertific	ation Date	Prepaid Fune	ral Arrangeme	nts						
			Yes							
			С	ARE PRO	VIDER	S				
Provid	er	Pho				Address			UPIN	NPI
Primary Physician		Office:(317) 86		7375 W L	JS 52					1861920977
(Primary)		Fax:(317) 861-		New Pale		J				
Moore, Shawn		ax.(017) 001-		46163	, , , , , , , , , , , , , , , , , , ,	-				
Primary Physician		Office:(317) 71	8-7422	252 Mead	dow Dr	Sto 6				1629354436
Murphy, Richard		Fax:(317) 718-		Danville,		ole 0				1029334430
		rax.(317) / 10-	1433	1	IIN					
Heart 2 Heart Hospice		055 (0.47) 00	0.0507	46122	0011 01					4750057540
Primary Physician		Office:(317) 33		2001 W.						1750357513
Mustaklem, Marwan		Other:(866) 604	·							
		Fax:(317) 338-		46260						
Primary Physician		Office:(317) 89			-	on St Suite 100				1073554424
Shammas, Issa		Fax:(317) 890-	5566	Indianapo	olis, IN					
				46229						
Nurse Practitioner				25802 St	ate Rd 1	9				1982027785
Snyder, Allison				Arcadia,	IN					
				46030						
				PHARM	IACY					
Pharma	асу		Phone/Fax					Address		
CVS (New Pal) (Primary	<u>')</u>	Phone: (317) 8	61-4838		5026	W. US 52				
, , , , ,		Fax:			New F	Palestine, IN, 4616	3			
CVS (Emerson-Southpo	ort)	Phone: (317) 7	83-5325		_	S Emerson Ave				
	,	Fax:			Indian	apolis, IN, 46237				
Guardian Pharmacy of I	ndiana	Phone: (317) 4	52-4669		_	Corporate Drive				
Primary Contact: Johani		, , ,				apolis, IN, 46278				
,		, (0) 102		RNAL CC						
Community	Name		Phone				Co	ommunity Ty	/ne	
Hancock Regional		Phone: (317) 4			Hospi	tal		unity 1		
Oakley Hammond Fune	ral Home	Phone: (317) 3				al Home				
Oanicy Hailillollu Fulle	iai i iUIIIE	Hone. (317) 3	101-1108 	CONTA		ai i iUiiilE				
Mana		Operator Torre			70 I 9					Ohama (Free "
Name	Dill: 5	Contact Type		ationship		Addre	SS			Phone/Email
Mr. Bowman, William		ponsible Party	Son		Indiana	apolis, IN, 46239			Cell:(317)	
		ower of Attorney for							Email:willia	am.bowman@indy.
	Finances								gov	
	Durable Po	ower of Attorney for							1	
	Healthcare									
Mrs. Bowman, Elizabeth	n		Self		4400 T	errace Dr APT 333	}		Cell:(317)	370-0265
						alestine, 46163				
			DIAG	NOSIS IN	FORM <i>A</i>	ATION				
01/19/2024 - INSOMNI <i>A</i>	, UNSPECIFI	IED (G47.00)				23 - VITAMIN D DE	FICIENC	CY, UNSPI	ECIF (E55 9	9)
01/03/2023 - MAJOR DI			33.9)			21 - MALIGNANT N				
02/02/2021 - HYPOTHY					21 - HYPERLIPIDE				- · · - /	
02/02/2021 - HTT GTTT 02/02/2021 - ANXIETY I			)			21 - ESSENTIAL (F				
					<u> </u>	LI - LOOLINIIAL (F	I XIIVIAN I	JIIIFEK	I LINOI (I IU)	
02/02/2021 - GASTRO-I	LOUPHAGEA	IL REFLUX DISEA (		VANCE	IDEGE	IVE				
			AD	VANCE D	IKEU	IVE				
Advanced Directive: CP	R									

Bowman, Elizabeth M.(WTONP30197) -- Continued on Page 2

ownian, Elizabeth M.(WTONF30191) Continued on Fage 2											
MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)								
		744									
Signature Date Tin											
Person	al Effects Sent Wit	h	Relationship	Date	Time						

MOVE IN RECORD

Woodland Terrace of New Palestin

				W	oodland	Terrace o	f New	Palestine			Jul 12	2, 2024	16:54:01 ET
					RES	SIDENT INF	ORMA	TION					
ı	Resident Na	me		Preferred Name	Unit	Unit / Oc	cupant	Move in Date	Init. Mo	ve In Date	Orig.Moveln		Resident#
Во	owman, Ma	arcia			AL	210	-1	05/01/2022	05/0	1/2022	04/29/20	22	WTONP3026
		Prev	rious addres	: 6		Previous F	Phone #		1	egal Mailing	address		1
	907 N Fra			olis, IN, 46219		(317) 402					ous Address		
	irthdate	Age		rital Status	Re	eligion		Race			ation(s)	Pr	imary Lang.
F 09/	/15/1944	79	V	Vidowed	Un	ıknown		White or Caucasia	an				English
	Moved in	From			Move in Lo	ocation		Birth Place	•		enship	Ma	aiden Name
	Madiaaa (11)	O) #		No	11 1 J J			01-10			J.S. Veterans Ad		-41 H
	Medicare (HI CT3MN1C			Med	licaid #			303-46-3562			veterans Au	minisua	auon #
	Insurance N			Insurance	ce Policy #:			303-40-3302					
	Anthem	)		CNF74	4M55686								
					P/	AYER INFO	PRMAT	ION					
Primary Pay	<b>yer</b> Private	Pay - A	\L		0		NOW 4 =	ION					
Most Boss	ent Hospital	Stov			O	THER INFO	ORMAI	Allergies					
WOSt Rece	iii nospitai	Slay	Dye, Tart	razine				Allergies					
Medica	aid Recertific	ation Da		TAZITIC									
						CARE PRO	OVIDER	S					
	Provid	er		Pho				Address			UPIN		NPI
Primary Phys	sician			Office:(317) 355		10122 E		Ste 220				1235	150442
(Primary) Schaeffer, Te	reco			Home:(317) 355-2		Indianapo 46229	oiis, IN						
Primary Phys				Office:(317) 338		2001 W.	86th St					17503	357513
Mustaklem, M				Other:(866) 604		Indianapo							
				Fax:(317) 338-2		46260							
Nurse Practiti						25802 St		9				19820	027785
Snyder, Allisc	on					Arcadia,							
Medical Spec	rialiet			Office:(317) 887	7_7880	46030	02 E County Line Rd Ste 2400					1871	569103
Keating, Vinc				Fax:(317) 887-7			ndianapolis, IN					1071	009103
. touting, time						46227							
Medical Spec	ialist			Office:(317) 353		8205 E 5	6th Stree	et Suite 250				19927	790299
Wang-Joy, Qi	in			Fax:(317) 353-2	2389	Indianapo	olis, IN						
						46216 <b>PHARN</b>	IACV						
	Pharm	acv			Phone/Fax		IAC I			Address			
Guardian Pha			(Primary)	Phone: (317) 4			6530	Corporate Drive		71001000			
Primary Conta	-			Fax: (317) 452	-4744			napolis, IN, 46278					
					EXT	ERNAL CO	DMMUN	IITIES					
0	Community			Disc. (047) 0	Phone			1-1	Co	ommunity Ty	pe		
Community H	lospital Ea	st		Phone: (317) 3	55-1411	CONTA	Hospi	tal					
Nai	me		Co	ntact Type	R	elationship	1013	Addre	99			Phone/l	-mail
Mr. Bowman,		Billin	ng Respons		Son	oldulorilorilp	7334 C	apel Drive			Cell:(317)		
		Dura	able Power	of Attorney for				polis, IN, 46259			Email:j.bo	wman5	1@yahoo.
			nces								com		
				of Attorney for									
			Ithcare ergency Co	ntact#1									
			ergency Co										
Mrs. Edmond	lson,		ergency Co		Daugh	nter	2208 E	ast Cole Ave			Cell:(559)	301-8	561
Christine	•		- •			Fresno, CA, 93720 Email:christin						stine.	
						2NO818-11	- A	ATION .			edmondso	n623@	gmail.com
04/40/0000	\/IT^^*/!\		OIENOV ::	NODEOLE (E.E.		SNOSIS IN			DIA 4 4 C .	/\	ENCL (140)		
				NSPECIF (E55				23 - ESSENTIAL (F				)	
				HERE CLAS (G IEY DISEA (D63				22 - SEPSIS, UNSI 22 - HYPERLIPIDE					
				IPLICATED (F10.				22 - HTPERLIPIDE 22 - DEPRESSION			, ,		
				ENT OF U (G3				22 - METABOLIC E					
				KIDNEY DI (I1:				22 - UNSPECIFIED				1)	
			•	NGESTIVE) (150	,			22 - ABDOMINAL A					
				D ORGANIS (J				22 - ACUTE RESP				6.01)	
05/02/2022 -	GASTRO-	ESOPE	IAGEAL RI	EFLUX DISEA (	K21.9)	0	5/02/202	22 - CONSTIPATIO	ON, UNS	PECIFIED	(K59.00)		

Bowman, Marcia(WTONP30261) - Continued on Page 2

Bowman, Marcia(WTONP30261) —	Continued on Pag	ge z							
		DIAGN	OSIS INF	ORMATION					
05/02/2022 - MUSCLE WEAKNESS	(GENERALIZED	D) (M62.81)	05/	/02/2022 - ACUTE KIDNE	Y FAILURE, UNSPECIF (	(N17.9)			
05/02/2022 - CHRONIC KIDNEY DI	SEASE, STAGE	(N18.30)	05/	/02/2022 - DYSPHAGIA, L	INSPECIFIED (R13.10)				
05/02/2022 - UNSTEADINESS ON I	FEET (R26.81)		05/	/02/2022 - OTHER ABNOF	RMALITIES OF GAIT AN	(R26.89)			
05/02/2022 - ENCOUNTER FOR OTHER SPECIFIED (Z51.89) 05/02/2022 - PERSONAL HISTORY OF PULMONARY (Z86.711)									
		ADV	ANCE DI	RECTIVE					
Advanced Directive: Living Will; Adv	anced Directive:	CPR							
		MISCELLA	NEOUS	NFORMATION					
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)			
		803							
Signature Date Time									
Person	al Effects Sent Wit	th		Relationship	Date	Time			

Woodland Terrace of New Palestine

Iul 12 2024 16:54:01 ET

					VVOOdiand						Jul 12,	2024 16:54:01 ET
	Besident No.			Preferred Name		DENT INFO			Init M	ove In Dete	Orig Mayola I	Data Basidant#
	Resident Na Brauneller, Ca			rielelieu Naille	AL	Unit / Occi 226-1	•	Move in Date 05/29/2024		29/2024	Orig.Moveln E 05/29/202	
		Previ	ous addres	s		Previous Pl	none #		l	_egal Mailing	address	8
	1400 Terrace Dr				46163						ous Address	
Sex	Birthdate	Age		ital Status		ligion		Race			pation(s)	Primary Lang.
F	07/27/1939	84	V	/idowed				White				English
	Moved in	From			Move in Loc	ation		Birth Place		Citiz	enship	Maiden Name
	Medicare (HI	C) #		N	Medicaid #			Social Security #			Veterans Adm	ninistration #
	Insurance Na			lm a	enes Delis, #			322-32-9577				
	Humana				ance Policy #: 30420613							
	Humana	1		1 1		YER INFO	RMATI	ON				
Prima	ry Payer Private	Pav - Al	L					<b>~.</b>				
	invato	ay 7ti	_		ОТ	HER INFO	RMAT	ON				
Most	Recent Hospital	Stay						Allergies				
			Fosamax									
N	Medicaid Recertific	ation Dat	te									
					C	ARE PRO	VIDER	S				
	Provide	er			hone			Address			UPIN	NPI
	Physician			Office:(317) 8		7375 W U						1710971734
(Primary	,			Fax:(317) 86	1-5325	New Pales 46163	stine, IN	l				
Bagley, Primary	Physician			Office:(317) 8	800-5500		ane Far	nily Medicine 1520	N Sons	ato		1609364959
Whelche	•			Fax:(317) 89		Ave	alis i al	illy Medicine 1320	IN OCIN	ale		1009304939
	51, 2110			un.(017)00	0 0027	Indianapol	is. IN					
						46202	,					
Medical	Specialist			Office:(317) 6	621-1465	9669 E 14	6th Stre	eet Ste 250				1487072419
Cantor,	Braca			Fax:(317) 35	5-8750	Noblesville	e, IN					
						46060						
						PHARM	ACY					
Cuardia	Pharma		(Drimoru)	Dhono: (217	Phone/Fax		GE 20	Cornerate Drive		Address		
l	n Pharmacy of I Contact: Johani			Phone: (317 Fax: (317) 4				Corporate Drive apolis, IN, 46278				
i ililiaiy	Contact. Johann	ia iteau	anigei			OMMUNITI		o Data Found)				
	Community	Name			Phone				C	community Ty	ре	
										, , ,	<b>F</b> -	
						CONTAC	CTS					
	Name		Coi	ntact Type	Rei	lationship		Addres	SS		P	hone/Email
Lumbley	, Courtney	Billing	g Respons	ible Party			4155 S	iefert Ct.			Home:(317)	) 670-7531
								alestine, IN, 46163				
Braunell	er, Carolyn				Self			errace Drive				
							Unit 22	6 alestine, IN, 46163				
					DIAG	NOSIS INF						
05/20/20	)24 - MIXED HY	PFRI ID	DIDEMIA (	=78 2)	PIAG			4 - UNSPECIFIED	DEME	NTIA LINC	PECIE (FO3	90)
	)24 - MIXED HT )24 - OTHER CI							24 - ESSENTIAL (P			,	JU)
	)24 - OTHER CI )24 - ATHEROS		· · · · · · · · · · · · · · · · · · ·					24 - PRIMARY GEN				5.0)
	024 - OSTEOAR				(M17.9)			4 - LOW BACK PA				0.0)
	024 - MUSCLE \			•	· /			4 - AGE-RELATE				l81.0)
				, (**	,	VANCE DI						,
					MISCELL	ANEOUS	<u>INFOF</u>	RMATION				
	Date of Dischar	ge		Time L	Length of Stay			Discharged to (	Morticiar	Name and L	icence No.)	
					44							
												T:
				Signat	ure					Date		Time
		Pe	rsonal Effe	cts Sent With				Relationship		Date		Time

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

		VV		l errace of Ne				Jul 12	2024 16:54:01 E
B 11 (N		Preferred Name		DENT INFOR				0:14	
Resident Na Brownfield, A		Preferred Name	Unit AL	Unit / Occupar 218-1	02/07/202		Move In Date /07/2023	Orig.Moveln 02/07/202	
	Previous add	ress		Previous Phone	e #		Legal Mailing	g address	
	New Palestine,			(317) 727-398		Sa		ous Address	
Sex Birthdate		Marital Status		ligion	Race		Occup	oation(s)	Primary Lang.
F 06/26/1928 Moved in	96	Widowed	Move in Loc	nown	- Declined to		Citiz	enship	English Maiden Name
Hon			MOVE III LOC	auon	Dirtii i	1 1000		J.S.	Mulucii Nullic
Medicare (H		Med	licaid #		Social Secu	rity#		Veterans Adr	ninistration #
9xw4F83U	A76				316-28-9	567			
Insurance N		Insuran	ce Policy #:						
Medicar	е		DA	VED INFORM	ATION				
Primary Payer Private	Day Al		PA	YER INFORM	ATION				
Primary Payer Private	Pay - AL		ОТ	HER INFORM	ATION				
Most Recent Hospita	Stay		J.		Allergies				
		own Allergies			-				
Medicaid Recertific									
				VIDE N. VAV	V=D0				
Provid	lor	Pho		ARE PROVID	Address			UPIN	NPI
imary Physician	ier	Office:(317) 86		7375 W US 5				UPIN	1861920977
rimary)		Fax:(317) 861-5		New Palestine					1001320377
oore, Shawn		(0.1.) 001.	7020	46163	2,				
imary Physician		Office:(317) 497	7-5530	9001 Wesleya	an Rd Suite 100				1326128281
pshire, John		Fax:(855) 422-5	5182	Indianapolis, I	N				
urse Practitioner		Office:(317) 497	7 5520	46268	an Rd Suite 100				1265108161
ulliam, Brittany		Fax:(855) 422-5		Indianapolis, I					1205106101
amarri, Brittarry		1 ux.(000) 122 (	7102	46268					
				PHARMAC	Y				
Pharm			Phone/Fax				Address		
VS (New Pal) (Primar	y)	Phone: (317) 8	61-4838	-	026 W. US 52	40400			
uardian Pharmacy of	Indiana	Fax: Phone: (317) 4	52_4660		ew Palestine, IN, 630 Corporate Dri				
imary Contact: Johan		Fax: (317) 452			dianapolis, IN, 46				
mary contact contact	a . toaago.	a.m (011) 102		RNAL COMM		0			
Communit	y Name		Phone			•	Community Ty	/ре	
anner & Buchanan (E	. Wash)	Phone: (317) 8	98-4462		ıneral Home				
ancock Regional		Phone: (317) 4	62-5544		ospital				
Nama		O	Do	CONTACT		A diduce a		-	N
Name nis, Nina	Billing Respo	Contact Type	Niece	lationship	32 W Steinmeyer	Address Pood			hone/Email 7) 727-3984
iis, iviiia		er of Attorney for	Mece		w Palestine, IN, 4			,	73@aol.com
	Finances	o. o. /o.				0.00			- GG 440
	Durable Pow	er of Attorney for							
	Healthcare								
	Emergency C								
nis, John		er of Attorney for	Nephe		Dee Lane	2014		,	) 360-0938
	Finances			Mo	unt Vernon, IA, 52	2314		Email:jdinn	is@gmail.com
	Healthcare	er of Attorney for							
	Guardian								
	Emergency C	Contact # 2							
			DIAG	NOSIS INFOR	RMATION				
/18/2023 - DISORDE					/2023 - ANEMIA,				
/02/2023 - CELLULIT	IS OF RIGHT U	IPPER LIMB (L03.1	,		/2023 - PAIN IN F	RIGHT WRIS	ST (M25.531	)	
			AD	VANCE DIRE	CTIVE				
dvanced Directive: DN									

Brownfield, Alma(WTONP30300) - Continued on Page 2

biowillield, Allila(WTONF30300) — Continued on Fage 2											
MISCELLANEOUS INFORMATION											
Date of Discharge	Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)										
521											
	Sig		Date	Time							
Person	nal Effects Sent Wit	Relationship	Date	Time							

MOVE IN RECORD

Woodland Terrace of New Palestin

		Wo	odland T	errace of	New I	Palestine			Jul 12	, 2024	16:54:01 E	
			RESI	DENT INF	ORMA	TION						
Resident N	ame	Preferred Name	Unit	Unit / Occ	upant	Move in Date	Init. Mo	ve In Date	Orig.Moveln	Date	Resident #	
Buntain, W	illiam		AL	306-	1	08/27/2021	08/2	7/2021	08/27/202		WTONP302	
	Previous a	addross		Previous P	hono #			egal Mailing	a addrose		0	
4725 W Ha		ew Palestine, IN, 46163		T TEVIOUS I	none #				ous Address			
Sex Birthdate	Age	Marital Status	Reli	gion	Race Occu				oation(s)	Pri	imary Lang.	
M 10/29/1940	83	Widowed		nown		White or Caucasia					English	
	in From		Move in Loca	ation	Birth Place Citizenship						aiden Name	
Ho Medicare (I		84-21	!-  #			0			J.S. Veterans Adı		41 H	
3J33XX8I		Medi	caid #			311-40-6051			veterans Adi	minisua	uon#	
Insurance		Insurance	Policy #:			311-40-0031						
UnitedHeal	thcare		72604									
			PA	ER INFO	RMATI	ON						
Primary Payer Private	Pay - AL		OTI	HER INFO	DMATI	ON						
Most Recent Hospita	al Stav		Oli	IEK INFO	RIVIATI	Allergies						
	-	Known Allergies				7 g. 00						
Medicaid Recertif		Miscellanous	Information:		Pre	paid Funeral Arrange	ments		Veteran'	s Status	S	
		Faith United Me				Yes			WW2 V	/eterar	า	
			C	ARE PRO	VIDER	S						
Provi	der	Phon				Address			UPIN		NPI	
rimary Physician		Office:(317) 355		2040 N SH		AND AVE				13169	907009	
Primary) asham, Jared		Fax:(317) 355-28	<b>0∠</b> ŏ	Indianapol 46219	iiS, IN							
rimary Physician		Office:(317) 497-	-5530		levan R	d Suite 100				13261	128281	
opshire, John		Fax:(855) 422-5		Indianapo	-	a cano roo				.020	.2020 1	
-,				46268	-,							
Iternate Physician		Office:(317) 355-	-7744	1400 N Ri	tter					16797	709216	
laqvi, Syeda		Fax:(317) 355-8	750	Indianapo	lis, IN							
D ('''		055 (047) 407	5500	46219	. 5	10 11 100				1005	100101	
lurse Practitioner		Office:(317) 497			-	d Suite 100				12651	108161	
ulliam, Brittany		Fax:(855) 422-5	182	Indianapol 46268	IIS, IIN							
Medical Specialist		Office:(317) 355-	-5347		h Ritter	Ritter Ave 196293				937458		
urchan, William		Fax:(317) 351-7		Indianapo	lis, IN							
				46219								
				PHARM	ACY							
Pharr			Phone/Fax					Address				
VS (New Pal) (Prima	ry)	Phone: (317) 86	1-4838			W. US 52 Palestine, IN, 4616						
Guardian Pharmacy of	Indiana	Fax: Phone: (317) 45	2-4669		_	Corporate Drive	3					
rimary Contact: Joha		, ,				apolis, IN, 46278						
, , , , , , , , , , , , , , , , , , , ,	9			RNAL CO								
Commun	ty Name		Phone				C	ommunity Ty	/ре			
ommunity Hospital N		Phone: (317) 62			Hospit							
hirley Brothers Funer	al Home	Phone: (317) 89	7-9606	CONTA		al Home						
Name		Contact Type	Pol	CONTA ationship	CIS	Addre				Phone/E	Email	
ivan, Amy	Billing Res	sponsible Party	Daughte		2795 S	Wollenweber Rd.			Home:(317			
,,	_	ower of Attorney for				alestine, IN, 46163			Other:(317	,		
	Finances	·							Email:amy	,		
	Durable P	ower of Attorney for							l467@stat	efarm.	com	
	Healthcare											
ave Dotte		cy Contact # 1	Day 111		E750 5	70th Ct			Home (0.1	7) 007	0504	
erry, Beth	Durable P Finances	ower of Attorney for	Daughte	<del>J</del> I	p/50 E	79th St.			Home:(317) 697-0524 Email:beffann7@aol.com			
		ower of Attorney for							Liliaii.Della	ami/@	gaui.CUIII	
	Healthcare											
		cy Contact # 2										
			DIAG	NOSIS INF	ORMA	TION						
1/15/2024 - DEMENT	IA IN OTHER	DISEASES CLA (F02	.80)			3 - ANEMIA, UNS						
		DISORDER, REC (F3	33.9)			1 - HYPERLIPIDE						
		UNSPECIFIED (F41.9)				1 - ALZHEIMER'S			•			
8/19/2021 - INSOMN			(0.4.6)			1 - ESSENTIAL (F			IENSI (I10)			
8/19/2021 - GASTRC	-ESOPHAGE/	AL REFLUX DISEA (K	(21.9)	80	3/19/202	1 - OTHER ARTH	IKITIS (N	113)				

Buntain, William(WTONP30220) - Continued on Page 2

DIAGNOSIS INFORMATION

08/19/2021 - BENIGN PROSTATIC HYPERPLASIA (N40)

ADVANCE DIRECTIVE

Advanced Directive: CPR

MISCELLANEOUS INFORMATION

Date of Discharge

Time

Length of Stay

Discharged to (Mortician Name and Licence No.)

1050

Date

Signature

Date

Time

Relationship

Date

Time

Personal Effects Sent With

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

					VV				W FaleStille			Jul 12	, 2024	16:54:01 ET
	Resident Na	me		Pre	eferred Name	Unit		INFORM / Occupant		Init. Move	In Date	Orig.Moveln	Date	Resident#
	Calvert. Virg			• • •	oronou rumo	AL	Offic	331-1	11/05/2018	11/05/		11/05/20		WTONP3008
		,												0
			ous addre					ous Phone			al Mailing			
Sex	1715 S F Birthdate				IN, 47396		<del></del>	759-031	9   Race	Same		ous Address pation(s)		imary Lang.
F	10/02/1932	<b>Age</b> 91			owed		Religion		White or Caucasia	ın	Occup	alion(s)	FI	English
	Moved in		,	/viu	owed	Move in	_ocation		Birth Place		Citiz	enship	М	aiden Name
											l	J.S.		
	Medicare (HI	C) #			Med	dicaid#			Social Security #	<u>'</u>		Veterans Adı	ninistr	ation #
	9JP3TC2D								310-34-9261					
	Insurance Na					ce Policy #	<u>:</u>							
	UnitedAmer	ican			5/42	293215	AVEDI	NFORM <i>A</i>	ATION					
Drima	ry Payer Private I	Dov. Al					AYEKI	NFURIMA	ATION					
Pililla	riy <b>Faye</b> i Private	Pay - Al	_				THER	NFORM <i>A</i>	ATION					
Most	Recent Hospital	Stav							Allergies					
		,	Aspirin. (	Cod	eine, Sulfa An	tibiotics			. 3					
N	ledicaid Recertific	ation Dat	<del></del>		-,									
							CARE	PROVIDI	ERS					
	Provide	er			Pho				Address			UPIN		NPI
	Physician			- 1	Office:(317) 890				ngton St Suite 100				1073	554424
Primary				r	ax:(317) 890-5	5566	India 4622	napolis, IN	V					
Shamma Primary	Physician			-	Office:(317) 86	1_4171		. <del>ย</del> W US Hig	ghway 52				1184	986523
Hirsch, E					ax:(317) 861-5			Palestine					1104	000020
, -				Ī	(****)		4616		,					
							PH/	ARMACY	1					
	Pharma	acy				Phone/Fa	x				Address			
Meijers				ı	Phone: (317) 8	94-6710		<b>I</b>	351 E. Washington St					
					Fax:	EV	TEDNAL	Cul COMMI	mberland, IN, 46229					
	Community	/ Name				Phone	IERNAL	COMINI	ONITIES	Com	munity Ty	me.		
Hancock	Regional	INAIIIE			Phone: (317) 4			Ho	spital	Com	indinty iy	þe		
	Funeral Care			-	Phone: (317) 6				neral Home					
					,		CO	NTACTS						
	Name		Co	onta	ct Type		Relationshi	р	Addres	ss		F	hone/	Email
Calvert,	Cheri J (CJ)	Billing	g Respon	sible	e Party			I -	23 Charbono Street			Home:(765	,	
					• • •				ers, IN, 46037					@gmail.com
vir. Calv	ert, Brent			ot .	Attorney for	Son-	in-law		07 Bear Hollow Ct			Home:(317		
		Finar		· of	Attorney for			India	anapolis, IN, 46229			Email:bcar	vert_1	@yahoo.com
			hcare	OI I	Attorney for									
			gency Co	nta	ct # 2									
			gency Co											
ittrell, T	eresa	Emer	gency Co	nta	ct # 1	Dau	ghter		07 Bear Hollow Ct	<del></del>		Cell:(317)		
									anapolis, IN, 46229			Home:(317		
Chance,		Emer	gency Co	nta	ct # 3		ddaughte	r				Home:(317		
Calvert,	Virginia					Self	CNOCIC	NEOD	MATION			Office:(765	) 759	-0319
14000	DOO INICOMMU	111100	FOILIE	10	17.00)	DIA	GNOSIS		MATION	DOTIO	ADT DI		40\	
	023 - INSOMNIA					0)			2023 - ATHEROSCLE			,	5.10)	
	)23 - URINARY )18 - CONSTIPA			ΟIN,	, JIIE (NS9.	.0)			2018 - HYPERLIPIDE 2018 - ANGINA PECT					
	)18 - ASTHMA (		00.0)						2018 - ANGINA FECT 2018 - GASTRO-ESO				21.91	
	)18 - HYPOTHY		M, UNSP	EC	IFIED (E03.9)				2018 - VITAMIN D DE					
	18 - UNSPECIF					09)			2018 - SLEEP APNEA				,	
	18 - ESSENTIA								2018 - SOFT TISSUE				.9)	
	18 - UNSPECIF					32)								
							ADVANC	E DIREC	CTIVE					
Advance	ed Directive: DN	R												

Calvert, Virginia(WTONP30080) -- Continued on Page 2

Caivert, Virginia(WTONP30000) Continued on Page 2												
MISCELLANEOUS INFORMATION												
Date of Discharge	Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)											
2076												
Signature Date Time												
Persor	al Effects Sent Wit	h	Relationship	Date	Time							

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

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Pesider	nt Name		Preferred Name	Unit	Unit / Oc		Move in Date	Init. Move	In Date	Orig.Moveln	Date Resident	
Clark, E			r rotorroa maino	AL	216	•	04/26/2024	04/26		04/26/202		
Olark, E	Sarbara			'``_			0 1/20/2021	0 1720	2021	0 1/20/202	4	
	Previou	s addres:	s	'	Previous I	Phone #		Leç	gal Mailing	address		
			tine, IN, 46163					Same		ous Address		
Sex Birthdate			ital Status		igion		Race		Occup	Occupation(s) Prim		
F 03/16/193		W	/idowed		nown							
Mov	ed in From			Move in Loc	ation		Birth Place		Citiz	ensnip	Maiden Name	
Medicar	e (HIC) #		Me	dicaid#			Social Security #			Veterans Adm	inistration #	
	R9QA70						403-48-2201			7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
Insuran	ce Name		Insurai	nce Policy #:								
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Primary Payer Priv	ate Pay - AL											
				ОТ	HER INFO	DRMAT						
Most Recent Hos			A.U				Allergies					
Medicaid Pec	N ertification Date	o Known	n Allergies	an's Status								
Wedicald Rece	eruncation Date			service								
			110		ARE PRO	OVIDER	S					
P	rovider		Pho	one			Address			UPIN	NPI	
mary Physician			Office:(317) 67	'8-3800	13100 13	36th Stre	et Suite 3400				1598716458	
imary)			Fax:(317) 678-	3830	Fishers,	IN						
, Steven					46037							
mary Physician			Office:(317) 49			-	ld Suite 100				1326128281	
pshire, John			Fax:(855) 422-	5182	Indianap 46268	Olis, IN						
rse Practitioner			Office:(317) 49	7-5530		slevan R	ld Suite 100				1265108161	
Iliam, Brittany			Fax: (855) 422-5182 Indianapolis, IN									
•			, ,		46268							
					PHARN	<b>IACY</b>						
	narmacy			Phone/Fax					Address			
ardian Pharmacy	•	- ,	Phone: (317)				Corporate Drive					
mary Contact: Jo	nanna Readin	ger	Fax: (317) 452		OMMUNI		apolis, IN, 46278 o Data Found)					
Comm	nunity Name			Phone			o Data i Guila)	Con	nmunity Ty	ne		
•	iamily mame			1 110110						<b>P</b> ~		
					CONTA	ACTS						
Name		Con	ntact Type		lationship		Addre	ess		PI	hone/Email	
ark, Barbara	Billing F	Responsi	ible Party	Self			errace Drive					
						Unit 21						
ight, Melinda	Durable	Dower	of Attorney for	Daught	or	_	alestine, IN, 46163 / Williamswood Dr			Home:(317	720 2150	
ignt, ivielinda	Finance		of Attorney for	Daugni	er		alestine, IN, 46163			,	) 730-3159 ida80@comcas	
			of Attorney for			110111	31001110, 114, 10100	•		net	iaaco@comicac	
	Healtho											
		ency Con										
ark, Sam	Emerge	ency Con	ntact # 2	Son			ghtview Dr		Home:(502) 321-0539			
						Simpso	onville, KY, 40067			_	_clark@bellsoutl	
				DIAG	NOSIS IN	EORMA	TION			net		
23/2024 - HYPE	DI IDIDEMIA I	INISDEC	SIEIED (E70 E)	DIAG				) DEMENT	IA LINICI	DECIE /Eng	90)	
	MNIA, UNSPE						24 - UNSPECIFIED 24 - ESSENTIAL (1				30)	
				18.4)			24 - PREDIABETE					
23/2024 - INSON 23/2024 - CHRO	NIC KIDNEY I	JISEASF	E. STAGE IN			14/23//い/						

#### Clark, Barbara(WTONP30344) -- Continued on Page 2

Clark, Barbara(WTONF30344) Continued on Fage 2											
MISCELLANEOUS INFORMATION											
Date of Discharge	Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)										
77											
	Sig		Date	Time							
Person	al Effects Sent Wit	Relationship	Date	Time							
			•								

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

Resident Name					W		Terrace of					Jul 12	2, 2024	116:54:01 ET
Coleman Connect					Dueste weed Name									
128 Yorkshire RNate   Received					Preferred Name			_				_		
Telephone   Tele		Coleman, Col	mee			IVIC	112-	• 1	05/22/2023	05/2	2/2023	05/22/20	23	
Sex   Birthelate			Previ	ous addres	s		Previous P	hone #		L	egal Mailing	address		
F   1/11/11/954   89   Married   Unknown - Declined to Specify   Aerobic dance teacher   English   Marie (Citizenship)   Maiden Name   U.S.   U.S.   Watermare Administration #   2562-56-2363   U.S.   U.S		126 Yorkshi	re Blvd				(317) 800	-3204		Sam				
Modicaire (HCC) #   Modi							-						Pr	
Modicase (HIC) #   Modicase (HIC) #   Social Security #   Veterars Administration #	F				1arried								B.4	
Medicare (HII) 6		Moved in	From			Move in Loc	ation		Birtii Place			•	IVI	alueli Naille
Medical Specialist   Office (317) 621-1006   B435 Cleanists   Formula   Finance   Formula   Fo		Medicare (HI	C)#		Mer	dicaid #			Social Security #				  ministr	ation #
Community Name		•	,						•					
Particular   Pay   Payer   Private   Pay   MC		Insurance Na	ame		Insuran	ce Policy #:					<u> </u>			
OTHER INFORMATION		Aetna			10187									
Moditable   Penicilin						PA	YER INFO	RMAT	ION					
Medicald Recert Hospital Stay   Periodilin_Zithromax	Prima	<b>ary Payer</b> Private I	Pay - Mo	3		ОТ	LIED INEO		ION					
Penicillin, Zithromax	Most	t Pocont Hospital	Stav			O I	HER INFO	RIVIAT						
No. Service	IVIOS	t Recent Hospital		Penicillin	Zithromay				Allergies					
Provider	N	Medicaid Recertification				n's Status								
Provider   Phone   Address   UPIN   NPI														
Office: (765) 776-8000   SSO S Lafontaine   1780882449   Primary)   Holonesinghe, Deshini   Office: (317) 497-5530   SOU S Wesleyan Rd Suite 100   1326128281   Holonesinghe, Deshini   Holonesinghe				خور		C	ARE PRO	VIDER	S					
According   Acco			er									UPIN		
					Office:(765) 776	6-8000			е				1780	882449
Office:(317) 497-5530   Doft Wesleyan Rd Suite 100   1326128281   Dopshire, John   Fax:(855) 422-5182   Indianapolis, IN   Indianapolis, IN   H2288   Indianapolis, IN   H2288   Indianapolis, IN   H2285   Indi	` -	• •						IN						
Description					Office:(317) 49	7-5530		slevan R	2d Suite 100				1326	128281
Murse Practitioner	•	•						-	tu Suite 100				1320	120201
Indianapolis, IN	_оро	o, oo			(000)	0.02		,,						
A6225   A5802 State Rd 19   A76261   A76202	Nurse P	Practitioner			Office:(317) 29	4-7465	343 Parkv	way Ave	1				1164	847372
25802 State Rd 19	Adams,	Elizabeth						olis, IN						
Arcadia, IN 46030  Medical Specialist Medical Specialist Medical Specialist Medical Specialist Medical Specialist Medical Specialist Morphy, Leigha  Medical Specialist Murphy, Leigha  Medical Specialist Medical Specialist Murphy, Leigha  Medical Specialist Murphy, Leigha  Medical Specialist Murphy, Leigha  Medical Specialist Murphy, Leigha  Medical Specialist Mucphy, Leigha  Medical Specialist Mucphy, Leigha  Medical Specialist Mucphy, Leigha  Medical Specialist Murphy, Leigha  Medical Specialist Mucphy, Leigha  Medical Specialist Mucphy, Leigha  Medical Specialist Mucphy, Leigha  Medical Specialist Mucphy Medical Specialist Murphy, Leigha  Medical Specialist Mucphy Medical Specialist Murphy, Leigha  Medical Specialist Mucphy Medi														
Medical Specialist									9				1982	027785
Addical Specialist   Office:(317) 621-1006   S435 Clearvista PI STE 101   Indianapolis, IN   Indianapolis,	Snyaer,	Allison						N						
Indianapolis, IN	Medical	Specialist			Office:(317) 62	1-1006		arvista F	PLSTE 101				1659	774669
Second   S		•			, , ,									
Indianapolis, IN   46256							46256							
		•							Suite B				1003	564717
Pharmacy	Murphy,	, Leigha						olis, IN						
Pharmacy								ACY						
Phone   (317) 452-4669   Fax: (317) 452-4669   Fax: (317) 452-4744   Indianapolis, IN, 46278   EXTERNAL COMMUNITIES (No Data Found)		Pharma	ncv.			Phone/Fay	PHANN	ACI			Address			
Fax: (317) 452-4744   Indianapolis, IN, 46278	Guardia			Primary)	Phone: (317) 4			6530	Corporate Drive		Addioss			
Community Name Phone CONTACTS    Name   Contact Type   Relationship   Address   Phone/Email		•	•	• ,					•					
CONTACTS  Name  Coleman, Mark  Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1  DIAGNOSIS INFORMATION					EXT	ERNAL C	OMMUNIT	IES (N	o Data Found)					
Name   Contact Type   Relationship   Address   Phone/Email		Community	Name			Phone				Co	ommunity Ty	ре		
Name   Contact Type   Relationship   Address   Phone/Email							CONT	CTO						
Coleman, Mark  Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1  DIAGNOSIS INFORMATION  D5/09/2023 - ANEMIA, UNSPECIFIED (D64.9) D5/09/2023 - VITAMIN B DEFICIENCY, UNSPECIF (E53.9) D5/09/2023 - DEHYDRATION (E86.0) D5/09/2023 - MILD COGNITIVE IMPAIRMENT OF U (G31.84) D5/09/2023 - INSOMNIA, UNSPECIFIED (G47.00) D5/09/2023 - RESTLESSNESS AND AGITATION (R45.1)  DIAGNOSIS INFORMATION D5/09/2023 - HYPOTHYROIDISM, UNSPECIFIED (E03.9) D5/09/2023 - BESENTIAL (PRIMARY) HYPOTHYROIDISM, UNSPECIFIED (E03.9) D5/09/2023 - ESSENTIAL (PRIMARY) HYPOTHYROIDISM, UNSPECIFIED (E03.9) D5/09/2023 - CHRONIC KIDNEY DISEASE (CKD) (N18) D5/09/2023 - RESTLESSNESS AND AGITATION (R45.1)		Nome		0	stact Type	D-		CIS	A al-l	00			Dhens (	Email
Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1  DIAGNOSIS INFORMATION  DIAGNOSIS I	Colema		Billing				•	126 Yo		55				
Finances	Ooloma	iii, ividiik			•	lassa	14					1101110.(01	,, 000	0204
Healthcare   Emergency Contact # 1   DIAGNOSIS INFORMATION					,,				.,					
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05/09/2023 - ANEMIA, UNSPECIFIED (D64.9)   05/09/2023 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)   05/09/2023 - VITAMIN B DEFICIENCY, UNSPECIF (E53.9)   05/09/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)   05/09/2023 - ALZHEIMER'S DISEASE (G30)   05/09/2023 - ALZHEIMER'S DISEASE (G30)   05/09/2023 - SLEEP DISORDERS (G47)   05/09/2023 - INSOMNIA, UNSPECIFIED (G47.00)   05/09/2023 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)   05/09/2023 - IRRITABLE BOWEL SYNDROME (K58)   05/09/2023 - CHRONIC KIDNEY DISEASE (CKD) (N18)   05/09/2023 - RESTLESSNESS AND AGITATION (R45.1)   ADVANCE DIRECTIVE			Emer	gency Cor	tact # 1	DIA 6	NOOIO IN		TION					
15/09/2023 - VITAMIN B DEFICIENCY, UNSPECIF (E53.9) 05/09/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5) 05/09/2023 - DEHYDRATION (E86.0) 05/09/2023 - ALZHEIMER'S DISEASE (G30) 05/09/2023 - MILD COGNITIVE IMPAIRMENT OF U (G31.84) 05/09/2023 - SLEEP DISORDERS (G47) 05/09/2023 - INSOMNIA, UNSPECIFIED (G47.00) 05/09/2023 - ESSENTIAL (PRIMARY) HYPERTENSI (I10) 05/09/2023 - IRRITABLE BOWEL SYNDROME (K58) 05/09/2023 - CHRONIC KIDNEY DISEASE (CKD) (N18) 05/09/2023 - RESTLESSNESS AND AGITATION (R45.1)	05/00/0	000 41514	INIODEO	NEIED (DA	(4.0)	DIAG				DICT	NODEO:E	ED /E00 0\		
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15/09/2023 - MILD COGNITIVE IMPAIRMENT OF U (G31.84)   05/09/2023 - SLEEP DISORDERS (G47)   05/09/2023 - INSOMNIA, UNSPECIFIED (G47.00)   05/09/2023 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)   05/09/2023 - IRRITABLE BOWEL SYNDROME (K58)   05/09/2023 - CHRONIC KIDNEY DISEASE (CKD) (N18)   05/09/2023 - RESTLESSNESS AND AGITATION (R45.1)   ADVANCE DIRECTIVE					NOFEUIT (E53	.ອ)						ר (⊏10.5)		
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5/09/2023 - IRRITABLE BOWEL SYNDROME (K58) 05/09/2023 - CHRONIC KIDNEY DISEASE (CKD) (N18) 05/09/2023 - RESTLESSNESS AND AGITATION (R45.1) ADVANCE DIRECTIVE					•							ΓENSI (I10)	)	
5/09/2023 - RESTLESSNESS AND AGITATION (R45.1)  ADVANCE DIRECTIVE													•	
Advanced Directive: CPR						AD	VANCE D	IRECT	IVE					
	Advance	ed Directive: CPI	R											

Coleman, Connee(WTONP30310) - Continued on Page 2

Coleman, Connective TONE 303 10,	Joinnan, Connee(W1ONF30310) — Continued on Fage 2										
MISCELLANEOUS INFORMATION											
Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)											
417											
Signature Date Tin											
Perso	onal Effects Sent Wit	Relationship	Date	Time							

Woodland Terrace of New Palestine

				W		Terrace of					Jul 12	, 2024	16:54:01 ET
				Durafa mand Names		IDENT INFO							
	Resident Na Dahltorp, Sa			Preferred Name	Unit AL	Unit / Occu 302-1		Move in Date 02/09/2023		ve In Date 9/2023	Orig.Moveln 02/09/20		Resident # WTONP3029
	Danitorp, Sa	illy J.			AL	302-1		02/09/2023	02/08	9/2023	02/09/20	23	9
		Previ	ous address	3		Previous Ph	one#		Le	gal Mailing	address		
					_	(317) 753-	5180		Same		ous Address		
Sex	Birthdate	Age		tal Status		eligion		Race		Occup	ation(s)	Pr	imary Lang.
F	03/31/1939 Moved in	85 From	Di	vorced	Uni Move in Lo	known		- Declined to Speci	fy	Citiz	enship	M	English aiden Name
	WOVEG II	i Fiolii			MOAG III FO	Caucii		Dirtii i idee		Oitiz	ciisiiip		uldell Name
	Medicare (H	IC) #		Me	dicaid #			Social Security #			Veterans Ad	ministr	ation #
	8RK0MV0L	JC18						341-32-3310					
	Insurance N	ame		Insuran	ce Policy #:								
					DA	VED INFOR		ION					
Drima	ry Payer Private	Dov. Al			PA	YER INFOR	KIVIA I	ION					
Fillia	Filvale	ray - Al	_		ОТ	HER INFOR	RMAT	ION					
Most	Recent Hospital	Stay			<u> </u>		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Allergies					
			Ciprofloxa	cin									
N	Medicaid Recertific	cation Dat		Vetera	n's Status								
				No :	Service								
						CARE PROV	/IDIER						
Deiter	Physician	ler		Pho Office (217) 40		0004 14/- 1		Address			UPIN	1200	NPI
Primary (Primary	Physician			Office:(317) 49 Fax:(855) 422-		9001 Wesi Indianapoli	-	Rd Suite 100				1326	128281
Lopshire	,			ax.(000) 422-	J 102	indianapoii 46268	o, IIN					1	
<u> </u>	e Physician			Office:(317) 85	9-1020		erson	Ave Suite 350				1447	254008
Vivio, Je	•			Fax:(317) 859-		Indianapoli						1	
						46237							
	ractitioner			Office:(317) 49			-	Rd Suite 100				1265	108161
Pulliam,	Brittany			Fax:(855) 422-	5182	Indianapoli	s, IN					1	
Medical	Specialist			Office:(317) 88	5-2860	46268 701 E Coui	ntv I in	e Poad				1710	150628
l .	Mohammad			Fax:(317) 885-		Greenwood	-	e road				17 10	130020
0.1.0.1,						46143	.,						
						PHARMA	CY						
	Pharm	_			Phone/Fax					Address			
l .	n Pharmacy of			Phone: (317) 4				Corporate Drive					
Primary	Contact: Johan	na Read	unger	Fax: (317) 452		ERNAL CON		napolis, IN, 46278					
	Community	y Name			Phone				Co	mmunity Ty	pe		
St. Fran	cis Hospital	,		Phone: (317) 5			Hospi	ital					
	r Family Funera	l Home		Phone: (317) 4			Funer	al Home					
						CONTAC	CTS						
	Name			tact Type		elationship		Addres	SS			Phone/	
Dahltorp	o, Tim		g Responsil	•	Son			astlemaine Pl			Home:(30	,	
		Dura Finar		of Attorney for			Jastie	Rock, CO, 80104			Email:tdah	шогр(	ymac.com
				of Attorney for									
			thcare	- ,									
			gency Con										
Dahltorp	o, Jeff			of Attorney for	Son			anguard Ln			Home:(31	,	
		Finar		to at # 4		I	ndiana	apolis, IN, 46239			Email:jdah	ltorp@	gmail.com
		⊫mer	rgency Con	laCl # 1	DIAG	NOSIS INF	ORMA	ATION					
03/28/20	024 - HYPOKAL	FMIA (F	-87 6)		-5//40			24 - MAJOR DEPR	ESSIVE I	DISORDE	R REC (F3	33 41)	
				ROMBOSIS (	182.409)			24 - IRRITABLE BC					
	024 - CELLULIT				- /			24 - CELLULITIS O					
03/28/20	024 - DISORDE	R OF TH	HE SKIN AN	ND SUBCU (L	98.9)	03/	28/202	24 - GOUT, UNSPE	CIFIED (	(M10.9)	· · · · · · · · · · · · · · · · · · ·		
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	024 - ATAXIA, L							24 - ENCOUNTER					)
	024 - OTHER R				(OZ 00)			24 - LONG TERM (					<u> </u>
				THER DISE (Z	.87.39)			24 - PERSONAL HI					3)
	023 - ANEMIA,				(144.0)			23 - HYPERTENSIN					
				ULMONARY E, STAGE (N1				23 - OBSTRUCTIVI 23 - DISORDER OF					
	023 - UNSTEAD				J.00)			23 - OTHER LACK				J.J)	
			(	/		1,					,,		

# Dahltorp, Sally J.(WTONP30299) -- Continued on Page 2

DIAGNOSIS INFORMATION										
11/30/2023 - FACIAL WEAKNESS (R29.810)	11/30/2023 - ATTENTION AND CONCENTRATION DE (R41.840)									
11/30/2023 - HALLUCINATIONS, UNSPECIFIED (R44.3)	11/30/2023 - ENCOUNTER FOR PROPHYLACTIC MEA (Z29.9)									
11/30/2023 - PERSONAL HISTORY OF OTHER VENO (Z86.718)	04/14/2023 - VITAMIN D DEFICIENCY, UNSPECIF (E55.9)									
04/14/2023 - MAJOR DEPRESSIVE DISORDER, REC (F33.9)	04/14/2023 - UNSPECIFIED CONVULSIONS (R56.9)									
02/21/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	02/21/2023 - IRRITABLE BOWEL SYNDROME (K58)									
01/31/2023 - NEOPLASM OF UNSPECIFIED BEHAVI (D49.4)	01/31/2023 - IODINE-DEFICIENCY RELATED DIFF (E01.0)									
01/31/2023 - INSOMNIA, UNSPECIFIED (G47.00)	01/31/2023 - OTHER SPECIFIED DISORDERS OF B (G93.89)									
01/31/2023 - ALLERGIC RHINITIS DUE TO POLLE (J30.1)	01/31/2023 - POLYARTHRITIS, UNSPECIFIED (M13.0)									
01/31/2023 - SPINAL STENOSIS, LUMBAR REGION (M48.061)	01/31/2023 - OTHER SPECIFIED DORSOPATHIES, (M53.87)									
01/31/2023 - RADICULOPATHY, LUMBAR REGION (M54.16)	01/31/2023 - WEAKNESS (R53.1)									

## ADVANCE DIRECTIVE

hannevh	Directive:	DNR

Advanced Directive: DNR											
MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay		harged to (Mortician Name and Licence No.)							
		519									
	Signature Date T										
Perso	nal Effects Sent Wi	th		Relationship	Date	Time					
	-	-									

Woodland Terrace of New Palestine

Jul 12 2024 16:54:01 FT

					PIRO	DENT INF	ORMA	TION			Jui	14, 4024	4 10.54.01 E1
	Resident Na	me	Di	referred Name	Unit				Init M	ove In Date	Orig Move	In Data	Resident#
	Davidson, M		FI	Cicileu Naiile	AL	330-	-	Move in Date 05/23/2024	05/23/2024		05/23/2024		WTONP3034
	Davidson, IVI	axiiie			AL	330-	1	03/23/2024	00/20/2024		03/23/2024		7
		Previo	us address			Previous Pl	hone #		L	egal Mailing	address		·
	7503 Ardv	vell Drive,	Indianapo	lis, IN, 46237		(317) 490-	-8478		Sam	ne as Previo	ous Address	5	
Sex	Birthdate	Age	Marita	al Status	Re	ligion		Race		Occup	oation(s)	Pı	rimary Lang.
F	11/18/1939	84	Wic	dowed	Unk	known		<ul> <li>Declined to Speci</li> </ul>	fy				
	Moved in	From			Move in Loc	ation		Birth Place		Citiz	enship	M	laiden Name
	Medicare (H	IC) #		Ме	dicaid#			Social Security #			Veterans A	Administr	ation #
								315-36-1308					
	Insurance N				ice Policy #:								
U	nitedHealthCar	emedicare	9	9696	5584600 DA	VED INFO		ON					
D.	D				PA	YER INFO	RIVIATI	UN					
Prima	<b>ry Payer</b> Private	Pay - AL			0.7	LIED INEQ		ON					
	D	04-			01	HER INFO	RIVIATI						
Most	Recent Hospital		(ECS)					Allergies					
-	Andinal d Direct		metFORMII	N									
I.	Medicaid Recertific	ation Date											
						ADE DDO	VIDED	e					
	Provide			Dh		ARE PRO	VIDER	Address			LIDIN		NE
Drimon	Physician	ier		Office (247) 79		747 F Co.	unter Line				UPIN	1246	NPI
	Physician			Office:(317) 78			-	e Rd Ste B				1346	217312
(Primary				Fax:(317) 789-	0000	Greenwoo 46143	a, IIV						
roder, i	Mary Catherine					PHARM	۸CV						
	Pharm	001			Phone/Fax	FILAINI				Address			
Guardia	n Pharmacy of		Priman()	Phone: (317)			6530 (	Corporate Drive		Audiess			
	Contact: Johan			Fax: (317) 452				apolis, IN, 46278					
i ililiai y	Contact. Jonan	na rteaun	igei	I ax. (317) 432		RNAL CO							
	Community	v Name			Phone				C	ommunity Ty	me.		
Forest I	awn Mortuary	y rtaine		Phone: (317)			Funer	al Home		on minutes	<b>P</b> O		
0.000 2	ann mortuary					CONTA		a					
	Name		Conta	act Type	Re	lationship		Addres	SS			Phone/	/Email
Davidso	n, Anthony	Billing	Responsib		Grands		4453 G	oose Rock Drive			Home:(3		
	, ,			Attorney for			Indiana	polis, IN, 46239				,	
		Financ		,									
		Durabl	e Power of	Attorney for									
		Health	care										
		Emerg	ency Conta	act # 1									
Johnson	n, Geraldine	Emerg	ency Conta	act # 2	Sister						Home:(3	17) 372	2-8954
					DIAG	NOSIS INF	ORMA	TION					
05/21/20	024 - MALIGNA	NT NEOP	LASM OF	UNSPECIF (	(C50.919)	05	/21/202	4 - HYPERLIPIDE	MIA, UN	SPECIFIE	D (E78.5)		
	024 - VASCULA					05	/21/202	4 - AGE-RELATE	OSTE	OPOROSIS	S WITHO	(M81.0)	)
05/21/20	024 - VISUAL H	ALLUCIN	ATIONS (F	R44.1)									
					AD	VANCE DI	RECT	VE					
					MISCELI	LANEOUS	INFOR	RMATION					
	Date of Dischar	rge	Т	ime Le	ngth of Stay			Discharged to (	Mortician	Name and I	icence No.)		
		<b>V</b> -						(					
					50								
				Signatur	е					Date			Time
		Pers	onal Effect	s Sent With				Relationship		Date			Time

MOVE IN RECORD

Woodland Terrace of New Palestin

			Wo	odland <sup>-</sup>	Terrace of	f New I	Palestine			Jul 12.	2024	16:54:01 E		
				RES	IDENT INF	ORMA	TION							
Resident	Name		Preferred Name	Unit	Unit / Occ		Move in Date	Init. Move	In Date	Orig.Moveln I	Date	Resident#		
Denton	, Lila			MC	116-	1	04/13/2023	04/13/	2023	04/13/202		WTONP30		
	Prev	ious addres	<u> </u>		Previous P	hone #		l ec	al Mailing	address		5		
		estine, IN, 4			(317) 408					ous Address				
Sex Birthdate	Age	<del></del>	ital Status	Re	ligion		Race	Jane		ation(s)	Pri	mary Lang.		
F 03/11/1933	3 91					-	Declined to Speci	fy			- [	eclined to		
					a		Diath Diag		0:4:-			Specify		
Move	d in From			Move in Loc	cation		Birth Place		Citiz	enship	Ma	iden Name		
Medicare	(HIC)#		Medic	caid #			Social Security #			Veterans Adn	ninistra	tion#		
1QW6VN							400-42-3765							
Insurance	e Name		Insurance	Policy #:					•					
					VED INEO									
Primary Payer D				PA	YER INFO	RMAII	ON							
Primary Payer Priva	ite Pay - M	C		ОТ	HER INFO	DMATI	ON							
Most Recent Hosp	ital Stav			O i	HER INFO	NWATI	Allergies							
	<b>y</b>	No Known	Allergies				·g							
Medicaid Recer	tification Da		Veteran'	s Status										
			No Se											
					CARE PRO	VIDER						ME		
	ovider		Office:(317) 497-		0004 14/-	olovies D	Address			UPIN	12204	NPI		
rimary Physician Primary)			Office:(317) 497- Fax:(855) 422-51		9001 Wes	-	d Suite 100				13261	28281		
opshire, John			. 422-5	.52	46268	o, IIN								
rimary Physician						arview D	r # 400			12253	40987			
win, Kristen			Fax:(317) 335-6930 Mc Cord			ville, IN								
. 5			0.55 (0.47) 0.00		46055						.==00			
rimary Physician			Office:(317) 338-		2001 W. 8						17503	57513		
lustaklem, Marwan			Other:(866) 604- Fax:(317) 338-24		Indianapo 46260	olis, iiv								
lurse Practitioner			Office:(317) 941-		2445 Dire	ctors Ro	w Ste C				19528	81435		
umbalough, Courtne	еу		Fax:(317) 969-67		Indianapo									
				46241										
lurse Practitioner			Office:(317) 967-	-7921			adow Dr Suite 110				13769	59692		
ore, Gena			Gree 4614			d, IN								
lurse Practitioner			Office:(317) 497-		slevan R	d Suite 100				12651	08161			
Pulliam, Brittany			- (0==) (00=+00			olis, IN								
					46268									
lurse Practitioner					25802 Sta		9				19820	27785		
nyder, Allison					Arcadia, I	N								
					46030 <b>PHARM</b>	ACY								
Pha	ırmacy			Phone/Fax					Address					
Guardian Pharmacy		(Primary)	Phone: (317) 45			6530 (	Corporate Drive							
rimary Contact: Joh	anna Read	dinger	Fax: (317) 452-4	1744		Indian	apolis, IN, 46278							
	и				ERNAL CO	MMUN	ITIES							
Commu rlewein Mortuary	ınity Name		Phone: (317) 46	Phone		Funor	al Home	Con	nmunity Ty	pe				
lancock Regional			Phone: (317) 46 Phone: (317) 46			Hospit								
			, 110110. (01 <i>1)</i> 40	_ 00++	CONTA									
Name		Con	tact Type	Re	lationship		Addres	SS		Р	hone/E	mail		
enton, Frank		g Responsi	ble Party	Son	•	1330 S	600 W			Home:(317	) 408-	8711		
			of Attorney for			New Pa	alestine, IN, 46163			Email:Fder	nton@	comcast.ne		
	Fina		of Attaure 5											
		ble Power o thcare	of Attorney for											
		เกcare rgency Con	tact # 1											
enton, Debbie		rgency Con		Daugh	ter in law	1330 S	600 W			Home:(317	753-	5197		
						New Pa	alestine, IN, 46163			Email:Dad2	,			
				DIAG	NOSIS IN									
1/18/2023 - MAJOR				33.9)			3 - DRY EYE SYN							
3/28/2023 - HYPOT		<u> </u>					3 - UNSPECIFIED				90)			
3/28/2023 - ADJUS							3 - INSOMNIA, UN			,	- · - ·			
3/28/2023 - ESSEN	TIAL (PRI	MARY) HYF	PERTENSI (I10)		00	3/28/202	3 - GASTRO-ESO	PHAGEAL	REFLU	x DISEA (K	21.9)			

Denton, Lila(WTONP30305) - Continued on Page 2

Denion, Lila(WTONP30305) - Conti	nueu on Page Z									
		DIAGN	OSIS INF	ORMATION						
03/28/2023 - CONSTIPATION, UNS	OSTEOARTHRITIS, UN	(M19.90)								
03/28/2023 - BRADYCARDIA, UNSI	PECIFIED (R00.1	1)	03.	/28/2023 - PAIN, UNSPEC	IFIED (R52)					
03/28/2023 - FRACTURE OF UNSP	ECIFIED PART	O (S72.001A)	03.	/28/2023 - PERSONAL HIS	STORY OF MALIGNANT	. (Z85.3)				
		ADV	ANCE DI	RECTIVE						
Advanced Directive: DNR										
		MISCELLA	ANEOUS	NFORMATION						
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)				
		456								
	Siç	gnature			Date	Time				
Person	al Effects Sent Wit	Relationship	Date	Time						

Woodland Terrace of New Palestine

Jul 12 2024 16:54:01 FT

				W	oodland <sup>*</sup>	Terrace of	New F	Palestine			Jul 12	2, 2024	4 16:54:01 ET	
					RES	IDENT INF	ORMA	TION						
	Resident N	ame	P	referred Name	Unit	Unit / Occ	cupant	Move in Date	Init. Mo	ve In Date	Orig.Moveln	Date	Resident#	
	Dey, Colle				AL	341-	1	11/13/2023		3/2023	11/13/20	23	WTONP3032 5	
			us address			Previous P				egal Mailing				
				Palestine, IN, 46		(907) 315	6458	Race	Sam		ous Address			
Sex F	Birthdate	Age		tal Status		ligion			6.	Occup	ation(s)	rimary Lang.		
F	08/21/1945 Moved i	78	VVI	dowed	Move in Loc	known		Declined to Specification Birth Place	ry	Citiz	enship	M	English laiden Name	
	IVIOV <del>e</del> u I	II FIOIII			MOVE III LOC	Jauon		Dirtii idee		Oitiz	CHSIIIP		ididell'Hame	
	Medicare (H	IIC)#		Med	licaid #			Social Security#			Veterans Ad	  ministr	ration #	
	5CV5UX20				JX2CP56			067-36-0968						
	Insurance N	Name			ce Policy #:									
	Tricare	Э		0010 <sup>-</sup>	1911103									
					PA	YER INFO	RMATI	ON						
Prima	<b>ry Payer</b> Private	Pay - AL												
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Most	Recent Hospita	I Stay						Allergies						
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N	ledicaid Recertifi	cation Date			n's Status									
				Ve	teran	ADE REA	V/IEVE							
						CARE PRO	VIDER				LIBIT		NE.	
Delete	Provi	aer		Pho:		0004 144	daves : D	Address			UPIN	4000	NPI	
	Physician			Office:(317) 497		9001 Wes		d Suite 100				1326	128281	
(Primary Lopshire	,			Fax:(855) 422-5	0182	46268	oiis, iiv							
Dentist	, JOHH			Office:(317) 86	1_4484	5774 W. U	IS 52					1073	609608	
Pool, Co	olleen			Fax:(317) 861-8		New Pale						1073	.003000	
001, 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 ax.(011) 001 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	46163	OtO,							
Nurse P	ractitioner			Office:(317) 497	7-5530		slevan R	d Suite 100				1265	108161	
Pulliam,				Fax:(855) 422-5		Indianapo	-							
	•			, ,		46268								
						PHARM	ACY							
	Pharn	nacy			Phone/Fax					Address				
Guardia	n Pharmacy of	Indiana (F	Primary)	Phone: (317) 4	52-4669		6530 (	Corporate Drive						
Primary	Contact: Johan	nna Readi	nger	Fax: (317) 452				apolis, IN, 46278						
						ERNAL CO	MMUN	ITIES						
0. 5	Communi	ty Name		(0.47) 5	Phone				Co	mmunity Ty	ре			
St. Fran	cis Hospital			Phone: (317) 5	28-5000	CONTA	Hospit	al						
	Mana		0		D.	CONTA	CIS	Addes				Diversi	/=	
	Name	Dillina	Cont			lationship				Phone/E Home:(907) 315-				
Dey, Co	iieen	Dilling	Responsil	ole Party	Self		4400 Terrace Drive Unit 341			T			o-6458 ody@msn.com	
								alestine, IN, 46163			Liliali.pigp	) <del>C</del> (1_C(	Juy@HISH.COM	
Richards	s, Meghan	Durah	le Power o	of Attorney for	Daugh	ter		armouth Way			Home:(31	7) 910	9-5052	
, donard	s, wognan	Financ			Daugii		Indianapolis, IN, 46239				Email:nutmegz98@gmail.co			
			jency Cont	tact # 1				, ,						
			, , , , , , , , , , , , , , , , , , , ,		DIAG	NOSIS INF	ORMA	TION						
11/28/20	)23 - OTHER A	MNESIA	(R41.3)					3 - ENCOUNTER I	FOR GF	NERAL AF	OULT ME (	Z00.0	1)	
				NEUMONIA (Z	(87.01)		<b>-</b>				(		,	
						VANCE D	IRECTI	VE						
					MISCEL	LANEOUS	INFOR	MATION						
	Date of Discha	arge		Time Ler	gth of Stay			Discharged to (	Mortician	Name and L	icence No.)			
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					242									
				Signature						Date			Time	
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		Pers	sonal Effec	ts Sent With				Relationship		Date			Time	
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Woodland Terrace of New Palestine

				,	Woodla	and Terra	ce of Nev	v Palestine			Jul 12,	2024	16:54:01 ET	
						RESIDENT	<b>INFORM</b>	IATION						
	Resident Na	me		Preferred Name	Ur	nit Uni	t / Occupant	Move in Date	Init. Mo	ve In Date	Orig.Moveln I	Date	Resident #	
	Dilk, Lelar	nd			А	.L	213-1	01/20/2022	01/2	0/2022	01/20/202	22	WTONP3024	
													0	
			ious addre				ous Phone			egal Mailing				
_				olis, IN, 46229			<u>") 897-3140</u>		Sam		ous Address			
Sex	Birthdate	Age		rital Status		Religion		Race		Occup	ation(s)	Pr	imary Lang.	
М	06/27/1938	86		Married		Unknown		White or Caucasia	n	0:4:-			English	
	Moved in				Move	in Location		Birth Place			enship	IVI	aiden Name	
	Hom					1		0			J.S.		- 4: #	
	Medicare (H			N.	ledicaid #			Social Security #			Veterans Adn	nınıstra	ation #	
	8U60VW1F			lnoum	ance Polic	m.: #4		304-36-4406						
	UnitedAmerica				8130139	•								
	UnitedAmenca	IIIIISCO		00	0013013		NFORMA	TION						
Drimo	Private	Day A	ı			IAILINI		TION						
riiiia	<b>ry Payer</b> Private	Pay - A	L			OTHER	NFORMA	TION						
Maat	Decent Heavitel	Ctou				UITER	NFORMA							
WOST	Recent Hospital	Stay	Dia sala	the Deer Oracle	1 \ \ \ \ \ \ \ '	D Of	-	Allergies						
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N	Medicaid Recertific	auon Da	IA	Prepaid Fur		ngements		Spouse's Name			Veteran's			
					Yes	CARE	PROVIDE	Ellen			WW2 V	eterai	! 	
						CARE	PROVIDE				LIDIE		ND	
Delen -	Provid	ег			hone	2000	1 \\/c=!-	Address			UPIN	1000	NPI	
-	Physician			Office:(317) 4			-	Rd Suite 100				1326	128281	
(Primary	,			Fax:(855) 422	2-0182		anapolis, IN	ı						
Lopshire	e, Jonn Physician			Office:(317) 3	255 2202	4626		h St Suite 220				1044	211059	
-	•			1 ' '							10412	211059		
,	Vaneta	DI		Fax:(317) 35	0-2185		anapolis, IN	l						
	ic & Osteopathio	c Physic	cians :			4622	29							
	Medicine e Physician			Office:(317) 7	715-5600	7250	) Clearviets	a Dr Ste 225				1235	133802	
	Raymond			Fax:(317) 576			anapolis, IN					1233	133002	
LOIIEI, IV	Raymond			ax.(317) 370	J-0311	4625								
Nursa P	ractitioner			Office:(317) 4	197-5530			Rd Suite 100				1265	108161	
	Brittany			Fax:(855) 422			anapolis, IN					1200	100101	
umam,	Dittally			ax.(000) 422	2-0102	4626								
Nurse P	ractitioner						02 State Ro	1 19				19820	027785	
Snyder,							idia, IN	. 10				1.002	,2,,,00	
oriyacı,	Allison					4603								
Medical	Specialist						5 Shadelan	d Ste 200				15189	966712	
Sharp, S	•			` '			anapolis, IN						700	
onarp, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				46250									
							ARMACY							
	Pharm	acv			Phone					Address				
CVS Ea	st Washington			Phone: (317)			100	01 East Washington						
				Fax:				nberland, IN, 46229						
Guardia	n Pharmacy of I	ndiana	(Primary)	Phone: (317) 452-4669				0 Corporate Drive						
	Contact: Johan			Fax: (317) 45			Indianapolis, IN, 46278							
						EXTERNA								
	Community	/ Name			Pho	ne			C	ommunity Ty	ре			
Commu	nity Hospital Ea			Phone: (317)	355-14	11	Hos	spital						
	Shadeland			Phone: (317)				eral Home						
							NTACTS							
	Name		Co	ontact Type		Relationsh		Addres	ss		Р	hone/l	Email	
Mrs. Gir	ard, Debra	Billin		sible Party	D:	aughter	•	4 Huntington Dr			Cell:(317) 4			
				of Attorney for		-		napolis, IN, 46229			Email:debg			
			nces	·				÷				•		
				of Attorney for										
			thcare	·										
			rgency Co	ntact # 1										
			rgency Co											
Mr. Geg	ner, Mike		rgency Co		St	tep-son					Cell:(317) 3	340-3	234	
	ner, John		rgency Co			tep-son					Cell:(317) 956-2384			
						DIAGNOSI	S INFORM	MATION			(- /			
)5/08/20	024 - HEMIPI FO	GIA. UN	ISPECIFIE	ED AFFECT (0			_	024 - UNSPECIFIED	OSTFO	ARTHRITI	S. UN (M19	.90)		
	024 - COUGH, U				/			2024 - EDEMA, UNSF			-, (W10	/		
			•	RAL ADULT ME.	(Z00 n	00)		024 - ENCOUNTER		, ,	OULT MF /7	′00 n1	)	
J. JUIZ					,_55.0	-,	130,00/2		. J OL	v v= / \L			<u>'</u>	

### Dilk, Leland(WTONP30240) -- Continued on Page 2

DIAGNOSIS INFORMATION						
03/28/2024 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	03/28/2024 - UNSPECIFIED SEQUELAE OF CEREBR (169.30)					
03/28/2024 - ALLERGIC RHINITIS, UNSPECIFIED (J30.9)	03/28/2024 - BENIGN PROSTATIC HYPERPLASIA W (N40.0)					
03/28/2024 - ATAXIA, UNSPECIFIED (R27.0)	03/28/2024 - UNSPECIFIED URINARY INCONTINEN (R32)					
01/07/2022 - THROMBOCYTOPENIA, UNSPECIFIED (D69.6)	01/07/2022 - MIXED HYPERLIPIDEMIA (E78.2)					
01/07/2022 - OBSTRUCTIVE SLEEP APNEA (ADULT (G47.33)	01/07/2022 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)					
01/07/2022 - ATHEROSCLEROTIC HEART DISEASE (I25.10)	01/07/2022 - CEREBRAL INFARCTION, UNSPECIFI (163.9)					
01/07/2022 - CHRONIC OBSTRUCTIVE PULMONARY (J44.9)	01/07/2022 - BENIGN PROSTATIC HYPERPLASIA (N40)					
01/07/2022 - UNSPECIFIED ABNORMALITIES OF G (R26.9)						

# ADVANCE DIRECTIVE

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٩u	vanced	Directive:	CPR

ravanoca Directive. Of 13						
MISCELLANEOUS INFORMATION						
Date of Discharge Time Length of Stay Discharged to (Mortician Name and					Mortician Name and Licence No	o.)
		904				
	nature		Date	Time		
Person	Personal Effects Sent With			Relationship	Date	Time

MOVE IN RECORD Woodland Terrace of New Palestine Jul 12, 2024 16:54:01 ET

				V	oodland						Jul 12,	2024 16:54:01 ET
						IDENT IN	FORMA	TION				
	Resident Na			Preferred Name	Unit	Unit / Oc	cupant	Move in Date Init. Move In			Orig.Moveln	
	Dixon, Agne	s L.		Aggie AL		238	3-1	07/09/2021 07/09/2		09/2021	07/09/202	1 WTONP3021 8
		Previ	ious addres	s	s Pre			Phone # Lega		egal Mailing	address	0
	4400 Terrace D	Dr APT 2	238. New F	Palestine, IN, 461	43	(386) 40	5-8178				ous Address	
Sex	Birthdate	Age		rital Status		ligion		Race			ation(s)	Primary Lang.
F	02/12/1939	85	V	/idowed	Unl	known		White or Caucasia	n	Νι	ırse	English
	Moved in	From			Move in Lo	cation		Birth Place		Citiz	enship	Maiden Name
	Nursing	home		Kindred T	ransitional (	Care and R	ehab			ι	J.S.	
	Medicare (H	IC) #		Me	dicaid#			Social Security #			Veterans Adm	ninistration #
	1W26E46Y	′J78						413-62-8487				
	Insurance N	ame		Insurar	ce Policy #:							
	UnitedHealtl	ncare			04480800							
					PA	YER INFO	DRMAT	ION				
Prima	ry Payer Private	Pay - Al	_									
		- 7			ОТ	HER INFO	DRMAT	ION				
Most	Recent Hospital	Stay						Allergies				
			lodinated	Diagnostic Ager	ts. Sulfa An	tibiotics						
N	Medicaid Recertific	ation Dat			us Information			Pet Owner			Prepaid Funeral	Arrangements
				Best in Sight Eye				Cat			Ye	-
						CARE PRO	OVIDER					-
	Provid	er		Pho				Address			UPIN	NPI
Primary	Physician	0.		Office:(317) 49		9001 We	slevan F	Rd Suite 100				1326128281
(Primary				Fax:(855) 422-		Indianap	-	ta Gaile 100				1020120201
Lopshire	,			1 ax.(055) 422	0102	46268	0113, 114					
	Physician			Office:(317) 33	8-8507	2001 W.	86th St					1750357513
1	em, Marwan			Other:(866) 60								1700007010
Mustaki	citi, iviai wati			Fax:(317) 338-		46260	Indianapolis, IN					
Primary	Physician			Office:(317) 71		1402 E C	County Li	ine Rd				1548421985
	ra, Pragneshkun	nar		Other:(866) 34		Indianap	-	ille Ita				1340421903
1	Heart Hospice	ııaı		Fax:(317) 718-		46227	Olio, IIN					
Dentist	r leart r lospice			Office:(317) 86		5774 W.	119 52					1073609608
Pool, Co	alleen			Fax:(317) 861-		New Pale		J				1073009000
F 001, CC	nieen			ax.(317) 001-	0339	46163	esuile, ii	V				
Nurse P	ractitioner			Office:(317) 49	7-5530		slevan F	Rd Suite 100				1265108161
	Brittany			Fax:(855) 422-		Indianapolis, IN					1203100101	
ulliaili,	Dillariy			1 ax.(000) 422-	3102	46268						
Nurse P	ractitioner					25802 St	ate Pd 1	10				1982027785
Snyder,						Arcadia,		19				1902021103
Silyuei,	Allison					46030	IIN					
Onhthal	mologist			Office:(317) 84	1_2020	_	/EDIDIA	N ST STE 100				1982066254
Sajjad, <i>i</i>	-			Onice.(317) 04	1-2020	Indianap		IN 31 31L 100				1902000234
Sajjau, <i>i</i>	Allillai			46260			Olis, IIN					
						PHARM	<b>IACY</b>					
	Pharm	acv			Phone/Fax	TV-XXX	// C			Address		
CVS (N		шсу		Phone: (317) 8			5026	W 119 52		Addiess		
CV3 (IN	≂vv ΓαI)			, ,	JU 1-4030		5026 W. US 52 New Palestine, IN, 46163					
Ontur	DY			Fax: Phone: (877) 8	280_5202		inew	raiesiiie, iiv, 4016.	<u>,                                      </u>			
Optum F	V.			Fax:	JU3-JUUZ							
Guardia	n Pharmacy of I	ndiana	(Primany)	Phone: (317)	152_4660		6530	Corporate Drive				
	Contact: Johan			Fax: (317) 452				napolis, IN, 46278				
Filliary	Contact. Johan	na Kead	unger	Fax. (317) 432		ERNAL CO						
	Community	, Nome			Phone		-AMINIER			ommunit. T	TD0	
Community Name			Dhana. (217)				Community Type Funeral Home					
Erlewein Mortuary Phone: (317) Hancock Regional Phone: (317)												
ITAHCOC	rregional			Phone: (317) 4	+02-3344	CONT	Hospi	ılai				
	Name		_	ata et Tomo			ACTS					hana (Email
D:	Name	D		ntact Type		elationship	4400 =	Addres				hone/Email
Dixon, A	agnes	Billin	g Respons	ible Party	Self			errace Dr APT 238			Home:(386)	) <del>4</del> U5-81/8
C	Dabbi-	_		-1144			New P	alestine, IN, 46143			0-11 (010) 3	200 0000
Caudill,			rgency Cor		Friend	£ 17:	+				Cell:(812) 6	
Pearsor	i, Jamie	⊨mei	rgency Cor	ntact # 2	Next o	T KIN					Cell:(317) 4	
Deleter	Dianna	F		ata at # 2	N!:		+					amby@gmail.com
Raiston			rgency Cor		Niece		+				Cell:(317) 6	
rerry, N			Nephe	W NOCIC IN		A = 10 N			Home:(317)	) ∠∠4-७∠၁५		

DIAGNOSIS INFORMATION

12/19/2023 - MAJOR DEPRESSIVE DISORDER, SIN (F32.9)	12/19/2023 - UNSPECIFIED OSTEOARTHRITIS, UN (M19.90)
12/19/2023 - UNSPECIFIED FRACTURE OF LEFT P (S32.502A)	12/19/2023 - FRACTURE OF SUPERIOR RIM OF LE (S32.512A)

### Dixon, Agnes L.(WTONP30218) -- Continued on Page 2

DIAGNOSIS INFORMATION						
12/19/2023 - FRACTURE OF UNSPECIFIED CARPAL (S62.102A)	02/14/2023 - ALLERGY, UNSPECIFIED (T78.40)					
07/14/2022 - FECAL INCONTINENCE (R15)	07/13/2022 - DYSURIA (R30.0)					
04/28/2022 - UNSPECIFIED CATARACT (H26.9)	08/30/2021 - MAJOR DEPRESSIVE DISORDER, REC (F33.0)					
07/08/2021 - MALIGNANT NEOPLASM OF UNSPECIF (C50.911)	07/08/2021 - OTHER HYPERLIPIDEMIA (E78.49)					
07/08/2021 - UNSPECIFIED DEMENTIA, UNSPECIF (F03.90)	07/08/2021 - MAJOR DEPRESSIVE DISORDER, REC (F33.1)					
07/08/2021 - ANXIETY DISORDER, UNSPECIFIED (F41.9)	07/08/2021 - AGE-RELATED OSTEOPOROSIS WITHO (M81.0)					
07/08/2021 - DIFFUSE CYSTIC MASTOPATHY OF U (N60.19)	07/08/2021 - DISPLACED FRACTURE OF OLECRANO (S52.022D)					

### ADVANCE DIRECTIVE

١٨	lvanaad	Directive:	
٦u	ivanceu	Directive.	CPR

Advanced Directive: CPR							
MISCELLANEOUS INFORMATION							
Date of Discharge Time Length of Stay Discharged to (Mortician Name and Lice					Mortician Name and Licence No	o.)	
		1099					
Signature					Date	Time	
Perso	Personal Effects Sent With			Relationship	Date	Time	

Woodland Terrace of New Palestine

			Wo	oodland	l Terrace o	of New	Palestine			Jul 12,	2024 16:54:01 ET
				RE	SIDENT IN	FORMA	TION				
Resident Nam	18	Pre	ferred Name	Unit	Unit / O	ccupant	Move in Date		e In Date	Orig.MoveIn D	
Drudge, Barb	ara			AL	AL 234		08/25/2023	08/25/2023		08/25/2023	WTONP3032 0
	Previous add	Iress			Previous	Phone #		Le	gal Mailing	address	
	ıre Way, Gree				(317) 49	8-0745	_	Same		ous Address	
Sex Birthdate	•		Status		Religion		Race		Occup	pation(s)	Primary Lang.
F 08/10/1945 Moved in I	78	Wido	owed		nknown		- Declined to Spec		Citi-	enship	English Maiden Name
Moved in i	-rom			Move in L	ocation.		Birtii Flace		Citiz	terisilip	Waldell Name
Medicare (HIC	r) #		Med	icaid #			Social Security # 308-46-9492			Veterans Adm	inistration #
Insurance Na	me		Insuranc	e Policy#			300-40-9492				
BCBCofMichi				4572284							
	9				AYER INF	ORMATI	ON				
Primary Payer Private P	ay - AL										
				O	THER INF	ORMAT	ON				
Most Recent Hospital S	Stay						Allergies				
	No Kn	own A	llergies								
Medicaid Recertifica	tion Date			's Status							
			No S	ervice	CARE-RE		e — —				
Day 11			DI		CARE PR	OVIDER				LIDIN	ND
Provide Primary Physician			Phor Office:(317) 462		300 Ecc	t Boyd Av	Address			UPIN	<b>NPI</b> 194287409
(Primary)			лисе.(317) 462-5 ax:(317) 462-5		Greenfie	•					134201403
Steiner, Kristen		ľ	an.(011) 402-0		46140	, II <b>T</b>					
Primary Physician		С	Office:(317) 462	-3441		oyd Ave S	Ste 120				386646925
Capen, Scott			ager:(317) 462		Greenfie						
		F	ax:(317) 462-5	476	46140	,					
Alternate Physician			Office:(317) 477			nmrial SQ Ste 355				1	609368430
East, Joshua		F	ax:(317) 477-6	388	Greenfie	eld, IN					
D			VC (0.47) 400	0000	46140	4-1/ '-	D.I.				000404000
Psychiatrist			Office:(317) 468			AcKenzie	Ка				639161896
Cobb, Melinda		ſ	ax:(317) 468-6	201	Greenfie 46140	eid, iiv					
Ophthalmologist			Office:(317) 477	-3937		Green Meadows Dr Suite 108				235138876	
Wilson, Douglas			ax:(317) 477-3		Greenfie						
			,		46140	•					
					PHAR	MACY					
Pharmac	•			Phone/Fax	(				Address		
Guardian Pharmacy of In			Phone: (317) 45				Corporate Drive				
Primary Contact: Johann	a Readinger	F	Fax: (317) 452-		FEDNAL C		apolis, IN, 46278				
0	Name			Phone	TERNAL C		IIIES	^		ma	
Community   Erlewein Mortuary	Adille	-	Phone: (317) 46					ommunity Type			
Hancock Regional			Phone: (317) 46			Hospi					
a.roook regional		ا			CONT						
Name		Contac	t Type	F	Relationship		Addre	SS		Ph	one/Email
Drudge, Timothy	Billing Respo			Son		3907 B	rasseur Lane			Home:(317)	
	Durable Pow					Carme	, IN, 46033				nykdrudge@gmail.
	Finances									com	
	Durable Pow	ver of A	Attorney for								
	Healthcare	0	-144								
Drudge, Tammy	Emergency (					117 W Fifth Street				Home:(317) 409-1261	
Diduye, raililiy	Healthcare	vCi UI F	er of Attorney for Daughter				ield, IN, 46140				dge@gmail.com
	Healthcare Emergency Contact # 2					0.00111	, 111, 70170				-30 w g 111 a 11.00 111
				DIA	GNOSIS IN	IFORM <i>A</i>	ATION				
01/25/2024 - OVERWEIG	GHT (E66.3)					01/25/202	4 - HYPERLIPIDE	MIA, UNS	SPECIFIE	D (E78.5)	
01/25/2024 - MAJOR DE	PRESSIVE DI	SORE	ER, REC (F	33.41)		01/25/202	24 - INSOMNIA, UI	NSPECIF	IED (G47.	00)	
01/25/2024 - OBSTRUCT							4 - AGE-RELATE				31.0)
01/25/2024 - PARESTHE		<u> </u>	,				24 - TREMOR, UN		•	<b>,</b>	
08/18/2023 - ASYMPTOMATIC POSTPROCEDURAL OV (E89.40)					)	08/18/2023 - MAJOR DEPRESSIVE DISORDER, REC (F33.9)					
08/18/2023 - ASYMPTOMATIC POSTPROCEDURAL 0V (E89.40) 08/18/2023 - GENERALIZED ANXIETY DISORDER (F41.1)						08/18/2023 - POST-TRAUMATIC STRESS DISORDER (F43.10)					
08/18/2023 - GENERALI	ZED ANXIETY	/ DISC	)RDER (F41.1)	)						· · · · · · · · · · · · · · · · · · ·	3.10)
	ZED ANXIETY LEGS SYNDI	/ DISC ROME	ORDER (F41.1) (G25.81)			08/18/202	23 - POST-TRAUM 23 - SLEEP APNE 23 - DIVERTICULO	A, UNSPE	CIFIED (	G47.30)	,

Drudge, Barbara(WTONP30320) -- Continued on Page 2

·····g··, -·····························								
ADVANCE DIRECTIVE								
Advanced Directive: CPR								
MISCELLANEOUS INFORMATION								
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	D.)		
		322						
	Sig	nature			Date	Time		
Person	al Effects Sent Wit	h	Relationship	Date	Time			

Resident Name	24 16:54:01 E  Resident #  WTONP302 2			
Eastham, Joan B.	WTONP302			
Previous address   Previous Phone #   Legal Mailing address				
Sex   Birthdate   Age   Marital Status   Religion   Race   Occupation(s)   I	1 2			
Same as Previous Address   Same as Previous Address   Same as Previous Address   Sex   Birthdate   Age   Marital Status   Religion   Race   Occupation(s)   I				
Sex   Birthdate   Age   Marriad Status   Religion   Race   Occupation(s)   F   01/10/1937   87   Marriad   Unknown   White or Caucasian   Moved in From   Move in Location   Birth Place   Citizenship   U.S.				
Moved in From	Primary Lang.			
Other	English			
Medicare (HIC) # Medicaid # Social Security # Veterans Adminis 6M23N32TP11	Maiden Name			
CARE PROVIDERS   Provider   Phone   Address   UPIN	Biesecker			
Insurance Name	stration #			
Nurse Practitioner   Private Pay   Private				
Primary Payer   Private Pay - AL				
Penicillins   Penicillins   Provider   Phone   Address   UPIN				
Modicaid Recertification Date				
Penicillins				
CARE PROVIDERS   Provider   Phone   Address   UPIN				
CARE PROVIDERS           Provider         Phone         Address         UPIN           Primary Physician (Primary)         Fax:(317) 861-4171         7375 W US 52         186           Moore, Shawn         Fax:(317) 861-5325         New Palestine, IN 46163         186           Primary Physician         Office:(317) 497-5530         9001 Wesleyan Rd Suite 100         132           Lopshire, John         Fax:(855) 422-5182         Indianapolis, IN 46268         175           Primary Physician         Office:(317) 338-8507         2001 W. 86th St 100         175           Mustaklem, Marwan         Other:(866) 604-2922         Indianapolis, IN 46260         175           Nurse Practitioner         Office:(317) 497-5530         9001 Wesleyan Rd Suite 100         126           Pulliam, Brittany         Fax:(855) 422-5182         Indianapolis, IN 46268         175           Nurse Practitioner         25802 State Rd 19         198           Snyder, Allison         Arcadia, IN         198				
Provider         Phone         Address         UPIN           Primary Physician (Primary)         Office:(317) 861-4171 Fax:(317) 861-5325         7375 W US 52 New Palestine, IN 46163         186           Moore, Shawn         46163         9001 Wesleyan Rd Suite 100         132           Primary Physician Lopshire, John         Fax:(855) 422-5182         Indianapolis, IN 46268         175           Primary Physician Mustaklem, Marwan         Office:(317) 338-8507 Other:(866) 604-2922 Fax:(317) 338-2454         2001 W. 86th St Indianapolis, IN 46260         175           Nurse Practitioner Pulliam, Brittany         Office:(317) 497-5530 Fax:(855) 422-5182         9001 Wesleyan Rd Suite 100 Indianapolis, IN 46268         126           Nurse Practitioner Snyder, Allison         25802 State Rd 19 Arcadia, IN         198				
Provider         Phone         Address         UPIN           Primary Physician         Office:(317) 861-4171         7375 W US 52         186           Primary)         Fax:(317) 861-5325         New Palestine, IN         46163           Primary Physician         Office:(317) 497-5530         9001 Wesleyan Rd Suite 100         132           Lopshire, John         Fax:(855) 422-5182         Indianapolis, IN         46268           Primary Physician         Office:(317) 338-8507         2001 W. 86th St         175           Mustaklem, Marwan         Other:(866) 604-2922         Indianapolis, IN         175           Murse Practitioner         Office:(317) 497-5530         9001 Wesleyan Rd Suite 100         126           Pulliam, Brittany         Fax:(855) 422-5182         Indianapolis, IN         46268           Nurse Practitioner         25802 State Rd 19         47         47           Snyder, Allison         Arcadia, IN         47				
Primary Physician	NPI			
Primary   Fax: (317) 861-5325   New Palestine, IN   46163     Primary Physician   Office: (317) 497-5530   9001 Wesleyan Rd Suite 100     Lopshire, John   Fax: (855) 422-5182   Indianapolis, IN   46268     Primary Physician   Office: (317) 338-8507   2001 W. 86th St     Mustaklem, Marwan   Other: (866) 604-2922   Indianapolis, IN     Fax: (317) 338-2454   46260     Nurse Practitioner   Office: (317) 497-5530   9001 Wesleyan Rd Suite 100     Pulliam, Brittany   Fax: (855) 422-5182   Indianapolis, IN     46268     Nurse Practitioner   25802 State Rd 19     Arcadia, IN   198	61920977			
Primary Physician				
Lopshire, John				
A6268   Primary Physician   Office:(317) 338-8507   2001 W. 86th St   175	26128281			
Primary Physician				
Mustaklem, Marwan         Other:(866) 604-2922         Indianapolis, IN           Nurse Practitioner         Office:(317) 497-5530         9001 Wesleyan Rd Suite 100         126           Pulliam, Brittany         Fax:(855) 422-5182         Indianapolis, IN         46268           Nurse Practitioner         25802 State Rd 19         198           Snyder, Allison         Arcadia, IN         198	50357513			
Fax:(317) 338-2454   46260	30337313			
Nurse Practitioner         Office:(317) 497-5530         9001 Wesleyan Rd Suite 100         126           Pulliam, Brittany         Fax:(855) 422-5182         Indianapolis, IN 46268				
46268         46268           Nurse Practitioner         25802 State Rd 19         198           Snyder, Allison         Arcadia, IN         198	65108161			
Nurse Practitioner 25802 State Rd 19 Snyder, Allison Arcadia, IN				
Snyder, Allison Arcadia, IN				
	82027785			
1 46020				
46030 PHARMACY				
Pharmacy Phone/Fax Address				
Kroger Phone: (317) 462-3451 1571 State St				
Fax: Greenfield, IN, 46140				
Guardian Pharmacy of Indiana (Primary) Phone: (317) 452-4669 6530 Corporate Drive				
Primary Contact: Johanna Readinger Fax: (317) 452-4744 Indianapolis, IN, 46278				
EXTERNAL COMMUNITIES  Community Name  Community Type				
Community Name         Phone         Community Type           IU Health University Hospital         Phone: (317) 944-5000         Hospital	Community Type			
IU Health Methodist Hospital Phone: (317) 962-2000 Hospital				
Hancock Regional Phone: (317) 462-5544 Hospital				
CONTACTS				
	ne/Email			
Eastham, Michael Billing Responsible Party Son 20919 N Wildrose Drive Home: (847) 33				
Durable Power of Attorney for Deer Park, IL, 60010 Email:base8mi	пке@comcast.			
Finances  Durable Power of Attorney for				
Healthcare				
Emergency Contact # 3				
Emergency Contact # 5				
Eastham, Jane Durable Power of Attorney for Daughter 4061 Dover Ave Cell:(904) 384-				
Finances Alpharetta, GA, 30004 Email:jmeastha	am@comcast			
Durable Power of Attorney for net				
Healthcare				
Emergency Contact # 2 Emergency Contact # 5				
	Cell:(317) 694-2627			
	Cell:(317) 694-2627 Home:(317) 437-2493			
Greenfield, IN, 46140	37-2493			

### Eastham, Joan B.(WTONP30232) -- Continued on Page 2

DIAGNOSIS INFORMATION						
01/19/2024 - UNSPECIFIED PTOSIS OF UNSPECIF (H02.409)	01/19/2024 - AGE-RELATED OSTEOPOROSIS WITHO (M81.0)					
01/19/2024 - URINARY TRACT INFECTION, SITE (N39.0)	01/19/2024 - DYSPHAGIA, UNSPECIFIED (R13.10)					
01/19/2024 - OTHER SKIN CHANGES (R23.8)	01/19/2024 - OTHER REDUCED MOBILITY (Z74.09)					
01/19/2024 - PERSONAL HISTORY OF MALIGNANT (Z85.44)	01/19/2024 - ACQUIRED ABSENCE OF BOTH CERVI (Z90.710)					
01/19/2024 - PRESENCE OF LEFT ARTIFICIAL HI (Z96.642)	04/18/2023 - GASTRO-ESOPHAGEAL REFLUX DISEA (K21.9)					
10/07/2021 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	10/07/2021 - MAJOR DEPRESSIVE DISORDER, SIN (F32.9)					
10/07/2021 - BELL'S PALSY (G51.0)	10/07/2021 - UNSPECIFIED MACULAR DEGENERATI (H35.30)					

# ADVANCE DIRECTIVE

Advanced Directive: Living Will; Advanced Directive: CPR												
MISCELLANEOUS INFORMATION												
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	).)						
	798											
	Siç	nature			Date	Time						
Person	al Effects Sent Wit	th		Relationship	Date	Time						

Woodland Terrace of New Palestine

			W		Terrace of					Jul 12	2, 2024	16:54:01 ET
				RES	IDENT INF	ORMA	TION					
	Resident Na	ame	Preferred Name	Unit	Unit / Occ	upant	Move in Date	Init. Move	In Date	Orig.MoveIn	Date	Resident#
	Eastham, Prer	ntiss E.	Poogon	MC	108-	1	10/07/2021	10/07/		10/07/20	)21	WTONP3023 0
		Previous add	dress		Previous P	hone #		Leç	jal Mailin	address		
	9923 S (	CO Rd 100E, C	layton, IN, 46118					Same	as Previ	ous Address		
Sex	Birthdate	Age	Marital Status	Rel	ligion		Race		Occup	oation(s)	Pri	mary Lang.
М	11/17/1935	88	Married	Unk	nown		White or Caucasia					English
	Moved in	n From		Move in Loc	ation		Birth Place		Citiz	enship	Ma	iden Name
	Hon								·	J.S.		
	Medicare (H	IC) #	Med	dicaid #			Social Security #			Veterans Ac	lministra	tion#
	7YA8M93N						305-34-0212					
	Insurance N			ce Policy #:								
	Human	а	H42	249159								
				PA	YER INFO	RMAT	ION					
Prima	<b>ry Payer</b> Private	Pay - MC										
				ОТ	HER INFO	<b>RMAT</b>	ION					
Most	Recent Hospital	l Stay					Allergies					
		Atorva	astatin, Trimethoprim	, Cipro, Sulf	a Antibiotics	;						
M	ledicaid Recertific			n's Status								
			WW2	Veteran								
			·		ARE PRO	VIDER	RS					
	Provid	ier	Pho				Address			UPIN		NPI
Primary	Physician		Office:(317) 86		7375 W U	IS 52	71441555			<b>U.</b>	18619	20977
(Primary			Fax:(317) 861-		New Pale		J				1.0010	20077
Moore, S	,		ax.(011) 001	J020	46163	ouno, n	•					
Kissell, k			Office:(317) 47	7-6363	1 Memoria	al Segu	are				10433	54483
1 (1000), 1	tom:		0.1100.(011) 11		Greenfield		a.o				10100	01100
					46140	4,						
Primary	Physician		Office:(317) 49	7-5530		levan F	Rd Suite 100				13261	28281
Lopshire	•		Fax:(855) 422-		Indianapo	-	ta Gaile 100			10201	20201	
Lopoililo	, 001111		1 ax.(000) 422 V	7102	46268	110, 114						
Primary	Physician		Office:(317) 33	R-8507	2001 W. 8	R6th St					17503	57513
1	em, Marwan		Other:(866) 604		Indianapo						1,,000	07010
Musianic	Siii, iviai waii		Fax:(317) 338-2		46260	113, 114						
Primary	Physician		Office:(317) 21		151 Marsh	n Rd					15584	56632
Wyant, N			Fax:(317) 347-2								13304	3003Z
vvyant, n	viaik		1 ax.(317) 347-2	2012	Indianapolis, IN 46278							
Nursa Di	ractitioner						10			10820	27785	
Snyder,					25802 State Rd 19 Arcadia, IN						13020	21103
Orry der,	7 (113011				46030	N						
Medical	Specialist		Office:(317) 21	3_2011	4880 Cen	tury Pla	72 Rd				10038	08917
	Cassandra		Fax:(317) 347-2		Eagle Cre	-	iza i tu				10000	00317
Curus, C	assanura		1 ax.(317) 347-2	2011	46254	CK, IIV						
					PHARM	ACY					<b></b>	
	Dharm	agev.		Phone/Fax					Address			
Kroger	Pharm	lacy	Phone: (317) 4			1571	State St		Audress			
Kroger			Fax:	UZ-J45 I			State St nfield, IN, 46140					
Guardiar	n Pharmacy of	Indiana (Primar		52-4660			Corporate Drive					
	Contact: Johan		Fax: (317) 452				napolis, IN, 46278					
illialy	Jonaci. Julian	ina ixeauiliyel	µ ал. (ЭТ/) 432		RNAL CO							
	Communit	v Name		Phone				Con	nmunity Ty	me		
IU Health		y 11ame	Phone: (317) 6			Hospi	ital	COII	minumity 1)	, PC		
io i leaill	ii INOI (II		11011 <del>c</del> . (317) 0	00-2000	CONTA		itai					
	Name		Contact Time	D-		U U	A	20			Phone/E	moil
Eacth -		Dilling Dec	Contact Type		lationship		Addre	<b>5</b> 5				
Eastham	i, iviike		onsible Party wer of Attorney for	Son						Cell:(847) Home:(84		
			wei oi Alloiney ioi							1011le.(64	1 ) 331-	3110
		Finances	wor of Attornovitor									
			wer of Attorney for									
		Healthcare	Contact # 2									
Eastham	n long	Emergency		Dought	or					Coll:(404)	201 01	22
Eastham	i, Jane	Finances	wer of Attorney for	Daught	lCI					Cell:(404)	J04-04	JZ
			wor of Attornovitor									
			wer of Attorney for									
Eastham	ı .loan	Healthcare Durable Pov	wer of Attorney for	Spouse						Home:(31	7) 604	2627
Lusulail	i, 00aii	Finances	wor or Automicy for	Spouse	•					101116.(31	1 1 034-	LUL 1
			wer of Attorney for									
		Dui able PO	voi oi Attorney ioi									

#### Eastham, Prentiss E.(WTONP30230) -- Continued on Page 2

			CONTAC	CTS		
Name	Contact Type	Relation	onship	Address	3	Phone/Email
astham, Joan	Healthcare	Spouse				Home:(317) 694-2627
	Emergency Contact # 1					
arker, Karen	Emergency Contact # 2	Daughter				Cell:(317) 437-2493
						Office:(317) 897-1825
		DIAGNO	OSIS INFO	ORMATION		
4/14/2023 - INSOMNI	A, UNSPECIFIED (G47.00)		04/	14/2023 - ESSENTIAL (PI	RIMARY) HYPERTEN	NSI (I10)
4/14/2023 - ATRIAL F	<b>IBRILLATION AND FLUTTE</b>	(148)	03/	23/2023 - OTHER SEIZUF	RES (G40.89)	
0/07/2021 - BENIGN	PROSTATIC HYPERPLASIA	(N40)	10/	04/2021 - UNSPECIFIED	DEMENTIA, UNSPE	CIF (F03.90)
10/01/2021 - TYPE 2 D	NABETES MELLITUS (E11)		10/	01/2021 - PURE HYPERC	HOLESTEROLEMIA	, UNS (E78.00)
		ADVA	NCE DI	RECTIVE		
Advanced Directive: Cl	PR					
		MISCELLA	NEOUSI	NFORMATION		
Date of Discha	rge Time	Length of Stay			Nortician Name and Lice	nce No.)
		1009				
	S	ignature			Date	Time
	Personal Effects Sent W	/ith		Relationship	Date	Time

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

Resident Nan Easton, Virgi		Pre	ferred Name	Unit	DENT IN Unit / O		Move in Date	Init. Move	In Date	Orig.Moveln		
					0						Jate	Resident #
				AL	20 <sup>-</sup>	-	06/21/2024	06/21		06/21/202		WTONP303
	Previous ad	dress			Previous	Phone #		Leç	gal Mailing	g address		
					(317) 41	2-3606		Same	as Previo	ous Address		
Sex Birthdate	Age	Marital	Status	Rel	igion		Race		Occup	oation(s)	Pr	imary Lang.
F 05/27/1935	89	Wide	owed		nown							English
Moved in I	From			Move in Loc	ation		Birth Place		Citiz	enship	M	aiden Name
NA - P (1114	A\ #						0.1.10		1			
Medicare (HIC	<i>i)</i> #		Medi	caid #			Social Security # 312-32-9654			Veterans Adm	inistra	ation #
Insurance Na	me		Incurance	e Policy #:			312-32-9034					
Medicare				02GQ75								
					YER INF	ORMATIC	ON					
Primary Payer Private P	av - AL											
	.,			ОТ	HER INF	ORMATIO	NC					
Most Recent Hospital S	Stay						Allergies					
	Alend	Ironate,	Allopurinol, As	pirin, Atory	astatin, Ci	profloxacii	n, Clopidogrel, Co	lesevelam	, hydroCl	HLOROthiazid	e, H\	'DROcodon
		tan, Mo	orphine, Olmes	artan, pred	niSONE, S	tatins, Sul	fa Antibiotics					
Medicaid Recertifica	tion Date			's Status								
			No s	ervice		20/12/20						
					ARE PR	OVIDERS						
Provide	<u>r                                      </u>		Phon Office:(317) 462		200 F B		Address			UPIN	1005	NPI
mary Physician imary)			mice:( <i>3</i> 17) 462 ax:(317) 462-5		300 E B	,					1295	996346
gler, Julia		[ ]	ax.(317) 402-3	470	46140	iu, iiv						
entist		0	office:(317) 462	-5181		lds Blvd S	Ste b				1689	789182
otek, Georgia			ax:(317) 467-0		Greenfie							00.02
, <b></b> .			. ( , , , , , , , , , , , , , , , , , ,		46140	-,						
					PHARI	MACY						
Pharma				Phone/Fax					Address			
ıardian Pharmacy of In	•	- /	Phone: (317) 45				Corporate Drive					
mary Contact: Johann	a Readinger	F	ax: (317) 452-	4744		Indiana	apolis, IN, 46278					
2 "					RNAL C	OMMUNI	TIES					
Community			2h (247) 25	Phone		l laanit.	-1	Con	nmunity Ty	/pe		
mmunity Hospital Eas llinger Family Funeral			Phone: (317) 35 Phone: (317) 46			Hospita	<sub>ब।</sub> Il Home					
llinger Family Funeral	nome	F	mone. (317) 40	02-0000	CONT		ii nome					
Name		Contac	t Type	Po	ationship	4013	Addre	ee		P	none/	Email
iston, Virginia	Billing Resp			Self	auonsnip	4400 Te	errace Drive	33		-	10116/1	_IIIaII
oton, viiginia	Dinning Troop	01101010	, arty	00		Unit 201						
							lestine, IN, 46163	}				
elskamp, Erin	Durable Pov	wer of A	Attorney for	Daught	er	13907 F	Rue Charlot Ln			Home:(317	412	-3606
	Finances					Mccords	sville, IN, 46055			Email:ee.ea	ston	31@gmail.
	Durable Pov	wer of A	Attorney for							com		
	Healthcare											
Carthy, Emma	Emergency Emergency			Cranda	laughter					Home:(317	610	0075
Cartiny, Emilia	Emergency	Contac	J. # Z		NOSIS IN	IEORMA'	TION			Home.(317	) 019	-9073
/17/2024 - TYPE 2 DIA	RETES MEI	LITLIC	WITH (E11.				4 - DEMENTIA IN	OTHER	NSEASE	SCLA (Enc	RU)	
/17/2024 - TTFL 2 DIF /17/2024 - MAJOR DE			•	•			4 - PERSONALIT			,		
/17/2024 - ALZHEIME							4 - OBSTRUCTIV			•		
/17/2024 - CHRONIC I				- /			4 - HYPERTENSI			•		
/17/2024 - HYPERTEN				2.9)			4 - CHRONIC DIA			,		
	FT HIP (M25.		,,,,	,			4 - RADICULOPA					
/ 1 / / 2024 - FAIIN IIN LE			STAGE (N18	24)			4 - OTHER SPEC			•		

Easton, Virginia(WTONP30350) -- Continued on Page 2

Easton, virginia(vvi ONP30330) Continued on Page 2												
	MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay		Discharged to (I	Mortician Name and Licence No	o.)						
		21										
	Signature Date											
Person	al Effects Sent Wit	h		Relationship	Date	Time						

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

				VV		rerrace of i					Jul 12,	2024 16:54:01 ET
						IDENT INFO						
	Resident Na			Preferred Name	Unit	Unit / Occup	•	Move in Date		re In Date	Orig.Moveln	
	Farrow, C	ara			MC	113-1		10/30/2023	10/30	0/2023	10/30/202	
		Prev	ious address			Previous Pho	one #		16	gal Mailing	address	6
	4400 Torraco D			Palestine, IN, 46	163	1 Tevious I III	OHC #			<u> </u>	us Address	
Sex	Birthdate	Age		tal Status		ligion		Race	Same		ation(s)	Primary Lang.
F	04/03/1949	75		•		9.0	_	Declined to Speci	ifv	Ососир	(0)	- Declined to
'	04/03/1343	'3						Decimed to open	'' <sup>y</sup>			Specify
	Moved i	n From			Move in Loc	cation		Birth Place		Citizo	enship	Maiden Name
	Medicare (H	IIC)#		Me	dicaid#			Social Security #			Veterans Adm	ninistration #
	5HF4JU4A							316-52-6804				
	Insurance N	lame		Insuran	ce Policy #:							
	Medica	re										
					PA	YER INFOR	RMATI	ON				
Prima	ary Payer Private	Pay - M	С									
		j			ОТ	HER INFOR	MATI	ON				
Mos	t Recent Hospita	I Stay						Allergies				
	T		Cephalexi	n, HYDROcodor	ne, Keflex							
	Medicaid Recertifi	cation Da	<del></del>	•	n's Status							
				No	service							
			الأورا			CARE PROV	/IDER	S				
	Provid	der		Pho				Address			UPIN	NPI
Primary	Physician			Office:(317) 49	7-5530	9001 Wesle	eyan R	d Suite 100				1326128281
Primar				Fax:(855) 422-		Indianapolis	-					
_opshire	e, John					46268						
Nurse F	ractitioner			Office:(925) 31	7-0653	3266 N Mei	ridan S	t Ste 501				1023782174
Collins,	Teddi					Indianapolis	s, IN					
						46208						
Nurse F	ractitioner			Office:(317) 49	7-5530	9001 Wesle	eyan R	d Suite 100				1265108161
Pulliam,	Brittany			Fax:(855) 422-	Indianapolis	s, IN						
						46268						
						PHARMA	ACY					
	Pharm				Phone/Fax					Address		
Guardia	in Pharmacy of	Indiana	(Primary)	Phone: (317) 4	52-4669			Corporate Drive				
Primary	Contact: Johan	na Read	dinger	Fax: (317) 452				apolis, IN, 46278				
				EXT	ERNAL C	OMMUNITIE	ES (No	Data Found)				
	Communit	y Name			Phone				Co	mmunity Ty	ре	
						CONTAC	CTS					
	Name		Con	tact Type	Re	lationship		Addre	ss		P	hone/Email
Niehoff,	Sarah	Billin	g Responsi	ble Party		2	20 N Ri	dgeview Drive			Home:(317	) 457-7593
			dian			lı	ndiana	polis, IN, 46219			Email:dogs	catsgalore@aol.
			rgency Con	tact # 1							com	
Neihoff,	Susan		dian								Cell:(317) 5	
		Eme	rgency Con	tact # 2							Home:(317	) 352-1895
Farrow,	Clara				Self			errace Drive				
							Jnit 113					
								lestine, IN, 46163				
						NOSIS INFO						
				TH EARLY (G3				4 - OTHER SYMP				
				I STATUS (Z78.	,			4 - OTHER LONG			, , ,	
10/31/2	023 - VITAMIN	B DEFIC	CIENCY, UN	ISPECIF (E53	.9)			3 - VITAMIN DEFI				)
				ECIFIED (F41.9	,			3 - INSOMNIA, UN		,		
10/31/2	023 - ACUTE P	AIN, NO	T ELSEWH	ERE CLAS (G	89.1)			3 - ESSENTIAL (F				
				ILLATIO (148.9	91)	10/	31/202	3 - BLADDER DIS	ORDER,	UNSPECI	FIED (N32.9)	
10/31/2	023 - DIARRHE	A, UNSI	PECIFIED (	R19.7)		10/3	31/202	3 - ENCOUNTER	FOR EXA	OITANIMA	N OF E (Z0	1.0)
10/30/2	023 - DEMENT	A IN OT	HER DISE	ASES CLA (FO	2.818)	10/3	30/202	3 - UNSPECIFIED	SYMPT	OMS AND	SIGNS (R4	1.9)
10/30/2	023 - OTHER S	PECIFIE	D COUNS	ELING (Z71.89)				3 - PERSONAL H	ISTORY	OF OTHER	R SPEC (Z8	7.898)
					AD	VANCE DIF	RECTI	VE				

Farrow, Clara(WTONP30326) -- Continued on Page 2

allow, Clara (WTONF 30320) Continued on Fage 2												
	MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay		Discharged to (I	Mortician Name and Licence No	o.)						
	256 Signature Date Time											
	Sig		Date	Time								
Persor	nal Effects Sent Wit	h		Relationship	Date	Time						

Woodland Terrace of New Palestine

			W		Terrace of					Jul 12	, 2024	16:54:01 E
					IDENT INF							
Resident			Preferred Name	Unit	Unit / Occ	•	Move in Date	Init. Move		Orig.Moveln		Resident #
Faulkner,			Helen	AL	307-		09/15/2023	09/15/		09/15/202	23	WTONP303
		Previous addr			Previous P				al Mailing			
			w Palestine, IN, 46		(317) 431	-0799	Dana	Same		ous Address	D.::	
Sex Birthdate	_	_	larital Status		eligion		Race		Occup	ation(s)	Pri	imary Lang.
F 05/02/1936	_	8			known		- Declined to Spec  Birth Place		Citi-	enship	M	English aiden Name
Move	d in Fro	Ш		Move in Lo	cation		Bitti Flace		Citiz	ensinp	IVIC	alueli Naille
Medicare	(HIC) #		Mor	dicaid #			Social Security #			Veterans Adı	minietre	tion #
7G19CV			IVIO	ilicalu #			227-44-3015			Veteraris Au	i i ii ii ou c	tuon <del>n</del>
Insurance			Insuran	ce Policy #:			221-44-3013					
Huma												
				PA	YER INFO	RMAT	ION					
Primary Payer Priva	te Pay	- AL										
				ОТ	HER INFO	RMAT						
Most Recent Hospi	ital Sta						Allergies					
			illin, Cephalosporin									
Medicaid Recent	tification	n Date		n's Status								
			No S	Service	CADE DDG	VIDE	) C					
					CARE PRO	WIDIE:				LIDIL		MBI
	vider		Pho Office (047) 00		7075	10	Address			UPIN	47/0	NPI
rimary Physician			Office:(317) 86		7375 W L						1/402	282201
Primary)			Pager:(317) 46		New Pale	stine, II	N					
lachley, Elizabeth			Fax:(317) 861-		46163		2.1.0.11100				1000	100001
rimary Physician			Office:(317) 49				Rd Suite 100				1326	128281
opshire, John			Fax:(855) 422-	5182	Indianapo	olis, IN						
dana Dia dida			0(5 - (050) 000	0.0440	46268		5.7 .				44046	70077
rimary Physician			Office:(352) 688		5350 Spri	-	Drive				11240	076377
zoho, Jonadab			Fax:(352) 686-9	9477	Spring Hil	II, FL						
odiatrist			Office:(317) 29	2 6000	34606	Aoridion	St Ste 204				11110	970571
fann, Todd			Fax:(877) 476-7		Indianapo		St Ste 204				11148	970371
iaiii, rodd			rax.(0//) 4/0-	7 123	46260	JIIS, IIN						
odiatrist			Office:(317) 21		5 Illinois St Suite 104					14072	213903	
ran, An			` ′	` ′			Suito 101			1 1072	-10000	
			(66.)6	(.(007) 470-7125 C			el, IN 2					
lurse Practitioner			Office:(317) 49	7-5530		slevan F	Rd Suite 100				12651	108161
ulliam, Brittany			Fax:(855) 422-		Indianapo	-						
•			, ,		46268							
					PHARM	ACY						
Pha	rmacy			Phone/Fax					Address			
uardian Pharmacy	of India	na (Primary)	) Phone: (317) 4	52-4669		6530	Corporate Drive					
rimary Contact: Joh	anna F	Readinger	Fax: (317) 452				napolis, IN, 46278					
			<u> </u>	EXTE	ERNAL CO	MMUN	IITIES					
Commu	nity Na	me		Phone				Com	munity Ty	ре		
ancock Regional			Phone: (317) 4	62-5544	CONTA	Hospi	ital					
Name			Contact Time	D.	CONTA	CIS	Addre				Phone/E	-mail
onovan, Ginny	F	Billing Respon	Contact Type	Daugh	elationship	3680 5	Meadows Lane	33		Home:(317		
onovan, Onny		• .	er of Attorney for	Daugii	itei		alestine, IN, 46163			Email:faul	,	
		inances	er of Attorney for			INCWI	alestine, iiv, 40103	•		Liliali.iauli	VII CI W	ııııvaıı.ııcı
			er of Attorney for									
		lealthcare	or Attorney for									
		mergency C	Contact # 1									
aulkner, Helen		orgeries C	J. ROOC II 1	Self		4400 T	errace Drive			Home:(317	7) 431-	-0799
				"		Unit 30					, .51	
							alestine, IN, 46163	<b>;</b>				
				DIAG	NOSIS IN							
2/28/2024 - MALIGN	I TNA	NEOPLASM	OF PANCREAS (C				23 - SEPSIS, UNSI	PECIFIED	ORGANI	SM (A41.9)		
9/14/2023 - MODER			,				23 - VITAMIN D DE				9)	
9/14/2023 - VITAMII				, ,			23 - MORBID (SEV					
9/14/2023 - DEPRE				,			23 - INTERVERTEI					
9/14/2023 - ACUTE				7.9)			23 - CHRONIC KID			,		
9/14/2023 - DYSPH.							23 - WEAKNESS (F		,	,	.,	
9/14/2023 - GENER				,			23 - ANOREXIA (R					
		(	/					,				

Faulkner, Helen(WTONP30323) -- Continued on Page 2

DIAGNOSIS INFORMATION

09/14/2023 - BACTEREMIA (R78.81)

09/14/2023 - CONTUSION OF SCALP, SUBSEQUENT... (S00.03XD)

09/14/2023 - ENCOUNTER FOR SURGICAL AFTERCA... (Z48.815)

09/14/2023 - ACQUIRED ABSENCE OF OTHER SPEC... (Z90.49)

09/14/2023 - PRESENCE OF CARDIAC PACEMAKER (Z95.0)

ADVANCE DIRECTIVE

Advanced Directive: DNR												
MISCELLANEOUS INFORMATION												
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	D.)						
	301											
	Sig	nature			Date	Time						
Personal Effects Sent With Relationship Date Time												

Woodland Terrace of New Palestine

Jul 12 2024 16:54:01 FT

						ew Palestine				Jul 12	<u>, 202</u> 4	16:54:01 ET
				RESI	DENT INFOR	RMATION						
Resident N	ame	P	referred Name	Unit	Unit / Occupa	ant Move in	n Date	Init. Mo	ve In Date	Orig.Moveln		Resident#
Fenter, Di	ana			MC	120-1	06/26/	/2023	06/2	0/2023	06/20/202	23	WTONP303 2
	Previous	address			Previous Phor	ne #			egal Mailin			
	Olympia Dr,							Sam		ous Address	ı _	
Sex Birthdate	Age		al Status		gion		ice			pation(s)		mary Lang.
F 11/22/1949	74	DIV	vorced	Unki	nown	- Declined	•	y S		music teacher		Declined to Specify
Moved i				Move in Loca	ation	Bi	rth Place		Citiz	zenship	Ma	aiden Name
Oth			B 4 - 41	Home		On sink C	) <del></del> 4			Vatarana Ada	!!	.uu
Medicare (F 4RK2FA3F	_		Meai	caid #			8-1269			Veterans Adr	nınıstra	ition #
Insurance N			Insurance	e Policy #:		314-3	0-1203					
Medica												
				PA	YER INFORM	MATION						
Primary Payer Private	Pay - MC											
				OTH	HER INFORM	MATION						
Most Recent Hospita						Allergies	S					
		latonin,										
Medicaid Recertifi	cation Date			's Status								
			NO S	ervice C	ARE PROVI	DERS						
Provi	der		Phon			Address	s			UPIN		NPI
rimary Physician			Office:(317) 861		7375 W US 5					5. AT	18619	920977
Primary)			Fax:(317) 861-5		New Palestin							
loore, Shawn					46163							
Vojcieszek, Joanne			Office:(317) 948	-5450	355 W 15th S	Street Suite 300	0				16997	798686
			Fax:(317) 962-2	141	Indianapolis,	IN						
			0.55 (0.47) (0.7		46202	5.0						
rimary Physician			Office:(317) 497		1	an Rd Suite 10	00				13261	128281
opshire, John			Fax:(855) 422-5	182	Indianapolis, 46268	IN						
lurse Practitioner			Office:(317) 497	-5530		an Rd Suite 10	00				12651	108161
Pulliam, Brittany			Fax:(855) 422-5		Indianapolis,		,,				1200	100101
,,					46268							
Ophthalmologist			Office:(317) 841	-2020	9202 N Merio	dan Street Suite	e 100				14876	628988
Bolton, Christine			Fax:(317) 579-7	440	Indianapolis,	IN						
			0.55 (0.47) 0.47		46260							
Ophthalmologist			Office:(317) 817		965 Emersor						10533	319830
lobson, Scott			Fax:(317) 817-1	131	Greenwood, 46143	IIN						
					PHARMAC	:Y						
Pharn	acv			Phone/Fax					Address			
Guardian Pharmacy of		mary)	Phone: (317) 45	52-4669	6	530 Corporate	Drive					
rimary Contact: Johan	na Reading	er	Fax: (317) 452-			ndianapolis, IN,	46278					
					RNAL COM	MUNITIES						
Communi	y Name		(0.17)	Phone				Co	mmunity T	уре		
lancock Regional			Phone: (317) 46	02-5544	CONTACT	lospital						
Name		Cont	act Type	Bold	ationship	3	Addres	e			Phone/E	mail
lardy, Bethany	Billing Re			Daughte		1 South Count				Home:(317		
.a. a, Dollary			f Attorney for	Saagiile		ew Castle, IN, 4	-	••		Email:	, +10-	0,
	Finances										thany@	@hotmail.coi
	Durable	Power o	f Attorney for								. `	-
	Healthca	ire										
	Emerger											
andyke, Michelle	Emerger	ncy Cont	act # 2	Other	NOOIG INTO	DMATION				Home:(317	7) 670-	8710
0/00/0000		A A 1	(DOLL) = 22		NOSIS INFO		E0/E/==	DE: :-	TIA	DEOIE :-:	0.6%	
6/26/2023 - HYPO-OS						6/2023 - UNSP						
6/26/2023 - ESSENTI				)		6/2023 - GAST				,		
	ON 2 DISEA					2/2023 - UNILA					17.77)	
6/12/2023 - PARKINS 6/12/2023 - LINII ATE	DDIMA	BA UCT	EUVBIHDI /M	17 121	ne/41	7/2022 - CANU	UDE VVIL	) ( ;( ))   1	7035 105			
6/12/2023 - PARKINS 6/12/2023 - UNILATE	RAL PRIMA	RY OST	EOARTHRI (M		06/12 VANCE DIRE	2/2023 - SYNC <b>ECTIVE</b>	OPE AND	COLLA	APSE (R5	o) 		

Fenter, Diana(WTONP30312) -- Continued on Page 2

enter, Diana(WTONF30312) Continued on Fage 2													
MISCELLANEOUS INFORMATION													
Date of Discharge	Time	Length of Stay		Discharged to (I	Mortician Name and Licence No	).)							
		382											
Signature Date Time													
Person	al Effects Sent Wit	h		Relationship	Date	Time							

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

				W	oodland <sup>-</sup>						Jul 12	, 2024 16:54:01 ET
				D. C.		DENT INF						
	Resident N			Preferred Name	Unit MC	Unit / Oct 109-	-	Move in Date 05/14/2018	1 <b>nit. Move</b> 05/14/		Orig.Moveln 05/14/201	
	Flora, Do	oris			MC	109-	-1	05/14/2018	05/14/	2018	05/14/201	18 WTONP3004
		Pre	vious addre	ess		Previous P	Phone #		Leg	jal Mailing	address	
			Parkthorn						Same		us Address	
Sex	Birthdate	Age		arital Status	Rei	igion		Race		Occup	ation(s)	Primary Lang.
F	03/16/1924 Moved	100 in From			Move in Loc	eation		Birth Place		Citize	enship	Maiden Name
	Moved				WOVE III LOC	auon		2		510.2		india di intia ind
	Medicare (l	HIC)#		Med	dicaid #			Social Security #			Veterans Adr	ministration #
	5R79PX1I	FN36						314-16-4468				
	Insurance I				ce Policy #:							
	UnitedHeal	thcare		8356	4142000	YER INFO	DMATI	ON				
Prima	ıry Payer Private	Day - I	MC		ГА	TEK INFO	NIVIAII	ON				
Time	ily i ayor Pilvate	- ray - 1	IVIC		ОТ	HER INFO	RMATI	ON				
Most	t Recent Hospita	al Stay			<u> </u>			Allergies				
			Memanti	ine				-				
N	Medicaid Recertif	ication D			us Information							
				Greg York (Clergy			W/I-V-I-V					
		lala r				ARE PRO	VIDER				LIDIN	NIDI
Primary	Provi Physician	der		Office:(317) 73		8904 BAS	SH ST S	Address			UPIN	<b>NPI</b> 1003564717
(Primary				Fax:(855) 450-		Indianapo		i L D				1003304717
,	IY, LEIGHA			(000) 400-		46256	,					
	Physician			Office:(317) 49	7-5530		sleyan R	d Suite 100				1326128281
Lopshire	e, John			Fax:(855) 422-	5182	Indianapo	olis, IN					
<u> </u>	D			055 (0.17) 00	0.5500	46268		0: 0 :: 100				1070551101
Shamm	Physician			Office:(317) 89 Fax:(317) 890-		9650 E W	_	on St Suite 100				1073554424
Pilailiiii	us, 155a			ax.(317) 090-	5500	46229	nio, IIN					
Dentist				Office:(317) 89	8-9231	11020 E	10th St <i>A</i>	1				1174844658
Uhl, Dai	ne					Cumberla	and, IN					
_ ··				0.00		46229		0.0		$\perp$		
Podiatri				Office:(317) 29				St Ste 204				1114970571
Mann, T	odd			Fax:(877) 476-	/125	Indianapo 46260	DIIS, IN					
Nurse P	ractitioner			Office:(317) 49	7-5530		slevan R	d Suite 100				1265108161
1	Brittany			Fax:(855) 422-		Indianapo	•					
						46268						
	ractitioner			Office:(260) 48	3-9081	3512 Stel		l.				1831578970
Wiles, C	Crystal					Fort Wayı	ne, IN					
Ophthal	mologist			Office:(317) 35	7-8663	46815 1400 N R	itter Avo	Ste 281		+		1497700983
Latona,	-			Fax:(317) 357-		Indianapo		OIC 201				1401100900
					· <del>=</del>	46219						
						PHARM	IACY					
	Pharr				Phone/Fax					Address		
Kroger (	East Washingt	ton)		Phone: (317) 8	395-2245		10450	E Washington St.				
Meijers				Fax: Phone: (317) 8	894-6710		11351	E. Washington St.				
ivicijeis				Fax:	,5 <del>4</del> -01 10		l l	erland, IN, 46229	•			
Guardia	n Pharmacy of	Indiana	a (Primary)	Phone: (317) 4	52-4669			Corporate Drive				
l .	Contact: Johan			Fax: (317) 452	-4744		Indian	apolis, IN, 46278				
						RNAL CO	MMUN	ITIES				
	Communi	ity Name		Dh. (0.47) 3	Phone		11. "	-1	Com	nmunity Typ	ре	
IU Healt	th North Brothers Funer	al Lam		Phone: (317) 6 Phone: (317) 8			Hospit	al Home				
onney I	PIONIGIS FUNET	ai HUIN		FIIUIIE. (317) 8	9006-160	CONTA		ai i iUiiie				
	Name		Co	ontact Type	Re	ationship		Addres	SS		F	Phone/Email
Flora, Je		Billi	ing Respon		Daught	•	39 Chri					7) 402-6776
				r of Attorney for				eld, IN, 46140				enfieldjean3@att.net
			ances									
				r of Attorney for								
			althcare ergency Co	ontact # 1								
			ergency Co ergency Co									
		-III	organicy of	ATTRICOL IF O								

#### Flora, Doris(WTONP30048) -- Continued on Page 2

iora, Doris(11 TOTAL 500	48) Continued on Page 2	201	ITA OTO						
		COV	ITACTS						
Name	Contact Type	Relationship	Addre	SS	Phone/Email				
Flora, James	Emergency Contact # 2	Son	27 Brenda Ct Cell:(317) 501-5186						
			Indianapolis						
		DIAGNOSIS	INFORMATION						
3/12/2024 - UNSPECIF	TIED ATRIAL FIBRILLATIO (	(148.91)	03/12/2024 - HEART FAILU	RE, UNSPECIFIED (I50	.9)				
3/30/2023 - MAJOR DE	PRESSIVE DISORDER, REC	C (F33.9)	05/20/2022 - HISTORY OF	FALLING (Z91.81)					
)9/28/2021 - BRADYCA	RDIA, UNSPECIFIED (R00.1)		09/28/2021 - ADULT FAILU	RE TO THRIVE (R62.7)					
0/31/2018 - HYPOCAL	CEMIA (E83.51)		10/31/2018 - UNSTEADINE	SS ON FEET (R26.81)					
)5/15/2018 - HYPOTHY	ROIDISM, UNSPECIFIED (E0	03.9)	05/14/2018 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)						
)5/14/2018 - ALZHEIME	R'S DISEASE, UNSPECIFI	(G30.9)	05/14/2018 - UNSPECIFIED	GLAUCOMA (H40.9)					
05/14/2018 - ESSENTIA	L (PRIMARY) HYPERTENSI	(I10)	05/14/2018 - CHRONIC KID	NEY DISEASE (CKD) (N	N18)				
		ADVANCI	E DIRECTIVE						
Advanced Directive: DNI	₹								
		MISCELLANEO	US INFORMATION						
Date of Discharg	ge Time	Length of Stay	Discharged to	(Mortician Name and Licenc	e No.)				
		2251		-					
	Sign	nature		Date	Time				
	Sigi	iature		Date	Time				
	Personal Effects Sent With		Relationship	Date	Time				

MOVE IN RECORD Woodland Terrace of New Palestine Jul 12, 2024 16:54:01 ET RESIDENT INFORMATION Preferred Name Unit Unit / Occupant Move in Date Init. Move In Date Orig.Moveln Date Resident# MC 111-1 02/24/2022 02/24/2022 02/23/2022 **WTONP3025** Previous Phone # Legal Mailing address Greenfield, IN, 46140 Same as Previous Address **Marital Status** Religion Race Occupation(s) Primary Lang. Widowed Unknown White or Caucasian English **Birth Place** Citizenship Maiden Name Move in Location U.S. Medicaid # Social Security # Veterans Administration # 304-36-3117 Insurance Policy #: 2EA7GC2RD5 **PAYER INFORMATION** OTHER INFORMATION Allergies No Known Allergies Prepaid Funeral Arrangements Yes **CARE PROVIDERS** Phone Address UPIN NPI Office:(317) 735-6001 8904 BASH ST STE B 1003564717 Fax:(855) 450-1177 Indianapolis, IN 46256 Office:(317) 497-5530 9001 Wesleyan Rd Suite 100 1326128281 Fax:(855) 422-5182 Indianapolis, IN 46268 9001 Wesleyan Rd Suite 100 Office:(317) 497-5530 1265108161 Fax:(855) 422-5182 Indianapolis, IN 46268 **PHARMACY** Address Phone/Fax Phone Community Type Phone: (317) 462-5544 Hospital Funeral Home

Guardian Pharmacy of Indiana (Primary)	Phone: (317) 452-4669	6530 Corporate Drive
Primary Contact: Johanna Readinger	Fax: (317) 452-4744	Indianapolis, IN, 46278
	EYTERNAL COM	MINITIES

**Community Name** Hancock Regional Stillinger Family Funeral Home Phone: (317) 462-5536

		CONT	ACIS	
Name	Contact Type	Relationship	Address	Phone/Email
Mr. Gish, Scot	Billing Responsible Party	Son	1495 S 400 W	Cell:(317) 750-6249
	Durable Power of Attorney for		New Palestine, IN, 46163	Email:scotgish@msn.com
	Finances			
	Durable Power of Attorney for			
	Healthcare			
	Emergency Contact # 1			
	Emergency Contact # 5			
Mr. Gish, Kent	Durable Power of Attorney for	Son	2889 S Kaitlin Ct	Cell:(317) 242-8369
	Finances		New Palestine, IN, 46163	Email:kent.gish@gmail.com
	Durable Power of Attorney for			
	Healthcare			
	Emergency Contact # 2			
		DIAGNOSIS IN	IFORMATION	

03/30/2023 - CONSTIPATION, UNSPECIFIED (K59.00)	05/12/2022 - LOCALIZED EDEMA (R60.0)							
02/23/2022 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)	02/23/2022 - HYPOKALEMIA (E87.6)							
02/23/2022 - UNSPECIFIED DEMENTIA, UNSPECIF (F03.90)	02/23/2022 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)							
02/23/2022 - UNSPECIFIED SEQUELAE OF CEREBR (169.30)	02/23/2022 - DYSPHAGIA FOLLOWING CEREBRAL I (169.391)							
02/23/2022 - CHRONIC OBSTRUCTIVE PULMONARY (J44.9)	02/23/2022 - POLYOSTEOARTHRITIS, UNSPECIFIE (M15.9)							
02/23/2022 - AGE-RELATED OSTEOPOROSIS WITHO (M81.0)	02/23/2022 - CHRONIC KIDNEY DISEASE, UNSPEC (N18.9)							
ADVANCE DIRECTIVE								

Advanced Directive: DNR

Resident Name

Ms. Gish, Vernice L.

Moved in From

Medicare (HIC) #

2EA7GC2RD51

Insurance Name ThrivantFinancial

Primary Payer Private Pay - MC

Medicaid Recertification Date

Provider

**Pharmacy** 

Most Recent Hospital Stay

Primary Physician

MURPHY, LEIGHA

Primary Physician

Nurse Practitioner

Pulliam, Brittany

Lopshire, John

(Primary)

Birthdate

06/09/1936

Sex

F

Previous address

### Ms. Gish, Vernice L.(WTONP30254) - Continued on Page 2

IVIS. GISH, VEHICE L.(WTONP3025	s. Gish, Vernice L.(WTONF30234) — Continued on Page 2												
	MISCELLANEOUS INFORMATION												
Date of Discharge	Time	Length of Stay		Discharged to (Mortician Name and Licence No.)									
		869											
	Sig	nature	<u>'</u>	Date Time									
Person	nal Effects Sent Wit	h		Relationship	Date	Time							

Woodland Terrace of New Palestine

			V	Woodland Terrace of New Palestine Jul								
				RES	IDENT INF	ORMA	ATION					
	Resident Na	me	Preferred Name	Unit	Unit / Occ	cupant	Move in Date	Init. M	ove In Date	Orig.Moveln I	Date Resident #	
	Hale, Sandr	a A.		MC	105-	-1	11/22/2019	11/	22/2019	11/22/201	9 WTONP301	
											6	
		Previous add			Previous P				Legal Mailing			
_			nfield, IN, 46140		(317) 509	9-3053	_	San		ous Address		
Sex	Birthdate	-	Marital Status		ligion		Race		Occup	ation(s)	Primary Lang.	
F	09/01/1945	78	Widowed		nown		White or Caucasia	n	1		English	
	Moved in	From		Move in Loc	ation		Birth Place			enship	Maiden Name	
									<u> </u>	J.S.		
	Medicare (HI		Me	dicaid#			Social Security #			Veterans Adr	ninistration #	
	26074390			260-74-3909 Insurance Policy #:								
	Insurance Na											
/	AARPMedicare(	Complete	9744	7391500	VED INEO		ION.					
				PA	YER INFO	RMAI	ION					
Prima	ry Payer Private	Pay - MC										
				ОТ	HER INFO	RMAT						
Most	t Recent Hospital	Stay					Allergies					
			mycin, Erythromyci	n, Antizol, P	enicillins, Su	ulfa Anti	ibiotics					
N	Medicaid Recertific	ation Date										
					ARE PRO	VIDER						
	Provid	er	Pho				Address			UPIN	NPI	
_	Physician		Office:(765) 77	6-8000	3500 S La		e				1780882449	
(Primary	,				Kokomo,	IN						
	inghe, Deshini				46902							
_	Physician		Office:(317) 46			-	nue Ste 100				1790103315	
Daluga,	Andrew		Fax:(317) 462-	8010	Greenfield	d, IN						
					46140							
	Physician		Office:(317) 73		8904 BAS		STE B			1003564717		
MURPH	IY, LEIGHA		Fax:(855) 450-	1177	Indianapo	olis, IN						
					46256	46256 2001 W. 86th St						
	Physician		Office:(317) 33			2001 W. 86th St Indianapolis, IN					1750357513	
Mustakle	em, Marwan		Other:(866) 60			olis, IN						
			Fax:(317) 338-		46260							
Dentist				Office:(765) 345-2188			ad 109				1700846292	
Armstro	ng, Richard		Fax:(765) 345-	5335	Knightsto	wn, IN						
ļ					46148							
	ractitioner				25802 Sta		19				1982027785	
Snyder,	Allison				Arcadia, I	N						
	0 1 11 1		055 (0.17) (0.17)		46030 300 E Boyd Ave Suite201							
1	Specialist		Office:(317) 46				Suite201			1659340354		
1	einy, Hiroko		Fax:(317) 462-	5122	Greenfield	d, IN						
Cardiolo			Off: (247) 40	20 2027	946 N. State Street Suite B						440402002	
1 '	mologist	_	Office:(317) 46		Greenfield, IN						1194832923	
riice-Ko	owaleski, Monica	1	Fax:(317) 318-	01110								
					46140 <b>PHARM</b>	IACV						
	Dharm	201		Phone/Fax	FINAINIV			Address				
CVS (Ne	Pharma	асу	Phone: (317)			5026	W. US 52		Auuress			
CV3 (IN	Cvv i ai)		Fax:	JU 1- <del>1</del> 030			vv. 03 52 Palestine, IN, 46163	3				
Guardia	n Pharmacy of I	ndiana (Priman		152-4660			Corporate Drive	,				
	Contact: Johani		Fax: (317) 452				napolis, IN, 46278					
illiary	Contact. Joridii	na readinger	μ αλ. (U17) 432	EXTE	RNAL CO							
	Community	/ Name		Phone				(	Community Ty	me		
Hancock	k Regional	············	Phone: (317)			Hosp	ital		unity 1)	F-9		
	Brown Funeral F	lome	Phone: (765)				ral Home					
			(100)		CONTA							
	Name		Contact Type	Po	CONTACTS lationship Address					Phone/Email		
Hale, Br		Billing Respo		Son	uonomp	318 F	Main St. PO Box 39					
	~~	5511			town, IN, 46161				pga10@yahoo.co			
		Finances	or or morney for	of Attorney for Morristown, IN, 46161						Email.Braa	pga rowyanoo.oo	
			er of Attorney for									
		Healthcare										
		Emergency (	Contact # 1									
Ramey.	Stephanie		er of Attorney for	Daught	ter	4715 k	King Dr			Cell:(765) :	571-0539	
	-	Finances	•				perry Plains, TN, 378	871				
		Durable Pow	er of Attorney for				•					

#### Hale, Sandra A.(WTONP30156) -- Continued on Page 2

		CON	TACTS			
Name	Contact Type	Relationship	Address		Phone/Email	
Ramey, Stephanie	Healthcare	Daughter	4715 King Dr	Cell:(76	ell:(765) 571-0539	
	Emergency Contact # 2		Strawberry Plains, TN, 37871			
		DIAGNOSIS I	NFORMATION			
1/25/2023 - VITAMIN	D DEFICIENCY, UNSPECIF (	E55.9)	01/25/2023 - ESSENTIAL (PRIM	MARY) HYPERTENSI (I	10)	
2/16/2022 - HYPERL	IPIDEMIA, UNSPECIFIED (E78.	5)	06/16/2022 - URINARY TRACT	INFECTION, SITE (N3	9.0)	
1/20/2019 - MALIGN	ANT NEOPLASM OF BREAST C	) (C50.9)	11/20/2019 - DEMENTIA IN OTI	HER DISEASES CLA (F	-02)	
1/20/2019 - MAJOR	DEPRESSIVE DISORDER, REC	(F33.9)	11/20/2019 - GENERALIZED AN	NXIETY DISORDER (F41	.1)	
1/20/2010 10// 10/01(						
	OVASCULAR DISEASE, UNSP	E (167.9)		,	,	
	OVASCULAR DISEASE, UNSP		DIRECTIVE	,	,	
	OVASCULAR DISEASE, UNSPI		DIRECTIVE			
	OVASCULAR DISEASE, UNSPI	ADVANCE	DIRECTIVE  JS INFORMATION	,		
		ADVANCE	JS INFORMATION	iician Name and Licence No.)	)	
1/20/2019 - CEREBR		MISCELLANEOU Length of Stay	JS INFORMATION	tician Name and Licence No.)		
1/20/2019 - CEREBR	arge Time	MISCELLANEOU Length of Stay	JS INFORMATION	,		
1/20/2019 - CEREBR	arge Time	MISCELLANEOU Length of Stay	JS INFORMATION	tician Name and Licence No.)  Date	Time	
1/20/2019 - CEREBR	arge Time	MISCELLANEOU Length of Stay	JS INFORMATION	,		
1/20/2019 - CEREBR	arge Time	MISCELLANEOU Length of Stay	JS INFORMATION	,		

			W	oodland	Terrace of	New	Palestine			Jul 12,	2024	16:54:01 ET
Halsema, Marilyn				RES	SIDENT INFO	ORMA	TION					
Second Second Price   Second			Preferred Name	Unit	Unit / Occ	upant	Move in Date	Init. M	ove In Date	Orig.Moveln I	Date	Resident#
Provious Pinone #   Legal Malling address   Provious Pinone #   Legal Malling address   Provious Pinone #   Legal Malling address   Primary Park   Primary	Halsema, Ma	rilyn		MC	117-	1	06/10/2022	06/	10/2022	06/10/202	22	WTONP3026
Sex		Previous addr	ess		Previous Pl	hone #		l	egal Mailing	j address		<u> </u>
F   08/24/1930   93   Wildwed   Unknown   White or Caucasian   English   More in Location   Birth Place   U.S.   Wilden Nat   U.S.   U.S.   Wilden Nat   U.S.   U.S.   Wilden Nat   U.S.   U.S.   Wilden Nat   U.S.   U.S	9392 E	lmberry Lane, F	ishers, 46037					San	ne as Previo	ous Address		
Mode   Nove		J-							Occup	ation(s)	Pr	
Home   Modical ##   Social Security ##   Social Security ##   Vaterance Administration ##   Va			Widowed						C:4:-	anahin	D.A.	
Medicare (HiLD) #   Modesaid #   Stocial Sourity # Vaterane Administration # OKROYHER (13)   Insurance Name				Move In Lo	cation		Birth Place			•	IVI	aluen Name
Insurance Name			Med	licaid #			Social Security #				 ninistra	ation #
PAYER INFORMATION		•										
Model   Recent   Hospital Stay   Codeline   Penicillins   Sulfa Antibiotics   Aldreign	Insurance Na	ame	Insurance	ce Policy #:					<u>'</u>			
Most Recent Hospital Stay					VED INEQ		ION					
Codeine	Primary Payer Private I	Pay MC		PA	AYER INFO	RIVIATI	ION					
Mode   Codeine, Penicillins, Sulfa Antibiotics	Filliary Fayer Private	ray - IVIC		ОТ	THER INFO	RMAT	ION					
CARE PROVIDERS	Most Recent Hospital	Stay		<u> </u>								
Provider		Codein	e, Penicillins, Sulfa	Antibiotics			-					
Primary Physician	Medicaid Recertific	ation Date										
Provider							_					
Primary Physician					CARE PRO	VIDER						ME
Primary   Fax:(855) 422-5182		er en			0004.144	I					4000	
Ligostine   John			` '			•	a Suite 100				1326	128281
Iglidar, Ali     Office: (765) 281-2188   Fax: (765) 281-2082   Muncie, IN   Muncie, IN   A7303	` • /		гах.(000) 422-5	102		ııs, IIV						
Fax:(765) 281-2062	<u> </u>		Office:(765) 28	1-2188		Iniversit	tv Ave Suite 300				1780 <sup>-</sup>	781088
Primary Physician   Office:(765) 776-8000   3500 S. Lafontaine   1780882449   Moonesinghe, Deshini	•		` '				,					
Moonesinghe, Deshini					47303							
A6902			Office:(765) 776	6-8000		е			1780	382449		
Primary Physician MURPHY, LEIGHA         Office:(317) 735-8001 Fax:(855) 450-1177         8904 BASH ST STE B Indianapolis, IN Indianap	Moonesinghe, Deshini					N						
MURPHY, LEIGHA	Drimon, Dhysisian		Office (247) 725	- 6004		LLCTC	TE D				1002	EG 4747
Mustaklem, Marwan	• •		` '				IED				1003	004717
Primary Physician Mustaklem, Marwan    Office:(317) 338-8507   2001 W. 86th St   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   175035751357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   1750357513   17503575130357513   17503575130357513   17503575130357513   1750357513035751303575130357513035751303575130357513035751303575130357513035751	WORFITT, LLIGHA		1 ax.(655) 450-1	1177		115, IIN						
Mustaklem, Marwan         Other:(866) 604-2922 Fax:(317) 338-2454 46260         Indianapolis, IN 46260         Mulianapolis, IN 46260         Mulianapolis, IN 46260         Mulianapolis, IN 46260         Mulianapolis, IN 46268         Spout Fax:(855) 422-5182         Mulianapolis, IN 46268         Spout Fax:(855) 422-5182         Mulianapolis, IN 46260         Mulianapolis, IN 46260         Spout Fax:(855) 422-5182         Mulianapolis, IN 46200         Mulianapolis, IN 46200         Mulianapolis, IN 46200         Mulianapolis, IN 46278         Mulianapolis, IN 46278         Mulianapolis, IN 46279         Community Type         Community Type         CONTACTS         CONTACTS         CONTACTS         CONTACTS         CONTACTS         Spout Fax:(817) 258-6562         Mulianapolis, IN, 46239         Mulianapolis, Pone/Email         Mulianapolis, IN, 46239         Mulianapolis, Pone/Email         Mulianapolis, IN, 46239         Mulianapolis, Pone/Email         Mulianapolis, IN, 46239 <td>Primary Physician</td> <td></td> <td>Office:(317) 338</td> <td>3-8507</td> <td></td> <td>6th St</td> <td></td> <td></td> <td></td> <td></td> <td>1750</td> <td>357513</td>	Primary Physician		Office:(317) 338	3-8507		6th St					1750	357513
Nurse Practitioner	• •		` '		Indianapol	lis, IN						
Pulliam, Brittany  Fax: (855) 422-5182			Fax:(317) 338-2	2454	46260							
Murse Practitioner			, , ,			-	Rd Suite 100				1265	108161
Nurse Practitioner   Snyder, Allison   Snyder, Aldress   Snyder,	Pulliam, Brittany		Fax:(855) 422-5	5182		lis, IN						
Arcadia,   N	Nurse Practitioner					to Dd 1	Ω				1082	127785
Pharmacy Pharmacy Pharmacy Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger  Phone: (317) 452-4669 Fax: (317) 452-4744  EXTERNAL COMMUNITIES  Community Name Phone: (317) 962-2000 Phone: (317) 962-2000 Phone: (317) 842-5310 Phone: (317) 842-5310  Funeral Home  CONTACTS  Reinhardt, Peggy Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1  Crews, Kim Emergency Contact # 2  DIAGNOSIS INFORMATION  04/04/2024 - IRON DEFICIENCY ANEMIA, UNSPEC (D50.9)  Phone: (317) 452-4669 Bission Address Community Type Indianapolis, IN, 46278  Community Type Indianapolis, IN, 46278  Address Community Type Indianapolis, IN, 46278  Funeral Home Contact Type Indianapolis, IN, 46239 Email: peggyreinhardt@g com DIAGNOSIS INFORMATION  04/04/2024 - TYPE 2 DIABETES MELLITUS WITHO (E11.9)							9				1902	J2110J
Pharmacy       Phone (317) 452-4669       6530 Corporate Drive Indianapolis, IN, 46278         EXTERNAL COMMUNITIES         Community Name       Phone: (317) 962-2000       Phone: (317) 842-5310       Funeral Home         CONTACTS         Name       Contact Type       Relationship       Address       Phone/Email         Reinhardt, Peggy       Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1       10325 Brookville Rd Indianapolis, IN, 46239       Cell:(317) 258-6562         Crews, Kim       Emergency Contact # 1       Daughter       10325 Brookville Rd Indianapolis, IN, 46239       Email:peggyreinhardt@g community Type C	Orryddi, 7 miodri					•						
Guardian Pharmacy of Indiana (Primary) Primary Contact: Johanna Readinger Fax: (317) 452-4669 Fax: (317) 452-4744  EXTERNAL COMMUNITIES  Community Name Phone: (317) 962-2000 Phone: (317) 962-2000 Phone: (317) 842-5310 Phone: (317) 842-5310 Phone: (317) 842-5310 Phone: (317) 842-5310  Funeral Home  CONTACTS  Name Contact Type Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1  Crews, Kim Emergency Contact # 2  Daughter  Diagnosis Information  04/04/2024 - IRON DEFICIENCY ANEMIA, UNSPEC (D50.9)  Finances Diagnosis Information  6530 Corporate Drive Indianapolis, IN, 46278  Community Type Indianapolis, IN, 46278  Community Type Indianapolis, IN, 46278  Funeral Home  Coll: (317) 258-6562  Indianapolis, IN, 46239  Email: peggyreinhardt@gr  com  DIAGNOSIS INFORMATION  04/04/2024 - TYPE 2 DIABETES MELLITUS WITHO (E11.9)					PHARM	ACY						
Primary Contact: Johanna Readinger Fax: (317) 452-4744 Indianapolis, IN, 46278    EXTERNAL COMMUNITIES	Pharma	асу		Phone/Fax					Address			
Community Name   Phone   Community Type     IU Health Methodist Hospital   Phone: (317) 962-2000   Hospital     Randall and Roberts   Phone: (317) 842-5310   Funeral Home	_	, ,	' '			1	•					
Community Name	Primary Contact: Johanr	na Readinger	Fax: (317) 452-		EDNAL COL							
Phone: (317) 962-2000   Hospital   Randall and Roberts   Phone: (317) 842-5310   Funeral Home	Community	Nama			-MNAL CO	MIMON	IIII-9		ommunit . T	IDO.		
Randall and Roberts  Phone: (317) 842-5310  Funeral Home  CONTACTS  Name  Contact Type Reinhardt, Peggy Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1  Crews, Kim Emergency Contact # 2  Daughter  Diagnosis Information  Daughter  Diagnosis Information  04/04/2024 - IRON DEFICIENCY ANEMIA, UNSPEC (D50.9)  Phone: (317) 842-5310  Runeral Home  Cell: (317) 258-6562  Indianapolis, IN, 46239  Email: peggyreinhardt@gr  com  Home: (845) 346-6919  Diagnosis Information			Phone: (317) 0			Hoeni	tal	C	ommunity 19	h <del>q</del>		
Name Contact Type Relationship Address Phone/Email Reinhardt, Peggy Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1  Crews, Kim Emergency Contact # 2  Daughter Daught		pritai	, ,									
NameContact TypeRelationshipAddressPhone/EmailReinhardt, PeggyBilling Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for 	3.13 . 1300110		r (011) 0		CONTA							
Reinhardt, Peggy  Billing Responsible Party Durable Power of Attorney for Finances Durable Power of Attorney for Healthcare Emergency Contact # 1  Crews, Kim  Emergency Contact # 2  Daughter  Diagnosis INFORMATION  04/04/2024 - IRON DEFICIENCY ANEMIA, UNSPEC (D50.9)  Daughter  Daughter  10325 Brookville Rd Indianapolis, IN, 46239  Email:peggyreinhardt@gicom  Email:peggyreinhardt@gicom  Finances Daughter  Daughter  Home:(845) 346-6919  04/04/2024 - TYPE 2 DIABETES MELLITUS WITHO (E11.9)	Name		Contact Type	Re			Addre	SS		Р	hone/l	Email
Finances Durable Power of Attorney for Healthcare Emergency Contact # 1  Crews, Kim Emergency Contact # 2  Daughter  DIAGNOSIS INFORMATION  04/04/2024 - IRON DEFICIENCY ANEMIA, UNSPEC (D50.9)  O4/04/2024 - TYPE 2 DIABETES MELLITUS WITHO (E11.9)	Reinhardt, Peggy				•	10325	Brookville Rd			Cell:(317) 2	258-6	562
Durable Power of Attorney for Healthcare Emergency Contact # 1  Crews, Kim Emergency Contact # 2  Daughter  DIAGNOSIS INFORMATION  04/04/2024 - IRON DEFICIENCY ANEMIA, UNSPEC (D50.9)  04/04/2024 - TYPE 2 DIABETES MELLITUS WITHO (E11.9)	1		er of Attorney for			Indiana	apolis, IN, 46239				yrein	hardt@gmail.
Healthcare										com		
Emergency Contact # 1			er of Attorney for									
Crews, Kim Emergency Contact # 2 Daughter Home: (845) 346-6919  DIAGNOSIS INFORMATION  04/04/2024 - IRON DEFICIENCY ANEMIA, UNSPEC (D50.9)  04/04/2024 - TYPE 2 DIABETES MELLITUS WITHO (E11.9)			Contact # 1									
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	04/04/2024 - IRON DEF	ICIENCY ANEW	IIA, UNSPEC (D5					TES MI	ELLITUS W	ITHO (E11.	9)	
										,		
04/04/2024 - CHRONIC ATRIAL FIBRILLATION, U (I48.20) 04/04/2024 - UNSPECIFIED ATRIAL FIBRILLATIO (I48.91)	04/04/2024 - CHRONIC	ATRIAL FIBRIL	LATION, U (148.2	0)								
04/04/2024 - GOUT, UNSPECIFIED (M10.9) 04/04/2024 - UNSPECIFIED OSTEOARTHRITIS, UN (M19.90)		,	· · · · · · · · · · · · · · · · · · ·							S, UN (M19	.90)	·
04/04/2024 - CHRONIC KIDNEY DISEASE, STAGE (N18.31) 04/04/2024 - ATAXIA, UNSPECIFIED (R27.0)	04/04/2024 - CHRONIC	KIDNEY DISEA	SE, STAGE (N18	8.31)	04	/04/202	24 - ATAXIA, UNSF	PECIFIE	D (R27.0)			

### Halsema, Marilyn(WTONP30265) -- Continued on Page 2

DIAGNOSIS	INFORMATION
04/04/2024 - HISTORY OF FALLING (Z91.81)	04/04/2024 - PRESENCE OF CARDIAC PACEMAKER (Z95.0)
10/10/2023 - UNSPECIFIED DEMENTIA, UNSPECIF (F03.90)	06/22/2022 - IRON DEFICIENCY ANEMIA (D50)
06/11/2022 - TYPE 2 DIABETES MELLITUS (E11)	05/23/2022 - MALIGNANT NEOPLASM OF THYROID (C73)
05/23/2022 - VITAMIN B12 DEFICIENCY ANEMIA, (D51.9)	05/23/2022 - OTHER SPECIFIED DISEASES OF BL (D75.89)
05/23/2022 - NONTOXIC SINGLE THYROID NODULE (E04.1)	05/23/2022 - VITAMIN D DEFICIENCY, UNSPECIF (E55.9)
05/23/2022 - ARTHROPATHY, UNSPECIFIED (M12.9)	05/23/2022 - UNSPECIFIED ABNORMALITIES OF G (R26.9)
05/23/2022 - UNSPECIFIED URINARY INCONTINEN (R32)	05/23/2022 - OTHER SPECIFIED ABNORMAL FINDI (R79.89)
05/23/2022 - LONG TERM (CURRENT) USE OF ANT (Z79.01)	05/17/2022 - OTHER DIETARY VITAMIN B12 DEFI (D51.3)
05/17/2022 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)	05/17/2022 - OBESITY, UNSPECIFIED (E66.9)
05/17/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	05/17/2022 - BLEPHARITIS (H01.0)
05/17/2022 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)	05/17/2022 - PULMONARY HYPERTENSION, UNSPEC (I27.20)
05/17/2022 - NONRHEUMATIC AORTIC (VALVE) ST (135.2)	05/17/2022 - ATRIAL FIBRILLATION AND FLUTTE (I48)
05/17/2022 - CHRONIC GOUT (M1A)	05/17/2022 - CHRONIC KIDNEY DISEASE (CKD) (N18)
05/17/2022 - OTHER SPECIFIED URINARY INCONT (N39.4)	05/17/2022 - HEARTBURN (R12)
05/17/2022 - PERSONAL HISTORY OF COVID-19 (Z86.16)	
ADVANC	FDIPECTIVE

#### ADVANCE DIRECTIVE

	MISCELLANEOUS INFORMATION												
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)										
	Sig	nature			Date	Time							
Persona	al Effects Sent Wit	h	Relationship	Date	Time								
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Woodland Terrace of New Palestine

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							SIDENT IN								<u> </u>
	Resident Na			Pre	eferred Name	Unit		ccupant		Move in Date		love In Date		veln Date	
	Hanlon, Patri	cia J.				AL	22	1-1		06/10/2024	06/	10/2024	06/10	0/2024	WTONP3034
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_					ne, IN, 46163			02-1849			Sar		vious Addre		
Sex	Birthdate	Age	N		Status		Religion			Race		Осс	upation(s)	F	Primary Lang.
F	07/22/1951	72		Wide	owed										
	Moved in	From				Move in L	ocation.			Birth Place		Ci	tizenship		Maiden Name
	Medicare (HI	IC) #				dicaid#				ocial Security#			Veteran	s Adminis	tration #
						136MM89				234-84-3788					
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	Provid	or			Dis	20				Address			UPIN		NDI
D.:		ег			Pho		40400.5	1011-0					UPIN	470	NPI
	Physician				Office:(317) 35				treet S	Suite 100				1/2	0654312
(Primary	,			r	ax:(317) 355-	7263		polis, IN							
Sliva, Pe	etr						46229								
								MACY							
	Pharma					Phone/Fax	K					Address	3		
Guardia	n Pharmacy of I	ndiana (	(Primary	) F	Phone: (317) 4	52-4669		6530	Corp	orate Drive					
Primary	Contact: Johan	na Read	linger	F	-ax: (317) 452					is, IN, 46278					
					EXT	ERNAL	COMMUN	ITIES (1	lo Da	ata Found)					
	Community	/ Name				Phone					(	Community	Туре		
							CONT	ACTS							
	Name		(	Contac	ct Type		Relationship			Addres	SS			Phone	e/Email
Hanlon,	Paticia	Billing	g Respo			Self	•	4400	Terrac	ce Drive			Home	:(317) 50	
,			9		- · · · · · · · · · · · · · · · · · · ·			Unit 2						. ,	156@gmail.com
										ine, IN, 46163				а	
Hutstaar	d, Jackin	Dural	hle Pow	er of	Attorney for	Daug	ıhter			efinch Lane			Home	:(937) 60	12-2220
luisicac	i, oackiii	Finar		CI OI /	Attorney for	Daug	jiitoi			j, OH, 45342					kie@sbcglobal.
				or of	Attorney for			iviiaiiii	sburg	j, OI I, 43342				.cnei-jack	ile@sbcglobal.
				ei 0i /	Allorney for								net		
			hcare												
1 A / 1	A - I- I -		gency C			0	data a lata a	0075	0 - 1-1	- D:				(0.47) 40	0.0000
Wilson, A	Asniey	⊨mer	gency C	onta	Ct # 2	Gran	ddaughter			way Drive				:(317) 48	
								New H	alesti	ine, IN, 46163				:Abrunk1	121@gmail.
							0110010						com		
							GNOSIS I								
	24 - POSTHER							06/11/20	24 - T	ΓΥΡΕ 2 DIABE	TES M	ELLITUS '	WITH (E	11.65)	
06/11/20	24 - LONG TEF	RM (CUI	RRENT)	USE	OF INS (Z7	9.4)		06/11/20	24 - D	DEPENDENCE	ON W	HEELCH/	AIR (Z99.3)	)	
06/07/20	24 - TYPE 2 DI	ABETES	S MELLI	ITUS	WITH (E11	.64)		06/07/20	24 - F	HYPERLIPIDE	MIA, UI	NSPECIFI	ED (E78.5	)	
06/07/20	24 - RESTLES	S LEGS	SYNDF	ROME	(G25.81)										
							DVANCE	DIRECT	IVE						
						MISCE	LLANEOU	S INEO	DMA	TION					
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	Date of Dischar	ge		Tir	ile Lei	ngth of Sta	У			Discharged to (	Morticia	n Name and	Licence No	D.)	
						32									
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Woodland Terrace of New Palestine

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			/	Noodland <sup>*</sup>	Terrace of	New I	Palestine			Jul 12	, 2024	16:54:01 ET
				RES	IDENT INFO	ORMA	TION					
Resident	Name	F	Preferred Name	Unit	Unit / Occu	upant	Move in Date	Init. Mov	e In Date	Orig.Moveln	Date	Resident#
Hartman,	Jerry			AL	315-1	1	08/04/2023	08/04	/2023	08/04/20	23	WTONP303
	Prev	ious address	<b>S</b>		Previous Ph	none #		Le	gal Mailing	g address		6
4400 Terrace	Drive Unit	t 315, New	Palestine, IN, 4	6163				Same	as Previ	ous Address		
Sex Birthdate	Age	Mari	tal Status	Re	ligion		Race		Occup	oation(s)	Pr	imary Lang.
F 11/01/1938		W	idowed		known		Declined to Speci	fy				English
Move	d in From			Move in Loc	cation		Birth Place		Citiz	zenship	M	aiden Name
Medicare	(HIC) #			edicaid#			Social Security #			Veterans Ad	minietrs	ation #
Modioare	(i ii 0) #		141	Calcala #			307-38-9585			Votorano Au	minoue	auon #
Insurance	Name		Insura	nce Policy #:			00. 00 000					
Huma	ana		H5	5912065								
				PA	YER INFOR	RMATI	ON					
Primary Payer Priva	te Pay - A	L										
				ОТ	HER INFOR	RMATI						
Most Recent Hospi	tal Stay	Na IZ	Allami'r				Allergies					
Medicaid Recert	ification Do	No Known		ran's Status								
IVIOUICAIU RECON	cauon Da			Service								
			1100		CARE PROV	VIDER	S					
Pro	vider		Pi	none			Address			UPIN		NPI
rimary Physician			Office:(317) 8		7375 W US	S 52					17109	971734
Primary)			Fax:(317) 861	-5325	New Pales	stine, IN					1	
agley, Kristen					46163						1	
entist			Office:(317) 8		5774 W. U						1073	609608
ool, Colleen			Fax:(317) 861	-8339	New Pales 46163	ine, IN					1	
					PHARMA	ΔCY						
Pha	rmacy			Phone/Fax					Address			
uardian Pharmacy		(Primary)	Phone: (317)			6530 (	Corporate Drive		7 10.01.000			
rimary Contact: Joh			Fax: (317) 45	52-4744		Indian	apolis, IN, 46278					
				EXTE	ERNAL COM	MMUN	ITIES					
	nity Name			Phone				Cor	mmunity Ty	/ре		
community Hospital I	=ast		Phone: (317)			Hospit	al Home					
rlewein Mortuary			Phone: (317)	407-4910	CONTAC		ai nome					
Name		Con	tact Type	Re	lationship		Addres	ss			Phone/l	-mail
artman, Jerry	Billin	g Responsi		Self		4400 T	errace Drive					etie@aol.co
, , , , ,		J 1	•			Unit 31						
utler, John	Dura	ble Power o	of Attorney for	Son		5384 D	ray Drive			Home:(72	7) 278	-8004
		nces				The Vill	ages, FL, 32163			Email:jdbii	392@	msn.com
			of Attorney for									
		thcare	to at # 4									
all, Harry		rgency Con rgency Con				7912 \^	/ildwood Farms La	ne		Home:(31)	7) ጸՉን	-0922
an, rian y	Lille	igency Coll	ιαοί π Δ				polis, IN, 46239	110		101116.(31	, 002	-0322
				DIAG	NOSIS INF	ORMA	TION					
	NEOPLA	ASM OF PA	RATHYROID				3 - OTHER INTER	VERTEB	RAL DISC	C DEGE (M	51.36)	
3/03/2023 - BENIGN				(Z85.3)								
	NAL HIST			AD	VANCE DI	RECTI	VE					
	NAL HIST											
	NAL HIST											
	NAL HIST				LANEOUS	INFOR	MATION					
			Time L	MISCEL ength of Stay	LANEOUS	INFOR	RMATION  Discharged to (	Mortician N	lame and l	Licence No.)		
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Woodland Terrace of New Palestine

		,	Wood	land Ter	race of	New F	Palestine			Jul 12, 2	2024 16:54:01 ET		
				RESIDE	ENT INFO	ORMAT	TION						
Resident N	Name	Preferred Name	l	Jnit	Unit / Occu	ıpant	Move in Date	Init. Mov	e In Date	Orig.Moveln Da			
Hawkins, E	Eloise		,	AL	225-2	2	12/30/2022	12/30	0/2022	12/30/2022	WTONP3029		
	Previous addre	ess			revious Ph				gal Mailing				
	andstone Ct, Green				317) 894-	9466	_	Same		ous Address			
Sex Birthdate		arital Status		Religio	on		Race				Primary Lang.		
F 07/20/1932	91	Married				Ш,	White				English		
Moved	in From		Mov	e in Locatio	n		Birth Place			enship	Maiden Name		
				**			2 1 1 2 11 11			J.S.			
Medicare (		N	<b>ledicaid</b>	#			Social Security #			Veterans Admi	nistration #		
9MN1AR	-	•					307-32-3529						
Insurance		insur	ance Pol	IICY #:									
TRICA	KE			PAYE	R INFOR	RMATIO	ON						
Primary Payer Private	e Pay - AL												
	1.0			OTHE	R INFO	RMATI							
Most Recent Hospit	•						Allergies						
<b>1</b>		Ilin, Doxycycline					V-4 1 2/ /						
Medicaid Recertif	ilication Date		use's Na				Veteran's Status						
		Jose	ph Haw		DE DDAY	/IDED	No Service						
Prov	idor		hone	CAF	RE PRO\	AIDER(	Address			UPIN	NPI		
Alternate Physician	iu <del>d</del> i	Office:(317) 3		3/1 /	400 N DI	TTED A	VE STE 520				710286984		
Alternate Physician (Primary)		Office.(317) 3	JJJ-123	I .			v L 31 E 320			[1	1 10200904		
(Primary) BURG, AARON					ndianapoli 16219	io, IIV							
Primary Physician		Office:(317) 3	355_775			/ashinat	on Street Ste A			1	750887980		
Mang, Aaron		Fax:(317) 35		I .	ndianapoli		on Street Ste A			1730867980			
Mang, Aaron		ax.(017) 00	5-1150	I .	16229	13, 11 <b>1</b>							
Primary Physician		Office:(765) 7	776-800		3500 S Laf	fontaine				1	780882449		
Moonesinghe, Deshini	i				Kokomo, II					[	. 00002		
,					6902								
Primary Physician		Office:(317) 7	735-600	01 8	8904 BASH	H ST ST	ΈB			1	003564717		
MURPHY, LEIGHA		Fax:(855) 45	0-1177	Ir	ndianapoli	is, IN							
					6256								
Nurse Practitioner				2	25802 Stat	te Rd 19	)			1	982027785		
Snyder, Allison			Arcad			1							
					6030								
					PHARM/	ACY							
	macy			ne/Fax					Address				
Guardian Pharmacy o						1	orporate Drive						
Primary Contact: Joha	ınna Readinger	Fax: (317) 4	52-4744		141 001		polis, IN, 46278						
_					VAL COM	MUNI	TIES						
	ity Name	D. (0.4=)		one				Co	mmunity Ty	pe			
Community Hospital E	ast	Phone: (317)				Hospita							
Erlewein Mortuary		Phone: (317)	) 46/-49		CONTAC		l Home						
Nama		Contact Type :			CONTAC	713	A .J			51	ana/Email		
Name Hawkins, Garth		contact Type		Relatio		1001 D	Addre rchcord Rd	88		Other:(615)	one/Email		
ı iawkiiis, Gällii	Billing Respor	er of Attorney for		Son			irchcord Ra iry, TN, 37190				o38-3484 nawkins@gmail.		
	Finances	of Attorney for				vvoodbt	ily, 114, 37 190			com	iawkiiis@giiiaii.		
		er of Attorney for								COIII			
	Healthcare	or attenticy for											
	Emergency C	ontact # 1											
Potter, Joella		er of Attorney for		Daughter		4541 N.	Paseo			Other:(520) 262-6858			
,	Finances						AZ, 85745			Email:potter006@comcast.net			
		er of Attorney for											
	Healthcare	-,											
	Emergency C	ontact # 2											
				DIAGNO	SIS INF	ORMA	TION						
04/06/2023 - OTHER (	CARDIAC ARRHY	THMIAS (I49)			01/	/09/202	3 - UNSPECIFIED	DEMEN	TIA, UNSI	PECIF (F03.9	0)		
01/09/2023 - SCIATIC							3 - AGE-RELATEI						
01/09/2023 - DIZZINE							2 - HYPOTHYROI						
12/14/2022 - MIXED H		. ,					2 - ESSENTIAL (F			, ,			
12/14/2022 - UNSPEC			3.91)				2 - CHRONIC EM				.509)		
12/14/2022 - AGE-RE							2 - ENCOUNTER						
		,											

Hawkins, Eloise(WTONP30293) -- Continued on Page 2

		-									
ADVANCE DIRECTIVE											
Advanced Directive: DNR											
MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay		Discharged to (Mortician Name and Licence No.)							
		560									
	Sig	nature			Date	Time					
Persona	al Effects Sent Wit	th		Relationship	Date	Time					

Woodland Terrace of New Palestine

Jul 12 2024 16:54:01 FT

			Wo	odland	Terrace of	New F	Palestine			Jul 12,	2024	16:54:01 ET
				RES	IDENT INF	ORMAT	TION					
	Resident Na	ame	Preferred Name	Unit	Unit / Occ	cupant	Move in Date	Init. Move I	n Date	Orig.Moveln D	ate	Resident#
	Hawkins, Jo	•		AL	225-		12/30/2022	12/30/2022				WTONP3029 2
		Previous addre			Previous P					address		
0.		dstone Ct, Green		-	(317) 894	-9466		Same a		ous Address		
Sex	Birthdate	9	rital Status	Re	ligion		Race		Occupation(s)			mary Lang.
M	07/11/1931		Married	Marra la La			Birth Place		Citiz	enship	N/L	English niden Name
	Moved in	1 From		Move in Lo	cation		Birtii Flace			J.S.	IVI	iluen Name
	Medicare (H	IC)#	Medi	caid #			Social Security #			Veterans Adm	inietre	tion #
	1P56XFDI		Medi	calu #			309-28-8208			Veterans Aum	II IIƏU d	uon #
	Insurance N		Insurance	e Policy #:			000 20 0200					
				PA	YER INFO	RMATIO	ON					
Prima	ry Payer Private	Pav - AL										
				ОТ	HER INFO	RMATIO	NC					
Most	Recent Hospital	l Stay					Allergies					
		No Know	n Allergies				-					
N	ledicaid Recertific		Veteran	's Status								
			Vet	eran								
					CARE PRO	VIDERS	5					
	Provid	ler	Phon	е			Address			UPIN		NPI
Primary	Physician		Office:(317) 355	-7752	12130 E V	Vashingt	on Street Ste A			1	7508	887980
(Primary	<b>'</b> )		Fax:(317) 355-7	750	Indianapo	lis, IN						
Mang, A					46229							
-	Physician		Office:(317) 338		2001 W. 8					[1	750	357513
Mustakle	em, Marwan		Other:(866) 604-		Indianapo	lis, IN						
5	***		Fax:(317) 338-2	454	46260	. 5.46						07705
	ractitioner				25802 Sta		)			1	19820	)27785
Snyder,	Allison				Arcadia, II 46030	N						
					PHARM	۸CV						
	Pharm	acu		Phone/Fax	THANN	AU I		Δ	ddress			
Guardiai		Indiana (Primary)	Phone: (317) 45			6530 C	Corporate Drive		uuloss			
	Contact: Johan		Fax: (317) 452-				apolis, IN, 46278					
		gu	r e (c) .e=		ERNAL CO							
	Communit	y Name		Phone				Comn	nunity Ty	ре		
Commur	nity Hospital Ea	st	Phone: (317) 35	55-1411		Hospita	al			•		
Erlewein	Mortuary		Phone: (317) 46	7-4918		Funera	Il Home					
	·		· · · · · ·		CONTA	CTS						
	Name	Co	ontact Type	Re	elationship		Addres	SS		Ph	one/l	mail
Hawkins	, Garth	Billing Respons	sible Party	Son		1091 Pa	rchcorn Rd			Other:(615)	638-	3484
		Durable Power	of Attorney for			Woodbu	ıry, TN, 37190			Email:garthj	hawl	ins@gmail.
		Finances								com		
			of Attorney for									
		Healthcare										
5 " 1		Emergency Co				4544 11	_			0/1 (500)	000	0050
Potter, J	oelia		of Attorney for	Daugh	ter	4541 N				Other:(520)		
		Finances	of Attornov for			li ucson,	AZ, 85745			Email:potter	0060	comcast.ne
		Healthcare	of Attorney for									
		Emergency Co	intact # 2									
		Emergency CO	παοι π Δ	DIAG	NOSIS INF	ORMA	TION					
01/10/20	123 - TYPE 2 D	IABETES MELLIT	US (F11)	3,,,,,			3 - INSOMNIA, UN	ISPECIFIE	) (G47 i	00)		
	)23 - 11PE 2 D )23 - PRURITU		00 (L11)				3 - EDEMA, UNSF		•			
		S (L29) LLERGY (T78.49)					2 - HYPERLIPIDE	'		) (F78 5)		
			PERTENSI (I10)	1			2 - CHRONIC KID				31)	
,, 20		_ (	(110)		OVANCE DI				.5_, 51	52 (1415.0	' /	
Advance	ed Directive: DN	IR .										
.a variot	a Directive. Div											

Hawkins, Joseph(WTONP30292) -- Continued on Page 2

Hawkins, Joseph (W 1 ONF 30232) Continued on Fage 2										
MISCELLANEOUS INFORMATION										
Date of Discharge	Time	Time Length of Stay Discharged to (Mortician Name and Licence No.)								
		560								
	Sig		Date	Time						
Person	al Effects Sent Wit	h		Relationship	Date	Time				

Woodland Terrace of New Palestine

				VV	roodiand i						Ju	l 12, 2024	4 16:54:01 ET
						DENT INFO							
	Resident Na		F	Preferred Name	Unit	Unit / Occ	•	Move in Date		love In Date			Resident #
	Hersberger, P	atricia			AL	229-1	1	02/23/2024	02/	23/2024	02/23	/2024	WTONP3033
						D							9
	101.01	-	ous address			Previous Ph				Legal Mailing			
Cav	101 Ches			urn, IN, 47327 tal Status	Deli	(765) 478-	3589	Race	San		e as Previous Address  Occupation(s) Prin		winners I am a
Sex		Age				igion				Occup	ation(s)	PI	rimary Lang.
F	06/27/1929	95	l vv	idowed	Move in Loc	nown		- Declined to Speci Birth Place	ту ј	Citio	enship	M	English laiden Name
	Moved in	I FIOIII			MOVE III LOC	auon		Dittillace			J.S.	141	alueli Haille
	Medicare (H	IC\ #		Me	dicaid #			Social Security #				Administr	ration #
	060194			IVIC	diodid #			316-26-5947			Votorans	Administr	adon #
	Insurance N			Insuran	ice Policy #:			310-20-3347					
	Medicar			mouran									
	Modical				PA`	YER INFO	RMAT	ION					
Primar	y Payer Private	Pay - ΔI											
Tima	y i ayor i nivate	i ay - Al	_		ОТ	HER INFO	RMΔT	ION					
Most	Recent Hospital	Stav			<b>011</b>		WAI	Allergies					
Most	1.000iii 1103pitai	July	Metoprolo					Allergies					
NA.	edicaid Recertific	ation Dat			ın's Status								
IVI	Jaioula (1000) Ulic	Lucii Dai			service								
				110		ARE PRO	VIDEE	es .					
	Provid	er		Pho			477	Address			UPIN		NPI
Primary I	Physician			Office:(317) 49		9001 West	levan F	Rd Suite 100			U. III	1326	128281
(Primary)	•			Fax:(855) 422-		Indianapol	•					1.020	0_0 !
Lopshire				1 ax.(000) 422	0102	46268	10, 114						
	Physician			Office:(765) 47	8-6100	1154 S Sta	ate Roa	ad 1 Ste 1				1275	580532
Bertsch,	•			Fax:(765) 478-		Cambridge							
						47327	<b>.</b> ,						
Nurse Pr	actitioner			Office:(317) 49	7-5530	_	levan F	Rd Suite 100				1265	108161
Pulliam,				Fax:(855) 422-		Indianapol	-						
,	,			(3.3.3)		46268	-,						
						PHARM	ACY						
	Pharm	acy			Phone/Fax					Address			
Guardiar	Pharmacy of I		(Primary)	Phone: (317) 4	152-4669		6530	Corporate Drive					
	Contact: Johan			Fax: (317) 452			Indiar	napolis, IN, 46278					
					EXTE	RNAL CO	MMUN	IITIES					
	Community	y Name			Phone				C	Community Ty	ре		
Commur	nity Hospital Ea	st		Phone: (317) 355-1411			Hospi	tal					
Waskom	Capitol Hill Ch	apel		Phone: (765) 4	178-4221		Funer	al Home					
	·			, ,		CONTAC	CTS						
	Name		Con	tact Type	Rel	ationship		Addres	SS			Phone/	Email
Hersberg	ger, Jim	Billing	g Responsi		Son		1077 N	Mountain Drive Unit	В		Office:(	260) 615	5-5745
				of Attorney for			Longm	ont, CO, 80503				nerberg@	
			thcare	-									
			gency Con										
Turchyn,	Emily			of Attorney for	Daughte	er					Home:	(812) 212	·-5050
			thcare										
		Emer	gency Con	tact # 2									
					DIAG	NOSIS INF							
02/22/20	24 - HYPERLIF	PIDEMIA	A, UNSPEC	IFIED (E78.5)				24 - ESSENTIAL (P	RIMAR	RY) HYPER1	ENSI (I	10)	
					AD	VANCE DI	RECT	IVE					
					MISCELL	ANEOUS	INFO	RMATION					
	Date of Dischar	rge		Time Le	ngth of Stay			Discharged to (	Morticia	n Name and L	icence No.	)	
					140								
					140								
				Signatur	e					Date			Time
		Pe	rsonal Effec	ts Sent With				Relationship		Date			Time

Woodland Terrace of New Palestine Jul 12, 2024 16:54:01 ET RESIDENT INFORMATION Preferred Name Unit Resident Name Unit / Occupant Move in Date Init. Move In Date Orig.Moveln Date Resident# Hirst, Emily AL 337-1 05/11/2020 05/11/2020 05/11/2020 **WTONP3017** 5 Previous Phone # Legal Mailing address Previous address 3938 N Sadlier Dr, Indianapolis, IN, 46226 (317) 677-4218 Same as Previous Address Sex Birthdate Marital Status Religion Race Occupation(s) Primary Lang. Age F 07/29/1939 Widowed Unknown White or Caucasian English Moved in From Birth Place Citizenship Maiden Name Move in Location U.S. Home Medicare (HIC) # Medicaid # Social Security # Veterans Administration # 6CN5YJ6FA99 360-32-9790 Insurance Policy #: Insurance Name **AARPMedicareComplete** 9118772604 **PAYER INFORMATION** Primary Payer Private Pay - AL OTHER INFORMATION Most Recent Hospital Stay Allergies Penicillins Medicaid Recertification Date Miscellanous Information: Pet Owner Prepaid Funeral Arrangements Mark Brock Clergy 219 688 0546 Dog Yes **CARE PROVIDERS** Provider Phone Address UPIN NPI Office:(317) 497-5530 9001 Wesleyan Rd Suite 100 Primary Physician 1326128281 (Primary) Fax:(855) 422-5182 Indianapolis, IN Lopshire, John 46268 Office:(317) 861-4484 5774 W. US 52 1073609608 Dentist Pool, Colleen Fax:(317) 861-8339 New Palestine, IN 46163 Office:(317) 621-8500 1400 N Ritter Suite 223 1861059131 Psychiatrist Tolle, Kathryn Indianapolis 46219 Nurse Practitioner Office:(317) 497-5530 9001 Wesleyan Rd Suite 100 1265108161 Pulliam, Brittany Fax:(855) 422-5182 Indianapolis, IN 46268 8240 Naab Rd St Vincent Administrative Ste Medical Specialist Office:(317) 872-0123 1417961103 Holland, Theodore Meridian Hls. IN 46260 **PHARMACY** Phone/Fax Address **Pharmacy** Phone: (877) 889-5802 Optum RX =ax: Phone: (317) 452-4669 Guardian Pharmacy of Indiana 6530 Corporate Drive Primary Contact: Johanna Readinger Fax: (317) 452-4744 ndianapolis, IN, 46278 **EXTERNAL COMMUNITIES** Community Name Phone Community Type Community Hospital North Phone: (317) 621-6262 Hospital **CONTACTS** Name Contact Type Relationship Address Phone/Email Hirst, Linda Billing Responsible Party Daughter in law 3561 S Fallow Trail Home:(317) 361-3231 Emergency Contact # 1 New Palestine, IN, 46163 Email:lhirst@sbcglobal.net Hirst, Doug Durable Power of Attorney for Son 3561 S Fallow Trail Home:(317) 442-9749 New Palestine, IN, 46163 Email:dbhirst@sbcglobal.net Finances Durable Power of Attorney for Healthcare Emergency Contact # 2 Judy, Gwen Durable Power of Attorney for Daughter P O Box 215 Home:(812) 251-1346 Healthcare New Goshen, IN, 47863 Email:gkjudy@hotmail.com Emergency Contact #3 **DIAGNOSIS INFORMATION** 01/10/2022 - BRONCHITIS, NOT SPECIFIED AS A... (J40) 07/07/2020 - DEMENTIA IN OTHER DISEASES CLA... (F02.80) 04/14/2020 - HYPOTHYROIDISM, UNSPECIFIED (E03.9) 04/14/2020 - HYPOPARATHYROIDISM, UNSPECIFIE... (E20.9) 04/14/2020 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5) 04/14/2020 - ANXIETY DISORDER, UNSPECIFIED (F41.9) 04/14/2020 - MILD COGNITIVE IMPAIRMENT OF U... (G31.84) 04/14/2020 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10)

04/14/2020 - LOW BACK PAIN (M54.5)

04/14/2020 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9)

04/14/2020 - URGE INCONTINENCE (N39.41)

Hirst, Emily(WTONP30175) - Continued on Page 2

ADVANCE DIRECTIVE											
Advanced Directive: CPR											
MISCELLANEOUS INFORMATION											
Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)											
		1523									
	Sig	jnature			Date	Time					
Persona	al Effects Sent Wit	h		Relationship	Date	Time					

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

				V V	DES						Jul 12,	2024 16	:54:01 E		
	Resident N	ame	F	Preferred Name	Unit	Unit / O		Move in Date	Init. Move	n Date	Orig.Moveln D	ate R	Resident#		
	Hitch, Wa				AL	126		05/31/2023		2023		05/31/2023 WTO			
		Prev	ious address	s		Previous	Phone #		Leg	jal Mailing	address		1		
	422 Penir	nsula Dri		/ille, IN, 46176		(317) 86	1-4683		Same	Same as Previous		me as Previous Address			
Sex	Birthdate	Age		ital Status		ligion		Race		Occup	ation(s)		ry Lang.		
F	01/23/1936	88	W	idowed		known		Declined to Spec				Sp	lined to ecify		
	Moved i				Move in Lo	cation		Birth Place	9		enship	Maide	n Name		
	Nursing Medicare (H			Mar	diamid #			Casial Casumity #		U	I.S.	iniotrotion	. 4		
	2FT2UH1E			Med	dicaid #			Social Security # 304-36-8621			Veterans Adm	inistration	1#		
	Insurance N			Insuran	ce Policy #:			004 00 0021							
	Medica	re			•										
					PA	YER INFO	ORMATI	ON							
Prima	<b>ıry Payer</b> Private	Pay - A	L												
					ОТ	HER INFO	ORMATI								
Most	Recent Hospita	I Stay						Allergies							
	Andionid Deportifi	aatiaa Da	No Known		al Amanasan	anta		Veteran's Status							
В	Medicaid Recertifi	cauon Da	te	Prepaid Fune	ran Arrangem Yes	ents		No Service							
						CARE PR	OVIDER								
	Provi	der		Pho			221 2 18	Address			UPIN		NPI		
mary	Physician			Office:(317) 86		7375 W	US 52	7.12.0.2.2				710971			
rimary	<i>(</i> )			Fax:(317) 861-	5325	New Pal	estine, IN								
<u> </u>	Kristen					46163									
-	Physician			Office:(317) 33		2001 W.					,	750357	513		
ıstakl	em, Marwan			Other:(866) 604		Indianap	olis, IN								
rea D	ractitioner			Fax:(317) 338-2	2454	46260	tate Rd 19	<u> </u>			•	982027	785		
	Allison					Arcadia,		9				1902021	705		
.,,						46030									
						PHARI	MACY								
	Pharm				Phone/Fax					Address					
	n Pharmacy of			Phone: (317) 4				Corporate Drive							
mary	Contact: Johan	nna Read	dinger	Fax: (317) 452	-4744	ERNAL C		apolis, IN, 46278							
	Communi	h Nomo			Phone	ERNAL C		11159	Com	nmunity Ty	200				
eweir	n Mortuary	ly Name		Phone: (317) 4			Funera	al Home	Con	iniunity ry	p <del>e</del>				
	k Regional			Phone: (317) 4			Hospit								
	Ü			,		CONT									
	Name		Con	tact Type	Re	lationship		Addre	ess		PI	one/Ema	il		
ch, M	like		g Responsi	•	Son			ninsula Drive			Home:(317)				
				of Attorney for			Shelby	ville, IN, 46176			Email:lt32d	ıce@aol	l.com		
		Fina		of Attorney for											
			thcare	of Attorney for											
		ricai	tricarc		DIAG	NOSIS IN	IFORMA	TION							
/25/20	023 - MALIGNA	NT NEC	PLASM OF	UPPER-OU (				3 - HYPOTHYRO	IDISM. UN	SPECIFIE	ED (E03.9)				
				JS WITHO (E1				3 - HYPERLIPIDE							
/25/20	023 - OTHER S	ECOND	ARY HYPE	RTENSION (115	.8)			3 - CHRONIC AT			, ,				
/25/20	023 - GASTRO	-ESOPH	AGEAL RE	FLUX DISEA (	K21.9)		05/25/202	3 - GASTROINTE	STINAL HI	EMORRE	IAGE, U (Kg	2.2)			
/25/20				ROPHY, NO (	M62.59)			3 - MUSCLE WEA	,			1)			
	123 - RHARDO	MYOLY:	SIS (M62.82	2)		į.	05/25/202	3 - OVERACTIVE	BLADDEF	R (N32.81	)				
/25/20				GEAL PHASE (F				3 - ESTROGEN F							

Hitch, Wanda(WTONP30311) - Continued on Page 2

Hitch, Wanda(WTONP30311) — Continued on Page 2											
MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)								
		408									
	Sig		Date	Time							
Person	nal Effects Sent Wit	h		Relationship	Date	Time					
	•										

Woodland Terrace of New Palestine

				W		Terrace of					Jul 12	, 2024	116:54:01 ET
				Duefe weed Name		DENT INFO							
Ца	Resident N			Preferred Name	Unit AL	Unit / Occu 318-1		Move in Date 08/31/2023		ve In Date 1/2023	Orig.Moveln 08/31/20		Resident # WTONP3032
но	ostetler, Ran	idy Elle	en		AL	318-1		08/31/2023	08/3	1/2023	08/31/20	23	1 1
		Pr	evious add	dress		Previous Ph	one #		L	egal Mailing	g address		<u> </u>
440	00 Terrace D	Orive U	nit 318, N	lew Palestine, IN, 46	163	(317) 403-	3602				ous Address		
Sex	Birthdate	Age	•	Marital Status	Rel	igion		Race		Occup	oation(s)	Pr	imary Lang.
F C	08/04/1951	72		Widowed	Unk	nown	- Declined to Specify					-	Declined to
							Did Div				Sp Citizenship Maide		
	Moved i	in From			Move in Loc	ation		Birth Place		Citiz	enship	М	aiden Name
	Medicare (H	-IIC) #		Mer	dicaid #			Social Security #			Veterans Ad	minietr	ation #
	iviculoale (i	110) #		IVICO	π			313-50-0271			VCtorans Ad	TIII II GU	μιστι π
	Insurance I	Name		Insuran	ce Policy #:								
	UnitedHeal	thcare		91496	5510800								
					PA	YER INFOR	RMAT	ON					
Primary F	Private	Pay -	AL										
					ОТ	HER INFOR	RMAT						
Most Re	ecent Hospita	al Stay						Allergies					
B.4 I	"			Ilins, Sulfa Antibiotics	•	n, LATEX							
Mea	licaid Recertifi	ication i	Jate		n's Status Service								
				I INO S		ARE PRO	/IDER	S					
	Provi	der		Pho				Address			UPIN		NPI
rimary Ph				Office:(317) 62		6626 E 75t	h Stree	et Suite 500				1003	888959
Primary)	-			Fax:(317) 621-		Indianapoli							
ewton, Ro						46250							
rimary Ph	-			Office:(317) 338	3-7780	8424 Naab		Suite 1L				1023	336443
ellison, Bo	obbie					Indianapoli	is, IN						
rimary Ph	weician			Office:(317) 40	7-5530	46260	ovan E	d Suite 100				1326	128281
opshire, J				` ′				1 Wesleyan Rd Suite 100 anapolis, IN					120201
opo o, o				(555) 122 (		46268	,						
urse Prac	titioner			Office:(317) 49	7-5530		eyan R	d Suite 100				1265	108161
ulliam, Bri	ittany			Fax:(855) 422-	5182	Indianapoli	s, IN						
						46268							
ledical Sp						11725 Illino						1386	164416
kinner, Bla	aır					Carmel, IN 46032							
						PHARMA	CY						
	Pharn	nacv			Phone/Fax	T TIZ-ATAIO				Address			
uardian P	harmacy of		a (Primar	y) Phone: (317) 4			6530	Corporate Drive		7 1001000			
	ntact: Johai			Fax: (317) 452				apolis, IN, 46278					
					EXTE	RNAL COM	MMUN	ITIES					
	Communi	•			Phone				Co	ommunity Ty	/ре		
anner & E	Buchanan (E	E. Was	h)	Phone: (317) 8	98-4462	CONT		al Home					
	Name			Contact Trace		CONTAC	715	A 32				Oher - '	Email
	Name Randy Ellen	Ril	ing Pesn	Contact Type onsible Party	Self	ationship	4400 T	Addrese Prive	55		Home:(31	Phone/	
osicilei, r	tanuy LIICH	ااط	mig izesp	onsibie i alty	Sell		4400 1 Unit 31				i ioilie.(31	, +03	-5002
								alestine, IN, 46163					
mmons, T	Theresa	Du	rable Pov	wer of Attorney for	Daught			ounty Road Elever	1		Home:(31	7) 410	-7793
			ances				Garrett	, IN, 46738					
				wer of Attorney for									
			althcare	0 1 1 1 1									
ini, Shery	ral			Contact # 1	Sister						Homo:/24	7) 200	
ush, Gail			icigency	Contact # 2	Daught	er					Home:(317 Home:(317		
Join, Jail						NOSIS INF	ORM/	TION			rionic.(oT	, 510	JUU-T
3/23/2023	B - HYPOTH	YROIT	ISM LIN	SPECIFIED (E03.9)				3 - OBESITY, UNS	SPECIFII	ED (F66 9)	)		
				EROLEMIA, UNS	(E78.00)			3 - HYPERLIPIDE					
				ISORDER, REC (F				3 - FLACCID HEW				.04)	
				SEWHERE CL (G				3 - PAROXYSMAL					
				OSTEOARTHRI (N	-			3 - IMPINGEMEN					1
					R29.898)	08/	/23/202	3 - PERSONAL HI	STORY	OF TRAN	SIENT (Z8	3.73)	
3/23/2023	B - BARIATR	RIC SU	RGERY S	STATUS (Z98.84)									

Hostetler, Randy Ellen(WTONP30321) -- Continued on Page 2

riosteller, reality Elich(WTOWN 6002		on age z				
		ADV	ANCE DI	RECTIVE		
		MISCELLA	NEOUS	NFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (M	Nortician Name and Licence No	o.)
		316				
	Si	gnature			Date	Time
Persona	al Effects Sent W	ith		Relationship	Date	Time

				'E IN KE						
		W			New Palestine			Jul 12, 2	024 16:54:01 ET	
Resident Na	me F	Preferred Name	Unit	Unit / Occu	DRMATION  upant Move in Date	Init. Move	In Date	Orig.Moveln Da	te Resident#	
Mr. Hutchison,		10101100110	AL	312-1		06/02/2		06/01/2022	WTONP302	
									7	
	Previous address			Previous Ph	ione #		al Mailing a			
Sex Birthdate	ndianapolis, IN, 46 Age Mari	236 tal Status	Rel	igion				s Address	Primary Lang.	
M 03/29/1934	-	idowed		nown	White or Caucasi	an				
Moved in		laowea	Move in Loc		Birth Place			nship	English Maiden Name	
Hom	ie						U.	S.		
Medicare (HI	,	Med	licaid #		Social Security #			Veterans Admir	istration #	
4KT5VM3A					309-32-3563					
Insurance Na NALCBenefi			<b>ce Policy #:</b> 31233							
NALCBeneil	ıPlan	333		YER INFOR	RMATION					
Primary Payer Private	Pav - Al				(III)/(III)					
i may i aye.	ay /\L		ОТ	HER INFOR	RMATION					
Most Recent Hospital	Stay				Allergies					
	No Known	Allergies								
Medicaid Recertific	ation Date	Prepaid Funer		ents						
		Υ	es es		<b>"""</b>					
				ARE PRO						
Provide	ər	Phoi		0004 14/1	Address			UPIN	NPI	
rimary Physician Primary)		Office:(317) 497 Fax:(855) 422-5		Indianapoli	eyan Rd Suite 100			[13	26128281	
opshire, John		ax.(055) 422-5	7102	46268	15, 111					
rimary Physician		Office:(765) 776	6-8000	3500 S Laf	fontaine			17	80882449	
loonesinghe, Deshini				Kokomo, II	N					
				46902						
rimary Physician		Office:(317) 718			ow Dr. Ste 6			16	29354436	
lurphy, Richard		Fax:(317) 718-7	7433	Danville, IN	N					
leart 2 Heart Hospice rimary Physician		46122 Office:(317) 338-8507 2001 W.			Sth St			17	50357513	
lustaklem, Marwan		Other:(866) 604					''	30337313		
idotakiem, marwan		Fax:(317) 338-2		Indianapolis, IN 46260						
lurse Practitioner		Office:(317) 497			eyan Rd Suite 100	ite 100			65108161	
ulliam, Brittany		Fax:(855) 422-5	5182	Indianapoli	is, IN					
				46268						
lurse Practitioner				25802 Stat				19	82027785	
nyder, Allison				Arcadia, IN 46030	l					
				PHARMA	ACY					
Pharma	acv		Phone/Fax	T TIZ ALKIONZ		Α	Address			
uardian Pharmacy of I	_ •	Phone: (317) 4			6530 Corporate Drive					
rimary Contact: Johani		Fax: (317) 452-			Indianapolis, IN, 46278					
			EXTE	RNAL CO	MMUNITIES					
Community		(0.47)	Phone			Comr	nunity Type	•		
lanner & Buchanan (E. ancock Regional	vvasn)	Phone: (317) 8			Funeral Home					
ancock Regional		Phone: (317) 4	02-3344	CONTAC	Hospital					
Name	Con	tact Type	Re	ationship	Addre	ess		Pho	ne/Email	
lcginn, Kathy	Billing Responsi		Daught		4474 Windsong			Cell:(317) 25		
	Durable Power of	of Attorney for			New Palestine, IN, 46163	3		Email:kathym	ıcginn16@iclou	
	Finances							com		
	Durable Power o	of Attorney for								
	Healthcare	to at # 1								
	Emergency Con Emergency Con									
r. Mcginn, James	Emergency Con		Son-in-	law	4474 Windsong	Windsona		Cell:(317) 646-7484		
Ar. Mcginn, James Emergency Co		mact # ∠ Son-in-			Hancock	•		Office:(317) 646-748		
					New Palestine, IN, 46163			63 Email:		
								r -	n65@GMAIL.	
, cacc			0.16		14000 T. II. 7:			СОМ		
			2 12		44000 T " T :				0.0550	
utchison, Clifford			Self		11982 Trolley Rd			Cell:(317) 25	0-9556	
					11982 Trolley Rd Indianapolis, IN, 46236 ORMATION				0-9556	

#### Mr. Hutchison, Clifford(WTONP30267) - Continued on Page 2

DIAGNOSIS INFORMATION										
05/02/2024 - DYSPHAGIA, UNSPECIFIED (R13.10)	05/02/2024 - ATAXIA, UNSPECIFIED (R27.0)									
05/02/2024 - PERSONAL HISTORY OF OTHER DISE (Z87.448)	05/02/2024 - HISTORY OF FALLING (Z91.81)									
03/01/2023 - MAJOR DEPRESSIVE DISORDER, REC (F33.9)	03/01/2023 - UNSPECIFIED DIASTOLIC (CONGEST (I50.30)									
05/26/2022 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	05/26/2022 - PARKINSON'S DISEASE (G20)									
05/26/2022 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)	05/26/2022 - HEART FAILURE, UNSPECIFIED (I50.9)									
05/26/2022 - ATHEROSCLEROSIS OF AORTA (I70.0)	05/26/2022 - GASTRO-ESOPHAGEAL REFLUX DISEA (K21.9)									
05/26/2022 - PRURITUS ANI (L29.0)	05/26/2022 - DYSPNEA, UNSPECIFIED (R06.00)									
05/26/2022 - BENIGN ESSENTIAL MICROSCOPIC H (R31.1)	05/26/2022 - COVID-19 (U07.1)									

# ADVANCE DIRECTIVE

Advanced Directive: (	CPF	₹
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MISCELLANEOUS INFORMATION									
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	).)			
		771							
	Sig	nature			Date	Time			
Persona	al Effects Sent Wit	h		Relationship	Date	Time			

Woodland Terrace of New Palestine

				W	oodland <sup>-</sup>	Terrace o	of New I	Palestine			Jul 12	, 2024	16:54:01 ET
						IDENT INF							
	Resident Na			Preferred Name	Unit	Unit / Oc		Move in Date	Init. Move		Orig.Moveln		Resident#
M	lr. Inman Jr,	James			AL	325	i-1	09/05/2023	09/05/2	2023	09/05/202	23	WTONP3032
		Prev	rious addre	SS		Previous I	Phone #		Lega	I Mailing	address		2
	3065 S Fiel			estine, IN, 46163		(317) 362					us Address		
Sex	Birthdate	Age		rital Status	Re	ligion					ation(s)	Pr	imary Lang.
M 1	10/11/1944	79									English		
	Moved in	n From			Move in Loc	cation		Birth Place		Citiz	tizenship Maiden Name		
	Medicare (H	IC) #		Med	dicaid #			Social Security #			Veterans Adr	ministra	ation #
	Insurance N	lame		Incuran	ce Policy #:			403-58-6331					
	UnitedHealt				772604								
	O'IIICOGI IOGII	noaro		0110		YER INFO	DRMATI	ON					
Primary P	Private	Pay - A	L										
		- ,			ОТ	HER INFO	DRMATI	ON					
Most Re	cent Hospital	l Stay						Allergies					
			Varenicli	ne, Statins									
Medi	icaid Recertific	cation Da	ite		n's Status								
				Ve	teran	MDELY							
		1				CARE PRO	JVIDER				LIDIL		NID!
Drimon: Db	Provid	er		Office:(317) 62		6910 Hill:	edala Ct	Address			UPIN	1042	<b>NPI</b> 405865
Primary Phy (Primary)	ysician			Oπice:(317) 621-6		Indianap						19424	C00CU+
Ratnayake,	Asoka			an.(017) 021-0		46250	O113, 11 <b>1</b>						
Primary Phy				Office:(317) 49	7-5530		sleyan R	d Suite 100				1326	128281
Lopshire, Jo				Fax:(855) 422-5		Indianapo	-						
						46268							
Podiatrist				Office:(317) 296				St Ste 204				11149	970571
Mann, Todo	d			Fax:(877) 476-7	7125	Indianapo	olis, IN						
Nursa Drasi	Hitianar			Office (247) 00	7 7704	46260 3850 S. E		Cuito C				1000	E60004
Nurse Pract Manning, Tr				Office:(317) 887	1-1194	Indianap		Suite C				1922	569904
ivialilling, i	wynea					46203							
Nurse Prac	titioner			Office:(317) 49	7-5530		sleyan R	d Suite 100				1265 <sup>-</sup>	108161
Pulliam, Bri	ittany			Fax:(855) 422-		Indianapo	•						
	-					46268							
Medical Spe				Office:(317) 35		1400 N F						16898	860819
Marashdeh	i, Mohamma	d		Fax:(317) 355-	1505	Indianapo	olis, IN						
						46219 <b>PHARN</b>	AACV						
	Pharm	0001			Phone/Fax	PHARN	/IAC Y			ddress			
Guardian P	harmacy of		(Primary)	Phone: (317) 4			6530 (	Corporate Drive		uuress			
	ntact: Johan			Fax: (317) 452				apolis, IN, 46278					
			<u>-</u>	p e (0 11) 102		ERNAL CO							
	Communit	y Name			Phone				Comr	nunity Ty	ре		
Community	√ Hospital Ea	ıst		Phone: (317) 3	55-1411		Hospit	tal					
Flanner & E	Buchanan (E	. Wash)		Phone: (317) 8	98-4462			al Home					
						CONTA	ACTS						
	Name			ontact Type		lationship	07.4-11	Addres	SS			Phone/I	
O'Donnell, A	Amy			sible Party	Daugh	ter		/. Brier Creek Dr			Home:(317	) 362	-5068
			nces	of Attorney for			inew Pa	alestine, IN, 46163			Email:	ار 11107	5@gmail.com
				of Attorney for							arriyodonin	CII I 31	J@gmaii.com
	Durable Power of Attorney for Healthcare												
			rgency Co	ntact # 1									
Inman, Jimr	nman, Jimmy Emergency Contact # 1										Home:(910	) 441	-7681
					DIAG	NOSIS IN	FORMA	TION					
				UNSPECIFI (F1				3 - OTHER SPEC					
				PERTENSI (I10				3 - OTHER SECO					
				RT DISEASE (125)	)			3 - ATHEROSCLE		ART DIS	SEASE (125	5.10)	
	09/05/2023 - GASTRIC ULCER (K25) 09/05/2023 - OTHER ARTHRITIS (M13)						09/05/2023 - INGUINAL HERNIA (K40)						
				MILD WIL /EGG	۸۵)		08/31/2023 - ANEMIA, UNSPECIFIED (D64.9) 08/31/2023 - EMPHYSEMA, UNSPECIFIED (J43.9)						
				MILD, WI (F03.	AU)		08/31/2023 - SYNCOPE AND COLLAPSE (R55)						
,							3 - ENCOUNTER		•	,	(12.5)		
					,				2 <b>00.</b>				

Mr. Inman Jr, James(WTONP30322) -- Continued on Page 2

		ADV	ANCE DI	RECTIVE						
dvanced Directive: DNR										
	MISCELLANEOUS INFORMATION									
Date of Discharge	Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)									
311										
	Sig	nature			Date	Time				
Persona	al Effects Sent Wit	h		Relationship	Date	Time				

Woodland Terrace of New Palestine

			W	oodland	Terrace of	New	Palestine			Jul 12	, 2024	16:54:01 ET
				RES	SIDENT INF	ORMA	TION					
Resident N	Name	Pre	eferred Name	Unit	Unit / Occ	cupant	Move in Date	Init. Move	In Date	Orig.Moveln		Resident #
Jessup, Ke				AL	324-		03/10/2020	03/10/		03/10/202	20	WTONP3016 9
	Previous add		=		Previous P	hone #			-	address		
	West SR 32, York			D			Race	Same		ous Address	D.,	iman, Lana
Sex Birthdate			Status		eligion			-	Occup	pation(s)	Pr	imary Lang. English
M 01/15/1947	77 In From	Mar	rried	Move in Lo	known		White or Caucasia					
Private home/apt. witl		n.i.o.o.o					Diffi Flace			J.S.	IVI	aiden Name
Medicare (		Vices		Hom dicaid #	e		Social Security #			Veterans Adı	minietr	ation #
4K09RJ7			IAIC	iloaiu <del>ir</del>			314-52-5176			Veteraris Au	i i ii ii ou e	auOII #
Insurance			Insuran	ce Policy #:			314-32-3170					
BlueCr			mount	50 1 Gilloy III								
				P.	AYER INFO	RMAT	ION					
Primary Payer Privat	e Pay - AL											
				0	THER INFO	RMAT						
Most Recent Hospit							Allergies					
		ril, AC	E Inhibitors									
Medicaid Recerti	tication Date		Prepaid Fune		nents							
				res .	CADE BBG	V/ISI==						
					CARE PRO	MIDER				LUDIC		NIE.
	/ider		Pho		0505 N 0		Address			UPIN	1000	NPI
Primary Physician		- 1	Office:(317) 33				Drive Suite 400				1689	937427
(Primary) Seshan, Suresh		-	ax:(317) 335-	0030	Mccordsvi 46055	iiie, IN						
Primary Physician			Office:(317) 33	0.607	2001 W. 8	OC+h C+					1750	357513
Mustaklem, Marwan			office:(317) 330 Other:(866) 604		Indianapo						1730.	337313
iviustakieiii, iviai waii			ax:(317) 338-2		46260	1115, IIN						
Dentist			Office:(317) 84		1852 Field	de Blyd					1528	088630
Gilbert, Leslie		Ĭ	JIII00.(017) 04	1 0000	Greenfield						1020	300000
C					46140	-,						
Nurse Practitioner					25802 Sta	ate Rd 1	9				1982	027785
Snyder, Allison					Arcadia, II	N						
					46030							
					PHARM	ACY						
Phar	macy			Phone/Fax					Address			
Guardian Pharmacy o	f Indiana (Primary	,	Phone: (317) 4			6530	Corporate Drive					
Primary Contact: Joha	anna Readinger	F	-ax: (317) 452				napolis, IN, 46278					
_				EXT	ERNAL CO	MMUN	IITIES					
	nity Name		(0.17)	Phone				Com	munity Ty	<b>гре</b>		
Hancock Regional		ŀ	Phone: (317) 4	62-5544	CONTA	Hospi	tal					
Nama		Conto	ct Type		elationship	UIS	Addre	22			Phone/	Email
Name Freeland, Angela	Billing Respo			Daugh		PO Bo		88		Home:(803		
rieelaliu, Aligela	Durable Pow		-	Daugi	itei		and, SC, 29635			,		-3224 @hotmail.com
	Finances	ei oi i	Allomey for			Cievei	and, 30, 29033			Liliali.allije	sssup	@notinan.com
	Durable Pow	er of	Attorney for									
	Healthcare	017	and they lot									
	Guardian											
	Emergency (	Contac	ct # 1									
Haeberle, Laura	Emergency (			Niece						Home:(317	7) 442	-7270
Haeberle, Ethan	Emergency (			Grand						Home:(317		
Goudy, Gerald	Emergency (			Brothe						Home:(317		
Newcomb, Bob				Brothe	er					Home:(812		
Newcomb, Jean				Sister		1591 E	Greyhawk Way			Cell:(812)		
						Greenf	ield, IN			Home:(812	2) 371	-5815
				DIAC	GNOSIS INF							
03/02/2020 - MONOC			, ,				20 - ANEMIA, UNS					
03/02/2020 - DEFICIE			,	3.8)			20 - VITAMIN D DE			ECIF (E55.9	9)	
03/02/2020 - HYPERL							20 - HYPERCALCE					
03/02/2020 - PARKIN							20 - INSOMNIA, UN		•			
03/02/2020 - OTHER							20 - CAUDA EQUIN		ROME (G	83.4)		
03/02/2020 - ANOXIC							20 - DIPLOPIA (H5					
03/02/2020 - UNSPEC							20 - ESSENTIAL (F					
03/02/2020 - ATHEROSCLEROTIC HEART DISEASE (I25.10) 03/02/2020 - ACUTE EMBOLISM AND THRO								•		)		
03/02/2020 - PLEURAL EFFUSION, NOT ELSEWHER (J90)							20 - GASTRO-ESO	PHAGEAL	REFLU	X DISEA (K	21.9)	

Jessup, Kenneth(WTONP30169) - Continued on Page 2

		DIAGNO	OSIS INF	ORMATION					
03/02/2020 - SJOGREN SYNDROME WITH KERATOCO (M35.01) 03/02/2020 - SPINAL STENOSIS, LUMBAR REGION (M48.061)									
03/02/2020 - BRADYCARDIA, UNSF	PECIFIED (R00.1	)	03.	/02/2020 - OTHER FECAL	ABNORMALITIES (R19.5)				
03/02/2020 - OTHER MALAISE (R53	3.81)		03.	/02/2020 - PRESENCE OF	OTHER VASCULAR IMP.	(Z95.828)			
		ADV	ANCE DI	RECTIVE					
Advanced Directive: CPR									
		MISCELLA	NEOUS	INFORMATION					
Date of Discharge Time Length of Stay Discharged to (Mortician Name and Licence No.)									
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)			
Date of Discharge	Time	1585		Discharged to (N	Mortician Name and Licence No	D.)			
Date of Discharge	-	0 ,		Discharged to (N	Mortician Name and Licence No	o.) Time			
Date of Discharge	-	1585		Discharged to (N		,			
	-	1585		Discharged to (N		,			

Woodland Terrace of New Palestine

				W	oodland	Terrace	of New	Palestine			Jul 12,	, 2024 16:54:01 ET	
					RES	IDENT IN	IFORM <i>A</i>	ATION					
	Resident Na	me	P	referred Name	Unit	Unit / O	ccupant	Move in Date	Init. M	love In Date	Orig.Moveln	Date Resident #	
	Kenny, Darle	ene			AL	12	8-1	09/19/2022	09/	19/2022	09/19/202	22 WTONP3028	
						, L						4	
		Previous	address				Phone #			Legal Mailing			
Cov	Divite data	A == 0	Movit	al Ctatus	De	(765) 36	36-7406	Page	San		ous Address	Drimon, Long	
Sex	Birthdate	Age		al Status		eligion		Race		Occup	ation(s)	Primary Lang.	
F	06/12/1934	90	VVI	dowed	Move in Lo	known	White or Caucasian  Birth Place Ci				onshin	English Maiden Name	
	Moved in	From			Move in Lo	cation		Bitti Flace			U.S. Maiden		
	Medicare (HI	C) #		Mer	dicaid#			Social Security #			Veterans Adr	ninietration #	
	1XG5EV4P\			IVIO	uicaiu #			308-34-9315			Veteraris Au	iii iisu auoii #	
	Insurance Na			Insuran	ce Policy #:			300-34-3313					
					N13360								
						YER INF	ORMAT	ION					
Prima	<b>y Payer</b> Private I	Pav - Al										•	
	, , i iivato i	w) / L			ОТ	HER INF	ORMAT	ION					
Most	Recent Hospital	Stav						Allergies					
		-	Known	Allergies				J					
M	ledicaid Recertific												
						CARE PR	OVIDER	RS					
	Provide	er		Pho				Address			UPIN	NPI	
Primarv	Physician			Office:(765) 77		3500 S	Lafontair					1780882449	
(Primary						Kokomo						1	
,	nghe, Deshini					46902	-						
	Physician			Office:(317) 49	7-5530	9001 W	esleyan l	Rd Suite 100				1326128281	
Lopshire				Fax:(855) 422-	5182	Indiana	polis, IN						
						46268							
Primary	Physician			Office:(317) 73	5-6001	8904 BA	ASH ST S	STE B				1003564717	
MURPH'	Y, LEIGHA			Fax:(855) 450-	1177	Indiana	polis, IN						
						46256							
Primary	Physician			Office:(317) 33	8-8507	2001 W	. 86th St					1750357513	
Mustakle	em, Marwan			Other:(866) 604		Indiana	polis, IN						
				Fax:(317) 338-		46260							
	actitioner			Office:(317) 49			-	Rd Suite 100				1265108161	
Pulliam,	Brittany			Fax:(855) 422-	5182	Indiana	polis, IN						
						46268		40				1000007705	
	actitioner						State Rd	19				1982027785	
Snyder,	Allison					Arcadia	, IIN						
						46030	MACY						
	Dhama				Dhana/Fav	ГПАК	IVIACT			Address			
Cuardiar	Pharman Pharman Pharmacy of In		manı)	Phone: (317) 4	Phone/Fax		6520	Corporate Drive		Address			
	Contact: Johann			Fax: (317) 452				napolis, IN, 46278					
Filliary	Contact. Johann	ia Reading	CI	i ax. (317) 432		ERNAL C							
	Community	Name			Phone			WITIES		Community Ty	me.		
Hancock	Regional	Hame		Phone: (317) 4			Hosp	ital		John Humby 13	pe		
Tarrocon	rtegional			1 110110: (017)	02 0011	CONT	ACTS	itai					
	Name		Cont	act Type	Re	elationship	AOTO	Addres	ee		Р	Phone/Email	
Kenny, J		Billing Re			Son	Jaconorlip	445 H	amilton Street			Cell:(317)		
	···	_	•	f Attorney for				le, IN, 46040			. , ,	ordude02@yahoo.	
		Finances					. 51.011	,, 100 10			com		
				f Attorney for									
		Healthca											
		Emerger		act # 1									
Miss. Pa	m, Pam Skinne		_		Daugh	ter					Home:(435	5) 640-1844	
L											,	ypam@me.com	
Turner, F	Turner, Rachel Emergency Contact # 3 Granddaughte											) 797-9026	
	DIAGNOSI							ATION					
05/16/20	24 - OTHER DI	SORDERS	OF BIL	IRUBIN M (E8	30.6)		05/16/20	24 - ALCOHOL USI	E, UNS	PECIFIED,	UNCO (F10	.90)	
	24 - ABNORMA												
	05/16/2024 - ABRASION, LEFT LOWER LEG, INIT (S80.812A)						05/16/2024 - ABRASION, LEFT THIGH, INITIAL (S70.312A) 05/16/2024 - UNSPECIFIED FALL, INITIAL ENCO (W19.XXXA)						
05/01/2024 - MODERATE PROTEIN-CALORIE MALNU (E44.0)							05/01/2024 - DEFICIENCY OF OTHER SPECIFIED (E53.8)						
	24 - UNSPECIF						05/01/2024 - MAJOR DEPRESSIVE DISORDER, REC (F33.41)						
	24 - CHALAZIC					05/01/2024 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)							
05/01/20	24 - PAROXYS	MAL ATRIA	AL FIBR	ILLATION (148.0	0)		05/01/20	24 - UNSPECIFIED	OSTE	OARTHRITI	S, UN (M19	.90)	

#### Kenny, Darlene(WTONP30284) -- Continued on Page 2

DIAGNO	SIS INFORMATION
05/01/2024 - CHRONIC KIDNEY DISEASE, STAGE (N18.31)	05/01/2024 - BRADYCARDIA, UNSPECIFIED (R00.1)
05/01/2024 - ATAXIA, UNSPECIFIED (R27.0)	05/01/2024 - ABNORMAL WEIGHT LOSS (R63.4)
05/01/2024 - LONG TERM (CURRENT) USE OF ANT (Z79.01)	05/01/2024 - PERSONAL HISTORY OF URINARY (T (Z87.440)
01/26/2023 - HYPERLIPIDEMIA, UNSPECIFIED (E78.5)	01/26/2023 - INSOMNIA, UNSPECIFIED (G47.00)
01/26/2023 - UNSPECIFIED ATRIAL FIBRILLATIO (I48.9)	01/26/2023 - DIARRHEA, UNSPECIFIED (R19.7)
09/13/2022 - UNSPECIFIED ESCHERICHIA COLI [ (B96.20)	09/13/2022 - CHRONIC LYMPHOCYTIC LEUKEMIA O (C91.10)
09/13/2022 - HYPO-OSMOLALITY AND HYPONATREM (E87.1)	09/13/2022 - DEGENERATIVE DISEASE OF NERVOU (G31.9)
09/13/2022 - UNSPECIFIED CHRONIC BRONCHITIS (J42)	09/13/2022 - URINARY TRACT INFECTION, SITE (N39.0)
09/13/2022 - DIZZINESS AND GIDDINESS (R42)	09/13/2022 - OTHER MALAISE (R53.81)
09/13/2022 - OTHER NONSPECIFIC ABNORMAL FIN (R91.8)	09/13/2022 - OTHER INJURY OF UNSPECIFIED BO (T14.8XXA)
09/13/2022 - PERSONAL HISTORY OF MALIGNANT (Z85.42)	

### ADVANCE DIRECTIVE

Advanced Directive: DN	IR	
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Advanced Directive: DNR	MISCELLANEOUS INFORMATION												
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)							
662													
	Sig	nature			Date	Time							
Person	al Effects Sent Wit	h		Relationship	Date	Time							

Woodland Terrace of New Palestine

			W		l errace of					Jul 12,	2024 16:54:01 E
				RESI	DENT INF	ORMA	TION				
	Resident Nam	ne	Preferred Name	Unit	Unit / Occ	upant	Move in Date	Init. Mo	ove In Date	Orig.Moveln D	ate Resident#
	Lapollo, Don	na		MC	118-	1	04/06/2023		18/2018	07/18/201	8 WTONP300
		Previous addr	ess		Previous Pl	hone #		L	.egal Mailing	g address	
							4400 Terrace D	r Apt 11			ed States, 46163
Sex	Birthdate	•	larital Status	Rel	ligion		Race		Occup	ation(s)	Primary Lang.
F	11/13/1926	97				Ш.					
	Moved in F	From		Move in Loc			Birth Place		Citiz	enship	Maiden Name
	Acute care h			Hancock Re	gional						
	Medicare (HIC		Me	dicaid #			Social Security #			Veterans Adm	inistration #
	8WE7P99EN						357-20-3715				
	Insurance Na			ce Policy #:							
	UnitedHealtho	care	9134	3415600	VED INFO		ON				
				PA	YER INFO	RIVIATI	ON				
Primar	<b>y Payer</b> Private P	ay - AL					A.V.				
				ОТ	HER INFO	RMATI					
Most	Recent Hospital S	-					Allergies				
			wn Allergies		, ,						
M	edicaid Recertifica	tion Date	Prepaid Fune		ents						
			<u> </u>	Yes	MDE DE	VIII					
					ARE PRO	VIDER					
	Provide	r	Pho				Address			UPIN	NPI
	Physician		Office:(317) 49			•	d Suite 100			•	1326128281
Primary)			Fax:(855) 422-	5182	Indianapo	lis, IN					
opshire,	<u>'</u>				46268						
	actitioner		Office:(317) 49			-	d Suite 100				1265108161
ulliam, I	Brittany		Fax:(855) 422-	5182	Indianapo	lis, IN					
					46268	A 0 V					
					PHARM	ACY					
	Pharmac	·	) Discos (0.47)	Phone/Fax		0500.6	De consta Did o		Address		
	Pharmacy of In						Corporate Drive				
rimary (	Contact: Johann	a Readinger	Fax: (317) 452		RNAL CO		apolis, IN, 46278				
	Community I	Name		Phone	INIAL CO	MIMON	ITILO	C	ommunity To		
`ommun	ity Hospital East		Phone: (317) 3			Hospit	al .	U	ommunity Ty	pe	
	Buchanan (E. \		Phone: (317) 8				al Home				
iaiiilei c	x Duchanan (L.	vvasii)	rnone. (317) (	090-4402	CONTA		ai i ioine				
	Name		Contact Type	Po	lationship		Addres	20		DI	none/Email
lro Moti	hersele, Mary	Billing Respon			•	9324 E		58		Home:(317)	
ii S. ivioti	rierseie, iviary		er of Attorney for	Daught	.61		polis, IN, 46229				othersele@gmail.
		Finances	or or Attorney for			Indiana	polis, 114, 40220			com	oti ici scic@giriali.
			er of Attorney for							COIII	
		Healthcare	or or Attorney for								
lr Moth	ersele, Charles	Emergency C	Contact # 2	Son-in-	law	9324 E	10th St			Cell:(860) 5	59-7176
	0.00.0, 0			00			polis, IN, 46203			Email:	
							p,,				veaponsecuritu@
										mail.com	
lrs. Bee	d, Margaret	Emergency C	Contact # 3	Daught	er					Home:(949)	232-5844
		<u> </u>	-		NOSIS INF	ORMA	TION				
4/11/20:	23 - UNSPECIFI	IED BACTERIA	AL PNEUMONI (J				3 - NAUSEA (R11.	.0)			
	22 - ABNORMAI			/			9 - CONSTIPATIO		PECIFIED	(K59.00)	
			Y ANEMIA (D51)				8 - MIXED HYPER			` '	
			A, UNSPECIF (FO	03.90)			8 - ESSENTIAL (P				
			BRILLATION (148.				8 - LOW BACK PA		,		
			OF GAIT AN (R				8 - LONG TERM (			F ANT (770	01)
., 13,20	JIIILIKADI				VANCE DI					. / (270	· · · /
dvanas	d Directive: DNR										
uvance	ם טוופטוועפ. DINF	`									

Lapollo, Donna(WTONP30061) -- Continued on Page 2

Lapolio, Donna(WTONP30061)	Continued on Fage		ANEQUO	INFORMATION									
	MISCELLANEOUS INFORMATION												
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	D.)							
	463												
	Signature Date Time												
Perso	onal Effects Sent Wit	:h		Relationship	Date	Time							

		\//		Terrace of					1,-1.40	2024 40:E4:04 ET
				DENT INFO					Jul 12, 1	2024 16:54:01 ET
Resident Na	ame	Preferred Name	Unit	Unit / Occu		Move in Date	Init. Mo	ove In Date	Orig.Moveln D	ate Resident#
Larrabee, Ca			MC	121-1	•	04/28/2022		28/2022	04/27/2022	
,										2
	Previous add	Iress		Previous Ph	one #		L	Legal Mailing	j address	
		Palestine, IN, 46163					Sam		ous Address	
Sex Birthdate	•	Marital Status		igion		Race		Occup	pation(s)	Primary Lang.
F 04/16/1937	87	Widowed		nown	<u> </u>	White or Caucasia				English
Moved i	n From		Move in Loc	ation		Birth Place			enship	Maiden Name
					$\overline{}$				J.S.	
Medicare (H		Medi	caid #			Social Security #			Veterans Adm	nistration #
9PA6D17\ Insurance N		Incurana	e Policy #:			303-36-8161				
ANTHE			0M53666							
744111	IVI	V141 000		YER INFOR	MATI	ON				
Primary Payer Private	Pay - MC									
Times y Tayor i Tivato	T dy MO		ОТ	HER INFOR	MATI	ON				
Most Recent Hospita	I Stav		<u> </u>		******	Allergies				
	Chocol	late				. 3				
Medicaid Recertifi										
			C	ARE PROV	/IDER	3				
Provid	der	Phon				Address			UPIN	NPI
Primary Physician		Office:(765) 776		3500 S Laf	ontaine					780882449
(Primary)		(11)		Kokomo, IN						
Moonesinghe, Deshini				46902						
Primary Physician		Office:(317) 497	-5530	9001 Wesle	eyan Ro	Suite 100			1	326128281
Lopshire, John		Fax:(855) 422-5	182	Indianapoli	s, IN					
				46268						
Primary Physician		Office:(317) 355			_	on Street Ste A			[1	750887980
Mang, Aaron		Fax:(317) 355-7	750	Indianapoli	s, IN					
				46229						
Primary Physician		Office:(317) 735		8904 BASH		ΈB			[1	003564717
MURPHY, LEIGHA		Fax:(855) 450-1	177	Indianapoli	s, IN					
Diament District		0(5 - (047) 000	0507	46256	211- 01					750057540
Primary Physician		Office:(317) 338		2001 W. 86						750357513
Mustaklem, Marwan		Other:(866) 604 Fax:(317) 338-2		Indianapoli 46260	s, IIV					
Dentist		Office:(317) 898		11020 E 10	)th St A				<del></del>	174844658
Uhl, Dane		Office.(317) 090	-9201	Cumberlan					ľ	174044030
orn, baric				46229	u, 114					
Nurse Practitioner		Office:(317) 497	-5530	9001 Wesle	evan Ro	d Suite 100				265108161
Pulliam, Brittany		Fax:(855) 422-5		Indianapoli	-					200.00.0.
, a,,				46268	-,					
Nurse Practitioner				25802 Stat	e Rd 19	)			1	982027785
Snyder, Allison				Arcadia, IN						
				46030						
Nurse Practitioner		Office:(260) 483	-9081	3512 Stellh						831578970
Wiles, Crystal				Fort Wayne	, IN					
				46815				$-\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$		
Medical Specialist		Office:(317) 807		679 East C	•	ine Road			[1	659613818
Pan, Christine		Fax:(317) 859-7	220	Greenwood	ı, IN					
				46143	CV					
			Dhan - "	PHARMA	U			A -1 -1-		
Pharm Guardian Pharmacy of			Phone/Fax		6530 (	Corporate Drive		Address		
Primary Contact: Johar	, ,	Fax: (317) 452-			1	apolis, IN, 46278				
i mnary Contact. Johan	ına ixeauiliyel	µ ах. (Э17) 432-		RNAL CON						
Communit	v Name		Phone		IMETRI	0	C	Community Ty	/ne	
Community Hospital Ea	•	Phone: (317) 35			Hospita	al		Zamounty Ty		
Erlewein Mortuary	· <del>- ·</del>	Phone: (317) 46				al Home				
		(011) 40		CONTAC						
Name		Contact Type	Re	ationship		Addres	ss		Pl	one/Email
Uhl, Shelly	Billing Respo				3231 W	Stinemyer Rd			Cell:(317) 3	
•		ver of Attorney for		-		lestine, IN, 46163			, ,	chelle@gmail.com
	Finances	, -				, ,				20
	Emergency (	Contact # 1								

#### Larrabee, Carol N.(WTONP30262) -- Continued on Page 2

		CON	<b>TACTS</b>						
Name	Contact Type	Relationship	Address		Phone/Email				
arrabee, Melanie	Durable Power of Attorney for	Daughter in law	Greenfield, IN, 46140		Cell:(317) 710-3233				
	Healthcare				Email:735 Shel-lyn Ct				
	Emergency Contact # 2								
	Emergency Contact # 5								
Care-giver, Jenny					Home:(317) 586-5914				
Care-Giver, Joanna		Other							
		DIAGNOSIS I	NFORMATION						
4/28/2022 - HYPOTHY	ROIDISM, UNSPECIFIED (E03	.9)	04/28/2022 - UNSPECIFIED [	EMENTIA, UNSPE	CIF (F03.90)				
14/28/2022 - ESSENTIA	AL (PRIMARY) HYPERTENSI	(I10)	04/28/2022 - UNSPECIFIED A	- UNSPECIFIED ATRIAL FLUTTER (I48.92)					
4/28/2022 - OSTEOAF	RTHRITIS, UNSPECIFIED SI (I	M19.9)	04/28/2022 - URINARY TRACT INFECTION, SITE (N39.0)						
4/28/2022 - INCOMPL	ETE UTEROVAGINAL PROLAP	(N81.2)	. ,						
			DIRECTIVE	,	,				
dvanced Directive: Liv	ina Will								
	3	MISCELLANEOL	JS INFORMATION						
Date of Discha	rge Time	Length of Stay	Discharged to (M	ortician Name and Lice	nce No.)				
		806							
	Signa	ture		Date	Time				
	Personal Effects Sent With		Relationship	Date	Time				

Woodland Terrace of New Palestine

												•	
						DENT INFO		TION					
	Resident Na			Preferred Name	Unit	Unit / Occup	pant	Move in Date		ove In Date	Orig.Moveln		Resident #
	McGovern, E	dward		Ed	AL	336-1		10/27/2023	10/2	27/2023	10/27/20	)23	WTONP303
		Drov	ious addre	nee .		Previous Pho	nno #		ь.	egal Mailin	n addrose		7
	1400 Torrage D			v Palestine, IN, 46	162	Flevious File	JIIE #				ous Address		
Sex	Birthdate	Age	<del></del>	arital Status		igion		Race	Sali		pation(s)	Pr	imary Lang.
М	07/29/1926	97			1.01	.9.0		11000			· · · · · · · · · · · · · · · · · · ·		
141	Moved in				Move in Loc	ation		Birth Place		Citi	zenship	M	aiden Name
	Medicare (H	IC) #		Me	dicaid #			Social Security #			Veterans Ad	dministra	ation #
	9XV3WR4U	JN85						195-20-5153					
	Insurance N	ame		Insuran	nce Policy #:								
BL	UECROSSBL	JESHIE	LD	YVK05	55W06896								
					PA'	YER INFOR	MATI	ON					
Prima	<b>ry Payer</b> Private	Pay - A	L										
					ОТІ	HER INFOR	MATI						
Most	Recent Hospita	l Stay						Allergies					
				, Pletal, Penicillins	s, Sulfa Antib	iotics							
N	ledicaid Recertific	cation Da	te										
						ARE PROV		s					
	Provid	lor		Pho		ANETROV	121-17	Address			UPIN		NPI
riman	Physician	IGI		Office:(317) 49		9001 Wesle	wan D				UPIN	1326	NPI 128281
rimary Primary	•			Fax:(855) 422-		Indianapolis	-	a Juile 100				1320	120201
opshire.	,			422-	0102	46268	, II <b>V</b>						
	ractitioner			Office:(260) 48	3-9081	3512 Stellho	orn Ro	pad				1205	088283
luis, Kri	sti			Fax:(260) 483-		Ft Wayne, I	N						
				, ,		46815							
						PHARMA	CY						
	Pharm	асу			Phone/Fax					Address			
	n Pharmacy of			Phone: (317) 4	452-4669			Corporate Drive					
	n Pharmacy of Contact: Johan			Fax: (317) 452	452-4669 2-4744		Indiana	apolis, IN, 46278					
	Contact: Johan	na Read		Fax: (317) 452	452-4669 2-4744 TERNAL C		Indiana	•					
	•	na Read		Fax: (317) 452	452-4669 2-4744		Indiana	apolis, IN, 46278	C	ommunity T	/ре		
	Contact: Johan	na Read		Fax: (317) 452	452-4669 2-4744 TERNAL C	OMMUNITIE	Indiana S (No	apolis, IN, 46278	C		/ре		
	Contact: Johan Communit	na Read	dinger	Fax: (317) 452 <b>EXT</b>	452-4669 2-4744 TERNAL C Phone	OMMUNITIE CONTAC	Indiana S (No	apolis, IN, 46278 o Data Found)				Phone	- Canadi
rimary	Contact: Johan Communit	na Read y Name	dinger	Fax: (317) 452 EXT	452-4669 2-4744 TERNAL C Phone	OMMUNITIE  CONTAC ationship	Indiana S (No	apolis, IN, 46278  Data Found)  Addres				Phone/	Email
rimary	Contact: Johan Communit	na Read y Name	dinger	Fax: (317) 452 <b>EXT</b>	452-4669 2-4744 TERNAL C Phone	CONTAC ationship	Indiana ES (No TS	apolis, IN, 46278  Data Found)  Addresserrace Drive				Phone/	Email
rimary	Contact: Johan Communit	na Read y Name	dinger	Fax: (317) 452 EXT	452-4669 2-4744 TERNAL C Phone	CONTAC ationship	Indiana S (No TS 400 Te	Addrese	ss			Phone/	Email
Primary McGove	Contact: Johan Communit Name rn, Edward	y Name  Billin	dinger  C g Respon	Fax: (317) 452 EXT  ontact Type sible Party	452-4669 2-4744 FERNAL C Phone	CONTAC ationship	Indiana S (No TS 400 Te Jnit 336	Addresserrace Drive 6 alestine, IN, 46163	SS				
Primary McGove	Contact: Johan Communit	y Name  Billin	dinger	Fax: (317) 452 EXT  ontact Type sible Party	452-4669 2-4744 TERNAL C Phone	CONTAC ationship	TS 400 Te Juit 336 lew Pa 0406 N	Addresserrace Drive 6 alestine, IN, 46163 N County Rd 850 N	SS				
rimary //cGove	Contact: Johan Communit Name rn, Edward rn, Gary	y Name  Billin	dinger  C g Respon	Fax: (317) 452 EXT  ontact Type sible Party	452-4669 2-4744 FERNAL C Phone	CONTAC ationship	TS 400 Te Juit 336 lew Pa 0406 N	Addresserrace Drive 6 alestine, IN, 46163	SS			416-8	530
AcGove AcGove	Contact: Johan Communit Name rn, Edward rn, Gary	y Name  Billin	dinger  C g Respon	Fax: (317) 452 EXT  ontact Type sible Party	452-4669 2-4744 FERNAL CO Phone Rel Self	CONTAC ationship	TS 400 Te Juit 336 New Pa 0406 N	Addresserrace Drive 6 alestine, IN, 46163 N County Rd 850 N	SS		Cell:(317)	416-8	530 348
AcGove AcGove	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff	y Name  Billin	dinger  C g Respon	Fax: (317) 452 EXT  ontact Type sible Party	452-4669 2-4744 FERNAL CO Phone Rel Self Son	CONTAC ationship	Indiana Indian	Addrese errace Drive 6 alestine, IN, 46163 N County Rd 850 V d, IN, 46126 eight Street -303	SS		Cell:(317)	331-4 624-9	530 348 584
AcGove AcGove	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff	y Name  Billin	dinger  C g Respon	Fax: (317) 452 EXT  ontact Type sible Party	Self Son Son	CONTAC ationship	TS  400 Te Julit 336  New Pa 0406 N  Fairland  131 Writ  13- 14kewoo	Addresserrace Drive 6 alestine, IN, 46163 N County Rd 850 Vd, IN, 46126 ight Street -303 bod, CO, 80228	SS		Cell:(317) Cell:(770) Cell:(720)	331-4 624-9	530 348 584
AcGove AcGove AcGove	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff rn, Robert	y Name  Billin  Eme	Cing Respon	Fax: (317) 452 EXT  ontact Type sible Party  ontact # 1	Self Son Son	CONTAC ationship  4  NOSIS INFO	Indiana S (No TS 400 Te Juit 336 New Pa 0406 N Fairland 31 Writ Apt. 13- akewo	Addrese Prive 6 alestine, IN, 46163 N County Rd 850 V d, IN, 46126 ight Street -303 pod, CO, 80228 ATION	ss West	ommunity T	Cell:(317) Cell:(770) Cell:(720) Home:(30	331-4 624-9 3) 988	530 348 584
AcGove AcGove AcGove	Contact: Johan Communit Name rn, Edward rn, Gary rn, Jeff rn, Robert	y Name  Billin  Eme	Cing Responsing Respon	Fax: (317) 452 EXT  ontact Type sible Party  ontact # 1  (D68.69)	Self  Son  Son  DIAG	CONTAC ationship  4  NOSIS INFO	Indiana S (No TS 400 Te Junit 336 Jew Pa 0406 N Fairland Apt. 13- akewo DRMA 02/202	Addrese errace Drive 6 alestine, IN, 46163 N County Rd 850 V d, IN, 46126 ight Street -303 ood, CO, 80228 TION 14 - DEFICIENCY (	ss West	ER SPECI	Cell:(317) Cell:(770) Cell:(720) Home:(30	331-4 624-9 (3) 988	530 348 584
AcGove AcGove AcGove 5/02/20	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff rn, Robert  024 - OTHER T	y Name  Billin  Eme	Cig Respon	Fax: (317) 452 EXT  ontact Type sible Party  ontact # 1  (D68.69) JNSPECIF (E55	#52-4669 2-4744  TERNAL CO Phone  Rel Self  Son Son DIAG  5.9)	CONTAC ationship  4  NOSIS INFO 05/0	Indiana S (No Indiana Ado Te Jew Pa 0406 N Fairland Apt. 13- akewo DRMA 02/202 02/202	Addrese errace Drive 6 alestine, IN, 46163 N County Rd 850 V d, IN, 46126 ight Street -303 ood, CO, 80228 TION 4 - DEFICIENCY (44 - UNSPECIFIED	West  OF OTH	ER SPECING LOSS,	Cell:(317) Cell:(770) Cell:(720) Home:(30) FIED (E53) UNSP (H9)	331-4 624-9 (3) 988	530 348 584
AcGove AcGove AcGove 5/02/20 5/02/20	Contact: Johan Communit Name rn, Edward rn, Gary rn, Jeff rn, Robert 024 - OTHER T	Billin Eme  HROME D DEFIC	Cang Responsing Respon	pax: (317) 452 EXT  contact Type sible Party  contact # 1  (D68.69) JNSPECIF (E55 BRILLATION (148.69)	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son  DIAG  5.9) 0)	CONTAC ationship  4 L NOSIS INFO 05/0 05/0	Indiana S (No Indiana S (No Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana India India India India In	Addrese errace Drive 6 alestine, IN, 46163 N County Rd 850 V d, IN, 46126 ight Street -303 Pod, CO, 80228 TION 4 - DEFICIENCY 04 - ALLERGIC RH	West  OF OTH  HEARI	ER SPECING LOSS,	Cell:(317) Cell:(770) Cell:(720) Home:(30 FIED (E53 UNSP (H9	331-4 624-9 (3) 988	530 348 584
AcGove AcGove AcGove 5/02/20 5/02/20 5/02/20	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff rn, Robert  024 - OTHER T 024 - VITAMIN I 024 - PAROXYS 024 - UNSPECI	Billin Eme  HROME D DEFICE SMAL A' FIED OS	g Respon rgency Co	Fax: (317) 452  EXT  ontact Type sible Party  ontact # 1  (D68.69)  JNSPECIF (E55 BRILLATION (I48.6 FHRITIS, UN (M	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son DIAG  5.9) 0) 19.90)	CONTAC ationship  4 L NOSIS INFO 05/0 05/0 05/0	Indiana S (No. 12) (N	Addrese Prive 6 alestine, IN, 46163 N County Rd 850 Vd, IN, 46126 ight Street -303 ood, CO, 80228 TION 4 - DEFICIENCY CALLERGIC RH 4 - ALLERGIC RH 4 - LOW BACK PA	West  OF OTH  HEARI  IINITIS,  AIN, UNS	ER SPECI NG LOSS, UNSPECIFIED	Cell:(317) Cell:(770) Cell:(720) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50)	331-4 624-9 33) 988 .8)	530 348 584
AcGove AcGove AcGove AcGove 5/02/20 5/02/20 5/02/20 5/02/20	Contact: Johan Communit Name rn, Edward rn, Gary rn, Jeff rn, Robert  224 - OTHER T 224 - VITAMIN I 224 - PAROXYS 224 - UNSPECI 224 - CHRONIC	Billin Eme  HROME D DEFICE SMAL A FIED OS	GOPHILIA CIENCY, UTRIAL FIE STEOART Y DISEAS	pax: (317) 452 EXT  contact Type sible Party  contact # 1  (D68.69) UNSPECIF (E55 BRILLATION (I48.6 FHRITIS, UN (MSE, STAGE (N1	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son Son DIAG  5.9) 0) 19.90) 18.31)	CONTAC ationship  4  NOSIS INFC  05/0  05/0  05/0  05/0	Hodiana S (No. 12) (N	Address Perrace Drive 6 Alestine, IN, 46163 N County Rd 850 Nd, IN, 46126 Address Addr	West  OF OTH  HEARI  IINITIS,  AIN, UNS	ER SPECI NG LOSS, UNSPECIFIED HYPERPL	Cell:(317) Cell:(770) Cell:(720) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50)	331-4 624-9 33) 988 .8)	530 348 584
AcGove AcGove AcGove 5/02/20 5/02/20 5/02/20 5/02/20 5/02/20	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff rn, Robert  224 - OTHER T 224 - VITAMIN I 224 - PAROXYS 224 - UNSPECI 224 - CHRONIC 224 - CARDIAC	Billin Eme  HROME D DEFICE SMAL A FIED OS KIDNE MURM	GOPHILIA CIENCY, I TRIAL FIE STEOAR Y DISEAS	pontact Type sible Party  (D68.69) JNSPECIF (E55 BRILLATION (I48.6 FHRITIS, UN (M SE, STAGE (N1 PECIFIED (R01.1)	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son Son DIAG  5.9) 0) 19.90) 18.31)	CONTAC ationship  4  NOSIS INFC  05/0  05/0  05/0  05/0  05/0	Hodiana S (No. 175)  400 Te Unit 336  New Para 0406 No. 131 Writ 13-  14	Address Perrace Drive 6 alestine, IN, 46163 N County Rd 850 Nd, IN, 46126 d, IN, 46126 ight Street -303 Pood, CO, 80228 TION 14 - DEFICIENCY (14 - UNSPECIFIED 14 - ALLERGIC RH 14 - LOW BACK PA 14 - BENIGN PROSid - ATAXIA, UNSF	West  OF OTH  HEARI  INITIS,  AIN, UN:  STATIC  PECIFIE	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0)	Cell:(317) Cell:(720) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) 0 (M54.50) ASIA W (N-	.8) 1.90)	530 348 584
1cGove 1cGove 1cGove 1cGove 5/02/20 5/02/20 5/02/20 5/02/20 5/02/20 5/02/20	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  024 - OTHER T 024 - VITAMIN I 024 - PAROXYS 024 - UNSPECI 024 - CHRONIC 024 - CARDIAC 024 - EDEMA, L	Billin Eme  HROME D DEFICE SMAL A FIED OS KIDNE MURM JNSPEC	GOPHILIA CIENCY, I TRIAL FIE STEOAR Y DISEAS UR, UNSI	pontact Type sible Party  (D68.69) JNSPECIF (E55 BRILLATION (I48.6 FHRITIS, UN (M SE, STAGE (N1 PECIFIED (R01.1) 60.9)	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son Son DIAG  5.9) 0) 19.90) 18.31)	CONTAC ationship  4  NOSIS INFC  05/0  05/0  05/0  05/0  05/0  05/0	Indiana S (No. 12) (N	Address Perrace Drive 6 Alestine, IN, 46163 N County Rd 850 Nd, IN, 46126 Address Addr	West  OF OTH  HEARI  HINITIS,  AIN, UN:  STATIC  PECIFIE  FALL,	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0)	Cell:(317) Cell:(720) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) 0 (M54.50) ASIA W (N-	.8) 1.90)	530 348 584
1cGove 1cGove 1cGove 1cGove 5/02/20 5/02/20 5/02/20 5/02/20 5/02/20 5/02/20	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  024 - OTHER T 024 - VITAMIN I 024 - PAROXYS 024 - UNSPECI 024 - CARDIAC 024 - CARDIAC 024 - EDEMA, L 024 - HISTORY	HROME D DEFICE SMAL A FIED OS KIDNE MURM JNSPEC OF FAL	GOPHILIA CIENCY, I TRIAL FIE STEOAR Y DISEAS UR, UNSI CIFIED (R LLING (ZS	pontact Type sible Party  (D68.69) JNSPECIF (E55 BRILLATION (I48.6 FHRITIS, UN (M SE, STAGE (N1 PECIFIED (R01.1) 60.9) 11.81)	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son DIAG  5.9) 0) 19.90) 18.31)	CONTAC ationship  4  NOSIS INFO  05/0  05/0  05/0  05/0  05/0  05/0  10/2	Indiana S (No. 12) (N	Address Perrace Drive 6 Alestine, IN, 46163 N County Rd 850 Nd, IN, 46126 Address Addr	West  OF OTH  HEARI  INITIS,  AIN, UN:  STATIC  PECIFIE  FALL,  PECIFIE	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0) INITIAL EN ED (D64.9)	Cell:(317) Cell:(770) Cell:(720) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50) ASIA W (N-	.8) 1.90)	530 348 584
1cGove 1cGove 1cGove 1cGove 5/02/20 5/02/20 5/02/20 5/02/20 5/02/20 5/02/20 0/26/20	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  024 - OTHER T 024 - VITAMIN I 024 - PAROXYS 024 - UNSPECI 024 - CARDIAC 024 - CARDIAC 024 - EDEMA, U 024 - HISTORY 023 - HYPOTHY	Billin Eme  HROME D DEFIC SMAL A FIED OS KIDNE MURM JNSPEC OF FAL (ROIDIS	GOPHILIA CIENCY, I TRIAL FIE STEOART Y DISEAS UR, UNSI CIFIED (R LING (ZS	pontact Type sible Party  Ontact # 1  (D68.69) UNSPECIF (E55 BRILLATION (I48.6 FHRITIS, UN (M SE, STAGE (N1 PECIFIED (R01.1) 60.9) 11.81) PECIFIED (E03.9)	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son DIAG  5.9) 0) 19.90) 18.31)	CONTAC ationship  4  NOSIS INFO  05/0  05/0  05/0  05/0  10/2  10/2	Indiana S (No. 12) (N	Address or Data Found)  Address errace Drive 6 alestine, IN, 46163 N County Rd 850 N d, IN, 46126  ight Street -303 bod, CO, 80228 TION 4 - DEFICIENCY (14 - UNSPECIFIED 44 - ALLERGIC RH 44 - LOW BACK PA 44 - BENIGN PROS 44 - ATAXIA, UNSP 44 - UNSPECIFIED 45 - ATAXIA, UNSP 45 - ANEMIA, UNSP 46 - ANEMIA, UNSP 47 - ANEMIA, UNSP 48 - ANEMIA, UNSP 48 - ANEMIA, UNSP 49 - ANEMIA, UNSP 40 - ANEMIA, UNSP 40 - ANEMIA, UNSP 41 - ANEMIA, UNSP 42 - ANEMIA, UNSP 43 - ANEMIA, UNSP 44 - ANEMIA, UNSP 45 - ANEMIA, UNSP 46 - ANEMIA, UNSP 47 - ANEMIA, UNSP 48 - ANEMIA, UNSP 49 - ANEMIA, UNSP 40 - ANEMIA, UNSP 41 - ANEMIA, UNSP	West  OF OTH  HEARI  IINITIS,  AIN, UN:  STATIC  PECIFIE  FALL,  PECIFIE  NSPECI	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0) INITIAL EN ED (D64.9) FIED (G47	Cell:(317) Cell:(770) Cell:(770) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50) ASIA W (N-	331-4 624-9 33) 988 .8) 1.90)	530 348 584
IcGove IcGov IcGove IcGov Ic	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  24 - OTHER T  24 - VITAMIN I  24 - PAROXYS  24 - UNSPECI  24 - CHRONIC  24 - CARDIAC  24 - EDEMA, U  24 - HISTORY  23 - HYPOTH  23 - ESSENTI	HROME D DEFICE SMAL A FIED OS KIDNE MURM JNSPEC OF FAL (PRIIDS	GOPHILIA CIENCY, I TRIAL FIE STEOART Y DISEAS UR, UNSI CIFIED (R LING (Z9 SM, UNSF	pontact Type sible Party  Ontact # 1  (D68.69) UNSPECIF (E55 BRILLATION (I48.6 FHRITIS, UN (M SE, STAGE (N1 PECIFIED (R01.1) 60.9) 01.81) PECIFIED (E03.9) YPERTENSI (I10	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son Son DIAG  5.9) 0) 19.90) 18.31) )	CONTAC ationship  4  NOSIS INFO 05/0 05/0 05/0 05/0 05/0 10/2 10/2	Indiana S (No. 12) (N	Address or Data Found)  Address errace Drive 6 alestine, IN, 46163 N County Rd 850 N d, IN, 46126  ight Street -303 and, CO, 80228 ATION 4 - DEFICIENCY (14 - UNSPECIFIED 44 - ALLERGIC RH 44 - LOW BACK PA 44 - BENIGN PROS 44 - ATAXIA, UNSP 44 - UNSPECIFIED 45 - ATAXIA, UNSP 45 - ANEMIA, UNSP 46 - ANEMIA, UNSP 47 - ANEMIA, UNSP 48 - INSOMNIA, UNSP 48 - INSOMNIA, UNSP 48 - OTHER PERS	West  OF OTH  HEARI  INITIS,  AIN, UN:  STATIC  PECIFIE  FALL,  PECIFIE  ISPECI	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0) INITIAL EN ED (D64.9) FIED (G47 ATRIAL F	Cell:(317) Cell:(770) Cell:(770) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50) ASIA W (N- CO (W19.)	.8) 1.90) .XXXA)	530 348 584
IcGove IcGov IcGove IcGov Ic	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  24 - OTHER T  24 - VITAMIN I  24 - PAROXYS  24 - UNSPECI  24 - CHRONIC  24 - CHRONIC  24 - EDEMA, U  24 - HISTORY  23 - HYPOTH  23 - ESSENTI  23 - ABDOMIN	HROME D DEFICE SMAL A FIED OS KIDNE MURM JNSPEC OF FAL (PRIII) AL (PRIII) AL AOF	GOPHILIA CIENCY, I TRIAL FIE STEOART Y DISEAS UR, UNSI CIFIED (R LING (Z9 SM, UNSF MARY) HT	pontact Type sible Party  Ontact # 1  (D68.69) UNSPECIF (E55 BRILLATION (I48.0 FHRITIS, UN (M SE, STAGE (N1 PECIFIED (R01.1) 60.9) O1.81) PECIFIED (E03.9) YPERTENSI (I10 URYSM, WIT (I	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son Son DIAG  5.9) 0) 19.90) 18.31) 0) 71.40)	CONTAC ationship  4  NOSIS INFO 05/0 05/0 05/0 05/0 10/2 10/2 10/2	Indiana S (No. 12) (N	Address o Data Found)  Address errace Drive 6 alestine, IN, 46163 N County Rd 850 N d, IN, 46126  ight Street -303 bod, CO, 80228 ATION 4 - DEFICIENCY O 4 - UNSPECIFIED 4 - ALLERGIC RH 4 - LOW BACK PA 4 - BENIGN PROS 4 - WASPECIFIED 4 - ATAXIA, UNSP 4 - UNSPECIFIED 3 - ANEMIA, UNSP 3 - INSOMNIA, UN 3 - OTHER PERS 3 - PERIPHERAL	West  OF OTH HEARI HINITIS, AIN, UN: STATIC PECIFIE FALL, PECIFIE ISPECI	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0) INITIAL EN ED (D64.9) FIED (G47 ATRIAL F LAR DISE	Cell:(317) Cell:(770) Cell:(770) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50) ASIA W (N- CO (W19.) OO) BRIL (I48	331-4 624-9 (3) 988 .8) 1.90) XXXA)	530 348 584
IcGove Ic	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  24 - OTHER T 24 - VITAMIN I 24 - PAROXYS 24 - UNSPECI 24 - CHRONIC 24 - CHRONIC 24 - EDEMA, U 24 - HISTORY 23 - HYPOTH 23 - ESSENTI 23 - ABDOMIN 23 - OTHER S	Billin Eme  HROME D DEFICE SMAL A FIED OS C KIDNE MURM JNSPEC OF FAL (/ROIDIS AL (PRII	GOPHILIA CIENCY, U TRIAL FIE STEOART Y DISEAS UR, UNSI CIFIED (R LING (ZS SM, UNSF MARY) H' RTIC ANE AL ALLEF	pontact Type sible Party  Ontact # 1  (D68.69) UNSPECIF (E55 BRILLATION (I48.0 FHRITIS, UN (M SE, STAGE (N1 PECIFIED (R01.1) 60.9) 11.81) PECIFIED (E03.9) YPERTENSI (I10 URYSM, WIT (I10 RGIC RHINIT (J3	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son Son DIAG  5.9) 0) 19.90) 19.90) 19.40) 30.2)	CONTAC ationship  4  NOSIS INFO 05/0 05/0 05/0 05/0 10/2 10/2 10/2 10/2	Indiana S (No. 1) (No.	Address o Data Found)  Address errace Drive 6 alestine, IN, 46163 N County Rd 850 N d, IN, 46126  ight Street -303 bod, CO, 80228 ATION 4 - DEFICIENCY O 4 - UNSPECIFIED 4 - ALLERGIC RH 4 - LOW BACK PA 4 - BENIGN PROS 4 - WASPECIFIED 5 - ANAMIA, UNSP 6 - UNSPECIFIED 6 - ATAXIA, UNSP 6 - OTHER PERS 6 - PERIPHERAL 6 - GASTRO-ESO	West  OF OTH HEARI HINITIS, AIN, UN: STATIC PECIFIE SPECII ISTENT VASCU PHAGE	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0) INITIAL EN ED (D64.9) FIED (G47 ATRIAL F LAR DISE/ AL REFLU	Cell:(317) Cell:(770) Cell:(770) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50) ASIA W (N- CO (W19.) OO) BRIL (I48 ASE, U (I73 X DISEA (I	.8) 1.90) (XXXA) 1.90) (XXXA)	530 348 584
AcGove AcGove AcGove AcGove 5/02/20 5/02/20 5/02/20 0/26/20 0/26/20 0/26/20 0/26/20 0/26/20	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  224 - OTHER T 224 - VITAMIN I 224 - PAROXYS 224 - UNSPECI 224 - CHRONIC 224 - CHRONIC 224 - EDEMA, U 224 - HISTORY 223 - HYPOTH 223 - ESSENTI 223 - ABDOMIN 223 - OTHER S 223 - BILATER	y Name  Billin  Eme  HROME D DEFICE SMAL A FIED OS KIDNE MURM JNSPEC OF FAL (ROIDIS AL (PRIII IAL AOF EASON AL PRIM	GOPHILIA CIENCY, UTRIAL FIE STEOART Y DISEAS UR, UNSE MARY) H' RTIC ANE AL ALLEF MARY OST	pontact Type sible Party  Ontact # 1  (D68.69) UNSPECIF (E55 BRILLATION (I48.67) FRITIS, UN (M SE, STAGE (N1 PECIFIED (R01.1) 60.9) 11.81) PECIFIED (E03.9) YPERTENSI (I10 RGIC RHINIT (J3 TEOARTHRIT (M	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son Son DIAG  5.9) 0) 19.90) 19.90) 19.40) 30.2)	CONTAC ationship  4  NOSIS INFO 05/0 05/0 05/0 05/0 10/2 10/2 10/2 10/2 10/2	Indiana S (No. 1) (No.	Address o Data Found)  Address errace Drive 6 alestine, IN, 46163 N County Rd 850 V d, IN, 46126  ight Street -303 bod, CO, 80228 ATION 4 - DEFICIENCY ( 4 - UNSPECIFIED 4 - ALLERGIC RH 4 - LOW BACK PA 4 - BENIGN PROS 4 - ATAXIA, UNSP 4 - UNSPECIFIED 3 - ANEMIA, UNSP 4 - INSOMNIA, UNSP 3 - PERIPHERAL 3 - GASTRO-ESO 3 - MUSCLE WEA	West  OF OTH HEARI HINITIS, AIN, UN: STATIC PECIFIE FALL, PECIFIE SPECI ISTENT VASCU PHAGE KNESS	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0) INITIAL EN ED (D64.9) FIED (G47 ATRIAL F LAR DISE/ AL REFLU (GENERA	Cell:(317) Cell:(770) Cell:(770) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50) ASIA W (N- CO (W19.) OO) BRIL (I48 ASE, U (I73 X DISEA (I LIZED) (M62	.8) 1.90) XXXA) 1.90 (21.9) (21.9)	530 348 584
AcGove AcGove AcGove AcGove 5/02/20 5/02/20 5/02/20 5/02/20 0/26/20 0/26/20 0/26/20 0/26/20 0/26/20	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  224 - OTHER T 224 - VITAMIN I 224 - PAROXYS 224 - UNSPECI 224 - CHRONIC 224 - CHRONIC 224 - EDEMA, L 224 - HISTORY 223 - HYPOTH 223 - ESSENTI 223 - ABDOMIN 223 - OTHER S 223 - BILATER 223 - OTHER H	HROME D DEFICE SMAL A FIED OS KIDNE MURM JINSPEC OF FAL (/ROIDIS AL (PRIII IAL AOF EASON AL PRIM YDRON	GOPHILIA CIENCY, UTRIAL FIE STEOART Y DISEAS UR, UNSE MARY) H' RTIC ANE AL ALLEE IARY OST IEPHROS	pontact Type sible Party  contact # 1  (D68.69)  UNSPECIF (E55 BRILLATION (I48.67)  FECIFIED (R01.1) 60.9) 10.81) PECIFIED (E03.9) PYPERTENSI (I10 RURYSM, WIT (I20 REGIC RHINIT (J3 REGOARTHRIT (N3 REGOARTHRI	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son Son DIAG  5.9) 0) 19.90) 19.90) 19.40) 30.2)	CONTAC ationship  4  NOSIS INFC  05/0  05/0  05/0  05/0  10/2  10/2  10/2  10/2  10/2  10/2	Indiana S (No. 1) (No.	Address or Data Found)  Address errace Drive 6 alestine, IN, 46163 N County Rd 850 N d, IN, 46126  ight Street -303 bod, CO, 80228 ATION 4 - DEFICIENCY O 4 - UNSPECIFIED 4 - ALLERGIC RH 4 - LOW BACK PA 4 - BENIGN PROS 4 - ATAXIA, UNSP 4 - ATAXIA, UNSP 4 - ANEMIA, UNSP 4 - INSOMNIA, UNSP 4 - OTHER PERS 3 - PERIPHERAL 3 - GASTRO-ESO 3 - MUSCLE WEA 3 - CHRONIC KID	West  OF OTH  HEARI  HINITIS,  AIN, UN:  STATIC  PECIFIE  FALL,  PECIFIE  VASCU  PHAGE  KNESS  NEY DI	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0) INITIAL EN ED (D64.9) FIED (G47 ATRIAL F LAR DISE/ AL REFLU (GENERA SEASE, UI	Cell:(317) Cell:(770) Cell:(770) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50) ASIA W (N- CO (W19.) OO) BRIL (I48 ASE, U (I73 X DISEA (I LIZED) (M62	.8) 1.90) XXXA) 1.90 (21.9) (21.9)	530 348 584
AcGove Ac	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  024 - OTHER T 024 - VITAMIN I 024 - PAROXYS 024 - UNSPECI 024 - CHRONIC 024 - CHRONIC 024 - EDEMA, U 024 - EDEMA, U 023 - HYPOTH 023 - ESSENTI 023 - ABDOMIN 023 - OTHER S 023 - OTHER H 023 - OTHER H 023 - OVERAC	HROME D DEFICE SMAL A FIED OS KIDNE MURM JNSPEC OF FAL //ROIDIS AL (PRIII IAL AOF EASON AL PRIM YDRON TIVE BL	GOPHILIA CIENCY, I TRIAL FIE STEOART Y DISEAS UR, UNSE MARY) H' RTIC ANE AL ALLEE HARY OST IEPHROS ADDER (	pontact Type sible Party  contact # 1  (D68.69)  JNSPECIF (E55 BRILLATION (I48.6 FHRITIS, UN (M BE, STAGE (N1 PECIFIED (R01.1) 60.9) PECIFIED (E03.9)	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son DIAG  5.9) 0) 19.90) 18.31) 0) 71.40) 30.2) M16.0)	CONTAC ationship  4  A  NOSIS INFC  05/0  05/0  05/0  10/2  10/2  10/2  10/2  10/2  10/2  10/2  10/2	Indiana S (No. 1) (No.	Address or Data Found)  Address errace Drive 6 alestine, IN, 46163 N County Rd 850 N d, IN, 46126  ight Street -303 bod, CO, 80228 ATION 4 - DEFICIENCY ( 4 - UNSPECIFIED 4 - ALLERGIC RH 4 - LOW BACK PA 4 - BENIGN PROS 4 - ATAXIA, UNSP 4 - UNSPECIFIED 3 - ANEMIA, UNSP 4 - TISSOMNIA, UNSP 3 - PERIPHERAL 3 - GASTRO-ESO 3 - MUSCLE WEA 3 - CHRONIC KID 3 - REPEATED FA	West  OF OTH  HEARI  HINITIS,  AIN, UN:  STATIC  PECIFIE  FALL,  PECIFIE  VASCU  PHAGE  KNESS  NEY DI  ALLS (R	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0) INITIAL EN ED (D64.9) FIED (G47 ATRIAL F LAR DISE/ AL REFLU (GENERA SEASE, UI 29.6)	Cell:(317) Cell:(770) Cell:(770) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50) ASIA W (N- CO (W19.) OO) BRIL (I48 ASE, U (I73 X DISEA (I LIZED) (M62 NSPEC (N1	.8) 1.90) XXXA) 1.90) 2.81) (8.9)	530 348 584
AcGove Ac	Contact: Johan  Communit  Name  rn, Edward  rn, Gary  rn, Jeff  rn, Robert  024 - OTHER T 024 - VITAMIN I 024 - PAROXYS 024 - UNSPECI 024 - CHRONIC 024 - CHRONIC 024 - EDEMA, U 024 - EDEMA, U 023 - HYPOTH 023 - ESSENTI 023 - ABDOMIN 023 - OTHER S 023 - OTHER H 023 - OTHER H 023 - OVERAC	HROME D DEFICE SMAL A FIED OS KIDNE MURM JNSPEC OF FAL //ROIDIS AL (PRIII IAL AOF EASON AL PRIM YDRON TIVE BL	GOPHILIA CIENCY, I TRIAL FIE STEOART Y DISEAS UR, UNSE MARY) H' RTIC ANE AL ALLEE HARY OST IEPHROS ADDER (	pontact Type sible Party  contact # 1  (D68.69)  UNSPECIF (E55 BRILLATION (I48.67)  FECIFIED (R01.1) 60.9) 10.81) PECIFIED (E03.9) PYPERTENSI (I10 RURYSM, WIT (I20 REGIC RHINIT (J3 REGOARTHRIT (N3 REGOARTHRI	#52-4669 2-4744 FERNAL CO Phone  Rel Self  Son Son DIAG  5.9) 0) 19.90) 19.90) 19.31) 0) 71.40) 30.2) M16.0)	CONTAC ationship  4  A  NOSIS INFC  05/0  05/0  05/0  10/2  10/2  10/2  10/2  10/2  10/2  10/2  10/2	Indiana S (No. 1) (No.	Addrese errace Drive 6 alestine, IN, 46163 N County Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine of the county Rd 850 V dd, IN, 46126 alestine, IN, 46163 alestine,	West  OF OTH  HEARI  HINITIS,  AIN, UN:  STATIC  PECIFIE  FALL,  PECIFIE  VASCU  PHAGE  KNESS  NEY DI  ALLS (R	ER SPECI NG LOSS, UNSPECIFIED HYPERPL D (R27.0) INITIAL EN ED (D64.9) FIED (G47 ATRIAL F LAR DISE/ AL REFLU (GENERA SEASE, UI 29.6)	Cell:(317) Cell:(770) Cell:(770) Home:(30 FIED (E53 UNSP (H9 FIED (J30.9) O (M54.50) ASIA W (N- CO (W19.) OO) BRIL (I48 ASE, U (I73 X DISEA (I LIZED) (M62 NSPEC (N1	.8) 1.90) XXXA) 1.90) 2.81) (8.9)	530 348 584

McGovern, Edward(WTONP30327) -- Continued on Page 2

coovern, Edward(W10NF30321) — Continued on Fage 2														
	MISCELLANEOUS INFORMATION													
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)								
	Sig	nature	,		Date	Time								
Person	al Effects Sent Wit	h		Relationship	Date	Time								

Woodland Terrace of New Palestine

				VV		rerrace o					Jul 12,	2024	1 16:54:01 ET
						SIDENT INF							
	McNabb, Jo		F	referred Name	Unit AL	Unit / Oc 313	•	Move in Date 12/31/2023		ve In Date 1/2023	Orig.Moveln I 12/31/202		Resident # WTONP3033
	IVICINADD, JO	yce			AL	313	) <b>-</b> [	12/31/2023	12/3	1/2023	12/31/202	.3	3
		Previ	ous address	3		Previous I	Phone #		Le	egal Mailing	g address		
	807 Jorda	n Drive	, Greenwoo	od, IN, 46143		(317) 506	6-8365		Same	e as Previo	ous Address		
Sex	Birthdate	Age	Mari	tal Status	Re	eligion		Race		Occup	oation(s)	Pı	imary Lang.
F	08/22/1939	84	Di	vorced		known		- Declined to Spec		211			English
	Moved in	From			Move in Lo	cation		Birth Place		Citiz	enship	IV	aiden Name
	Medicare (HI	C) #		Mer	dicaid#			Social Security #			Veterans Adr	ninietr	etion #
	Modicare (Fin	o,		11100	alouid II			317-36-1204			VOLUME / LOI	illi liou	uuon n
	Insurance Na	ame		Insuran	ce Policy #:								
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	iodiodia i todorano	adon Dai			service								
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	Provide	er		Pho				Address			UPIN		NPI
Primary	Physician			Office:(317) 497	7-5530	9001 We	sleyan R	d Suite 100				1326	128281
Primary	,			Fax:(855) 422-5	5182	Indianapo	olis, IN						
_opshire				0.55 (0.47) 0.05		46268							
-	Physician			Office:(317) 865				St Ste 200				1265	473565
Hoyt, Wa	arren			Fax:(317) 865-6	0/59	Indianapo 46217	OIIS, IIN						
Nurse Pi	ractitioner			Office:(317) 265	5-6750	8820 S N	/leridan S	St				1316	635709
Knight, F				000.(011) 200	0.00	Indianap							
						46217							
	Specialist			Office:(317) 887				son Ave Ste C				1689	053290
Ray, Erir	า			Fax:(317) 355-8	3750	Indianapo	olis, IN						
						46203 <b>PHARN</b>	AACV						
	Pharma	201/			Phone/Fax	PHARI	//ACT			Address			
Guardiar	n Pharmacy of I		(Primary)	Phone: (317) 4			6530	Corporate Drive		Addiess			
	Contact: Johann		•	Fax: (317) 452				apolis, IN, 46278					
					EXT	ERNAL CO	OMMUN	ITIES					
	Community	Name			Phone				Co	mmunity Ty	/pe		
	nity Hospital Eas			Phone: (317) 3			Hospi						
Hinsey E	Brown Funeral H	lome		Phone: (765) 5	29-7100	CONT		al Home					
	Name			test Time		CONTA	1015	Addre				la a	Fii
Camp, V	Name Villiam	Rillin	g Responsil	tact Type	Son	elationship	10824	Lost Creek Ct.	SS		Home:(317		Email
Janip, V	viilai i i		• .	of Attorney for	5011			apolis, IN, 46239					i-osos 010@hotmail
		Finar		, 101				, , , , , , , , , , , , , , , , , , , ,			com	P	
		Dura	ble Power c	of Attorney for									
			thcare										
			gency Con				100=					·\	1000
Camp, A	my	Emer	rgency Conf	tact # 2	Daugh	nter in law		Lost Creek Ct.			Home:(317	,	
							iridiana	polis, IN, 46239			⊏rnaii:Amy	carnp	@hotmail.co
ИсNabb	. Jovce				Self		807 Jo	rdan Drive			Home:(317	) 50e	-8365
1400	, 20,00				00			vood, IN, 46143				, 500	3000
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1/05/20	24 - DEMENTIA	TO NI	HER DISE	ASES CLA (F0	2.80)	0	1/05/202	24 - SLEEP APNE	A, UNSPE	ECIFIED (	G47.30)		
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					Al	DVANCE D	DIRECT	VE					

McNabb, Joyce(WTONP30333) - Continued on Page 2

	mabb, Joyce(WTONP30333) - Continued on Page 2												
MISCELLANEOUS INFORMATION													
Time	Length of Stay		Discharged to (M	Mortician Name and Licence No	ı.)								
194													
Sig	nature			Date	Time								
Effects Sent Witl	h		Relationship	Date	Time								
	Sig	Time Length of Stay	Time Length of Stay  194  Signature	Time Length of Stay Discharged to (N 194 Signature	Time Length of Stay Discharged to (Mortician Name and Licence No. 194  Signature Date								

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					formed North		DENT INF							
		ent Name		Pro	eferred Name	Unit	Unit / Occ	•	Move in Date		ove In Date	Orig.Movelr		Resident #
	ivieans	s, Marlene	:			MC	104-	I	04/30/2024	04/3	30/2024	04/30/20	J <b>Z</b> 4	WTONP3034
		F	Previous add	dress			Previous Pl	hone #		L	egal Mailing	address		<u> </u>
4	1400 Terra	ace Drive	Unit 104. N	ew Pa	alestine, IN, 46	163					ne as Previo			
Sex	Birthda				I Status		igion		Race			ation(s)		rimary Lang.
F	06/09/19	938 8	6	Wid	owed	Unk	nown		White					English
	Мо	oved in Fro	m			Move in Loc	ation		Birth Place		Citiz	enship	М	laiden Name
		are (HIC) #			Med	dicaid #			Social Security #			Veterans A	dministr	ation #
		TG0NY61				<b>-</b>			311-38-0911					
	Insura	ance Name			Insuran	ce Policy #:								
						DAY	YER INFO	DMAT	ON					
Drimo	<b>ry Payer</b> Pr	inata Dan	МС			FA	IEK INFO	RIVIATI	ON					
Primai	ry Payer Pr	ivate Pay	- MC			ОТ	HER INFO	DMAT	ON					
Most	Recent Ho	nenital Sta	V.			UII	TEK INFO	RIVIATI	Allergies					
WOSE	. Recent He	ospitai ota		own A	Allergies				Allergies					
N	/ledicaid Re	certification		OWIT 7		n's Status								
.,	noaloala 1 to	-oor unoquor	1 Dato			service								
							ARE PRO	VIDER	S					
		Provider			Pho				Address			UPIN		NPI
Primary	Physician				Office:(317) 49		9001 Wes	leyan R	d Suite 100				1326	128281
(Primary					Fax:(855) 422-		Indianapol	-						
Lopshire	, John				, ,		46268							
Nurse P	ractitioner	•		(	Office:(317) 49	7-5530	9001 Wes	leyan R	d Suite 100				1265	108161
Pulliam,	Brittany			F	ax:(855) 422-	5182	Indianapol	lis, IN						
							46268							
							PHARM	ACY						
0 "		Pharmacy	<u> </u>	,	D. (0.17)	Phone/Fax		0.500			Address			
			ana (Primar	- /	Phone: (317) 4			1	Corporate Drive					
Primary	Contact: J	Johanna F	Readinger		Fax: (317) 452		OMMUNIT		apolis, IN, 46278  o Data Found)					
	Com	munity Na	me		EXI	Phone			o Data Found)		ommunity Ty	ne		
	Con	illiullity Nai	IIIO			FIIOH				<u> </u>	onlinuinty ry	μ <del>e</del>		
							CONTA	CTS						
	Name			Conta	ct Type	Rel	ationship		Addres	ss			Phone/	Email
Means. I		E	Billing Resp			Self		4400 T	errace Drive					
,			3		<b>-</b>			Unit 10						
								New Pa	alestine, IN, 46163					
Hodge, (	Georgia		ourable Pov	ver of	Attorney for	Cousin		7381 W	est Glendale Lane	;		Home:(31	17) 847	-7224
		F	inances					Greenf	ield, IN			Email:		
				ver of	Attorney for							Georgiah	odge50	0@hotmail.
			lealthcare									com		
			Guardian											
			mergency	Conta	ct # 1	DIAG	NOCIC-INE	OPW	TION					
0.4/0.0/0	204 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MINIS	FIGUENCE		DEOLE (EE		NOSIS INF			N 41 A	IODEO	) (EZO E)		
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Woodland Terrace of New Palestine

					Woodl	land T	errace of	New	Palestine			Jul 12	2, 202	4 16:54:01 ET
						<b>RESI</b>	DENT INFO	ORMA	TION					
	Resident Na	ne		Preferred Nai	me L	Jnit	Unit / Occ	upant	Move in Date	Init. Mo	ove In Date	Orig.MoveIn	Date	Resident#
	Murphy, Rol	pert		Bob	,	AL	233-1		08/08/2022	08/0	08/2022	08/08/20		WTONP302
														7
		Previous	addres	s			Previous Ph	none #		L	egal Mailing	g address		
	10104 Villa	ge Drive, l	ake Wa	ales, FL, 338	98		(317) 450-	3059		Sam	ne as Previ	ous Address		
Sex	Birthdate	Age	Mari	ital Status		Reli	gion		Race		Occup	oation(s)	P	rimary Lang.
М	12/07/1926	97	W	/idowed		Unkı	nown		White or Caucasia	n				English
	Moved in	From			Mov	e in Loca	ation		Birth Place		Citiz	zenship	M	laiden Name
											ι	J.S.		
	Medicare (HI	C) #			Medicaid	#			Social Security #			Veterans Ad	dministr	ation #
	8NT8E18TN	<i>l</i> 152							574-05-9824					
	Insurance Na	ıme		Ins	surance Pol	icy #:								
AAF	RPLongTermCa	elnsuranc	е		01999015									
						PA	<b>YER INFO</b>	RMAT	ION					
Prima	<b>ry Payer</b> Private I	Pay - AL												
		·				OTH	HER INFO	RMAT	ION					
Most	Recent Hospital	Stay							Allergies					
			oscar											
M	ledicaid Recertific		20001	Prenaid	Funeral Arra	angeme	nts		Veteran's Status					
17				. Topaid	Yes				Veteran					
					100	C	ARE PRO	VIDER						
	Provide	or			Phone			41-1-11	Address			UPIN		NPI
Orimon		71		Office:(317		20	0001 10/00	ovan F	Rd Suite 100			OF IIN	1326	128281
Primary Primary	Physician			,	,	iU		•	a Juile 100				1320	120201
Primary ₋opshire	,			Fax:(855)	+∠∠-51ŏ∠		Indianapol 46268	ıs, IIV						
				Office (247	7) 220 050	17	2001 W. 8	Cth Ct					1750	357513
	Physician			Office:(317	•								1750	33/313
viustakie	em, Marwan			Other:(866	,	2	Indianapol	IS, IIN						
				Fax:(317)			46260		1.0.11.100				4005	100101
	ractitioner			Office:(317	•	80	I	-	Rd Suite 100				1265	108161
<sup>2</sup> ulliam,	Brittany			Fax:(855)	422-5182		Indianapol	IS, IN						
							46268							
	ractitioner						25802 Sta		9				1982	2027785
Snyder,	Allison						Arcadia, IN	1						
							46030							
							PHARM	ACY						
	Pharma	_				e/Fax					Address			
	n Pharmacy of I	,		Phone: (3				1	Corporate Drive					
Primary	Contact: Johann	na Reading	ger	Fax: (317)	452-4744	1		Indiar	apolis, IN, 46278					
							RNAL CO	MMUN	ITIES					
	Community	Name				one				С	ommunity Ty	уре		
Hancock	Regional			Phone: (3	17) 462-5	544		Hospi	tal					
							CONTAC	CTS						
	Name		Con	ntact Type		Rela	ationship		Addres	SS			Phone	Email
Murphy,	Robert	Billing R	esponsi	ible Party	-	Son		4414 S	700 W		<del></del>	Home:(31	7) 308	3-8221
		Durable	Power of	of Attorney f	or			New P	alestine, IN, 46163			Email:rlm	urphy(	08@yahoo.
		Finance		-								com	-	
		Durable	Power of	of Attorney f	or									
		Healthca		,										
		Emerge		ntact # 1										
						DIAG	NOSIS INF	ORM/	ATION					
12/03/20	)23 - INSOMNIA	UNSPEC	:IFIFD (	(G47 00)					22 - HYPERLIPIDE	MIA UN	ISPECIFIE	D (F78.5)		
	)22 - LATE-ONS				(11 2)				22 - OLD MYOCAR			, ,		
	)22 - LATE-ONS )22 - SICK SINU				· · · · <i>L</i> )				22 - AGE-RELATEI				R1)	
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						ΑD	VAINGE DI	NE C I	IVE					
							ANEOUS	INFO						
	Date of Dischar	ge		Time	Length o	f Stay			Discharged to (	Mortician	Name and I	Licence No.)		
					704	1								<u> </u>
						т								
				Sign	ature						Date			Time
		Perso	nal Effec	cts Sent With					Relationship		Date			Time
								1						

		W	oodland <sup>7</sup>	Terrace of N	lew Palestine			Jul 12,	2024 16:54:01 ET
			RESI	IDENT INFO	RMATION				
Resident Paugh, Ge		Preferred Name Jerry	Unit AL	Unit / Occup 327-1	Move in Date 04/14/2021	04/14/20		Orig.Moveln D 04/14/202	
	Previous a	address		Previous Pho	ne #	Legal	Mailing	address	
		New Palestine, IN, 4616				Same as		ous Address	
Sex         Birthdate           M         04/11/1940	Age 84	Marital Status  Married	Rei	ligion	Race White or Caucasia	un.	Occup	ation(s)	Primary Lang.
	l in From	Marrieu	Move in Loc	cation	Birth Place		Citiz	enship	English  Maiden Name
	ome			•			L	I.S.	
Medicare		Med	licaid #		Social Security #			Veterans Adm	inistration #
4X95KP0		Insurance	ce Policy #:		312-40-2231				
DUNNAss			0040200						
			PA	YER INFOR	MATION				
Primary Payer Private	te Pay - AL		ОТ	HER INFOR	MATION				
Most Recent Hospi	tal Stay		O1	HER INFORI	Allergies				
	Stat	tins			2e. <b>3</b> e				
Medicaid Recert	ification Date	Prepaid Funer		ents	Veteran's Status				
			res C	ARE PROVI	WW2 Veteran				
Pro	vider	Pho		ARE PROVI	Address			UPIN	NPI
Primary Physician	· idoi	Office:(317) 678		13000 E 136					1881921344
(Primary)		Fax:(317) 678-3		Fishers, IN					
Prasad, Devina		Office (217) 40	7 5520	46037	yan Rd Suite 100				1226420204
Primary Physician Lopshire, John		Office:(317) 497 Fax:(855) 422-5		Indianapolis					1326128281
		. 4(666) 122 (	7.02	46268	,				
Primary Physician		Office:(317) 338		2001 W. 86t					750357513
Mustaklem, Marwan		Other:(866) 604 Fax:(317) 338-2		Indianapolis 46260	, IN				
Nurse Practitioner		Office:(317) 497			yan Rd Suite 100				1265108161
Pulliam, Brittany		Fax:(855) 422-5		Indianapolis					
Nurse Practitioner				46268 25802 State	Dd 10				1982027785
Snyder, Allison				Arcadia, IN	Ru 19				1962027765
, ue., /e				46030					
				PHARMA	CY				
Pha CVS (New Pal)	rmacy	Phone: (317) 8	Phone/Fax	E	5026 W. US 52	Ac	Idress		
CV3 (New Fai)		Fax:	01-4030		New Palestine, IN, 4616	3			
Express Scripts		Phone: (800) 2	11-1456		, ,				
Primary Contact: 800		Fax:	02 5225		N SO10 C Emergen Ave				
CVS (Emerson-South	роп)	Phone: (317) 7 Fax:	83-5325		6010 S Emerson Ave ndianapolis, IN, 46237				
Guardian Pharmacy o	of Indiana (Prim		52-4669		5530 Corporate Drive				
Primary Contact: Joha	anna Readinge	r Fax: (317) 452			ndianapolis, IN, 46278				
Commu	nity Name		Phone	ERNAL COM	WONITIES	Comm	unity Ty	ne	
Hancock Regional	y riamo	Phone: (317) 4		-	Hospital	John		r <del>-</del>	
Indiana Funeral Care		Phone: (317) 6		F	- uneral Home				
New		Contact Town		CONTACT				-	one/Erre!
Name Paugh, Gerald	Billing Res	Contact Type sponsible Party	Self	lationship 44	Addre 400 Terrace Dr	88		Pr	none/Email
		,			ot 327				
	<b>-</b> ··· -				ew Palestine, IN, 46163			0 " (0 :=)	00.0000
Hall, Susan	Durable P Finances	ower of Attorney for	Daught		118 S Creekside Rd ancock			Cell:(317) 4 Office:(317)	
		ower of Attorney for			ew Palestine, IN, 46163				-402-9302 n.Hall9060@gma
	Healthcar	e			•			com	
Vanderwal, Karen		cy Contact # 1 cy Contact # 2	Daught	ter 4	258 S Cabin Ct			Cell:(317) 2	80-8636
vanuerwar, Nateri	Emergeno	by Contact # 2	Daught		ancock			Office:(317) 2	
	i i				ew Palestine, IN, 46163			Email:karen	
			l l	, , ,	o a,,				
			DIAG	NOSIS INFO				vanderwal@	comcast.net

Personal Effects Sent With

Paugh, Gerald L.(WTONP30200) Continued on Page 2												
DIAGNOSIS INFORMATION												
03/03/2021 - ATHEROSCLEROTIC HEART DISEASE (I25.10)												
03/03/2021 - GASTRO-ESOPHAGEAL REFLUX DISEA (K21.9) 03/03/2021 - INFLAMMATORY DISEASES OF PROST (N41)												
03/03/2021 - PRESENCE OF CARDIAC PACEMAKER (Z95.0) 03/03/2021 - PRESENCE OF AUTOMATIC (IMPLANT (Z95.810)												
	ADVAN	CE DIRECTIVE										
tions; Advance	d Directive: Medication R	estrictions; Advanced Directive: C	Other Treatment Restrictions	s; Advanced Directive:								
	MISCELLANE	OUS INFORMATION										
Time	Length of Stay	Discharged to (N	Mortician Name and Licence No	D.)								
	1185											
s	ignature		Date	Time								
)	HEART DISEA: AL REFLUX DI DIAC PACEMAK etions; Advance	DIAGNOS HEART DISEASE (I25.10) AL REFLUX DISEA (K21.9) DIAC PACEMAKER (Z95.0) ADVAN ctions; Advanced Directive: Medication R MISCELLANE Time Length of Stay	DIAGNOSIS INFORMATION  HEART DISEASE (I25.10) 03/03/2021 - HEART FAILUF  AL REFLUX DISEA (K21.9) 03/03/2021 - INFLAMMATOF  DIAC PACEMAKER (Z95.0) 03/03/2021 - PRESENCE OF  ADVANCE DIRECTIVE  Stions; Advanced Directive: Medication Restrictions; Advanced Directive: C  MISCELLANEOUS INFORMATION  Time Length of Stay Discharged to (No. 1185)	DIAGNOSIS INFORMATION  HEART DISEASE (I25.10) 03/03/2021 - HEART FAILURE, UNSPECIFIED (I50.9)  AL REFLUX DISEA (K21.9) 03/03/2021 - INFLAMMATORY DISEASES OF PROST.  DIAC PACEMAKER (Z95.0) 03/03/2021 - PRESENCE OF AUTOMATIC (IMPLANT  ADVANCE DIRECTIVE  Stions; Advanced Directive: Medication Restrictions; Advanced Directive: Other Treatment Restrictions  MISCELLANEOUS INFORMATION  Time Length of Stay Discharged to (Mortician Name and Licence No. 1185								

Relationship

Date

Time

			W	oodland	Terrace of	New I	Palestine			Jul 12,	2024 16:54:01 ET
				RES	IDENT INF	ORMA	TION				
	Resident Name	9	Preferred Name	Unit	Unit / Occ	upant	Move in Date	Init. Mov	e In Date	Orig.Moveln D	
	Paugh, Hazel	A.	Aurelia	MC	103-	1	04/14/2021	04/14	1/2021	04/14/202	1 WTONP3019
		Daniero edd			Duna di sana Di	h #		1 -			9
	40500 E 70	Previous add			Previous P	none #			gal Mailing		
Sex			apolis, IN, 46236 Marital Status	Re	ligion		Race	Same		ous Address pation(s)	Primary Lang.
F	03/13/1939	85	Married		known		White or Caucasia	n		, a.i.o.i.(o)	English
·	Moved in F		Married	Move in Lo			Birth Place		Citiz	enship	Maiden Name
	Home								ι	J.S.	
	Medicare (HIC)	#	Me	dicaid #			Social Security #			Veterans Adm	inistration#
	1H68QY8DY	44					317-38-2147				
	Insurance Nam	ne	Insuran	ce Policy #:							
	DunnAssociat	es	1012	1004200							
				PA	YER INFO	RMATI	ON				
Primar	<b>y Payer</b> Private Pa	ay - MC									
				ОТ	HER INFO	RMATI					
Most	Recent Hospital S						Allergies				
			own Allergies		,						
M	edicaid Recertificati	on Date	Prepaid Fune		ents						
				Yes	ADE DO	VIDER	s				
					CARE PRO	VIDER				LIDIN	AUDI
Deirec	Provider		Office (247) 67		12000 5 1	136th 01	Address			UPIN	NPI
	Physician		Office:(317) 67		13000 E 1					ĺ	1881921344
(Primary) Prasad, I			Fax:(317) 678-	303U	Fishers, IN 46037	V					
	Physician		Office:(317) 49	7-5530		levan P	d Suite 100				1326128281
Lopshire	•		Fax:(855) 422-		Indianapo		d Suite 100				1320120201
Lopoimo	, 001111		1 UX.(000) 422	0102	46268	110, 114					
Primary I	Physician		Office:(317) 33	8-8507	2001 W. 8	36th St					1750357513
1	m, Marwan		Other:(866) 60		Indianapo						
	•		Fax:(317) 338-		46260	,					
Nurse Pr	actitioner		Office:(317) 49		9001 Wes	sleyan R	d Suite 100			•	1265108161
Pulliam,	Brittany		Fax:(855) 422-	5182	Indianapo	lis, IN					
					46268						
Nurse Pr	actitioner				25802 Sta	ate Rd 1	9			1	1982027785
Snyder, A	Allison				Arcadia, II	N					
					46030						
					PHARM	ACY					
	Pharmac	у		Phone/Fax					Address		
CVS (Ne	w Pal)		Phone: (317) 8	361-4838			W. US 52				
	0 - 3 - 1 -		Fax: Phone: (800) 2	14.4450		New F	Palestine, IN, 46163	3			
Express	•	0704	, , ,	211-1456		IN.					
	Contact: 800 327 nerson-Southport		Fax: Phone: (317) 7	783_5325		IN 6010.5	S Emerson Ave				
CV3 (EII	ioraon-aduliport	,	Fax:	JJ-JJZJ			apolis, IN, 46237				
Guardian	Pharmacy of Inc	liana (Primary		152-4669		_	Corporate Drive				
	Contact: Johanna		Fax: (317) 452				apolis, IN, 46278				
					ERNAL CO						
	Community N	lame		Phone				Co	mmunity Ty	/pe	
Hancock	Regional		Phone: (317) 4	62-5544		Hospit	tal				
Indiana F	uneral Care		Phone: (317) 6	36-6464		Funer	al Home				
					CONTA	CTS					
	Name		Contact Type	Re	elationship		Addres	ss		Pi	none/Email
Paugh, C	Gerald	Billing Respo	onsible Party	Husba	nd	4400 T	errace Dr				
						apt 327					
						1	alestine, IN, 46163				
Miss. Ha	ll, Susan		er of Attorney for	Daugh	ter		Creekside Rd			Cell:(317) 4	02-9362
		Finances				New Pa	alestine, IN, 46163				
			er of Attorney for								
		Healthcare	Contact # 4								
Micc. Va	nderwal, Karen	Emergency ( Emergency (		Daugh	tor	1250 C	Cabin Ct			Cell:(317) 2	08-8636
iviiss. va	iluciwal, Nälell	Emergency (	JUI 11 aUI # Z	Daugh	(CI		alestine, IN, 46163			Cell.(317) 2	an-0000
Paugh, F	lazel			Self			E 79th St			Cell:(317) 3	35-3718
							polis, IN, 46236			00(017)0	00 01 10
				DIAG	NOSIS INF						
06/24/20	24 - DELUSIONA	L DISORDFF	RS (F22)				1 - HYPERLIPIDE	MIA. UNS	SPECIFIF	D (E78.5)	
			` '					,		, /	

Paugh, Hazel A.(WTONP30199) 0	Continued on Pag	je 2				
		DIAGN	OSIS INF	ORMATION		
03/18/2021 - MAJOR DEPRESSIVE	DISORDER, RE	C (F33.9)	03	/18/2021 - ALZHEIMER'S	DISEASE, UNSPECIFI (0	G30.9)
03/18/2021 - ESSENTIAL (PRIMAR	Y) HYPERTENSI	l (I10)				
		ADV	ANCE DI	RECTIVE		
Advanced Directive: DNR						
		MISCELLA	NEOUS	INFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (I	Mortician Name and Licence No	o.)
		1185				
	Sig	gnature			Date	Time
		_				
Person	al Effects Sent Wit	th		Relationship	Date	Time

Woodland Terrace of New Palestine

			VV			New Palestine			Jul 12,	2024 16:54:01 ET
				RESI	DENT INFO	RMATION				
	Resident Nar	me	Preferred Name	Unit	Unit / Occu	•	Init. Mov	e In Date	Orig.Moveln	
	Peters, Wan			AL	320-1	08/30/2019		/2019	08/30/201	9 WTONP301 9
		Previous addre			Previous Ph	one #		gal Mailing		
-			alestine, IN, 46163				Same		ous Address	
Sex	Birthdate		arital Status	Rel	igion	Race		Occup	ation(s)	Primary Lang.
F	10/13/1939	84	Married			White or Caucasia		0.4.	1	English
	Moved in			Move in Loc	ation	Birth Place	•	Citiz	enship	Maiden Name
	Home									
	Medicare (HIC	•	Me	dicaid #		Social Security #			Veterans Adn	ninistration #
	1Y48AW0T0		•	D						
	Insurance Na			ce Policy #:						
	BlueCrossBlue	Snieid	XYL84	12131055	VED INFOR	MATION.				
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Primar	<b>ry Payer</b> Private F	Pay - AL		ОТ	LED INEOR	PMATION.				
Most	Recent Heavital	Stav		Oil	HER INFOR					
WOST	Recent Hospital		ala Manalala			Allergies				
14	Indicald December		cin, Morphine	ala Marra						
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			K	obert	ARE PROV	/IDEDS				
	Para di		-		ANETROV				LIDIN	ND
leina c = . '	Provide	91	Office (247) 96		7275 110 50	Address			UPIN	NPI
	Physician		Office:(317) 86		7375 US 52					1184986523
Primary)	,		Fax:(317) 861-	0 <b>3</b> 20	New Palest 46163	une, IN				
lirsch, B	Physician		Office:(317) 33	0 0507	2001 W. 86	2th Ct				1750357513
•	•		, ,							1/5035/513
iustakie	em, Marwan		Other:(866) 604		Indianapoli: 46260	5, IIV				
Itornoto	Physician		Fax:(317) 338- Office:(317) 47			l SQ Ste 355				1609368430
ast, Jos	•		Fax:(317) 477-		Greenfield,					1009300430
asi, 108	Silua		Fax.(317) 477-	0300	46140	IIN				
entist			Office:(317) 86	1 1101	5774 W. US	2 52				1073609608
Pool, Col	lloop		Fax:(317) 861-		New Palest					1073009000
700i, Coi	meen		Fax.(317) 001-	5559	46163	une, m				
lurea Pr	ractitioner				25802 State	a Rd 10				1982027785
Snyder, A					Arcadia, IN					1902021703
niyaci, <i>r</i>	Allison				46030					
					PHARMA	CY				
	Pharma	cv		Phone/Fax				Address		
CVS (Ne			Phone: (317) 8			5026 W. US 52		, .aa. 000		
710 (110	,		Fax:	701 1000		New Palestine, IN, 4616	33			
Guardian	n Pharmacy of Ir	ndiana (Primary)	Phone: (317) 4	52-4669		6530 Corporate Drive				
	Contact: Johann		Fax: (317) 452			Indianapolis, IN, 46278				
		ia neaulliuei	ax. (31/1432			indianapons, nv. Tozro				
		ia Readinger	1 ax. (517) 432			MUNITIES				
	Community		F AX. (317) 432				Cor	nmunity Ty	ре	
t. Franc	Community cis Hospital		Phone: (317) 5	Phone			Cor	mmunity Ty	ре	
	•	Name		<b>Phone</b> 528-5000		MUNITIES	Cor	mmunity Ty	ре	
	cis Hospital	Name	Phone: (317) 5	<b>Phone</b> 528-5000		MMUNITIES  Hospital Funeral Home	Cor	mmunity Ty	pe	
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lanner &	cis Hospital & Buchanan (E.	Name Wash)	Phone: (317) 5 Phone: (317) 8	Phone 528-5000 598-4462	CONTAC	MUNITIES Hospital Funeral Home		nmunity Ty		
lanner &	cis Hospital & Buchanan (E.	Name  Wash)  Co  Billing Respon	Phone: (317) 5 Phone: (317) 8	Phone 528-5000 898-4462 Rel	CONTAC	MUNITIES  Hospital Funeral Home TS  Addre	ess	nmunity Ty	Р	96-5951
lanner &	cis Hospital & Buchanan (E.	Name  Wash)  Co  Billing Respon	Phone: (317) 5 Phone: (317) 8  Phone (317) 8  Phone (317) 8	Phone 528-5000 898-4462 Rel	CONTAC	Hospital Funeral Home TS Addre	ess	nmunity Ty	P Cell:(317) 7	96-5951
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lanner 8 hafer, S	cis Hospital & Buchanan (E. Name Sharon	Wash)  Billing Respon Durable Power Finances Durable Power Healthcare Emergency Co	Phone: (317) 8 Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8	Phone 528-5000 598-4462 Rel Daught	CONTAC ationship	Hospital Funeral Home TS Addre 7086 Timber Dr New Palestine, IN, 46163	ess	mmunity Ty	P Cell:(317) 7 Home:(317	(96-5951 ) 861-4919
lanner 8 hafer, S	cis Hospital & Buchanan (E. Name Sharon	Wash)  Billing Respon Durable Power Finances Durable Power Healthcare Emergency Co	Phone: (317) 8 Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8  Phone: (317) 8	Phone 528-5000 598-4462 Rel Daught	CONTAC ationship	Hospital Funeral Home TS Addre 7086 Timber Dr New Palestine, IN, 46163	ess	mmunity Ty	P Cell:(317) 7 Home:(317	(96-5951 ) 861-4919
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Peters, Wanda(WTONP30129) -- Continued on Page 2

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MISCELLANEOUS INFORMATION														
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Woodland Terrace of New Palestine

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Woodland Terrace of New Palestine

					We				Palestine			Jul 12	, 2024	16:54:01 ET
							IDENT INI							
		ent Name t, Lillian	-	P	referred Name	Unit AL	Unit / Oc 214	•	Move in Date 12/20/2021		ve In Date 0/2021	Orig.Moveln 12/20/20		Resident # WTONP3023
			Previo	us address			Previous	Phone #		Le	gal Mailing	address		
					Park, IN, 46219					Same		ous Address		
Sex	Birthda		Age		tal Status		ligion		Race		Occup	ation(s)	Pr	imary Lang.
F	07/22/19		92	Wi	dowed		known		White or Caucasia	n	0:::	1		English
	Мо	ved in F	rom			Move in Loc	cation		Birth Place			enship	IVI	aiden Name
	Medica	Home are (HIC)	#		Med	icaid #			Social Security #			J.S. Veterans Ad	minietr	ation #
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		nce Nam			Insurance	e Policy #:			400 00 0200					
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		D			B:		CARE PRO	JVIDER				LIDIN		NDI
Drimon	Physician	Provider			<b>Phor</b> Office:(317) 355		2040 N S	Shadala-	Address			UPIN	1022	<b>NPI</b> 114774
Primary (Primary					Fax:(317) 355-2		Indianap		u ave				1932	114774
` -	, Sridevi				ax.(317) 333-2	020	46219	Olis, IIN						
	Physician				Office:(317) 338	-8507	2001 W.	86th St					1750	357513
-	em, Marwa	an			Other:(866) 604		Indianap							
	,				Fax:(317) 338-2		46260	,						
Nurse P	ractitioner				Office:(317) 355	-2800	Indianap	olis, IN					1982	174454
Smith, N	/lelissa				Fax:(317) 355-2	828	46201							
	ractitioner						25802 St		9			1982	027785	
Snyder,	Allison						Arcadia,	IN						
N 4 = al: = = 1	C:-!:-4				Office (247) 255	1004	46030	D:44 A	. C.::t- E00				4000	704000
	Specialist ri, Srinivas				Office:(317) 355 Fax:(317) 355-1		Indianap		e Suite 520				1992	704209
vallapui	i, Sillivas				ax.(317) 333-1	303	46219	Olis, IIN						
							PHARM	<b>IACY</b>						
	F	harmac	V			Phone/Fax					Address			
George'	s Pharmac				Phone: (317) 3	59-8278		5317	E 16th St					
					Fax:				napolis, IN, 46218					
	n Pharmac				Phone: (317) 4		·	1	Corporate Drive					
Primary	Contact: J	ohanna	Readi	nger	Fax: (317) 452-				napolis, IN, 46278					
							ERNAL CO	JMIMUN	IIIES					
Comin		munity N	iame		Dhone: (047) 0	Phone		l la '	tol	Co	mmunity Ty	pe		
	nity Hospit nity Heart a		cular		Phone: (317) 35 Phone: (317) 65			Hospi Other						
	& Buchana				Phone: (317) 8				al Home					
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	Name			Cont	tact Type	Re	lationship		Addres	SS			Phone/	Email
Mr. Prie	st, Donald		Billing	Responsil	<u> </u>	Son		2447 S	Briar Park View			Cell:(317)		
				ency Conf				New P	alestine, IN, 46163			Email:		
			Emerg	ency Cont	act # 5							deadeyed	on110	9@gmail.cor
Ms. Prie	st, Sandra		Emerg	ency Cont	act # 2	Daught	ter in law		Briar Park View	Cell:(317) 796-2058				
								Hanco				Office:(317	7) 854	-2591
								New P	alestine, IN, 46163			Email:		
						DIAC	NOSIS IN	EOBM/	\TION			deadeyed	on110	9@gmail.cor
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Priest, Lillian(WTONP30239) - Continued on Page 2

riest, Lillian(WTONP30239) — Continued on Page 2													
MISCELLANEOUS INFORMATION													
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)							
		935											
	Siç	nature			Date	Time							
Perso	nal Effects Sent Wit	th		Relationship	Date	Time							
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				W		errace of					Jul 12	, 2024	16:54:01 ET
				I N		DENT INFO							
	Resident Na		Pi	referred Name	Unit	Unit / Occu	•	Move in Date		ove In Date	Orig.Moveln		Resident #
	Roland, Ma	ary			MC	115-1		07/28/2022	07/2	28/2022	07/28/202	22	WTONP3027
		Previou	ıs address			Previous Ph	one#		L	egal Mailing	a address		5
			d, IN, 461								ous Address		
Sex	Birthdate	Age		al Status	Reli	igion		Race	Jun		pation(s)	Pr	imary Lang.
F	06/18/1935	89	Ma	arried	Unkı	nown		White or Caucasia	n				English
	Moved in	From			Move in Loca	ation		Birth Place		Citiz	enship	Ma	aiden Name
	Hon	пе											
	Medicare (H			Med	licaid #		Social Security #				Veterans Adı	ministra	ation #
	5DE6MN7C												
	Insurance N	ame			ce Policy #:								
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					C	ARE PRO\	/IDER	S					
	Provid	er		Pho				Address			UPIN		NPI
Primary	Physician	•		Office:(317) 462		300 E Boy	d Ste 1					12750	527523
(Primary				Fax:(317) 462-8		Greenfield,							-
,	n, Stephanie			. , , , ,		46140							
Primary	Physician			Office:(317) 497	7-5530	9001 Wesl	eyan F	Rd Suite 100				1326	128281
Lopshire	, John			Fax:(855) 422-5	5182	Indianapoli	is, IN						
						46268						<u> </u>	
	Physician			Office:(317) 338		2001 W. 86						17503	357513
Mustakle	em, Marwan			Other:(866) 604		Indianapoli	lis, IN						
D.:	Diametrica			Fax:(317) 338-2		46260	101.4	00				4000	-0.400.4
	Physician			Office:(317) 462		300 E Boy		00				1922	504034
Smith, O	nivia			Fax:(317) 462-7	089	Greenfield,	, IIN						
Nursa Pi	ractitioner			Office:(317) 497	7-5530		46140 9001 Wesleyan Rd Suite 100					1265	108161
Pulliam,				Fax:(855) 422-5		Indianapoli	-	ta date 100				1200	100101
i amam,	Dittally			1 43(000) 122 0	7102	46268	io, ii t						
Nurse Pi	ractitioner					25802 Stat	te Rd 1	9				19820	027785
Snyder,	Allison					Arcadia, IN	1						
						46030							
						<b>PHARM</b>	ACY						
	Pharm	-			Phone/Fax					Address			
CVS (Ne	ew Pal) (Primary	/)		Phone: (317) 8	61-4838			W. US 52					
	- Di	0.		Fax:	FO 4000			Palestine, IN, 4616	3				
1	n Pharmacy of I		aor	Phone: (317) 4				Corporate Drive					
rimary	Contact: Johan	na Keadin	yer ———	Fax: (317) 452-		RNAL CO		napolis, IN, 46278					
	Community	/ Name			Phone	KIVAL COI	MINION	IIIILO	_	community Ty	/De		
Hancock	Regional	INAIIIE		Phone: (317) 4			Hospi	tal		ommunity 1)	ha		
	Funeral Home			Phone: (765) 3			<del></del>	ral Home					
. Iornage	. anotar rionie			110110. (100) 0		CONTAC							
	Name		Cont	act Type	Rela	ationship		Addres	SS			Phone/l	Email
Carver, I		Billina I	Responsib		Daughte	-	3432 S	Sycamore Lane			Cell:(317)		
				f Attorney for				apolis, IN, 46239			Office:(317		
		Finance		-									r@beazer.
		Durable	e Power of	f Attorney for							com		
		Healtho								001			
		_	ency Conta										
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Shulz, D	anette			f Attorney for	Daughte		_	justa Dr			Cell:(765)		
		Finance		f Attor			Browns	sburg, IN, 46112				utz@b	hiseniorliving
				f Attorney for							com		
		Healtho		act # 2									
		_	ency Contr ency Contr	Contact # 2									
Wyatt, B	ruce		ency Cont		Son					Cell:(562) 445-246		465	
	nd, George			· · ·	Spouse		4400 T	errace Dr		Home:(765) 532-6090			
i (Ola	,				Spouse						51110.(700	-, 552	

#### Roland, Mary(WTONP30275) - Continued on Page 2

CONTACTS													
Name	Contact Type	Relationship	Addres	S	Phone/Email								
Ir. Roland, George		Spouse	Apt 202	Ho	me:(765) 532-6090								
			New Palestine, IN, 46163										
		DIAGNOSIS IN	FORMATION										
1/18/2024 - THROMBOCY	TOPENIA, UNSPECIFIED (D	69.6)	01/18/2024 - UNSPECIFIED	DEMENTIA, UNSPECIF	(F03.90)								
1/18/2024 - OTHER SPEC	FIED ANXIETY DISORD (F	F41.8)	01/25/2023 - ANEMIA, UNSF	PECIFIED (D64.9)									
8/04/2022 - HYPERLIPIDE	MIA, UNSPECIFIED (E78.5)	(	07/22/2022 - DEPRESSION,	UNSPECIFIED (F32.A)									
7/22/2022 - MILD COGNIT	TIVE IMPAIRMENT OF U (G	31.84)	07/22/2022 - ESSENTIAL (P	RIMARY) HYPERTENS	I (I10)								
7/22/2022 - CHRONIC KIE	NEY DISEASE, STAGE (N	J18.31) (	07/22/2022 - AGE-RELATED	PHYSICAL DEBILITY	(R54)								
7/22/2022 - ABNORMAL V	VEIGHT LOSS (R63.4)												
		ADVANCE I	DIRECTIVE										
		MISCELLANEOUS	SINFORMATION										
Date of Discharge	Time L	ength of Stay	Discharged to (I	Mortician Name and Licence	No.)								
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	Signatu	ire		Date	Time								
	D		Deterior and in	D. L.									
	Personal Effects Sent With		Relationship	Date	Time								

Woodland Terrace of New Palestine

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	Res	ident Name	•		Pre	ferred Name	Unit	_	Unit / Occup		Move in Date	Init. M	ove In Date	Orig.Movelr	Date	Resident#
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				ous addre					revious Pho				Legal Mailir			
Sex	/410		kside, Age			e, IN, 46163 Status	P	eligio	317) 459-8	3994 T	Race	Sar		ious Address	D	rimary Lang.
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		Description				BI		CAR	RE PROV	IDER				LIDIN		ND:
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Evermar					'			6219	•							
	,							F	PHARMA	CY						
		Pharmacy	/				Phone/Fax						Address			
		acy of Ind				hone: (317) 4				6530 (	Corporate Drive					
Primary	Contact:	: Johanna	Read	inger	F	ax: (317) 452	-4744			Indian	apolis, IN, 46278					
								ERN	IAL COM	IMUN	ITIES					
Commu		ommunity N pital East	ame			Phone: (317) 3	Phone			Lloopi	tal		Community 1	уре		
Commu	ility i ios	pilai Lasi			·	110ffe. (317) 3	33-1411		CONTAC	Hospi TS	ıaı					
	Name			С	ontac	t Type	Б	Relatio		10	Addre	88			Phone/	/Email
Ruegam			Billing	Respon			Son			842 D	ado Court			Home:(76		
			Durab	le Powe	r of A	Attorney for			N	lobles	ville, IN, 46062			Email:PS	Ruega	mer@aol.com
			Finan													
					r of A	Attorney for										
			Healtl	ncare gency Co		4 4 4										
Dugger,	Sherri			gency Co			Daug	hter	7	′416 W	/ Creekside			Home:(31	7) 460	1-2236
Dugger,	Oncin			gency of	Jillac	λ π <b>Ζ</b>	Daug	iitoi			alestine, IN, 46163			Email:	7) 400	-2250
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Woodland Terrace of New Palestine

							errace of Ne				Jul 12	, 2024	1 16:54:01 E
	Decident No.			Preferred Name		RES nit	DENT INFORM Unit / Occupant		Init Mo	ve In Dete	Orig Mayola	Dete	Resident#
Resident Name F Rusche, John			Fielelieu Naili		AL	220-1	06/17/2022		7/2022	Orig.Moveln 06/17/202		WTONP302	
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Sex	4400 Terrace I	Or apt 2 Age		Palestine, IN, 4	6163	Pol	igion	Race	Sam		ous Address pation(s)	Di	rimary Lang.
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	Acute care		 al	С	ommunit	y Hos	pital North			l	J.S.		
	Medicare (HI	C) #			Medicaid #	#		Social Security #	•		Veterans Ad	ministr	ation#
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Mos	t Recent Hospital	Stay						Allergies					
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	Provide	ar .			Phone		ARE PROVIDI	Address			UPIN		NPI
riman	Provide Provide Physician	<b>7</b> 1		Office:(317)		1	7375 W US 52				UPIN	1710	971734
rimary Primar				Fax:(317) 86			New Palestine					10	011104
	Kristen			(317) 00	. 5520		46163	, <del>.</del>				1	
	Specialist			Office:(317)	468-492	0	801 N State St	reet				1043	201700
innam	aneni, V Chowdi	У		Fax:(317) 46	38-4391		Greenfield, IN						
							46140	,					
	Discourse				Diversi		PHARMACY			Address			
VS (N	Pharma ew Pal)	ıcy		Phone: (317	Phone/Fax Phone: (317) 861-4838			26 W. US 52		Address			
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ptum	RX			Phone: (877	7) 889-58	302	110	W 1 Gloculio, 114, 1010					
				Fax:									
	an Pharmacy of I		,	Phone: (317			<b>I</b>	30 Corporate Drive					
rimary	Contact: Johani	na Read	dinger	Fax: (317) 4	152-4744	EVTE	Ind RNAL COMM	ianapolis, IN, 46278					
	Community	Nama			Pho		RNAL COMM	JNITIES	C	ommunity Ty	/ne		
rlewei	n Mortuary	Name		Phone: (317			Fui	neral Home		on mulity 13	yp <del>o</del>		
	k Regional			Phone: (317				spital					
				,	,		CONTACTS						
	Name		Co	ontact Type		Rel	ationship	Addre	SS			Phone/	
1r. Rus	sche, Steve			sible Party		Son		3 S 50 W Greenfield			Cell:(317)		
	Durable Power		r of Attorney for	r		Gree	enfield, IN, 46140				nil:steve.rusche@gmail.		
			nces rgency Co	ontact # 1							com		
faff, S	herri			r of Attorney for	r In	aught	er				Home:(76	5) 524	-1127
, 0	2444	Finances									Email:mompfaff1127@gn		
		Dura	ble Power	r of Attorney for	r						com		
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		Eme	rgency Co	ontact # 2									
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	024 - OTHER LY					J)		2024 - OTHER SPEC 2024 - OTHER PULM			•		1)
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6/03/2 6/03/2	024 - OTHER SE	IS LIN	OI LOII IL		. (R39.81	1)		2024 - LOSPECIFIED				2.401	D)
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Rusche, John(WTONP30270) -- Continued on Page 2

Rusche, John (WTONF30270) Continued on Fage 2											
MISCELLANEOUS INFORMATION											
Date of Discharge	Time		Mortician Name and Licence No	o.)							
		756									
	Sig		Date	Time							
Person	al Effects Sent Wit	h	Relationship	Date	Time						

Woodland Terrace of New Palestine

		VV				Palestine			Jul 12,	2024 16:54:0
				IDENT INFO						
Resident Name Rusche, Judith		Preferred Name	Unit MC	Unit / Occup 114-1			1nit. Move In Date 06/17/2022		Orig.Moveln I 06/17/202	22 WTONF
	Previous addre	ess		Previous Pho	one#		Le	gal Mailing	address	
N	ew Palestine. IN								us Address	
Sex Birthdate	,	larital Status	Re	ligion		Race			ation(s)	Primary La
F 10/24/1939	84	Married	Unl	nown	١	White or Caucasia	n			English
Moved in	From		Move in Loc	cation		Birth Place		Citize	enship	Maiden Na
Hom								U	.S.	
Medicare (HI	•	Med	licaid #			Social Security #			Veterans Adn	ninistration #
7R12UK3E			"			309-36-0327				
Insurance Na UnitedHealth			772604							
UnitedHealti	icare	9116		YER INFOR	MATIC	) N				
Primary Payer Private	Pay - MC		1.7	TER IN OR	IVIA I I	<b>3</b> 14				
Timary Tayor Frivate	ray - IVIC		ОТ	HER INFOR	ΜΔΤΙ	ON				
Most Recent Hospital	Stav		<u> </u>		WATE	Allergies				
		wn Allergies								
Medicaid Recertific			e's Name							
		J.	ohn							
			C	ARE PROV	IDERS	5				
Provid	er	Phor				Address			UPIN	NPI
imary Physician		Office:(765) 776	6-8000	3500 S Lafo						1780882449
rimary)				Kokomo, IN						
oonesinghe, Deshini				46902						
imary Physician		, ,	Office:(317) 861-4171 7375 \							1710971734
agley, Kristen	Fax:(317) 861-5	Fax:(317) 861-5325 New F								
iman Dhyaisian		Office/(247) 726	5 6004	46163 8904 BASH	LCT CT	т р				1003564717
rimary Physician URPHY, LEIGHA			Office:(317) 735-6001 8904 E Fax:(855) 450-1177 Indian			E D				1003364717
ORI III, ELIONA	1 ax.(000) 400-1	4625								
				PHARMA	CY					
Pharma	acy		Phone/Fax					Address		
VS (New Pal) (Primary		Phone: (317) 8	61-4838		5026 V	V. US 52				
		Fax:				alestine, IN, 4616	3			
			EXTE	ERNAL COM	IMUNI	TIES				
Community	Name		Phone				Co	mmunity Typ	ре	
lewein Mortuary		· · ·	Phone: (317) 467-4918			Il Home				
ancock Regional		Phone: (317) 4	62-5544		Hospita	al				
				CONTAC	TS					
Name		Contact Type	l Re	lationship		Addres	SS			hone/Email
	D.III. D				- 10 O	50.14/.0				250 0500
r. Rusche, Steve	Billing Respor	nsible Party	Son	3		50 W Greenfield			, ,	258-9523
	Durable Powe			3		50 W Greenfield eld, IN, 46140			Email:steve	258-9523 e.rusche@gm
	Durable Powe Finances	nsible Party er of Attorney for		3					, ,	
r. Rusche, Steve	Durable Powe Finances Emergency C	nsible Party er of Attorney for contact # 1		3 G	Greenfie	eld, IN, 46140			Email:steve	e.rusche@gm
	Durable Powe Finances Emergency C	nsible Party er of Attorney for	Son	3 G	Greenfie	eld, IN, 46140 errace Dr			Email:steve	e.rusche@gm
r. Rusche, Steve	Durable Power Finances Emergency Conductor Durable Power Finances	nsible Party er of Attorney for contact # 1	Son	and 4	400 Te	eld, IN, 46140 errace Dr			Email:steve	e.rusche@gm
r. Rusche, Steve	Durable Power Finances Emergency Conductor Durable Power Finances	nsible Party er of Attorney for contact # 1 er of Attorney for	Son	and 4	400 Te	eld, IN, 46140 errace Dr			Email:steve	e.rusche@gm
r. Rusche, Steve	Durable Power Finances Emergency Control Durable Power Finances Durable Power Healthcare Emergency Control Power Finances	nsible Party er of Attorney for contact # 1 er of Attorney for er of Attorney for contact # 1	Son	3 G and 4 A	400 Te	eld, IN, 46140 errace Dr			Email:steve com Cell:(317) 4	e.rusche@gm 432-7017
Rusche, Steve	Durable Power Finances Emergency Control Durable Power Finances Durable Power Healthcare	nsible Party er of Attorney for contact # 1 er of Attorney for er of Attorney for contact # 1	Son	3 G and 4 A	400 Te	eld, IN, 46140 errace Dr			Email:steve com  Cell:(317) 4  Home:(765	e.rusche@gm 432-7017 (i) 524-1127
r. Rusche, Steve	Durable Power Finances Emergency Control Durable Power Finances Durable Power Healthcare Emergency Control Power Finances	nsible Party er of Attorney for contact # 1 er of Attorney for er of Attorney for contact # 1	Son	3 G and 4 A	400 Te	eld, IN, 46140 errace Dr			Email:steve com  Cell:(317) 4  Home:(765 Email:mom	e.rusche@gm 432-7017
r. Rusche, Steve	Durable Power Finances Emergency Control Power Finances Durable Power Healthcare Emergency Control Finances	nsible Party er of Attorney for contact # 1 er of Attorney for er of Attorney for contact # 1 contact # 2	Son Husbar Daught	and 4 A N	400 Te	eld, IN, 46140 errace Dr			Email:steve com  Cell:(317) 4  Home:(765 Email:mom	e.rusche@gm 432-7017 o) 524-1127 upfaff1127@g
r. Rusche, Steve r. Rusche, John aff, Sherri mergency Contact # 3,	Durable Power Finances Emergency Control Power Finances Durable Power Healthcare Emergency Control Finances	nsible Party er of Attorney for contact # 1 er of Attorney for er of Attorney for contact # 1 contact # 2	Son Husbar Daught	3 G and 4 A	400 Te	eld, IN, 46140 errace Dr			Email:steve com  Cell:(317) 4  Home:(765 Email:mom	e.rusche@gm 432-7017 o) 524-1127 upfaff1127@g
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Rusche, Steve Rusche, John aff, Sherri nergency Contact # 3,	Durable Power Finances Emergency Control Durable Power Finances Durable Power Healthcare Emergency Control Emergency Con	nsible Party er of Attorney for contact # 1 er of Attorney for er of Attorney for contact # 1 contact # 2 contact # 3	Son  Husbar  Daught	and 4 A A A A A A A A A A A A A A A A A A	400 TeApt.220	eld, IN, 46140 errace Dr lestine, IN, 46163	OTHER		Email:steve com  Cell:(317) 4  Home:(765 Email:mom com  Other:(317)	e.rusche@gm 432-7017 a) 524-1127 apfaff1127@g
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r. Rusche, Steve r. Rusche, John aff, Sherri mergency Contact # 3, z Rusche 6/17/2022 - MIXED HY 6/17/2022 - MAJOR DI	Durable Power Finances Emergency Control Durable Power Finances Durable Power Healthcare Emergency Control Emergency Con	nsible Party er of Attorney for contact # 1 er of Attorney for er of Attorney for contact # 1 contact # 2 contact # 3  (E78.2) GORDER, SIN (F3	Daught Daught DIAG	and 4 And	400 TeApt.220 New Pa	eld, IN, 46140 errace Dr lestine, IN, 46163			Email:steve com  Cell:(317) 4  Home:(765 Email:mom com  Other:(317)	e.rusche@gm 432-7017 a) 524-1127 apfaff1127@g a) 446-6227
r. Rusche, Steve r. Rusche, John aff, Sherri mergency Contact # 3, z Rusche	Durable Power Finances Emergency Control Durable Power Finances Durable Power Healthcare Emergency Control Emergency Con	nsible Party er of Attorney for contact # 1 er of Attorney for er of Attorney for contact # 1 contact # 2 contact # 3  (E78.2) GORDER, SIN (F3	Daught Daught Daught DiAG	and 4 And	400 TeApt.220 New Pa	eld, IN, 46140 errace Dr lestine, IN, 46163  TION 2 - DEMENTIA IN 2 - ALZHEIMER'S			Email:steve com  Cell:(317) 4  Home:(765 Email:mom com  Other:(317)	e.rusche@gm 432-7017 a) 524-1127 apfaff1127@g a) 446-6227

Rusche, Judith(WTONP30271) -- Continued on Page 2

Rusche, Juditi (WTONF30271) — Continued on Fage 2											
MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Discharged to (I	d to (Mortician Name and Licence No.)								
		756									
	Sig	nature		Date	Time						
Person	al Effects Sent Wit	h	Relationship	Date	Time						

Woodland Terrace of New Palestine Jul 12, 2024 16:54:01 ET RESIDENT INFORMATION Preferred Name Unit Unit / Occupant Move in Date Init. Move In Date Orig.Moveln Date Resident# MC 107-1 10/24/2018 10/24/2018 10/24/2018 **WTONP3007** Previous Phone # Legal Mailing address

Address

560 Legacy Ln, Greenfield, IN, 46140 (317) 935-0888 Same as Previous Address Birthdate **Marital Status** Religion Race Occupation(s) Age

Sex Primary Lang. 01/29/1929 Widowed White or Caucasian Methodist Bell Telephone Engineer English Moved in From Move in Location Birth Place Citizenship Maiden Name Other

Medicaid # Medicare (HIC) # Social Security # Veterans Administration # 4D30PT1JC43 309-26-2530

Insurance Name Insurance Policy #: Medicare

Previous address

#### **PAYER INFORMATION**

Primary Payer Private Pay - MC

Resident Name

Schaefer, Jane

#### OTHER INFORMATION

Most Recent Hospital Stay Allergies Morphine and Related, Lactose Intolerant

Medicaid Recertification Date

		CARE PROVIDERS		
Provider	Phone	Address	UPIN N	NPI
Primary Physician	Office:(765) 776-8000	3500 S Lafontaine	1780882	449
(Primary)		Kokomo, IN		
Moonesinghe, Deshini		46902		
Primary Physician	Office:(317) 861-4171	7375 W US 52	1710971	734
Bagley, Kristen	Fax:(317) 861-5325	New Palestine, IN		
		46163		
Primary Physician	Office:(317) 735-6001	8904 BASH ST STE B	1003564	717
MURPHY, LEIGHA	Fax:(855) 450-1177	Indianapolis, IN		
		46256		
Primary Physician	Office:(317) 338-8507	2001 W. 86th St	17503579	513
Mustaklem, Marwan	Other:(866) 604-2922	Indianapolis, IN		
	Fax:(317) 338-2454	46260		
Nurse Practitioner		25802 State Rd 19	1982027	785
Snyder, Allison		Arcadia. IN		

#### **PHARMACY**

46030

Phone/Fax **Pharmacy** Guardian Pharmacy of Indiana (Primary) Phone: (317) 452-4669 6530 Corporate Drive Primary Contact: Johanna Readinger Fax: (317) 452-4744 ndianapolis, IN, 46278

**EXTERNAL COMMUNITIES** 

Community Name Community Type Phone Community Hospital East Phone: (317) 355-1411 Hospital Shirley Brothers Funeral Home Phone: (317) 897-9606 Funeral Home Hancock Regional Phone: (317) 462-5544 Hospital

CONTACTS	$\sim$	W	TA		7
	υU	1V	IΑ	U	ıo

Name	Contact Type	Relationship	Address	Phone/Email
Mrs. Sommers, Judy	Billing Responsible Party	Daughter	6100 N Broken Arrow Dr	Home:(317) 371-9585
	Durable Power of Attorney for		New Palestine, IN, 46163	Office:(317) 684-5117
	Finances			Email:judysommers@hotmail.
	Durable Power of Attorney for			com
	Healthcare			
	Emergency Contact # 1			
Wilson, Norma	Durable Power of Attorney for	Daughter	7937 Brunerstown Rd	Home:(502) 558-7069
	Finances		Shelbyville, KY	Office:(502) 499-2766
	Durable Power of Attorney for			Email:norma@tri-litesales.com
	Healthcare			
	Emergency Contact # 3			
Sommers, Roger	Emergency Contact # 2	Son-in-law	6100 N Broken Arrow Dr	Home:(317) 861-8262
			New Palestine, IN, 46163	Email:rlsommers@hotmail.
				com

#### **DIAGNOSIS INFORMATION**

04/06/2023 - ALLERGY, UNSPECIFIED (T78.40)	12/02/2020 - UNSPECIFIED DEMENTIA, UNSPECIF (F03.90)
01/28/2019 - URINARY TRACT INFECTION, SITE (N39.0)	11/02/2018 - OLD MYOCARDIAL INFARCTION (I25.2)
10/22/2018 - ESSENTIAL (PRIMARY) HYPERTENSI (I10)	10/22/2018 - ACUTE MYOCARDIAL INFARCTION (I21)

Schaefer, Jane(WTONP30077) -- Continued on Page 2 DIAGNOSIS INFORMATION 10/22/2018 - ATHEROSCLEROTIC HEART DISEASE ... (I25.10) 10/22/2018 - UNSPECIFIED ATRIAL FIBRILLATIO... (148.91) 10/22/2018 - AGE-RELATED OSTEOPOROSIS WITHO... (M81.0) ADVANCE DIRECTIVE Advanced Directive: DNR **MISCELLANEOUS INFORMATION** Time Length of Stay Date of Discharge Discharged to (Mortician Name and Licence No.) 2088 Signature Date Time

Relationship

Date

Time

Personal Effects Sent With

		W	oodland	Terrace of N	lew l	Palestine			Jul 12,	2024 16:54:01 ET
			RESI	DENT INFO	RMA	TION				
Resident Nar	me	Preferred Name	Unit	Unit / Occup	ant	Move in Date	Init. Move	In Date	Orig.Moveln	Date Resident #
Schurr, Linda	a C.		AL	311-1		06/17/2021	06/17/	2021	06/17/202	
	Previous add	ross		Previous Pho	ne #		Ler	ıal Mailin	g address	2
4400 Terrace D		v Palestine, IN, 461	63	(317) 414-78					ous Address	
Sex Birthdate		Marital Status		ligion	004	Race	Carrie		pation(s)	Primary Lang.
F 04/01/1938	86	Married	Unk	nown		White or Caucasia	n			English
Moved in	From		Move in Loc	ation		Birth Place		Citiz	enship	Maiden Name
Nursing	home		Springhu	ırst					J.S.	
Medicare (HI		Med	dicaid #			Social Security #			Veterans Adm	inistration #
5FG1C23A						304-38-9456				
Insurance Na			ce Policy #:							
AnthemBlueCrossI	BlueShield	BAAAI	N5445453	YER INFOR	мат	ON				
Primary Payer Private F	Pay Al		ГА	TER INFORI	VIA I	ON				
Primary Payer Private	Pay - AL		ОТ	HER INFOR	MAT	ION				
Most Recent Hospital	Stav		OI	HER INFOR	VIA I	Allergies				
most recent riospital	-	own Allergies				Allergies				
Medicaid Recertification		Prepaid Funer	ral Arrangeme	ents		Spouse's Name				
Wooding 170001 (III)			Yes			Kenton "Terry"				
				ARE PROVI	DER					
Provide	er	Pho				Address			UPIN	NPI
Primary Physician		Office:(317) 46	2-5252	300 E. Boyd	Ave					1689194086
(Primary)		Fax:(317) 462-8		Greenfield, I						
Morrow, Andrew				46140						
Primary Physician		Office:(317) 462	2-5252	300 E Boyd	Ste 1	00				1275627523
Kinnaman, Stephanie		Fax:(317) 462-8	3010	Greenfield, I	IN					
				46140						
Primary Physician		Office:(317) 33		2001 W. 86t						1750357513
Mustaklem, Marwan		Other:(866) 604		Indianapolis	, IN					
Alta and a Dhanisian		Fax:(317) 338-2		46260	.1 ^	- 0. 11- 000				440400000
Alternate Physician		Office:(317) 468		300 East Bo	-	e Suite 260				1104900323
Nelson, Aaron		Fax:(317) 468-	4091	Greenfield, I 46140	IIN					
Nurse Practitioner		Office:(317) 86	5-6700	8820 S Meri	dan S	Street				1730132032
Heck, Cheryl		Fax:(317) 477-9		Indianapolis		olicci				1700102002
riook, onory		ux.(011) 111 (	3000	46217	,					
Nurse Practitioner				25802 State	Rd 1	9				1982027785
Snyder, Allison				Arcadia, IN						
				46030						
				PHARMA	CY					
Pharma	ю		Phone/Fax					Address		
Express Scripts		Phone: (800) 2	11-1456							
Primary Contact: 800 32		Fax:			N					
Guardian Pharmacy of I						Corporate Drive				
Primary Contact: Johann	na Readinger	Fax: (317) 452	-4/44			apolis, IN, 46278				
0	Neme			RNAL COM	MUN	IIII=0	-			
Community Erlewein Mortuary	Name	Phone: (317) 4	Phone 67-4018	r	Eupo-	al Home	Con	nmunity Ty	rhe	
Hancock Regional		Phone: (317) 4			-uner Hospi					
riancock neglonal		FIIOHE. (317) 4	·UZ-JJ44	CONTACT		ıaı				
Name		Contact Type	Ro	lationship	- C	Addres	38		D	hone/Email
Lusby, Kara	Billing Respo		Daught		2231	Valley View Circle			Cell:(317) 4	
Lassy, Italia		er of Attorney for	Daugiil			polis, IN, 46229			, ,	by@yahoo.com
	Finances			["		,,,				, , ,
		er of Attorney for								
	Healthcare	, -								
	Emergency C									
Schurr-Smith, Terralin	Emergency C	Contact # 2	Daught			eech dr			Cell:(812) 3	
				C	olumb	ous, IN, 47203			Email:schu	rrsmitht@gmail.
									com	
Dunham, Christy	Emergency C	Contact # 3	Daught			State Rd 67			Cell:(317) 5	
				Pe	endle	ton, IN, 46064				nham4@yahoo.
Oak as I had					400 =	D.			com	
Schurr, Linda						errace Dr			Home:(317)	) 414-7854
					pt. 31					
L				ĮN(	ew Pa	alestine, IN, 46163				

# Schurr, Linda C.(WTONP30212) -- Continued on Page 2

DIAGNOSIS	INFORMATION
07/09/2024 - HEARTBURN (R12)	03/29/2023 - NAUSEA WITH VOMITING, UNSPECIF (R11.2)
01/25/2023 - URINARY TRACT INFECTION, SITE (N39.0)	11/29/2022 - CHRONIC PAIN, NOT ELSEWHERE CL (G89.2)
06/03/2021 - HYPOTHYROIDISM, UNSPECIFIED (E03.9)	06/03/2021 - UNSPECIFIED DEMENTIA, UNSPECIF (F03.90)
06/03/2021 - PARKINSON'S DISEASE (G20)	06/03/2021 - LEFT BUNDLE-BRANCH BLOCK, UNSP (I44.7)
06/03/2021 - RHEUMATOID ARTHRITIS, UNSPECIF (M06.9)	06/03/2021 - AGE-RELATED OSTEOPOROSIS WITH (M80.00XA)
06/03/2021 - REPEATED FALLS (R29.6)	06/03/2021 - LOCALIZED EDEMA (R60.0)
06/03/2021 - FRACTURE OF BODY OF STERNUM, I (S22.22XA)	06/03/2021 - PATIENT'S OTHER NONCOMPLIANCE (Z91.14)

### ADVANCE DIRECTIVE

Advanced I	Directive: I	Livina	Will
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Advanced Directive: Living Will						
		MISCELLA	ANEOUS	INFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)
		1121				
	Sig	gnature			Date	Time
Perso	nal Effects Sent Wi	th		Relationship	Date	Time
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Woodland Terrace of New Palestine Jul 12, 2024 16:54:01 ET RESIDENT INFORMATION Preferred Name Unit Resident Name Unit / Occupant Move in Date Init. Move In Date Orig.Moveln Date Resident# Scroggs, Sue A. AL 314-1 04/02/2022 04/02/2022 03/25/2022 **WTONP3025** Previous address Previous Phone # Legal Mailing address 6311 W 900 N, Mccordsville, IN, 46055 Same as Previous Address Sex Birthdate **Marital Status** Religion Race Occupation(s) Primary Lang. Age F 11/27/1942 Widowed Unknown White or Caucasian **English** Moved in From Move in Location Birth Place Citizenship Maiden Name U.S. Home Medicare (HIC) # Medicaid # Social Security # Veterans Administration # 5HY0MU4EJ35 316-42-4151 Insurance Name Insurance Policy #: CIGNA 1290026366 **PAYER INFORMATION** Primary Payer Private Pay - AL OTHER INFORMATION Most Recent Hospital Stay Allergies Amoxicillin, Sulfa Antibiotics Medicaid Recertification Date Prepaid Funeral Arrangements Yes **CARE PROVIDERS** Provider Phone Address UPIN NPI Office:(317) 497-5530 9001 Wesleyan Rd Suite 100 Primary Physician 1326128281 (Primary) Fax:(855) 422-5182 Indianapolis, IN Lopshire, John 46268 Primary Physician Office:(317) 429-0120 Grace at Home 1972152015 Mercer, Kyndra ax:(317) 800-7730 Primary Physician Office:(317) 338-8507 2001 W. 86th St 1750357513 Mustaklem, Marwan Other:(866) 604-2922 Indianapolis, IN Fax:(317) 338-2454 46260 Nurse Practitioner Office:(317) 497-5530 9001 Wesleyan Rd Suite 100 1265108161 Pulliam, Brittany Fax:(855) 422-5182 Indianapolis, IN 46268 Nurse Practitioner 25802 State Rd 19 1982027785 Arcadia, IN Snyder, Allison 46030 PHARMACY Phone/Fax **Pharmacy** Address Phone: (800) 552-8159 CareMark CVS Customer Care Correspondence O Box 6590 ees Summit, MO, 64064 Phone: (317) 452-4669 Guardian Pharmacy of Indiana (Primary) 6530 Corporate Drive Primary Contact: Johanna Readinger Fax: (317) 452-4744 ndianapolis, IN, 46278 **EXTERNAL COMMUNITIES** Community Name Phone Community Type Shirley Brothers Funeral Home Phone: (317) 897-9606 Funeral Home Hancock Regional Phone: (317) 462-5544 Hospital **CONTACTS** Relationship Name Contact Type Address Phone/Email Billing Responsible Party Nephew 16495 Branham Drive Other:(317) 606-8188 Crawford, Kyle Emergency Contact # 1 Fishers, IN, 46040 Email:kyleacrawf@gmail.com Thompson, Doug Durable Power of Attorney for Son 2021 Donna Ave Cell:(315) 720-6426 Endicott, NY, 13760 Email: Finances Durable Power of Attorney for dthompson1369@yahoo.com Healthcare Emergency Contact # 2 Scroggs, Sue Self 4400 Terrace Dr Cell:(317) 694-9292 Apt 314 Email:accarter0225@gmail. New Palestine, IN, 46163 **DIAGNOSIS INFORMATION** 07/03/2024 - HYPOTHYROIDISM, UNSPECIFIED (E03.9) 03/28/2022 - OTHER HYPERLIPIDEMIA (E78.49) 03/28/2022 - MAJOR DEPRESSIVE DISORDER, REC... (F33.1) 03/28/2022 - ANXIETY DISORDER, UNSPECIFIED (F41.9) 03/28/2022 - PSYCHOPHYSIOLOGIC INSOMNIA (F51.04) 03/28/2022 - ESSENTIAL (PRIMARY) HYPERTENSI... (I10) 03/28/2022 - GASTRO-ESOPHAGEAL REFLUX DISEA... (K21.9) 03/28/2022 - FUNCTIONAL DYSPEPSIA (K30)

03/28/2022 - OTHER FATIGUE (R53.83)

Scroggs, Sue A.(WTONP30257) -- Continued on Page 2

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		ADV	ANCE DI	RECTIVE		
Advanced Directive: Living Will; Adva	anced Directive:	DNR				
		MISCELLA	ANEOUS I	NFORMATION		
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Primary Physician		Office:(317) 497		9001 Wesle	-	u Suite 100				1326128281
(Primary) Lopshire, John		Fax:(855) 422-5	010∠	Indianapolis 46268	s, IIV					
Nurse Practitioner		Office:(317) 846	2 2206	755 W Carr	nol Dr	Sto 101				1710213624
Lafree, Brittany		Fax:(317) 846-		Carmel, IN	nei Di	Sie 101				17 102 13024
Lairee, brillariy		rax.(317) 646-	1099	46032						
Nurse Practitioner		Office:(317) 497	7 5530	9001 Wesle	wan D	d Suito 100				1265108161
Pulliam, Brittany		Fax:(855) 422-5		Indianapolis	-	u Suite 100				1203100101
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Pi	harmacy		Phone/Fax					Address		
CVS Pharmacy	патпасу	Phone: (317) 7			1035	S Arlington Ave		Addioss		
Ovornamacy		Fax:	01 0022			apolis, IN, 46237				
Guardian Pharmacy	v of Indiana (Primar		52-4669			Corporate Drive				
Primary Contact: Jo		Fax: (317) 452				apolis, IN, 46278				
	J.			RNAL COM						
Comm	nunity Name		Phone				(	Community Ty	vpe	
St. Francis Hospital		Phone: (317) 5	28-5000		Hospit	al		<u> </u>	•	
Little and Sons		Phone: (317) 8	85-0330		Funera	al Home				
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Name		Contact Type	Re	lationship		Addres	SS		P	hone/Email
Sergi, Roseanne	Billing Respo		Self		8347 F	Piers End Dr			Cell:(317)	
				N	lobles\	/ille, IN, 46062				
Melton, Linda	Durable Pow	ver of Attorney for	Daught	er 5	408 AI	lero Drive			Cell:(317)	627-7221
	Finances			Ir	ndiana	polis, IN, 46237			Email:melt	on_l@att.net
	Durable Pow	ver of Attorney for								
	Healthcare									
	Emergency (									
Sergi, Phil	Emergency (	Contact # 2	Brother			ucker Lane			Home:(317	965-6010
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Sergi, Joanne	Emergency (	Contact # 3	Daught			skbride Way			,	965-0987
				ļir	ndiana	polis, IN, 46222			1	nesergi61@gmail.
Sorgi Poul	Emorgona	Contact # 4	Son	1	45 NI O	200 W			Com	370 0000
Sergi, Paul	Emergency (	COIIIaCi # 4	Sou		45 N 3				nome:(31/	7) 370-0899
Sergi, Steve	Emergency (	Contact # 4	Son			eld, IN, 46140 raham Rd			Home:/317	) 507-5883
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Sergi, Roseanne(WTONP30164) -	Continued on Pag	ge 2				
		DIAGN	OSIS INF	ORMATION		
02/25/2020 - OVERACTIVE BLADD	ER (N32.81)					
		ADV	ANCE DI	RECTIVE		
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Woodland Terrace of New Palestine

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	10832 Harne	ess Court, Ir	ndianapo	olis, IN, 46239		(317) 225-684	5	Same as Prev	ious Address		
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F	07/29/1938	85	Wid	owed							English
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uardia	n Pharmacy of Ir	ndiana (Prim	nary)	Phone: (317) 45	2-4669	65	30 Corporate Drive				
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3/28/20 3/28/20 3/28/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20	Name  Jim  Dood, Deb  Do24 - MUSCLE V  D24 - UNSPECIF  D24 - MIXED HYI  D24 - HYPOKALE  D24 - ESSENTIA  D24 - GASTRO-E  D24 - IRRITABLE  D24 - FATTY (CH	Billing Re Durable F Finances Durable F Healthcar Emergend Emergend VEAKNESS IED LACK ( PERLIPIDE EMIA (E87.6 L (PRIMAR' ESOPHAGE E BOWEL S' HANGE OF)	Conta sponsible Power of Power of ecy Conta cy Conta (GENEI OF COO MIA (E7: 8) Y) HYPE AL REF YNDROI LIVER, ISORDE	ct Type e Party Attorney for  Attorney for  Attorney for  act # 1 act # 2  RALIZED) (M62 RDINATI (R2) 8.2)  ERTENSI (I10) LUX DISEA (KME WITHO (KNOT E (K76.0) RS OF B (M8	Daughte DIAG  (21.9) (58.9) (5.80)	CONTACTS ationship  110 Fish  Prish  NOSIS INFOR 03/28/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/	Addres 34 Galley Way hers, IN, 46040  91 Bills Avenue hers, IN, 46037  MATION  2024 - DIFFICULTY II 2024 - ELEVATED WI 2024 - INSOMNIA, UN 2024 - INTERSTITIAL 2024 - DIAPHRAGMA 2024 - CONSTIPATIC 2024 - CONSTIPATIC 2024 - OTHER SPEC	N WALKING, NOT HITE BLOOD CEL N (E86.0) ISPECIFIED (G47 PULMONARY DI TIC HERNIA WIT IN, UNSPECIFIED FIED JOINT DISC NEY, ACQUIRED	Email:jim com  Home:(3' Email:De com  ELS (R26. L COUN (I	17) 726 .shirclif 17) 712 b.laven 2) 072.829 44.9)	-7072 f@labcorp. -0604 good@yaho
3/28/20 3/28/20 3/28/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20	Name  Jim  Dood, Deb  Dood, Deb	Billing Re Durable F Finances Durable F Healthcar Emergend Emergend VEAKNESS IED LACK ( PERLIPIDE EMIA (E87.6 L (PRIMAR' ESOPHAGE E BOWEL S' IANGE OF) IECIFIED D	Conta sponsible Power of Power of Power of Power of Power of Power of Conta (GENEI OF COO MIA (E7: 5) Y) HYPE AL REF YNDROI LIVER, ISORDE ECTION	ct Type e Party Attorney for  Attorney for  Attorney for  act # 1 act # 2  RALIZED) (M62 RDINATI (R2) 8.2)  ERTENSI (I10) LUX DISEA (KME WITHO (KNOT E (K76.0) RS OF B (M8, SITE (N39.0)	Daughte DIAG  (21.9) (58.9) (5.80)	CONTACTS ationship  110 Fish  03/28/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/	Addres 34 Galley Way hers, IN, 46040  91 Bills Avenue hers, IN, 46037  MATION  2024 - DIFFICULTY II 2024 - ELEVATED WI 2024 - INSOMNIA, UN 2024 - INTERSTITIAL 2024 - DIAPHRAGMA 2024 - CONSTIPATIC 2024 - OTHER SPEC 2024 - CYST OF KIDN	N WALKING, NOT HITE BLOOD CEL N (E86.0) ISPECIFIED (G47 PULMONARY DI TIC HERNIA WIT IN, UNSPECIFIED FIED JOINT DISC NEY, ACQUIRED R09.02)	Email:jim com  Home:(3' Email:De com  ELS (R26. L COUN (I	17) 726 .shirclif 17) 712 b.laven 2) 072.829 (44.9) (25.852)	-7072 f@labcorp. -0604 good@yaho
3/28/20 3/28/20 3/28/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20	Name  Jim  Dood, Deb  Dood, Deb  DO24 - MUSCLE V DO24 - UNSPECIF DO24 - HYPOKALE DO24 - ESSENTIA DO24 - GASTRO-E DO24 - IRRITABLE DO24 - FATTY (CH DO24 - OTHER SP DO24 - URINARY	Billing Re Durable F Finances Durable F Healthcar Emergend Emergend VEAKNESS IED LACK ( PERLIPIDE EMIA (E87.6 L (PRIMAR' ESOPHAGE E BOWEL S' IANGE OF) IECIFIED D TRACT INFI	Conta sponsible Power of Power of Power of Power of Power of Power of Conta (GENEI OF COO MIA (E7: 5) Y) HYPE AL REF YNDROI LIVER, ISORDE ECTION	ct Type e Party Attorney for  Attorney for  Attorney for  act # 1 act # 2  RALIZED) (M62 RDINATI (R2) 8.2)  ERTENSI (I10) LUX DISEA (KME WITHO (KNOT E (K76.0) RS OF B (M8, SITE (N39.0)	Daughte DIAG  (21.9) (58.9) (5.80)	CONTACTS ationship  110 Fish  03/18/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/	Addres 34 Galley Way hers, IN, 46040  91 Bills Avenue hers, IN, 46037  MATION  2024 - DIFFICULTY IF 2024 - ELEVATED WI 2024 - INSOMNIA, UN 2024 - INTERSTITIAL 2024 - DIAPHRAGMA 2024 - CONSTIPATIC 2024 - OTHER SPEC 2024 - CYST OF KIDN 2024 - HYPOXEMIA (	N WALKING, NOT HITE BLOOD CEL N (E86.0) ISPECIFIED (G47 PULMONARY DI TIC HERNIA WIT IN, UNSPECIFIED IFIED JOINT DISC IFIED JOINT DISC IEY, ACQUIRED R09.02)	Email:jim com  Home:(3' Email:De com  ELS (R26. L COUN (I	17) 726 .shirclif 17) 712 b.laven 2) 072.829 (44.9) (25.852)	-7072 f@labcorp. -0604 good@yaho
3/28/20 3/28/20 3/28/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20	Name  Jim  Dood, Deb  Dood, Deb  DOOD, Deb  DOOD, DED  DOOD, DED	Billing Re Durable F Finances Durable F Healthcar Emergend Emergend EMERITATION VEAKNESS IED LACK ( PERLIPIDE EMIA (E87.6 L (PRIMAR' ESOPHAGE E BOWEL S' HANGE OF) PECIFIED D TRACT INFI IED ABDON RN (R12) N OF LEVE	Conta sponsible Power of Power of ecy Conta cy Conta (GENEI OF COO MIA (E7: 6) Y) HYPE AL REF YNDROI LIVER, ISORDE ECTION MINAL P	ct Type e Party Attorney for  Attorney for  Attorney for  act # 1 act # 2  RALIZED) (M62 RDINATI (R2) 8.2)  ERTENSI (I10) LUX DISEA (KME WITHO (K76.0) act RS OF B (M8, SITE (N39.0) ACTIC (R74.1)	Daughte DIAG  .81) 7.9) (21.9) (58.9) (5) (58.9) (1) (22)	CONTACTS ationship  110 Fish  03/28/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/	Addres 34 Galley Way hers, IN, 46040  91 Bills Avenue hers, IN, 46037  MATION  2024 - DIFFICULTY IN 2024 - DEHYDRATIO 2024 - INSOMNIA, UN 2024 - INTERSTITIAL 2024 - DIAPHRAGMA 2024 - CONSTIPATIC 2024 - OTHER SPEC 2024 - CYST OF KIDN 2024 - HYPOXEMIA ( 2024 - HYPOXEMIA ( 2024 - NAUSEA WITH	N WALKING, NOT HITE BLOOD CEL N (E86.0) ISPECIFIED (G47 PULMONARY DI TIC HERNIA WIT IN, UNSPECIFIED FIED JOINT DISC NEY, ACQUIRED R09.02) H VOMITING, UNS CIFIED (R52)	Email:jim com  Home:(3' Email:De com  ELS (R26. L COUN (I CO	17) 726 .shirclif 17) 712 b.laven 2) 072.829 (44.9) (25.852)	-7072 f@labcorp. -0604 good@yaho
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3/28/20 3/28/20 3/28/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20 3/19/20	Name  Jim  Dood, Deb  Dood, Deb  DOOD, Deb  DOOD, DED  DOOD, DED	Billing Re Durable F Finances Durable F Healthcar Emergence Emergence  VEAKNESS IED LACK ( PERLIPIDE EMIA (E87.6 L (PRIMAR' ESOPHAGE E BOWEL S' HANGE OF) PECIFIED D TRACT INFI IED ABDOM RN (R12) N OF LEVE D FRACTUI D ABSENCE	Conta sponsible Power of Power of ecy Conta cy Conta cy Conta (GENEI OF COO MIA (E7: 8) Y) HYPE AL REF YNDROI LIVER, ISORDE ECTION MINAL P	ct Type e Party Attorney for  Attorney for  Attorney for  act # 1 act # 2  RALIZED) (M62 RDINATI (R22 8.2)  ERTENSI (I10)  LUX DISEA (K ME WITHO (K NOT E (K76.0 ERS OF B (M8 , SITE (N39.0 AIN (R10.9)  ACTIC (R74.0 BASE OF (S73 HER SPEC (Z	Daughto DIAG  .81) 7.9) (21.9) 5.80) 0) 02) 2.042D) 990.49)	CONTACTS ationship  110 Fish  NOSIS INFOR 03/28/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/ 03/19/	Addres 34 Galley Way hers, IN, 46040  91 Bills Avenue hers, IN, 46037  MATION  2024 - DIFFICULTY IN 2024 - ELEVATED WI 2024 - DEHYDRATIO 2024 - INSOMNIA, UN 2024 - INTERSTITIAL 2024 - DIAPHRAGMA 2024 - CONSTIPATIC 2024 - OTHER SPEC 2024 - CYST OF KIDN 2024 - HYPOXEMIA ( 2024 - HYPOXEMIA ( 2024 - NAUSEA WITH 2024 - PAIN, UNSPEC 2024 - SOLITARY PU	N WALKING, NOT HITE BLOOD CEL N (E86.0) ISPECIFIED (G47 PULMONARY DI TIC HERNIA WIT IN, UNSPECIFIED FIED JOINT DISC NEY, ACQUIRED R09.02) I VOMITING, UNS CIFIED (R52) LMONARY NODU FALL, SUBSEQU BSENCE OF BOTI	Email:jim com  Home:(3' Email:De com  TELS (R26. L COUN (I'	17) 726 .shirclif 17) 712 b.laven 2) 072.829 (44.9) (25.852) 11.2)	-7072 f@labcorp.  -0604 good@yaho

Shircliff, Marilyn(WTONP30341) -- Continued on Page 2

Silicili, Marilyii(WTONF30341) C	John Lag	<del>6</del>				
		MISCELLA	ANEOUS	INFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	D.)
		105				
	Sig	nature			Date	Time
Person	al Effects Sent Wit	h		Relationship	Date	Time

		W	oodland	Terrace of	New	Palestine			Jul 12, 2	2024 16:54:01 ET
				IDENT INF						
Resident N		Preferred Name	Unit	Unit / Occ	•	Move in Date		ve In Date	Orig.Moveln Da	
Smith, Marc	cella B.		AL	212-	1	09/06/2019	09/0	6/2019	09/06/2019	WTONP3013
	Previous add	Iress		Previous P	hone #		L	egal Mailing	g address	
1123 Edmondson	Ave Apartment 2	7C, Indianapolis, IN	, 46219	(317) 695	-6059		Sam	e as Previ	ous Address	
Sex Birthdate	Age I	Marital Status	Re	ligion		Race		Occup	oation(s)	Primary Lang.
F 08/24/1923	100	Widowed				White or Caucasia		0111		English
	in From		Move in Lo	cation		Birth Place			enship	Maiden Name
Medicare (I	me HIC) #	Mer	dicaid #			Social Security #			J.S. Veterans Admi	nietration #
5XW1AQ9			alouid II			303-26-1321			VOLOTATIO / LATIT	inou duoir n
Insurance		Insuran	ce Policy #:							
AARI	)	0319	997532							
			PA	YER INFO	RMAT	ION				
Primary Payer Private	e Pay - AL									
Mant Dannet Hamit	al Otav		ОТ	HER INFO	RMAT					
Most Recent Hospita	•	cillia Dramathazina	Culfonilon	ida		Allergies				
Medicaid Recertif		cillin, Promethazine,	Suitaniiam	ide						
Wouldald Necella	ioduon Date									
				CARE PRO	VIDER	<b>S</b>				
Prov	ider	Pho				Address			UPIN	NPI
Primary Physician		Office:(317) 35	5-2200	10122 E 1	10th St	Ste 220			1	235150442
(Primary)		Home:(317) 35		Indianapo	lis, IN					
Schaeffer, Teresa		Fax:(317) 355-2		46229						
Primary Physician		Office:(317) 33		2001 W. 8					1	750357513
Mustaklem, Marwan		Other:(866) 604 Fax:(317) 338-2		Indianapo 46260	IIS, IIN					
Nurse Practitioner		1 ax.(317) 330-2	2434	25802 Sta	ate Rd 1	9			1	982027785
Snyder, Allison				Arcadia, I						
				46030						
Medical Specialist		Office:(317) 62	1-8550			Ave Suite 200			1	245207018
Kareti, Kiran				Indianapo	lis, IN					
				46250 <b>PHARM</b>	۸CV					
Phari	macv		Phone/Fax	FHARW	ACI			Address		
CVS (New Pal)	ilacy	Phone: (317) 8			5026	W. US 52		Addiess		
0.0 (		Fax:				Palestine, IN, 4616	3			
Guardian Pharmacy of	f Indiana (Primary				6530	Corporate Drive				
Primary Contact: Joha	nna Readinger	Fax: (317) 452				napolis, IN, 46278				
				ERNAL CO	MMUN	IITIES				
Commun		Dhana (247) 2	Phone		Hanni	4-1	Co	ommunity Ty	/pe	
Community Hospital E Feeney-Hornak Mortua		Phone: (317) 3 Phone: (317) 3			Hospi	ral Home				
r eeney-nornak wortu	ai y	F11011e. (317) 3	133-0101	CONTA	_	ai i ioine				
Name		Contact Type	Re	lationship		Addre	ess		Ph	one/Email
Armentrout, Judy	Billing Respo	onsible Party	Daugh	•	1514 T	ouchstone Dr			Home:(317)	
	Durable Pow	er of Attorney for			Indiana	apolis, IN, 46239			Email:jarme	ntrout@att.net
	Finances									
		er of Attorney for								
	Healthcare	O = 10 t = 1 t 4 d								
Green, Jane	Emergency (	ver of Attorney for	Daugh	tor					Home:(317)	695-6059
Orcen, bane	Finances	of Attorney for	Daugn	toi					, ,	eg@hotmail.com
		er of Attorney for								
	Healthcare	-								
	Emergency (									
Smith, Chris	Emergency (	Contact # 3	Son						Home:(317)	
									1	121064@gmail.
Smith, Marcella			Self						com Cell:(317) 35	59-0769
Ciii, Maroona				NOSIS INF	ORM	ATION			5511.(517) 50	
04/01/2020 - URINAR`	Y TRACT INFEC	TION, SITE (N39				19 - HYPOTHYRO	IDISM. IJ	NSPECIFI	ED (E03.9)	
09/04/2019 - RESTLE			- /			19 - OBSTRUCTIV				.33)
09/04/2019 - OTHER /						19 - BRADYCARDI		•	•	·
09/04/2019 - PRESEN	ICE OF CARDIA	C PACEMAKER (Z9	5.0)	_						

Smith, Marcella B.(WTONP30133) - Continued on Page 2

		ADV	ANCE DI	RECTIVE		
Advanced Directive: Living Will; Adva	anced Directive:	DNR				
		MISCELLA	ANEOUS	NFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)
		1771				
	Sig	nature			Date	Time
Persona	al Effects Sent Wit	h		Relationship	Date	Time

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

				VV				riestine			Jul 12,	2024 16:54:01 E
	D	ant Name		Preferred Name	RIES Unit	IDENT INFO			Init Mar	In Data	Orien Marriello D	eta Destas (1
		ent Name II, Anita		Freierred Name	AL	Unit / Occi		Move in Date 11/29/2018	11/29/		Orig.Moveln D 11/28/2018	
	Stai	ii, Ailila			AL	230-	•	11/29/2010	11/29/	2016	11/20/2010	9
		Pre	vious addre	ss		Previous Ph	hone #		Leg	al Mailing	g address	
		322 ROSS	LN, Greenf	ield, 46140					Same	as Previo	ous Address	
Sex	Birthda		Ma	rital Status	Re	ligion		Race		Occup	oation(s)	Primary Lang.
F	11/07/1				M			Direth Diago		C:4:-	enship	Maidan Nama
	Mo	oved in From			Move in Lo	cation		Birth Place			J.S.	Maiden Name
	Medic	Home are (HIC) #		Me	dicaid #			Social Security #			Veterans Adm	inistration #
		E79UP28		- IVIO	alouid II			309-32-0785			votorano / tam	iniou adon ii
		ance Name		Insuran	ce Policy #:							
	HL	JMANA		H30	775062							
					PA	YER INFO	RMATI	ON				
Primary	<b>y Payer</b> Pr	rivate Pay - <i>i</i>	٩L									
					01	HER INFO	RMATI					
Most	kecent Ho	ospital Stay	ا بنائم ا					Allergies				
N/a	edicaid Pe	certification D	lodine	Prepaid Fune	al Arrangem	ente						
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						CARE PROV	VIDERS	S				
		Provider		Pho				Address			UPIN	NPI
rimary F	Physician			Office:(317) 49	7-5530	9001 Wesl	leyan Ro	d Suite 100			1	326128281
Primary)				Fax:(855) 422-	5182	Indianapol	lis, IN					
opshire,				055 (0.17) 10	7.5500	46268	. 5	10.11.400				205122121
iurse Pra ulliam, E	actitioner	•		Office:(317) 49		Indianapol		d Suite 100			[1	265108161
ulliaili, L	Dillariy			Fax:(855) 422-	7102	46268	115, 111					
						PHARM	ACY					
		Pharmacy			Phone/Fax				,	Address		
uardian	Pharma	cy of Indiana	(Primary)	Phone: (317) 4	52-4669		6530 C	Corporate Drive				
rimary C	Contact: J	Johanna Rea	adinger	Fax: (317) 452				apolis, IN, 46278				
						ERNAL CO	MMUNI	TIES				
`ommuni	ity Hospit	munity Name		Phone: (317) 6	Phone		Hospit	ol.	Com	munity Ty	<b>/ре</b>	
	Mortuary			Phone: (317) 8			<del></del>	al Home				
ichai yx i	Mortuary			i none. (317) e	01-4040	CONTAC		di Fiorne				
	Name		Co	ontact Type	Re	lationship		Addres	SS		Ph	one/Email
tall, Mar		Billi	ng Respon		Son	•	7293 De	erbyShire Dr			Cell:(317) 7	
		Dur	able Power	r of Attorney for			Indiana	polis, 46229			Home:(317)	
			ances									ark2056@yaho
				r of Attorney for							com	
			althcare ergency Co	ontact # 1								
			ergency Co									
	 na		ergency Co		Daugh	ter in law	7293 De	erbyShire Dr			Cell:(317) 7	53-1673
tall, Edn							Hancoc	k			Home:(317)	
itall, Edn							New Pa	lestine, 46163			Email:stallm	ark@att.net
itall, Edn												
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1/29/202	22 - VITA			JNSPECIF (E55		NOSIS INF	3/20/202	2 - URINARY TRA				
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1/29/202 7/13/202 2/09/202	22 - VITA 22 - CELI 20 - ALLE	LULITIS, UN ERGIC RHIN	ISPECIFIE	D (L03.90) PECIFIED (J30.9)	.9)	08 04 01	3/20/202 3/12/202 3/22/201	2 - URINARY TRA 2 - ABNORMAL W 9 - DEMENTIA IN	/EIGHT LC OTHER D	SS (R63 ISEASE	3.4) S CLA (F02.8	3)
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Stall, Anita(WTONP30079) - Continued on Page 2

Stall, Affilia(VV I ONP30079) — Cofful	iueu on Page Z					
		MISCELLA	ANEOUS	INFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	o.)
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Woodland Terrace of New Palestine

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Resident Stringer, F		P	referred Name	Unit AL	Unit / Oc	-	Move in Date 10/07/2023		e In Date /2023	10/07/202		Resident # WTONP303
Sumger, r	Tosaile			AL	302	+- 1	10/07/2023	10/07	12023	10/07/202	3	4
	Previ	ious address			Previous	Phone #		Le	gal Mailing	address		
	Drive Unit		Palestine, IN, 46	163	(317) 34	1-2550		Same		ous Address		
Sex Birthdate	Age		al Status	Re	igion		Race	-	Occup	ation(s)	Pr	imary Lang.
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Pro	vider		Pho				Address			UPIN		NPI
imary Physician			Office:(317) 49	7-6800	5908 Sto	p 11 Rd					1285	665505
rimary)			Fax:(317) 497-6	8801	Indianap	olis, IN						
cGill, Patrick					46237							
imary Physician			Office:(317) 58			75th St S	te 110				1902	398845
bbons, John			Fax:(317) 813-	1346	Indianap 46250	olis, IN						
					PHARI	MACY						
Pha	rmacy			Phone/Fax		WAO I			Address			
uardian Pharmacy		(Primary)	Phone: (317) 4			6530 (	Corporate Drive		, Idai 666			
rimary Contact: Joh	anna Read	dinger	Fax: (317) 452				apolis, IN, 46278					
					RNAL C	OMMUN	ITIES					
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ommunity Hospital	East	<b>Cont</b> g Responsit	act Type	Re Self		4400 Te	errace Drive	SS		Home:(317	341	-2550
ommunity Hospital	East		act Type			4400 Te Unit 30	errace Drive			Home:(317	341	-2550
Name ringer, Rosalie	East Billin	g Responsit	act Type		lationship	4400 Te Unit 30 New Pa	errace Drive 4			Home:(317 Email:Rosie	) 341 e.Strii	-2550 nger@hotma
ommunity Hospital	East  Billin  Dura  Finar	g Responsik ble Power onces	act Type  lle Party  f Attorney for	Self	lationship	4400 Te Unit 30 New Pa 203 Ca	errace Drive 4 alestine, IN, 46163			Home:(317 Email:Rosie com Home:(317	) 341 e.Strii ) 509	-2550 nger@hotma -3304
Name ringer, Rosalie	East  Billin  Dura  Finar  Dura	g Responsik ble Power o nces ble Power o	act Type ole Party	Self	lationship	4400 Te Unit 30 New Pa 203 Ca	errace Drive 4 alestine, IN, 46163 Im Water Way			Home:(317 Email:Rosie com Home:(317	) 341 e.Strii ) 509	-2550 nger@hotma -3304
Name ringer, Rosalie	Billin Dura Finar Dura Heal	g Responsik ble Power onces ble Power othcare	act Type  lle Party  f Attorney for  f Attorney for	Self	lationship	4400 Te Unit 30 New Pa 203 Ca	errace Drive 4 alestine, IN, 46163 Im Water Way			Home:(317 Email:Rosid com Home:(317 Email:Jami	) 341 e.Strii ) 509	-2550 nger@hotma -3304
Name Iringer, Rosalie	Billin Dura Finar Dura Healt Emer	g Responsit ble Power onces ble Power of thcare rgency Cont	act Type  lle Party  f Attorney for  f Attorney for  act # 1	Self Daught	ationship er	4400 Te Unit 300 New Pa 203 Ca Summe	errace Drive 4 alestine, IN, 46163 Im Water Way erville, SC, 29486			Home:(317 Email:Rosic com Home:(317 Email:Jamic com	) 341 e.Strii ) 509 enow	-2550 nger@hotm <i>a</i> -3304 ak@hotmail.
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Name ringer, Rosalie owak, Jamie	Billin Dura Finar Dura Healt Emer	g Responsit ble Power onces ble Power of thcare rgency Cont	act Type  lle Party  f Attorney for  f Attorney for  act # 1	Self Daught	ationship er	4400 Te Unit 30- New Pa 203 Ca Summe	errace Drive 4 alestine, IN, 46163 Im Water Way erville, SC, 29486			Home:(317 Email:Rosic com Home:(317 Email:Jamic com	) 341 e.Strin ) 509 enow ) 529	-2550 nger@hotma -3304 ak@hotmail.
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Name ringer, Rosalie  owak, Jamie  owak, Kevin  /29/2024 - MALIGN /29/2024 - TYPE 2 /29/2024 - MORBII	Billin  Dura  Finar  Dura  Healt  Emer	g Responsit	act Type  ole Party  f Attorney for  f Attorney for  act # 1  act # 2  ENDOMETR  S WITH (E11  OUE TO (E6	Self  Daught  Son-in-  DIAG (C54.1) 42) 6.01)	er  NOSIS IN	203 Ca Summe 203 Ca Summe 204/29/202 04/29/202	errace Drive 4 Alestine, IN, 46163 Im Water Way erville, SC, 29486 Im Water Way erville, SC, 29486  TION 4 - TYPE 2 DIABE 4 - PURE HYPER	TES MEL TES MEL	LITUS W	Home:(317 Email:Rosic com Home:(317 Email:Jamic com Home:(317 Email:Kevir com	) 341 e.Strii ) 509 enow ) 529 npnov	-2550 nger@hotma -3304 ak@hotmail
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Name ringer, Rosalie  Dwak, Jamie  Dwak, Kevin  Dwak, Kevin  Dwak, Type 2  Dyay 2024 - MALIGN  Dyay 2024 - Type 2  Dyay 2024 - MORBII  Dyay 2024 - MAJOR  Dyay 2024 - BODY N	Billin  Dura Finar Dura Healt Emer  JANT NEC DIABETE D (SEVER DEPRES: MASS IND	g Responsit	act Type ble Party  f Attorney for f Attorney for act # 1 act # 2  ENDOMETR S WITH (E11 DUE TO (E6 RDER, REC (F. 0-35 (Z68.35)	Self Daught Son-in- DIAG (C54.1) 42) 6.01) 33.9)	er  NOSIS IN	203 Ca Summe 203 Ca Summe 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202	errace Drive 4 alestine, IN, 46163 Im Water Way erville, SC, 29486 Im Water Way erville, SC, 29486  TION 4 - TYPE 2 DIABE 4 - TYPE 2 DIABE 4 - PURE HYPER 4 - PRIMARY INS 3 - VARICELLA	TES MEL TES MEL CHOLES OMNIA (F CHICKENF	LITUS WI TEROLEM 51.01) POX] (B01	Home:(317 Email:Rosic com Home:(317 Email:Jamic com Home:(317 Email:Kevir com  11) ITH (E11.65 IIA (E78.0)	) 341 e.Strii ) 509 enow ) 529 npnov	-2550 nger@hotma -3304 ak@hotmail
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Name ringer, Rosalie  Dowak, Jamie  Dowak, Kevin  Dowak, Kevin  Dowak - Type 2  Dowak - MALIGN  Dowak - MAJOR  Dowak - MAJ	Billin  Dura Finar Dura Healt Emer  DIABETE D (SEVER DEPRESS MASS INDI NANT MEL DIABETE	g Responsit	act Type ble Party  f Attorney for f Attorney for act # 1 act # 2  ENDOMETR S WITH (E11 / DUE TO (E6 RDER, REC (F 0-35 (Z68.35 S KIN (C43) S (E10)	Self Daught Son-in- DIAG (C54.1) 42) 6.01) 33.9)	er  NOSIS IN	203 Ca Summe 203 Ca Summe 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202 204/29/202	errace Drive 4 alestine, IN, 46163 Im Water Way erville, SC, 29486 Im Water Way erville, SC, 29486  TION 4 - TYPE 2 DIABE 4 - TYPE 2 DIABE 4 - PURE HYPER 4 - PRIMARY INS 3 - VARICELLA [C] 3 - HYPOTHYROI 3 - HYPERLIPIDE	TES MEL TES MEL CHOLES OMNIA (F CHICKENF DISM, UN MIA, UNS	LITUS W FEROLEM 51.01) POX] (B01 ISPECIFIE FPECIFIE	Home:(317 Email:Rosic com Home:(317 Email:Jamic com Home:(317 Email:Kevir com  11) ITH (E11.65 MIA (E78.0) D (E78.5)	) 341 e.Strii ) 509 enow ) 529 npnov	-2550 nger@hotma -3304 ak@hotmail
Name  Iringer, Rosalie  Dowak, Jamie  Dowak, Kevin  1/29/2024 - MALIGN 1/29/2024 - TYPE 2 1/29/2024 - MAJOR 1/29/2024 - BODY N 1/29/2023 - MALIGN 1/08/2023 - DEPRE	Billin  Dura Finar Dura Healt Emer  DIABETE D (SEVER DEPRESS MASS IND NANT MEL DIABETE SSION, UI	g Responsite State of the Power	act Type  ole Party  f Attorney for  f Attorney for  act # 1  act # 2  ENDOMETR  S WITH (E11  DUE TO (E6  RDER, REC (F.  0-35 (Z68.35  S KIN (C43)  S (E10)  D (F32.A)	Self Daught Son-in- DIAG (C54.1) 42) 6.01) (33.9)	er  NOSIS IN	203 Ca Summe 203 Ca Summe 204/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202 04/29/202	errace Drive 4 alestine, IN, 46163 Im Water Way erville, SC, 29486 Im Water Way erville, SC, 29486  TION 4 - TYPE 2 DIABE 4 - PYPE 2 DIABE 4 - PURE HYPER 4 - PRIMARY INS 3 - VARICELLA [C) 3 - HYPOTHYROI 3 - TRIGEMINAL	TES MEL TES MEL CHOLES OMNIA (F CHICKENF DISM, UN MIA, UNS NEURALO	LITUS WI FEROLEM 51.01) POX] (B01 ISPECIFIE FPECIFIE GIA (G50.0	Home:(317 Email:Rosie com Home:(317 Email:Jamic com Home:(317 Email:Kevir com  11) ITH (E11.65 IIA (E78.0) D (E78.5) D)	) 341 9. Strin ) 509 enow ) 529 npnov	-2550 nger@hotma -3304 ak@hotmail
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Stringer, Rosalie(WTONP30324) -- Continued on Page 2

Stringer, Rosalle(WTONP30324)	Continued on Fag	je z				
		MISCELLA	ANEOUS	INFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (I	Mortician Name and Licence No	o.)
		279				
	Sig	nature			Date	Time
Persor	nal Effects Sent Wit	h		Relationship	Date	Time

Woodland Terrace of New Palestine Jul 12, 2024 16:54:01 ET

				RES	IDENT IN	IFORMA	TION					
Resident Nam	ne	Pi	referred Name	Unit	Unit / O	ccupant	Move in Date	Init. Me	ove In Date	Orig.Moveln	Date	Resident#
Szatori, Hildega	rd M.			AL	20	7-1	06/26/2019	06/2	26/2019	06/26/201	19	WTONP3011
, ,												6
	Previou	us address			Previous	Phone #		L	_egal Mailing	address		
247 Legends Cree	k Way A	pt 101, Inc	lianapolis, IN, 4	6201	(317) 85	50-8453		San	ne as Previo	ous Address		
Sex Birthdate	Age	Marit	al Status	Re	eligion		Race		Occup	ation(s)	Pr	imary Lang.
F 05/02/1933	91	Wid	dowed				White or Caucasia	n	L	PN		German
Moved in F	From			Move in Lo	cation		Birth Place		Citiz	enship	M	aiden Name
									ι	J.S.		
Medicare (HIC	C) #		Med	licaid #			Social Security #			Veterans Adr	ninistra	ation #
6F66YR8ME							466-94-1584			003218	32590	2
Insurance Na	me		Insuran	ce Policy #:								
Tricare				•								
				P/	YER INF	ORMATI	ION					
Primary Payer Private P	Pav - Al											
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Most Recent Hospital S	Stav					JAW/ATI	Allergies					
most recent hospital e		lo Knows	Allorgies				riiorgios					
Medicaid Recertifica		No Known	Prepaid Funer	al Arranga	ente							
ivieuicaid recertifica	uon Date				iei ils							
				/es	CARE PR	OVIDER						
					SAKE PR	OVIDER				LIDICI		NE:
Provide	Г		Pho		2027 =	50U 0:	Address			UPIN	1505	NPI
Primary Physician			Office:(317) 62		1		et Suite 100				1528	422516
(Primary)			Fax:(317) 621-	1050	Indiana	polis, IN						
Montgomery, Roddrea					46216							
Primary Physician			Office:(317) 338			. 86th St					1750	357513
Mustaklem, Marwan			Other:(866) 604		Indiana	polis, IN						
			Fax:(317) 338-2		46260							
Primary Physician			Office:(317) 62		l l		et Ste 100				1184	835852
Zirkle, Toby			Fax:(317) 621-4	Indiana	polis, IN							
			46									
Nurse Practitioner						State Rd 1	9				1982	027785
Snyder, Allison					Arcadia	, IN						
					46030							
					PHAR	MACY						
Pharmac				Phone/Fax					Address			
Guardian Pharmacy of In	idiana (P	rimary)	Phone: (317) 4			6530	Corporate Drive					
Primary Contact: Johanna	a Readir	nger	Fax: (317) 452	-4744		Indian	apolis, IN, 46278					
				EXT	ERNAL C	OMMUN	IITIES					
Community I	Name			Phone				С	ommunity Ty	ре		
Community Hospital East	t		Phone: (317) 3	55-1411		Hospi	tal					
Flanner & Buchanan (E.			Phone: (317) 8				al Home					
Post Road Christian Chui			Phone: (317) 8			Churc	:h					
			(-)		CONT	ACTS						
Name		Cont	act Type	Re	elationship		Addres	ss		F	hone/l	Email
Rinaldi, Rosemarie	Billing	Responsib		Daugh		6077 W	V David Wayne Dr	-		Cell:(317)		
didi, i todomano			f Attorney for	Daugi			alestine, IN, 46163			00(017)		
	Financ					1.40441.6						
		ency Cont	act # 1									
	_	ency Cont										
Mr. Rinaldi, VIncent		ency Cont		Son-in	ı-law	6077	avid Wayne Dr			Cell:(317)	965-P	 453
IVII. I VIIIGIGI, VIIIGEIIL	Lineig	Cricy Corle	u∪ι π Δ	5011-111	1011		alestine, IN, 46163			, ,		agmail.com
Stroh, Diana	Fmero	ency Conta	act # 3	Daugh	nter		dupp Farm			Cell:(513)		
Olion, Diana	Lineig	Cricy Corle	uoι π J	Daugi	1101		Chester, OH, 45069			Email:fireb		
				DIAC	NOSIS II					Liliaii.iiieb	. ⊂w∠(	gaoi.com
44/45/0000 01/004/105	DAIN' 11	OT CL OC'4	ILIEDE OL (O					DLIAGE	VI DEC	V DICEA "	04.0	
11/15/2022 - CHRONIC F							22 - GASTRO-ESO			х DISEA (K	<b>2</b> 1.9)	
05/29/2022 - OTHER SP							19 - ANEMIA, UNS			D DEC (=:	0.0	
06/24/2019 - UNSPECIFI							19 - MAJOR DEPR					
06/24/2019 - ESSENTIAL						06/24/201	19 - OSTEOPORO	SIS WIT	H CURRE	NT PATH (M	180)	
06/24/2019 - AGE-RELA	TED OS	TEOPORO	OSIS WITH (N									
				Al	DVANCE	DIRECT	IVE					
Advanced Directive: DNE	\											

Advanced Directive: DNR

Szatori, Hildegard M.(WTONP30116) -- Continued on Page 2

Szatori, mildegard w.(w ronesorri	o) Conunuea on	raye z				
		MISCELLA	ANEOUS	INFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (I	Mortician Name and Licence No	).)
		1843				
	Sig	nature	•		Date	Time
Person	al Effects Sent Wit	h		Relationship	Date	Time

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

						IDENT IN	EODMA:	Palestine			our 12,	2024 16:54	.01 L
	Resident Na	20		referred Name	Unit	Unit / Oc		Move in Date	Init. Move	In Deta	Orig.Moveln D	oto Bost	dent#
	Thompson, Sh			referred Name	AL	301	-	02/16/2024	02/16/2		02/16/2024	4 WTON	NP303
		Provid	us address			Previous I	Phone #		l en:	al Mailing	address		6
	4400 Terrace Dr				163	(317) 84					ous Address		
Sex	Birthdate	Age		al Status		ligion	0 0020	Race	- Carrie c		ation(s)	Primary L	ang.
F	06/30/1933	91	Wi	dowed		known	_	Declined to Spec	ify	-		Englis	
	Moved in	From			Move in Lo	cation		Birth Place		Citiz	enship	Maiden N	
	Medicare (HI	•		Med	icaid#			Social Security #			Veterans Adm	inistration#	
	3GG8PT9M							309-32-1164					
	Insurance Na			Insuranc	e Policy #:								
	Medicare	9			DΛ	YER INFO	DMATI	ON					
Drime	Day Boyon Dais sate 1	D A1			PA	YEK INFO	JRIMATI	ON					
Prima	<b>ary Payer</b> Private f	ay - AL			ОТ	HER INFO	DMATI	ON					
Mos	t Recent Hospital	Stav			O1	HEK INFO	JNWATI	Allergies					
11103	- Recent Hospital		Lidocaine	Keflex, Penicillir	s Sulfa Ar	tibiotics		raidigida					
	Medicaid Recertifica				n's Status	1.1.5101103							
-					teran								
						CARE PRO	OVIDER	S					
	Provide	er		Pho	ne			Address			UPIN	NPI	
imary	Physician			Office:(317) 497	'-5530	9001 We	sleyan R	d Suite 100			1	326128281	Ī
rimary	y)			Fax:(855) 422-5	182	Indianap	olis, IN						
	e, John					46268							
-	Physician			Office:(317) 62				Suite 231			1	003817297	,
arper,	Jodie			Fax:(317) 355-8	3750	Indianap	olis, IN						
						46219 <b>PHARN</b>	AACV						
	Pharma	CV.			Phone/Fax	PHARI	VIAC I		,	Address			
uardia	an Pharmacy of I		Primary)	Phone: (317) 4			6530.0	Corporate Drive	<i>'</i>	Audi ess			
	Contact: Johann			Fax: (317) 452			l l	apolis, IN, 46278					
				(011) 102		ERNAL CO							
	Community	Name			Phone				Comi	munity Ty	ре		
ommu	ınity Hospital Eas	t		Phone: (317) 3	55-1411		Hospit	al					
anner	· & Buchanan (E.	Wash)		Phone: (317) 8	98-4462			al Home					
						CONTA	ACTS						
	Name			act Type	Re	lationship		Addre	SS			one/Email	
orlows	ski, Catherine	_	Responsib	-			11715 F				Home:(317)	840-6525	
		Durab		f Attorney for			Suite 40						
								polis, IN, 46236					
		Finan		a at # 2			IIIulalia	polis, 114, 40200					
aain	Dana	Finan Emerç	ency Cont		Daugh	ter					Home:(812)	344-5839	
ggin,	Dana	Finand Emerg Durab	<u>jency Cont</u> le Power o	act # 2 f Attorney for	Daugh	ter	13555 E	Bellsville Pike			Home:(812)	344-5839	
iggin,	Dana	Finand Emerg Durab Health	jency Cont le Power o icare	f Attorney for	Daugh	ter	13555 E				Home:(812)	344-5839	
	Dana son, Shirley	Finand Emerg Durab Health	<u>jency Cont</u> le Power o	f Attorney for	Daugh Self	ter	13555 E Columb	Bellsville Pike			Home:(812)		
		Finand Emerg Durab Health	jency Cont le Power o icare	f Attorney for		ter	13555 E Columb	Bellsville Pike bus, IN, 47201 errace Drive			, ,		
		Finand Emerg Durab Health	jency Cont le Power o icare	f Attorney for	Self		13555 E Columb 4400 Te Unit 30 New Pa	Bellsville Pike rus, IN, 47201 errace Drive 1 ilestine, IN, 46163			, ,		
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nomps 1/04/20 1/04/20	son, Shirley 024 - UNSPECIF 024 - ALTERED	Finand Emerg Durab Health Emerg	gency Contile Power of care gency Continues Cont	f Attorney for act # 1 INSPECIF (F0, UNSPECI (R	Self  DIAG 3.90) 41.82)	NOSIS IN	13555 E Columb 4400 Te Unit 30 New Pa 1FORMA 04/04/202 01/25/202	Bellsville Pike rus, IN, 47201  errace Drive 1 slestine, IN, 46163 TION 4 - HYPOTENSIO 4 - HYPOPARATI	N, UNSPEC	1, UNSP	Home:(317) 195.9) ECIFIE (E20	840-6525	
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1/04/20 1/04/20 1/25/20 1/25/20 1/25/20	son, Shirley 024 - UNSPECIF 024 - ALTERED 024 - DEMENTIA 024 - ANXIETY [	Finander Emerger Durab Health Emerger	MENTIA, U STATUS.  ER, UNSP	f Attorney for act # 1  INSPECIF (F0, UNSPECI (R) SES CLA (F0) ECIFIED (F41.9)	Self  DIAG 3.90) 41.82) 2.83)	INOSIS IN	13555 E Columb 4400 Te Unit 30 New Pa 1FORMA 04/04/202 01/25/202 01/25/202 01/25/202	Bellsville Pike ous, IN, 47201  errace Drive 1 flestine, IN, 46163 TION 4 - HYPOTENSIO 4 - HYPOPARATI 4 - DEPRESSION 4 - ALZHEIMER'S	N, UNSPEC HYROIDISM , UNSPECI DISEASE PRIMARY) I	I, UNSP FIED (F: WITH LA HYPERT	Home:(317)  195.9)  ECIFIE (E20 32.A)  ATE (G30.1)  ENSI (I10)	840-6525	

Thompson, Shirlev(WTONP30336) - Continued on Page 2

Date of Discharge	Time	Length of Stay	Discharged to	(Mortician Name and Licence No	ı.)
		147			
	Sig	nature		Date	Time
Personal Effe	ects Sent Wit	h	Relationship	Date	Time

Woodland Terrace of New Palestine

Jul 12, 2024 16:54:01 ET

					V V			Ce of INE					Jul 12	2, 202	4 16:54:01 ET
	Resident	t Name		Pro	eferred Name	Unit		it / Occupa		ove in Date	Init Mo	ve In Date	Orig.Movelr	Date	Resident#
	Topper,					AL	0	328-1		1/13/2023		3/2023	01/13/20		WTONP30
		Pı	revious add	Iress			Prev	ious Phon	e #		L	egal Mailin	g address		
	46	607 E 00	NS, Kokon	no, IN	l, 46901		(765	5) 457-654	48		Sam	e as Previ	ous Address		
Sex	Birthdate		е	Marita	I Status		Religion			Race		Occu	pation(s)	Р	rimary Lang.
F	08/04/193	8 85	5	Wid	owed		Christian			White					English
	Move	ed in Fron	ו			Move in	Location			Birth Place			zenship	N	laiden Name
		4110\ #											U.S.		
	Medicare	9 (HIC) #			Med	dicaid #				cial Security #			Veterans Ad	iministi	ation #
	Insuranc	na Nama			Incuran	ce Policy #	4-		3	15-52-1571					
	Medi					Q3XW9									
					00			INFORM	ATION						
Prima	ry Payer Priva	ate Pav -	- AL												
	, , , , , , , ,	ato . ay	,			(	OTHER	INFORM	ATION						
Most	Recent Hosp	oital Stay								rgies					
			Amoxi	cillin,	Aspirin, Clavula	anic Acid	, Clindan	nycin, Lisii	nopril, Sul	famethoxazo	le, Augn	nentin			
N	ledicaid Rece	rtification	Date		Vetera	n's Status									
					No S	Service									
							CARE	PROVID							
		ovider			Pho					dress			UPIN		NPI
	Physician				Office:(317) 497		I	1 Wesleya		te 100				1326	128281
rimary	,			ľ	Fax:(855) 422-5	5182		anapolis, l	IN						
	, John Physician				Office:(317) 338	9 9507	462	08 1 W. 86th	C+					1750	357513
-	em, Marwan				Other:(866) 604			anapolis, l						1730	337313
aotani	on, marwan				=ax:(317) 338-2		462								
urse P	ractitioner			_	Office:(317) 497			1 Wesleya	an Rd Suit	te 100				1265	108161
ulliam,	Brittany				ax:(855) 422-5			anapolis, l							
							462	68							
	ractitioner							02 State F	Rd 19					1982	027785
nyder,	Allison							adia, IN							
							460		V						
	Dh					Dhara (Ea		IARMAC	Υ			Address			
uordio	n Pharmacy	armacy of India	oo (Drimor		Phone: (317) 4	Phone/Fa		65	20 Corno	rate Drive		Address			
	Contact: Joh		•		Fax: (317) 452					s, IN, 46278					
iiiiaiy	Contact. Joi	nama ix	cauniger				СОММ			ta Found)					
	Commu	unity Nam	ne			Phone					Co	ommunity T	vpe		
		•											-		
							CC	DNTACT	S						
	Name			Conta	ct Type		Relationsh	hip		Addre	SS			Phone	/Email
endrix,	Teresa		lling Respo			Dau	ghter		39 Fox Tra				Home:(31	,	
				ver of	Attorney for			Ne	w Palestin	ie, IN, 46163			Other:(31	7) 443	-0901
			nances		A., 6								Email:		
				ver of	Attorney for									idrix20	)10@gmail.
			ealthcare mergency	Conto	ot # 1								com		
ansen	Wendy		nergency			Gran	nddaught	er 506	3 W 5th St	•			Other:(76	5) 437	-3055
ai 10011,	Tonay	-'	gorioy	Jonia	Ot II Z	O a	Jacaugill		eridan, IN,				,	,	-3033 er21@aol.co
						DIA	AGNOSI	S INFOR	RMATION	V					
3/21/20	24 - GASTF	ROINTES	STINAL HE	MOR	RRHAGE, U (						FICIENC	CY, UNSP	ECIF (E55.	9)	
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/17/20					THY (G93.41)	. ,							ECIFIE (I38		
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Topper, Bettv(WTONP30296) - Continued on Page 2

Topper, Betty(WTONF30290) — Continued on Fage 2											
MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay			Mortician Name and Licence No	o.)					
	Sig	nature			Date	Time					
Person	al Effects Sent Wit	h		Relationship	Date	Time					

Woodland Terrace of New Palestine Jul 12, 2024 16:54:01 ET RESIDENT INFORMATION **Preferred Name** Unit Resident Name Unit / Occupant Move in Date Init. Move In Date Orig.MoveIn Date Resident# Vessels, Miriam AL 342-1 11/12/2021 11/12/2021 11/12/2021 **WTONP3023** Previous address Previous Phone # Legal Mailing address 5045 W. 52nd Street Apt. 407, Indianapolis, IN, 46239 Same as Previous Address Sex Birthdate **Marital Status** Religion Race Occupation(s) Primary Lang. Age 05/16/1938 White or Caucasian Divorced Unknown **English** Moved in From Birth Place Citizenship Maiden Name Move in Location Home Medicare (HIC) # Medicaid # Social Security # Veterans Administration # 4XV2Y55UN85 418-45-6753 Insurance Name Insurance Policy #: AARP 0149713161 **PAYER INFORMATION** Primary Payer Private Pay - AL OTHER INFORMATION Allergies Most Recent Hospital Stay Demerol, Sulfa Antibiotics, Adhesive Tape Medicaid Recertification Date **CARE PROVIDERS** Provider Phone Address UPIN NPI Primary Physician Office:(317) 497-5530 9001 Wesleyan Rd Suite 100 1326128281 (Primary) Fax:(855) 422-5182 Indianapolis, IN 46268 Lopshire, John Office:(317) 338-8507 2001 W. 86th St 1750357513 Primary Physician Mustaklem, Marwan Other:(866) 604-2922 Indianapolis, IN Fax:(317) 338-2454 46260 Office:(317) 718-7422 Primary Physician 1402 E County Line Rd 1548421985 Radadiya, Pragneshkumar Other:(866) 348-5840 Indianapolis, IN Heart 2 Heart Hospice Fax:(317) 718-7433 46227 Alternate Physician Office:(317) 688-5964 11645 Illinois St 1881686848 Carmel, IN Wu, Hillary 46032 Dentist 1962510610 Office:(317) 353-1062 IN Bendush, Bradley Office:(765) 646-8444 2210 Jackson St 1487689527 Psychiatrist Fax:(765) 683-3115 Anderson, IN Buckles, Craig 46016 9001 Wesleyan Rd Suite 100 Nurse Practitioner Office:(317) 497-5530 1265108161 Indianapolis, IN Pulliam, Brittany Fax:(855) 422-5182 46268 25802 State Rd 19 1982027785 Nurse Practitioner Snyder, Allison Arcadia, IN 46030 Nurse Practitioner Office:(317) 561-5000 7910 N Shadeland Ave 1528248168 Tompkins, Rebecca Fax:(310) 337-1081 Castleton, IN 46250 Office:(317) 887-7799 Medical Specialist 3850 South Emerson Ave Ste C 1689053290 Ray, Erin Fax:(317) 355-8750 Indianapolis, IN 46203 **PHARMACY** Phone/Fax Address Pharmacy CVS (New Pal) (Primary) Phone: (317) 861-4838 5026 W. US 52 New Palestine, IN, 46163 Fax: Phone: (317) 452-4669 6530 Corporate Drive Guardian Pharmacy of Indiana Primary Contact: Johanna Readinger ndianapolis, IN, 46278 Fax: (317) 452-4744 **EXTERNAL COMMUNITIES** Community Name Community Type Phone Community Hospital East Phone: (317) 355-1411 Hospital Washington Park Memorial Phone: (317) 898-4462 Funeral Home CONTACTS

#### Name Contact Type Relationship Address Phone/Email Winslow, Emily Billing Responsible Party Daughter 12571 East Ballentine Rd Home:(480) 221-2346 Durable Power of Attorney for Fmail. Gold Canyon, AZ, 85118 Finances emilybethwinslow@gmail.com Emergency Contact # 2

# Vessels, Miriam(WTONP30237) -- Continued on Page 2

CONTACTS											
Name	Contact Type	Relationship	Address	S	Phone/Email						
Winslow, Donald	Durable Power of Attorney for	Son	125 Wildwood Drive		Home:(765) 462-6367						
	Healthcare		Hagerstown, IN, 47346								
	Emergency Contact # 3										
Johnson, Evelyn	Emergency Contact # 1	Daughter	1608 Touchstone Dr.	Home:(317) 514-4827							
			Indianapolis, IN, 46239		Email:evelynfaye@comcast.						
		DIAGNOSIS IN	FORMATION		net						
02/02/2024 - UNSPECIFII	ED DEMENTIA, UNSPECIF (F03.		1/29/2024 - MALIGNANT NE	EOPLASM OF UNSP	ECIF (C50.919)						
01/29/2024 - PURE HYPE	RCHOLESTEROLEMIA, UNS (E		1/29/2024 - RESTLESS LEC		· · · · · ·						
01/29/2024 - INSOMNIA,	UNSPECIFIED (G47.00)	0	1/29/2024 - POLYNEUROP	ATHY, UNSPECIFIE	D (G62.9)						
01/29/2024 - ENCEPHAL	OPATHY, UNSPECIFIED (G93.40)	0	1/29/2024 - UNSPECIFIED	ATRIAL FIBRILLATION	D (I48.91)						
01/29/2024 - DIVERTICU	LITIS OF INTESTINE, P (K57.92)	0	1/29/2024 - PRURITUS, UN	SPECIFIED (L29.9)							
01/29/2024 - NASAL CON	IGESTION (R09.81)	0	01/29/2024 - FREQUENCY OF MICTURITION (R35.0)								
01/29/2024 - OTHER AMI	NESIA (R41.3)	0	01/29/2024 - OTHER FATIGUE (R53.83)								
01/29/2024 - OTHER SPE	CIFIED POSTPROCEDURAL (Z	98.890) 0	01/04/2023 - ACUTE EMBOLISM AND THROMBOSIS (182.409)								
12/28/2022 - URINARY T	RACT INFECTION, SITE (N39.0)	1	12/08/2022 - HEREDITARY AND IDIOPATHIC NEUR (G60)								
11/22/2021 - OBSTRUCT	IVE SLEEP APNEA (ADULT (G47	7.33) 1	11/03/2021 - ARTHROPATHY, UNSPECIFIED (M12.9)								
11/03/2021 - CHRONIC K	IDNEY DISEASE (CKD) (N18)		11/03/2021 - ELEVATED BLOOD-PRESSURE READIN (R03.0)								
			DIRECTIVE								
Advanced Directive: CPR											
	, and the second se	MISCELLANEOUS	INFORMATION								
Date of Discharge	Time Lengt	h of Stay	Discharged to (N	Nortician Name and Lice	nce No.)						
		973									
	Signature	,		Date	Time						
	Personal Effects Sent With		Relationship	Date	Time						

				DENT INFO	ORMA	TION				
Resident		Preferred Name	Unit	Unit / Occ	•	Move in Date		e In Date	Orig.Moveln I	
Voge, J	ohn		AL	326-	1	03/31/2023	03/31	/2023	03/31/202	
	Previous a	address		Previous Pl	hone #		Le	gal Mailing	address	4
7331 W		Palestine, IN, 46163		(317) 294-					ous Address	
Sex Birthdate	Age	Marital Status	Re	igion		Race			oation(s)	Primary Lang.
M 10/11/1944	79	Widowed	Unk	nown		- Declined to Spec	fy			English
	d in From		Move in Loc	ation		Birth Place			enship	Maiden Name
Private home/apt.									J.S.	
Medicare	(HIC) #	Me	dicaid #			Social Security #			Veterans Adn	ninistration #
Incurance	Nome	Incurrer	oo Dollov #1			317-42-2279				
Insurance UnitedHealth			872604							
Officed feath	Carerro	911		YER INFO	RMATI	ON				
Primary Payer Private	te Pav - AL									
, , , , , , ,	.o. ay 7		ОТ	HER INFO	RMAT	ON				
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			eteran							
				ARE PRO	VIDER					
	vider	Pho		0000000		Address			UPIN	NPI
imary Physician		Office:(317) 49			•	d Suite 100				1326128281
rimary)		Fax:(855) 422-	5182	Indianapol	iis, IN					
pshire, John imary Physician		Office:(317) 33	Q_Q507	46268 2001 W. 8	6th St			-		1750357513
ustaklem, Marwan		Other:(866) 60		Indianapol						1750357513
JStaklem, Marwan		Fax:(317) 338-		46260	113, 11 <b>4</b>					
imary Physician		Office:(317) 78		2030 Chur	chman	Ave #A				1629075429
thersen, Victoria				Beech Gro						
·				46107						
urse Practitioner		Office:(317) 49	7-5530	9001 Wes	leyan R	d Suite 100				1265108161
ılliam, Brittany					lis, IN					
				46268						
urse Practitioner				25802 Sta		9				1982027785
nyder, Allison				Arcadia, IN 46030	N					
edical Specialist		Office:(317) 89	3_1000	5330 E Sto	on 11 P	load				1407828817
naikh, Saeed		Fax:(317) 893-		Indianapol		oau				1407020017
, 20000				46237	,					
				PHARM	ACY					
	rmacy		Phone/Fax					Address		
uardian Pharmacy o	•					Corporate Drive				
imary Contact: Joha	anna Readingei	r Fax: (317) 452		DNAL COL		apolis, IN, 46278				
Commu	nih / Nama		Phone	RNAL CO	WINCK	IIIES	Con	nmunity Ty		
ancock Regional	nity Name	Phone: (317)			Hospi	tal	COI	illiullity i	rpe	
inocok i togional		r none. (617)	102 00 1 1	CONTAC						
Name		Contact Type	Re	lationship		Addre	SS		Р	hone/Email
bin, Cynthia	Billing Res	sponsible Party	Step-da	aughter	7331 V	/ Beyers Ct			Home:(317	7) 379-4996
	Durable P	ower of Attorney for			New Pa	alestine, IN, 46163			Email:Gold	il0x46055@gma
	Finances								com	
		ower of Attorney for								
	Healthcare									
	⊫mergenc	cy Contact # 1	Con in	low					Homa:/247	374 2002
hin loc		ower of Attorney for	Son-in-	idW					⊓ome:(31/	) 374-3992
bin, Joe	Durable P									
bin, Joe	Durable P	ower of Attorney for							1	
bin, Joe	Durable Po Finances Durable Po	ower of Attorney for								
bin, Joe	Durable Portion Properties Proper	e								
bbin, Joe	Durable Position Finances Durable Position Healthcare Emergence	•	Grands	on					Home:(765	6) 610-6425
	Durable P Finances Durable P Healthcare Emergenc Emergenc	e cy Contact # 2	Grands Grands		11139	Lisa Ct				(i) 610-6425 (i) 692-1020
bin, Jonathan	Durable P Finances Durable P Healthcare Emergenc Emergenc	e cy Contact # 2 cy Contact # 3	Grands	on	Indiana	polis, IN, 46235				,
obin, Jonathan oge, Tristian	Durable Pr Finances Durable Pr Healthcare Emergence Emergence	e exy Contact # 2 exy Contact # 3 exy Contact # 4	Grands	on NOSIS INF	Indiana ORM <i>A</i>	polis, IN, 46235			Home:(317	,
bin, Jonathan	Durable Prinances Durable Prinances Durable Prinances Emergence Emergence Emergence Emergence	e e e e e e e e e e e e e e e e e e e	Grands	nOSIS INF	Indiana ORM <i>A</i> /06/202	polis, IN, 46235			Home:(317	,

Voge, John(WTONP30304) - Con	tinued on Page 2					
		DIAGN	OSIS INF	ORMATION		
03/22/2023 - OTHER AMNESIA (F	R41.3)					
		ADV	ANCE DI	RECTIVE		
		MISCELLA	NEOUS	INFORMATION		
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	).)
		469				
	Sig	nature			Date	Time
Perso	nal Effects Sent Wit	th		Relationship	Date	Time

Woodland Terrace of New Palestine

.lul 12 2024 16:54:01 FT

Resident Nam Mr. Wheeling, Wil			DESI	DENT INCOD	MATION				
				DENT INFOR					
Mr. Wheeling, William G.		Preferred Name Bill	<b>Unit</b> AL	Unit / Occupar 222-1	10/29/2021	10/29/2021	Orig.Movel		Resident # WTONP302
	Previous addre	ess		Previous Phone	#	Legal Mai	ling address		5
6797 Sandwa	uter Trail, Pinella	s Park, FL, 33781					evious Address	;	
Sex Birthdate	Age Ma	arital Status	Reli	gion	Race	Oc	cupation(s)	Pri	mary Lang.
M 12/31/1938	85 \	Widowed	Unk	nown	White or Caucasia				English
Moved in F			Move in Loca	ation	Birth Place	C	itizenship	Ma	iden Name
Home							U.S.	1	
Medicare (HIC	•	Med	icaid #		Social Security #		Veterans A	dministra	tion #
311381050 Insurance Nai		Incuron	e Policy #:		311-38-1050				
AARP	iie .		772604						
70111		0110		YER INFORM	ATION				
Primary Payer Private P	av - AL								
, ,			ОТІ	HER INFORM	ATION				
Most Recent Hospital S	Stay				Allergies				
	Shell Fis	sh							
Medicaid Recertifica	tion Date	Prepaid Funer	al Arrangeme	nts	Veteran's Status				
		Υ	'es		WW2 Veteran				
				ARE PROVID					
Provide	r	Pho			Address		UPIN		NPI
Primary Physician		Office:(317) 497		1	n Rd Suite 100			13261	28281
Primary)		Fax:(855) 422-5	182	Indianapolis, I	N				
opshire, John Primary Physician		Office:(317) 338	9507	46268 2001 W. 86th	C+			17502	57513
Mustaklem, Marwan		Other:(866) 604		Indianapolis, I				17503	3/313
iustakiem, iviai wan		Fax:(317) 338-2		46260	IN				
lurse Practitioner		Office:(317) 497			n Rd Suite 100			12651	08161
Pulliam, Brittany	* * *				N				
		, ,		46268					
lurse Practitioner	urse Practitioner				Rd 19			19820	27785
Snyder, Allison			Arcadia, IN						
				46030					
				PHARMAC	<u>Y</u>				
Pharmac	•		Phone/Fax	50	47 E 401 01	Addres	S		
George's Pharmacy (Prin	nary)	Phone: (317) 3	59-8278		17 E 16th St				
Guardian Pharmacy of In		Fax: Phone: (317) 4	52-4669		dianapolis, IN, 46218 30 Corporate Drive				
Primary Contact: Johann		Fax: (317) 452-			dianapolis, IN, 46278				
milary comact. condition	a reduinger	ax. (011) 102		RNAL COMM					
Community I	Name		Phone			Community	Туре		
Community Hospital Sout	th	Phone: (317) 8	87-7000	Ho	spital	-			
leptune Society Cremati	on Services	Phone: (317) 8	15-5517		neral Home				
				CONTACTS	3				
Name		ontact Type		ationship	Addre	ss		Phone/E	
/r. Bechtel, Matthew	Billing Respon	•	Step-so	-	7 Sandwater Trail		Home:(72	,	4247
		r of Attorney for		Pin	ellas Park, FL, 33781		Email:Ma		nom
	Finances	r of Attorney for					Bechtel@	ууапоо.0	וווטג
	Healthcare	of Attorney for							
	Emergency Co	ontact # 3							
Sennott, Mollie	Emergency Co		Daughte	er 342	8 S Parkside Dr		Cell:(317	) 498-43	 349
,	3: 13, 50				v Palestine, IN, 46163	i	,	,	63@yahoo.
							com		
Cobb, Amy	Emergency Co	ontact # 2			Home:(3	,			
				Indi	anapolis, IN, 46237		Email:ac	obb0809	@yahoo.
							com	,	
Ir. Wheeling, William			Self		0 Terrace Dr		Office:(3		
				IN	<b>B</b> 1 (0) (0) (1)		Email:tsa	ıll@justu	s.net
			DIAG	Nev N <b>OSIS INFO</b> R	v Palestine, IN, 46163				
		DE DECOTATE (C				MIA LINOSECIE	TED (E30.5)		
0/40/0004	T NICODI ACCES	TE DOUGLATE (C)	211	11/1/12	2021 - HYPERLIPIDE	IMIA UNSPECIE	'IEU (E/8.5)		
0/18/2021 - MALIGNAN								١	
0/18/2021 - MALIGNAN 0/18/2021 - UNSPECIFI 0/18/2021 - ACUTE PAI	IED DEMENTIA,	, UNSPECIF (F0	3.9)	10/18/	2021 - GENERALIZEI 2021 - ANGINA PECT	D ANXIETY DISC	ORDER (F41.1	)	

Mr. Wheeling, William G.(WTONP30235) -- Continued on Page 2

		<del>-</del>										
		ADV	ANCE DI	RECTIVE								
Advanced Directive: Living Will; Adva	anced Directive:	DNR										
MISCELLANEOUS INFORMATION												
Date of Discharge	Time	Length of Stay		Discharged to (N	Mortician Name and Licence No	D.)						
		987										
	Sig	nature			Date	Time						
Persona	I Effects Sent Wit	th		Relationship	Date	Time						

				W	oodland	d Terrace	of New I	Palestine			Jul 12	2, 2024	1 16:54:01 ET
					RE	SIDENT II	NFORMA	TION					
	nt Name		P	referred Name	Unit		Occupant	Move in Date		ove In Date	Orig.Moveln		Resident #
Whitso	n, Doris				MC	1	19-1	01/23/2018	01/2	23/2018	01/23/20	18	WTONP3000
		Previous	s address			Previous	s Phone #		L	egal Mailing	g address		9
4333 W	/ooded \	Nay, Ne	ew Pales	tine, IN, 46163		(317) 6	323-5131		San	ne as Previ	ous Address		
Sex Birthdat	-	ge		al Status	F	Religion		Race		Occup	oation(s)	Pı	imary Lang.
F 12/24/19	* .   .	92	Ma	arried	Maria in I			Birth Place		Citio	enship	N/I	aiden Name
Mo\	ed in Fro	m			Move in L	ocation.		Birth Place		CILIZ	ensnip	IVI	alden Name
Medica	re (HIC) #	ŧ		Med	dicaid#			Social Security #			Veterans Ad	 ministr	ation #
	R1FG77							404-36-8256					
Insuran	ce Name	ı		Insuran	ce Policy#					<u>'</u>			
JohnH	lancock			04798	8824612								
					P	AYER INF	-ORMATI	ON					
Primary Payer Priv	vate Pay	' - MC				THER IN	CODMAT	ON					
Most Recent Hos	nital Sta	V				THER IN	-ORMATI	Allergies					
WOSt Necent Hos	spitai Ota	•	Known .	ΔΙΙαταίας				Allergies					
Medicaid Rec	ertification		J KIIOWIT	Allergies									
						CARE PF	ROVIDER	S					
	rovider			Pho				Address			UPIN		NPI
Primary Physician				Office:(317) 62		-		St Ste 110				1427	072263
(Primary) Palmer, Russell				Fax:(317) 621-	1179	Carmel 46032	I, IN						
Primary Physician				Office:(317) 338	8-8507		V. 86th St					1750	357513
Mustaklem, Marwai	n			Other:(866) 604			apolis, IN						00.0.0
,				Fax:(317) 338-2		46260							
Nurse Practitioner							State Rd 1	9				1982	027785
Snyder, Allison						Arcadia	a, IN						
Madiaal Cassislist				Off: (247) 741		46030	I Ritter Ave					4770	F07470
Medical Specialist George, Kristi				Office:(317) 715	5-5600		apolis, IN	•				11770	587479
Neurologist						46219	apolis, ii v						
Ü							RMACY						
	harmacy				Phone/Fax	K				Address			
Guardian Pharmac	•	•	• ,	Phone: (317) 4				Corporate Drive					
Primary Contact: Jo	hanna f	Reading	ger	Fax: (317) 452		ΓERNAL (		apolis, IN, 46278					
Comp	nunity Na	mo			Phone	I ERNAL C	JOIMINON	1115		ommunity Ty	(DO		
Community Hospita		IIIe		Phone: (317) 6			Hospit	tal		onimunity 13	/he		
Community Flospite	a riorar			1 110110. (017) 0	21 0202	CON	TACTS	lai					
Name			Conta	act Type	F	Relationship		Addre	SS			Phone/	Email
Wright, Debbie	E	Billing R	esponsib	le Party		-	4001 S	outh Loganberry C	t		Other:(317	7) 201	-8054
				f Attorney for			New Pa	alestine, IN, 46163					
		inance		£									
		Jurable Healthca		f Attorney for									
			ncy Conta	act # 1									
Lettier, Brenda			ncy Cont								Other:(847	7) 769	-1104
Mr. Wright, Michael			ncy Cont		Son-	in-law					Home:(31		
Pharmacy, Walgree	en's						l l	E. washington st.			Office:(31	7) 622	-5010
D. 1 T							indiana	polis, IN			000 (0)	7\ 40-	0450
Rowland, Tony											Office:(317		
Dr. Whitson, Jeff											Office:(309) Fax:(309)		
					DIA	GNOSIS I	NFORMA	ATION			ı ах.(309)	000-7	∪† <b>∠</b>
01/25/2023 - INSOI	MNIA, U	NSPEC	IFIED (G	647.00)				23 - CONSTIPATIO	N, UNS	PECIFIED	(K59.00)		
01/16/2019 - COUC			. , ,	,			_	8 - ABNORMAL W					
01/23/2018 - HYPE			INSPECI	FIED (E78.5)				8 - UNSPECIFIED				3.90)	
01/23/2018 - MAJO	R DEPF	RESSIV	E DISOR	RDER, REC (F				8 - SECONDARY			UNSPEC (	115.9)	
01/23/2018 - UNSP								8 - OTHER ARTH					
01/23/2018 - OSTE	OARTH	RITIS, I	UNSPEC	IFIED SI (M19				8 - AGE-RELATEI	D OSTE	OPOROSIS	S WITHO (N	И81.0)	
	055				P	DVANCE	DIRECT	VE					
Advanced Directive	: CPR												

Whitson, Doris(WTONP30009) -- Continued on Page 2

Villason, Dona(VVI CIVI 30003) — Continued on Fage 2												
	MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay		Discharged to (I	Mortician Name and Licence No	D.)						
2362												
	Signature Date Time											
Perso	nal Effects Sent Wi	th		Relationship	Date	Time						

Woodland Terrace of New Palestine

				W	oodl	and Te	errace of	New	Palestine			Jul 12	2, 2024	16:54:01 ET
						RESID	ENT INF	ORMA	TION					
	Resident Nam	е	Pro	eferred Name	U	Init	Unit / Occ	cupant	Move in Date	Init. Mov	ve In Date	Orig.Moveln		Resident#
	Wilkerson, Ann	a L.			1	AL	227-	1	12/04/2020	12/04	4/2020	12/04/20	20	WTONP3019
		Previous ad	Idrooo				Previous P	bono #		1.0	egal Mailing	, addraga		0
	4400 Torross D			notino IN 4616	22							ous Address		
Sex	4400 Terrace Di	Age Age		I Status	) 3	Relig	(317) 473	-2/33	Race	Same		ation(s)	Pr	imary Lang.
F	02/10/1929	95		owed		Unkn			White or Caucasia	n	0000	(5)		English
•	Moved in F		VVIG	l	Move	e in Locat			Birth Place		Citiz	enship	М	aiden Name
	Home										ι	J.S.		
	Medicare (HIC	)#		Med	dicaid :	#			Social Security #			Veterans Ad	ministr	ation #
	8W39NA2ML								264-38-4670					
	Insurance Nar	ne		Insuran	ce Pol	icy #:								
	NALCHealthBene	efitPlan		N32	32218									
						PAY	ER INFO	RMAT	ION					
Prima	<b>ry Payer</b> Private P	ay - AL												
						OTH	ER INFO	RMAT	ION					
Most	Recent Hospital S	Stay							Allergies					
		Amox	cicillin,	Lisinopril, Peni	cillins	;								
N	Medicaid Recertificat	tion Date		Miscellanou	ıs Info	rmation:								
			CI	lergy- Mike Bov	wling :									
						CA	RE PRO	VIDER						
	Provide			Pho					Address			UPIN		NPI
1	Physician			Office:(317) 35		2		_	ton Ste 220				1588	004923
(Primary	,		F	-ax:(317) 355-7	7750		Indianapo	lis, IN						
	n, Jeremy			Off (0.17) 66:	2 050	.7	46229	2011- 01					4750	057540
	Physician			Office:(317) 338			2001 W. 8						1750	357513
iviustaki	em, Marwan			Other:(866) 604		2	Indianapo	IIS, IIN						
Nurse D	ractitioner		F	-ax:(317) 338-2	2454		46260 25802 Sta	ato Dd 1	10				1002	027785
Snyder,							Arcadia, II		19				1902	021165
Silyuei,	Allison						46030	IN						
Medical	Specialist		(	Office:(317) 88	7-788	0		ounty I	ine Rd Ste 2400				1871	569103
	Vincent			ax:(317) 887-7			Indianapo	-						000100
r touting,	VIIIOOIIC		İ	ux.(011) 001 1	000		46227							
Medical	Specialist			Office:(317) 35	5-123	4	1400 N Ri	itter #52	20				1235	138595
	n, Howard			, ,			Indianapo							
Commu	nity Heart and Va	scular					46219							
							<b>PHARM</b>	ACY						
	Pharmac	у			Phone	e/Fax					Address			
CVS Ph	armacy			Phone:				1530	Shadeland Ave					
	Contact: (317) 35			Fax:					napolis, IN, 46219					
1	n Pharmacy of In		- /	Phone: (317) 4					Corporate Drive					
Primary	Contact: Johanna	a Readinger		Fax: (317) 452			NAL 00		napolis, IN, 46278					
							RNAL CO	MIMIUN	ITTES					
	Community I			(0.47)	Pho					Co	mmunity Ty	ре		
	nity Hospital East			Phone: (317) 3				Hosp						
vvasning	gton Park Memori	aı		Phone: (317) 8	30-4 <sup>2</sup>	+0∠	CONTA		ral Home					
	Name		Contr	of Type		Delet		U 3	Addres	20			Phone/	Email
Wilkers	Name on, Anna	Billing Resp		ct Type	c	Self	tionship	4400 7	Ferrace Dr	<b>3</b> 3		Home:(31		
A A 11VG1 2(	, AIIIa	ning IZES	JUI ISIDI	o i aity		JOII		Apt.22				101116.(31	., 413	2100
									alestine, IN, 46163					
Mrs Ch	ristman, Pam	Durable Po	wer of	Attorney for	-	Daughte	r		6 500 W			Cell:(317)	439-7	121
	,	Finances			ľ		-		alestine, IN, 46163			, ,		so@juno.com
			wer of	Attorney for					,,					
		Healthcare		- ,										
<u></u>		Emergency		nct # 1				$\perp$						
						DIAGN	IOSIS INF	ORM	ATION					
12/01/20	020 - CARCINOM	IA IN SITU C	F CER	RVIX, U (D06	9)		12	2/01/20	20 - OTHER HYPO	THYROII	DISM (E03	3)		
	020 - HYPERLIPI			•	-				20 - ESSENTIAL (F		•	,		
	020 - LEFT BUND				14.7)				20 - PAROXYSMAL					
	020 - CHRONIC (					)	12	2/01/20	20 - EMPHYSEMA,	UNSPE	CIFIED (J4	13.9)		
	020 - CHRONIC (									TEOARTHRITIS, RIGHT (M19.031)				
12/01/20	020 - PRIMARY C	STEOARTH	IRITIS,	, LEFT W (M	19.03	2)			20 - AGE-RELATEI					
12/01/20	020 - CHRONIC F	KIDNEY DISE	EASE (	(CKD) (N18)					20 - BRADYCARDI					
12/01/2020 - SYNCOPE AND COLLAPSE (R55)					12	12/01/2020 - ASYMPTOMATIC MENOPAUSAL STATE (Z78.0)								

Wilkerson, Anna L.(WTONP30190)	- Continued on F	Page 2								
		DIAGN	OSIS INF	ORMATION						
12/01/2020 - PRESENCE OF CARD	IAC PACEMAKE	R (Z95.0)								
		ADV	ANCE DI	RECTIVE						
Advanced Directive: Living Will; Adv	anced Directive:	Do Not Hospitalize	(DNH); Adv	anced Directive: Feeding	Restrictions; Advanced Dire	ective: Medication				
Restrictions; Advanced Directive: Ot	her Treatment Re	estrictions; Advance	ed Directive	: DNR						
		MISCELL	ANEOUS	INFORMATION						
Date of Discharge	Time	Length of Stay		Discharged to (I	Mortician Name and Licence No	D.)				
		1316								
	Sig	nature			Date	Time				
Person	al Effects Sent Wit	h		Relationship	Date	Time				

Woodland Terrace of New Palestine

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				RESID	ENT INFORM	ATION				
Resident N	lame	Preferred Na		Init	Unit / Occupant	Move in Date	Init. Mov	e In Date	Orig.Moveln	Date Residen
Wright, P	Paul		A	٩L	204-1	02/28/2024	02/28	3/2024	02/28/202	24 WTONP3 8
	Previous ac	ddress		F	Previous Phone #		Le	gal Mailing	address	·
	821 N Grah				(317) 341-1190		Same		us Address	
Sex Birthdate	Age	Marital Status		Religi		Race		Occupa	ation(s)	Primary Lang
M 07/04/1940	84	Widowed		Unkno		- Declined to Spec		0:4:		Maidan Nasa
Moved	in From		Move	e in Locati	ion	Birth Place		Citize	enship	Maiden Nam
Medicare (I	LIC) #		Medicaid a	#		Social Security #			Veterans Adr	ninistration #
ivieulcale (i	пю, #		Wieulcalu i	u.		311-44-1209			VEIGIAIIS AUI	illilisu audi i #
Insurance I	Name	In	surance Poli	icv #:		311-44-1203				
AnthemMe			2y433m63							
			,		ER INFORMA	ΓΙΟΝ				
Primary Payer Private	e Pay - AL									
				OTH	ER INFORMA	ΓΙΟΝ				
Most Recent Hospita	al Stay					Allergies				
	No K	nown Allergies								
Medicaid Recertif	ication Date	\	/eteran's Sta							
			No servic		DE DD 0 #25	20				
				CA	RE PROVIDE					
Provi	ider	055 (04)	Phone		0004344	Address			UPIN	NPI
imary Physician		,	7) 497-553		9001 Wesleyan	Ra Suite 100				1326128281
rimary) pshire, John		Fax:(855)	422-5182		Indianapolis, IN 46268					
imary Physician		Office (31	7) 890-550			ton St Suite 100				1073554424
nammas, Issa		Fax:(317)	•		Indianapolis, IN	itori ot ouito 100				1070004424
iaiiiiiao, iooa		- ax.(017)	000 0000		46229					
urse Practitioner		Office:(31	7) 497-553		9001 Wesleyan	Rd Suite 100				1265108161
ulliam, Brittany Fax:(855) 422-5182					Indianapolis, IN					
					46268					
					PHARMACY					
Pharr				e/Fax				Address		
uardian Pharmacy of	f Indiana (Prima		317) 452-46	669	6530	Corporate Drive		Address		
uardian Pharmacy of	f Indiana (Prima		317) 452-46 () 452-4744	669 I	6530 India	napolis, IN, 46278		Address		
uardian Pharmacy of imary Contact: Joha	f Indiana (Prima nna Readinger		317) 452-46 7) 452-4744	669     <b>EXTER</b>	6530	napolis, IN, 46278	Co		20	
uardian Pharmacy of imary Contact: Joha Communi	f Indiana (Prima nna Readinger ity Name	Fax: (317	317) 452-46 7) 452-4744 Pho	669 EXTER	653( India	napolis, IN, 46278 NITIES	Co	Address	pe	
uardian Pharmacy of imary Contact: Joha Communi Health Methodist Ho	f Indiana (Prima nna Readinger ity Name ospital	Fax: (317 Phone: (3	317) 452-46 7) 452-4744 Pho 317) 962-20	669 	6530 India NAL COMMU Hos	napolis, IN, 46278 NITIES	Co		De .	
uardian Pharmacy of imary Contact: Joha Communi Health Methodist Ho	f Indiana (Prima nna Readinger ity Name ospital	Fax: (317 Phone: (3	317) 452-46 7) 452-4744 Pho	669 	6530 India NAL COMMU Hos	napolis, IN, 46278 NITIES	Co		De .	
uardian Pharmacy of imary Contact: Joha Communi Health Methodist Ho	f Indiana (Prima nna Readinger ity Name ospital	Fax: (317 Phone: (3	317) 452-46 7) 452-4744 Pho 317) 962-20	669 EXTER DOO 606	6530 India INAL COMMU Hos Fund	napolis, IN, 46278 NITIES				Phone/Email
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Wright, Paul(WTONP30338) -- Continued on Page 2

Wright, Faul(WTONF30336) — Continued on Fage 2											
MISCELLANEOUS INFORMATION											
Date of Discharge	Time	Length of Stay			Mortician Name and Licence No	).)					
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	Sig	nature	<u>'</u>		Date	Time					
Person	al Effects Sent Wit	h		Relationship	Date	Time					