

This document serves as the last will and testament of Len Holmquist and Jill Holmquist, dated March 29, 1994.

In the event that both Len and Jill Holmquist die and Kristofer, their son, outlive them, this is how they wish their personal effects to be handled:

Len's effects:

- 1) Carey Holmquist, Len's natural brother, would receive all the books and family archival material, including any family photos. These would eventually be given to Kristofer Holmquist on his 18th birthday.
- 2) Carey Holmquist would also receive Len's stamp and coin collection, also to be passed on to Kristofer on his 18th birthday.
- 3) All Chinese family furniture would be equally divided up amongst Len's siblings: Meilynn Smith, Carey Holmquist and Carolyn Whitman, with their mother, Doris Brown deciding who gets what.
- 4) All computer equipment and software to be given to Carey Holmquist.

Jill's effects:

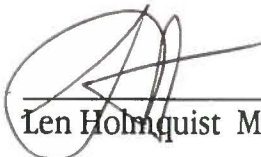
- 1) Anything belonging to Jill's father to be held by Jay Martin (Jill's brother) and eventually passed onto Kristofer on his 18th birthday.
- 2) Any writings of Jill (her journals & handwritten stories) to be retained by Jay until Kristofer's 18th birthday.
- 3) Other writings of Jill (on the computer) to be retained by Carey and given to Kristofer at the proper time.
- 4) All property of Jill's except for noted exceptions to be decided by Jay how to distribute amongst his family.
- 5) Jill's wedding band and gold rings, charm bracelet, and strand of pearls to be held for Kristofer on his 21st birthday.
- 6) All family photos, and archival material to be given to Jay.

7) The videocamera to be given to Jonathan Martin.

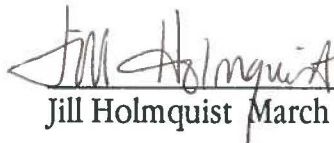
8) Miscellaneous property mutually held between Jill and Len, and acquired since their marriage is to be distributed by Jay Martin.

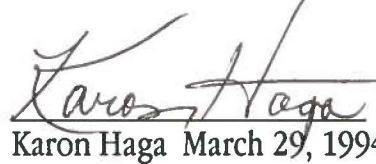
Jay Martin is will oversee the estate of Len and Jill Holmquist, and the proper distribution of monies to Kristofer until his 21st birthday, and which time he will acquire the estate in full. Jay Martin is to distribute money, as needed to ~~Carey and Holly Holmquist~~, named as legal guardians for Kristofer, should anything happen to both Len and Jill Holmquist.

This is the last will and testament of Len and Jill Holmquist, and is witnessed on this day, March 29, 1994 by their neighbors Karon and Joseph Haga, undersigned below.

 3/29/94
Len Holmquist March 29, 1994


 3-29-94
Joseph Haga March 29, 1994

 3-29-94
Jill Holmquist March 29, 1994

 3-29-94
Karon Haga March 29, 1994

→ MELVYN & STEVE SMITH

Guardianship of Kristofer changed to the above (sister and brother-in-law of Lennart Holmquist) on 2 July 1999.

 2/July/1999

Jill Holmquist
2/July/99

VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE
HEPATITIS B	1	BAYSIDE MEDICAL GROUP 3100 TELEGRAPH AVF. OAKLAND, CA 94609	
	2		
	3		

TB SKIN TESTS	Type*	Date given	Given by	Date read	Read by	mm indur	Impression
Pruebas de la Tuberculosis	<input type="checkbox"/> PPD-Mantoux						<input type="checkbox"/> Pos
	<input checked="" type="checkbox"/> Other	12/18/93		12/23/93			<input checked="" type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux	9/15/97		/ /			<input type="checkbox"/> Pos
	<input checked="" type="checkbox"/> Other						<input checked="" type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other						<input type="checkbox"/> Neg

* If required for school entry, must be Mantoux unless exception granted by local health department.

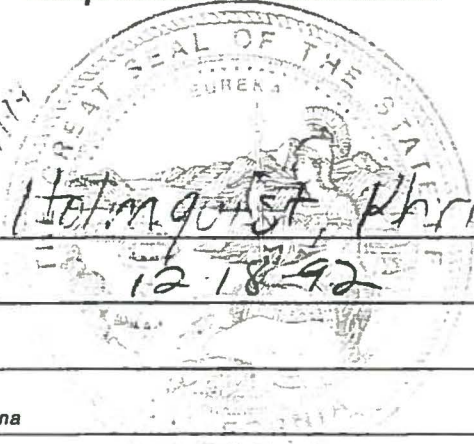
CHEST X-RAY (Necessary if skin test positive.)	Film date: ___/___/___ Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no Signature/Agency: _____
---	--

Parents: Your child must meet California's immunization requirements to be enrolled in school. Keep this Record as proof of immunization. Padres: Su niño debe cumplir con los requisitos de vacunas para ser admitido a la escuela. Mantenga este Comprobante; lo necesitará.

IMMUNIZATION RECORD

Comprobante de Inmunizacion

MAR 10 1994
 12/18/93
 3/2
 4/17



Name
nombre

Holmgvist, Christopher

Birthdate
fecha de nacimiento

12-18-92

Allergies
alergias

Vaccine Reactions
reacciones a la vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

Name Sex Birthdate

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clinica	DATE NEXT DOSE DUE próxima vacuna
POLIO	1 02.18.93	BAYSIDE MEDICAL GROUP 3100 TELEGRAPH AVE. OAKLAND, CA 94609	
	2 4.7.93		
	3 6.18.93		
	4 3.18.94		
	9.5.97		
DTP Td DT	1 2.18.93	BAYSIDE MEDICAL GROUP 3100 TELEGRAPH AVE. OAKLAND, CA 94609	<input checked="" type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> DT
	2 4.7.93		<input checked="" type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> DT
	3 6.18.93		<input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> DT
	4 3.18.94		<input type="checkbox"/> DTP <input type="checkbox"/> DTaP <input type="checkbox"/> Td <input type="checkbox"/> DT
	5 6.20.94 9.5.97		<input type="checkbox"/> DTP <input type="checkbox"/> DTaP <input type="checkbox"/> Td <input type="checkbox"/> DT <input type="checkbox"/> Td
HIB	1 2.18.93	BAYSIDE MEDICAL GROUP 3100 TELEGRAPH AVE. OAKLAND, CA 94609	
	2 4.18.93		
	3 6.18.93		
	4 3.18.94		
MMR	1 3.18.94		<input checked="" type="checkbox"/> MMR <input type="checkbox"/> MR <input type="checkbox"/> Meas
	2 9.5.97		<input checked="" type="checkbox"/> MMR <input type="checkbox"/> MR <input type="checkbox"/> Meas

TP = diphtheria, tetanus, pertussis (whooping cough) difteria, tétano y tos ferina
MMR = measles, mumps, rubella sarampión, paperas y sarampión alemán
IB = Hib meningitis (Haemophilus influenzae B) meningitis Hib

Bayside Medical Group

Tax ID: 94-2854917 PEDIATRIC

Superbill #:

Arrival time _____
 MA time _____
 Clin time _____
 Ck out time _____
 Pt Registered _____
 Verified Ins? _____
 New info? _____

Pt Name Holtgraves, Kristopher
 Acct # 6637
 DOB 12/18/96
 Age _____
 Ins Code _____
 Ins Name _____
 PCP PC INAIR

Clinician PG
 Location oak
 Day _____
 Date 7/27/99
 Time 2:10
 Appt Type _____
 Reason PG

Allergy, Food	6931	Tendinitis	7269	Emotional Disturbance	3139	Vulvovaginitis	6161	Bite, Insect	E9064
Allergy, Milk Protein	2707	TMJ strain	8481	Learning disorder	3152	GASTRO-INTESTINAL		Burn	
Anemia, Iron Deficiency	2801					Abdominal pain	7890	Com, Callous	7000
Congenital Heart Disease	7469	NEURO		EARS		Anorexia	7830	Dermatitis	
Dietary Counseling	V653	Breath Holding	7869	Bulbous myringitis	38401	Crohn's disease	5559	Exanthem, Strep	0341
Fever, Unknown Origin	7806	Cerebral Palsy	3439	Cerumen Impaction	3804	Colitis	5589	Exanthem, Viral	0578
Gynecomastia	6111	Epilepsy	3450	Hearing Loss	3890	Constipation	5640	Heat Rash	7051
Heart Murmur Funct	7852	Febrile Seizure	7803	Otitis Media, Acute	3824	Diarrhea, Bacterial AGE	00849	Hemanigioma	22800
Hernia	55091	Headache	7840	Otitis Media, Chronic	3823	Diarrhea, Viral AGE	0086	Impetigo	6840
Lymphadenitis	6830	Headache, Migraine	3469	Otitis Media, Chronic	3813	Encopresis	3077	Keratosis Pilaris	75739
Malaise, Fatigue	7807	Headache, Tension	30781	Otitis Serous, Chronic	3813	Gastritis, Viral	07882	Nevus, non-neoplastic	4481
Metatarsus Adductus	75453	Insomnia	78052	Otitis Serous, Chronic	3813	GER	5308	Paronychia, Finger	68102
Narcotics	76072	Vertigo	7804	MOUTH/THROAT/SINUSES		Irritable bowel syndrome	5641	Paronychia, Toe	68111
Obesity, Exogenous	2780			Dental Canes	5210	Nausea, Vomiting	7870	Pediculosis	1329
Patellar syndrome	7324	INFANTS		Epistaxis	7844	Pinworm	1274	Pityriasis Rosea	6963
Physiological delay	7834	Breast Engorgement	7787	Herpangina (Cox)	0740	RESPIRATORY		Scabies	1330
Scoliosis	73730	Colic	7800	Nasopharyngitis	4600	Allergy, Hay Fever	4779	Sunburn	69271
Spasm, Muscle	72885	Failure to Thrive	7834	Parotitis	5272	Asthma, Allergic	4939	Tinea	
Teething	5207	Feeding Problem NB	7833	Pharyng		Asthma, WARI	4931	Urticaria	7089
Thelarche	2591	Jaundice, Breast Milk	77439	Sinusitis, Acute Maxillary	4610	Bronchiolitis (RSV)	4801	Warts	0781
Tibial Torsion	73689	Premature Infant	7651	Thrush/Candida	1120	Bronchitis, Acute	4660	INFECTIONS	
Torticollis	7235	Umbilical Granuloma	7714	Tonsillitis, Acute	4630	Chest pain	7865	Varicella	0529
Umbilical Hernia	5531	Conjunctivitis		GENITO-URINARY		Cough	6232	Lymphadenitis	6830
		Corneal abrasion	9181	Adhesion, foreskin	605	Croup	4644	Viremia	7998
INJURY		Dacryostenosis	74365	Adhesions, vaginal	6260	Influenza	4871	Mononucleosis	075
Abrasion	9190	Foreign Body, Eye	9309	Amenorrhea	6071	Laryngitis	4760	Roseola	0578
Concussion	8509	Hemorrhium	37311	Balanitis	7881	Pneumonia			
Contusion	9249	Vision Problems	V410	Dysuria	3076	URI	4659	Well infant	V300
Face Wound	8734	BEHAVIOR/DEVELOP		Enuresis	6039	Viral illness	0799	Well child	V200
Head Injury	8540	ADD	3140	Hydrocele	30652	SKIN		Well Adolescent, Adult	V700
Laceration	8798	Adjustment Reaction	309	Menstrual disorder	7910	Abscess/cellulitis	6829		
Fracture		Behavior Disorder	3129	Proteinuria	7525	Acne Vulgaris	7061		
Sprain		Devel Delay, Language	31531	Undescended Testicle	59780				
Sublux radius	8320	Devel Delay, Speech	31539	Urethritis	5990				
Suture Removal	V583	Devel Delay, Mixed	3155	UTI					

OFFICE VISITS		INJECTIONS		TRAVEL IMMUNIZ		Pulse oximetry	94760	Brace-ankle (aircast)	L3938	
PREVENTIVE	New	Estab	Admin, Injection	90471	Cholera	90724	Suture removal	15850	Cast - fiberglass	A4590
Under 1 yr	99381	99391	DT, pediatric	90702	JE Vax	90735	Urethral cath	53670	Cervical collar	L0120
1 - 4 yrs	99382	99392	DT, adult	90718	Gamma Globulin	90741	DIAGNOSTIC SERVICES		Clavicle strap	13660
5 - 11 yrs	99383	99393	DTaP	90700	Rabies	90726	Audiometry	92552	Dermabond adhesive	99070
12 - 17 yrs	99384	99394	DTaP/Hib	90720	Typhoid	90714	Developmental	90774	Dressing - S - M - L	A4200
ILLNESS			HIB	90737	Yellow Fever	90717	PPD	86580	Sling	A4565
Straight Fwd	99202	99212	Polio - IPV	90713	PROCEDURES		TB Tine	86585	Splint - wrist/forearm	L3938
Low Comp	99203	99213	Polio - oral	90712	Burn, Dressing	16010	Tympanometry	92567	Suture/Circ set	A4550
Mod Comp	99204	99214	MMR	90707	Burn, Debride	16020	Visual Acuity	92012	Surgical tray	A4560
Hi Complex	99205	99215	Hepatitis A	90730	Cauterize nose	30901	LABORATORY		Other	
Sports/Camp PE	99215-52		Hepatitis B (0-10)	90744	Cerumen Removal	69210	Collect & handling	99000		
CONSULTATION			Hepatitis B (11-18)	90745	Circumcision	54150	Hematocrit	85014	OTHER SERVICES	
Initial intermediate	99243	99243	Hepatitis B (19-)	90746	Destruction warts	17110	Hemoglobin	85018	After hrs (< 10 pm)	99050
Initial comprehensive	99245	99245	Influenza Vaccine	90724	Ear Piercing	69090	Occult blood x3	82270	Analysis of info	99090
PROLONGED SERVICES			Pneumococcal	90732	F/B Remov/Conj.	65220	Rapid strep	83520	Copy records	99199
During care, 1 st hr	99356	99356	Rotavirus	90680	Incision & Drain	10061	Throat Culture	87060	Health Risk Assmt	99420
Before/after care, 30 min	99358	99358	Vaccella Vaccine	90716	Incision & Removal	10120	Urinalysis	81000	Prepare Med Rept	99080
MODIFIERS			Allergy inj x 1	95115	Inhalation Therapy	94664	Wet/Dry Mount	87211	Sundays/Holidays	99054
Mandated services	- 32		Allergy x2	95117	Laceration 1"	12001	SUPPLIES		Telephone brief	99371
Professional comp	- 26		Bicillin 600u 1.2mu	J0540	Laceration Face 1"	12011	Ace bandage	A4460		
Two visits same day	- 25		Ceftriaxone	J0696	Pelvic exam	88107	Alumafoam splint	A4570	Office Same-Day	99058
Unusual services	- 22		Epinephrine	J0170	Pulmon peak flow					

Co-Pay 85 Amt Rec'd 85 Lab _____
 Today's Fees _____ \$/Chg _____ Referral _____
 Acct Balance _____ Initials _____ Next visit _____
 Total _____ Hash total _____ Clinician signature _____
85 2053