



Rent Stabilization Board

RENT STABILIZATION BOARD

DATE: May 19, 2022
TO: Honorable Members of the Rent Stabilization Board
FROM: DeSeana Williams, Executive Director
BY: Amanda Eberhart, Registration Unit Manager
SUBJECT: Request for waiver of late registration penalties

Recommendation:

That the Board approve the attached recommendations.

Background and Need For Rent Stabilization Board Action:

The Board's penalty waiver process is governed by Regulations 883, 884 and 885. Regulation 883 lists the grounds for administrative waivers. In accordance with Regulation 884, the Executive Director reviews waiver requests that do not meet the criteria for an administrative waiver. Regulation 884 lists 12 categories, which will require a review of the totality of the circumstances by the full Board prior to granting any waiver request. Waivers that require a review of the totality of the circumstances are listed below as "Discretionary Waiver." If none of the 12 listed categories apply to the property, the waiver shall be granted/denied in a ministerial manner, based upon the formula outlined in Regulation 884(C). The Board may only alter these ministerial waivers if staff has incorrectly applied the criteria listed in Regulation 884 (B)(1-12).

Ministerial Waivers

In accordance with Regulation 884, the Executive Director reviews waiver requests that do not meet the criteria enumerated in Regulation 883. The following waiver request will be decided ministerially, unless the Board has reason to believe the underlying basis of the recommended assessment is inappropriate.

Waiver	Property Address	Owner	Penalty Assessed	Penalty Waived	Penalty Imposed
	2535 RIDGE ROAD # A	YAN ZHOU	\$300	\$300	\$0.00
	2 PANORAMIC # 203	BRADLEY LOUIE	\$300	\$300	\$0.00
	1116 PARKER ST	MIL-TECHS, INC.	\$1,000	\$0.00	\$1,000
	2627 FULTON AVE	SURFSIDE RENTAL PROPERTIES II, LLC	\$3,000	\$0.00	\$3,000
TOTAL			\$4,600	\$600	\$4,000

Financial Impact: Ministerial Waivers

Approval of Acting Executive Director’s recommendations will decrease the Board’s current accounts receivable by **\$600**.

Discretionary Waivers

For the waiver requests listed below, staff recommendations are attached and presented to the full Board for its approval. With respect to these cases, the determination of good cause to waive some or all of the penalties depends on the totality of the circumstances.

Waiver	Property Address	Owner	Penalty Assessed	Penalty Waived	Penalty Imposed
5022	1706 DERBY STR	JS ZONIS TRUST	\$1,500	\$0.00	\$1,500
5023	1524 HEARST AVE	TAKASHI OKAZKI	\$300	\$300	\$0.00
5024	1192 CARRISON ST	MUSHIRA EL BARDAI	\$1,000	\$1,000	\$0.00
TOTAL			\$2,800	\$1,300	\$1,500

Financial Impact: Discretionary Waivers

Approval of Acting Executive Director's recommendations will decrease the Board's current accounts receivable by **\$1,300**.

Name and Telephone Number of Contact Person:

DeSeana Williams, Executive Director
Rent Stabilization Board
2125 Milvia Street, Berkeley, CA 94704
(510) 981-7368

**City Of Berkeley
Rent Stabilization Board**

Recommendation on Requested Waiver of Registration Penalties

Waiver No: W5022	Property address: 1706 DERBY ST BERKELEY	Transferred: 04/08/2022
Exempt units (as of February 2021): Unit # NA - OCCC - Owner		
Owner(s): ZONIS J S FAMILY TRUST	Waiver filed by: OWNER	# of Units: 2
Other Berkeley rental property owned: None		

Late payment/penalty history: The property comprises of 2 rented units. The previous owner took ownership of the property in July 2005. They paid the 2021/22 registration fee on April 11, 2022. The owner was late paying the 2020/21 registration fee.

Registration Date or Year	Units requiring registration at that time	Registration fees paid	Date fees paid	Penalties charged	Penalties forgiven	Penalties Paid
2020/21	2	\$500.00	04/11/2022	\$1,000.00	\$0.00	\$0.00
2021/22	1	\$250.00	04/11/2022	\$500.00	\$0.00	\$0.00
Totals (penalties previously assessed)				\$1,500.00	\$0.00	\$0.00

Penalties Currently Under Consideration

Reason for Penalties: LATE PAYMENT OF REGISTRATION FEE FOR FY2020/21 & FY2021/22

Registration Date or Year	Unit(s) registered late at this time	Registration fees paid	Date fees paid	Penalties charged	Penalties forgiven	Penalties Due
2021/22	1	\$250.00	04/11/2022	\$500.00	\$0.00	\$500.00
2020/21	2	\$500.00	04/11/2022	\$1,000.00	\$0.00	\$1,000.00
Totals				\$1,500.00	\$0.00	\$1,500.00

Grounds under Regulation 884(B): (10) The landlord has paid late each year for the prior five years

Good cause claimed by owner: The owner states that they did not know about the requirement to pay a prorated registration fee on a previously exempt unit. The owner stated that this penalty is a "sham" and asked if we are happy now, after paying the penalty in full.

Recommendation: Staff recommends the waiver be denied.

Staff Analysis: Staff notes that the owner did not reach out to the Rent Board upon receiving an invoice

once the status of a unit changed. Had the owner reached out to the Rent Board earlier, they probably could have avoided accruing the penalties. As a landlord in a rent control city, the owner has an obligation to know the registration requirements of the Rent Ordinance. Therefore, staff recommends the waiver be denied.

4-29-22
PER TYLER DUNCAN
W5022

RECEIVED

MAY 09 2022

Initial: _____
Berkeley Rent Board

CITY OF BERKELEY
RENT STABILIZATION PROGRAM
2125 Milvia Street, Berkeley, CA 94704
PHONE: (510) 981-7368 • FAX: (510) 981-4910
WEB: <https://www.cityofberkeley.info/rent/>

Request for Waiver of Late Registration Penalties
Please Read Important Information on Page 2

Property Address: 1706 Derby St Berkeley, CA 94703

Owner: JS Zonis Trust Leah J Zonis Trust Amy Lou Zonis Trust

Date of acquisition, if new owner: _____

Name & relationship of person filing request, if not owner: _____

If, after reading the information on Page 2, you believe that you are entitled to a waiver of some or all of your late registration penalties, use the space below to explain why. Attach evidence, where possible, to document an extenuating circumstance that prevented timely payment, such as hospitalization or death in the family. It is your responsibility to convince the Board that your waiver should be granted, so state all facts and circumstances that support your case. **Please print or type clearly.** Attach an additional sheet of paper if needed.

We didn't know about the requirement to pay a prorated registration fee on a previously exempt unit.

THIS PENALTY IS A SHAM

ARE YOU HAPPY NOW?

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

Date: 4-8-22 Signature: [Signature]

The information entered below **must be clearly printed or typed** in order to receive the Executive Director's recommendation to the Rent Board on your penalty waiver request one week prior to the Board's consideration of your request at its monthly meeting. The recommendation will also include the date, time and location of the meeting should you choose to attend and address the Commissioners.

Email Address: janszee@gmail.com

Mailing Address: 1385 Brinkley Ave Los Angeles, CA 90049

Phone Number: 310-488-3209 Fax Number: N/A

Please see Communications Disclaimer on Page 2 that applies to any personal information you provide.

CITY OF BERKELEY
RENT STABILIZATION PROGRAM
2125 Milvia Street, Berkeley, CA 94704
PHONE: (510) 981-7368 • FAX: (510) 981-4910
WEB: <https://www.cityofberkeley.info/rent/>

RECEIVED

APR 11 2022

Initial: _____
Berkeley Rent Board

Request for Waiver of Late Registration Penalties

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We didn't know about the requirement to pay a prorated registration fee on a previously exempt unit.

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

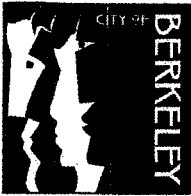
Date: 4-8-22 Signature: 

The information entered below **must be clearly printed or typed** in order to receive the Executive Director's recommendation to the Rent Board on your penalty waiver request one week prior to the Board's consideration of your request at its monthly meeting. The recommendation will also include the date, time and location of the meeting should you choose to attend and address the Commissioners.

Email Address: janszee@gmail.com

Mailing Address: 1385 Brinkley Ave Los Angeles, CA 90049

Phone Number: 310-488-3209 Fax Number: N/A



Rent Stabilization Board

April 1, 2022

Janet & Jerome Zonis
1385 Brinkley Ave.
Los Angeles, CA 90049

Re: 1706 Derby St./Registration Status

Dear Mr. & Ms. Zonis:

It has recently come to our attention that the unit designated as 1706 Derby St., while currently vacant, was previously rented from May 2018 through January of this year. While registration fees have been paid for these years for the other unit located at 1704 Derby St., 1706 Derby St. has not been registered with our office.

Enclosed is a bill which covers the past three years of registration fees and penalties for this unit. In addition, I am enclosing a Unit Status Form. On this form you should let us know that 1706 Derby St. is now vacant and has been as of January 2022.

I am also enclosing a Request for Waiver of Rent Registration Penalties for you to fill should you seek a waiver of the \$1,500 in penalties. Please note that in order to submit the waiver request, the fees of \$750 must be paid.

While I am writing you this letter, please direct your payment and/or any questions regarding this letter or your account to our Registration Department. They may be reached at (510) 981-7368.

Sincerely,

Matthew Siegel
Staff Attorney
Berkeley Rent Stabilization Program

enc.

**City Of Berkeley
Rent Stabilization Board**

Recommendation on Requested Waiver of Registration Penalties

Waiver No: W5023	Property address: 1524 HEARST AVE	Transferred: 01/01/2000
Exempt units (as of February 2021): None		
Owner(s): SUZIE & TAKASHI OKAZAKI	Waiver filed by: OWNER	# of Units: 1
Other Berkeley rental property owned: None		

Late payment/penalty history: Prior to fiscal year 21-22 the owner had not made any late registration fee payments.

Registration Date or Year	Units requiring registration at that time	Registration fees paid	Date fees paid	Penalties charged	Penalties forgiven	Penalties Paid
-	-	-	-	-	-	-
Totals (penalties previously assessed)				\$0.00	\$0.00	\$0.00

Penalties Currently Under Consideration

Reason for Penalties: Illness						
Registration Date or Year	Unit(s) registered late at this time	Registration fees paid	Date fees paid	Penalties charged	Penalties forgiven	Penalties Due
FY2021-22	1	\$150.00	03/09/2022	\$300.00	\$0.00	\$300.00
Totals				\$300.00	\$0.00	\$300.00

Grounds under Regulation 884(B): (1) The good cause asserted in the waiver request is a death or illness in the landlord's family.

Good cause claimed by owner: The owner is recovering from double bi-pass heart surgery and undergoing cancer treatment.

Recommendation: Staff recommend waiving the fees.

Staff Analysis: Prior to fiscal year 21-22 the owner had not made any late registration fee payments. During the last registration cycle, the owner under went two major medical treatments.

MAR 09 2022

Initial: _____
Berkeley Rent Board

Request for Waiver of Late Registration Penalties

Please Read Important Information on Page 2

Property Address: 1524 HEARST AVE.

Owner: TAKASHI OKAZAKI

Date of acquisition, if new owner: _____

Name & relationship of person filing request, if not owner: _____

If, after reading the information on Page 2, you believe that you are entitled to a waiver of some or all of your late registration penalties, use the space below to explain why. Attach evidence, where possible, to document an extenuating circumstance that prevented timely payment, such as hospitalization or death in the family. It is your responsibility to convince the Board that your waiver should be granted, so state all facts and circumstances that support your case. **Please print or type clearly.** Attach an additional sheet of paper if needed.

DEAR SIR,
I AM REQUESTING ~~FOR~~ WAIVER FOR LATE REGISTRATION PENALTIES FOR FOLLOWING REASONS.
1. THIS ORDINANCE WAS IMPOSED LATE NOV. 2020, AND I NEVER RECEIVED INVOICE FOR THE REQUIRED FEE.
2. I AM RECOVERING FROM DOUBLE BY-PASS HEART SURGERY AND CURRENTLY RECEIVING PROSTATE CANCER TREATMENT

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

Date: 3/5/2022 Signature: Jahani Dhanjani

The information entered below **must be clearly printed or typed** in order to receive the Executive Director's recommendation to the Rent Board on your penalty waiver request one week prior to the Board's consideration of your request at its monthly meeting. The recommendation will also include the date, time and location of the meeting should you choose to attend and address the Commissioners.

Email Address: _____

Mailing Address: 982 - 15TH AVE. SAN FRANCISCO, CA 94118

Phone Number: 925-719-2307 Fax Number: _____

**City Of Berkeley
Rent Stabilization Board**

Recommendation on Requested Waiver of Registration Penalties

Waiver No: W5024	Property address: 1192 CARRISON ST	Transferred: 02/26/2010
Exempt units (as of February 2021): None		
Owner(s): MUSHIRA EL-BARDAI	Waiver filed by: OWNER	# of Units: 4
Other Berkeley rental property owned: None		

Late payment/penalty history: In the last five fiscal years, this owner has not made any late registration fee payments.

Registration Date or Year	Units requiring registration at that time	Registration fees paid	Date fees paid	Penalties charged	Penalties forgiven	Penalties Paid
-	-	-	-	-	-	-
Totals (penalties previously assessed)				\$0.00	\$0.00	\$0.00

Penalties Currently Under Consideration

Reason for Penalties: Illness						
Registration Date or Year	Unit(s) registered late at this time	Registration fees paid	Date fees paid	Penalties charged	Penalties forgiven	Penalties Due
21/22	4	\$1,000.00	01/03/2022	\$1,000.00	-	-
Totals				\$1,000.00	\$0.00	\$0.00

Grounds under Regulation 884(B): (1) The good cause asserted in the waiver request is a death or illness in the landlord's family.

Good cause claimed by owner: The owner hired a new property manager who was unfamiliar with COB rent ordinance. Usually, the owner follows up with the property manager regarding payment. Unfortunately, the owner under went two major surgeries in fiscal year 21/22 and one had complications which prevented the owner from timely follow up.

Recommendation: Staff recommends waiving the penalty fees.

Staff Analysis: In the last five fiscal years, the owner has not made any late registration fee payments. Also, in the last Registration cycle the owner under went two major surgeries.

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RECEIVED

MAR 21 2022

Initial: _____
Berkeley Rent Board

Request for Waiver of Late Registration Penalties

Please Read Important Information on Page 2

Property Address: 1192 Carrison St, Berkeley, CA 94702

Owner: Mushira Anis El Bardai Trust, M T El Bardai, T T E

Date of acquisition, if new owner: _____

Name & relationship of person filing request, if not owner: _____

If, after reading the information on Page 2, you believe that you are entitled to a waiver of some or all of your late registration penalties, use the space below to explain why. Attach evidence, where possible, to document an extenuating circumstance that prevented timely payment, such as hospitalization or death in the family. It is your responsibility to convince the Board that your waiver should be granted, so state all facts and circumstances that support your case. **Please print or type clearly.** Attach an additional sheet of paper if needed.

This property was acquired in 2010 and was managed by Salwa Ibrahim till Feb 2021. We retained Ana Smith from Premium Properties to manage the property as we were unfamiliar with the details of the city of Berkeley rules. Unfortunately she did not fulfill her duties and the Registration Fee was not paid in time. She resigned in February 2022. I usually followed up with her, but I had two major surgeries in July & November of 2022 with many complications.

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

Date: March 16, 2022 Signature: M. T. El Bardai

The information entered below **must be clearly printed or typed** in order to receive the Executive Director's recommendation to the Rent Board on your penalty waiver request one week prior to the Board's consideration of your request at its monthly meeting. The recommendation will also include the date, time and location of the meeting should you choose to attend and address the Commissioners.

Email Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Please see Communications Disclaimer on Page 2 that applies to any personal information you provide.

AFTER VISIT SUMMARY



11/30/2021 Alta Bates Emergency 510-204-2500

Instructions

Your personalized instructions can be found at the end of this document.



Your medications have changed today

See your updated medication list for details.



Read the attached information

Hives (ENGLISH)



Pick up these medications at RITE AID-27 ORINDA WAY - ORINDA, CA - 27 ORINDA WAY

• prednISONE
Your estimated payment per fill: \$3



Pick up these medications from any pharmacy with your printed prescription

• diphenhydrAMINE
Your estimated payment per fill: Estimate unavailable



Schedule an appointment with Aimee Keyashian, MD as soon as possible for a visit in 2 days (around 12/2/2021)

Why: For rash re-check
Specialty: Internal Medicine
Contact: 5800 HOLLIS ST
Emeryville CA 94608-2016
510-806-2100

What's Next

You currently have no upcoming appointments scheduled.

Allergies (Fully Reviewed on: 11/30/21)

Agent	Severity	Comments
Aspirin		Hx of GI bleeding, per pt

You were seen by: Brown, Stephanie Yvonne

Today's Visit

Reason for Visit

Rash

Diagnosis

Urticaria

Lab Tests Completed

BASIC METABOLIC PANEL
COMPLETE BLOOD CELL COUNT

Medications Given

diphenhydrAMINE (BENADRYL) Last given 11/30/2021 5:39 AM
prednISONE (DELTASONE) Last given 11/30/2021 5:39 AM

My Health Online

Your discharge instructions, test results, and other information is available electronically on Sutter's online patient portal, My Health Online (MHO). Our records show that you have an active My Health Online account, which you can use at myhealthonline.sutterhealth.org to view this information.

If you forgot your password or Online ID for your My Health Online account, you can easily reset them online by visiting the links below.

Password: <https://myhealthonline.sutterhealth.org/password>
Online ID: <https://myhealthonline.sutterhealth.org/onlineID>

AFTER VISIT SUMMARY



11/24/2021 Alta Bates Emergency 510-204-2500

Instructions

Your personalized instructions can be found at the end of this document.



Read the attached information

Nonspecific Chest Pain Adult (ENGLISH)



Follow up with Mary Hawn, MD

Why: CALL ON MONDAY TO SCHEDULE AND APPOINTMENT NEXT WEEK. CALL THE ADVICE LINE SOONER FOR WORSENING SYMPTOMS

Contact: 450 BROADWAY ST
Redwood City CA 94063
650-721-1991



Follow up with Aimee Keyashian, MD

Why: As scheduled.
Specialty: Internal Medicine
Contact: 5800 HOLLIS ST
Emeryville CA 94608-2016
510-806-2100



Follow up with Alta Bates Emergency

Why: Immediately if symptoms worsen - See below
Specialty: Emergency Medicine
Contact: 2450 Ashby Avenue
Berkeley California 94705
510-204-2500

What's Next

You currently have no upcoming appointments scheduled.

Allergies (Fully Reviewed on: 11/24/21)

Agent	Severity	Comments
Aspirin		Hx of GI bleeding, per pt

You were seen by: Honner, Samatha K

ED Disposition

ED

Disposition Condition Comment

Discharge

Today's Visit

Reason for Visit

- Breathing problem
- Chest pain

Diagnoses

- Chest pain, unspecified type
- Post-operative pain

Lab Tests Completed

COMPLETE BLOOD CELL COUNT
 COMPREHENSIVE METABOLIC PANEL
 PARTIAL THROMBOPLASTIN TIME (CLOTTING TEST)
 PROTHROMBIN TIME/INR
 TROPONIN I, HIGH SENSITIVITY performed 2 times

Imaging Tests

CHEST X-RAY, PORTABLE
 CTA CHEST W OR W AND WO CONTRAST
 ELECTROCARDIOGRAM (EKG)

Done Today

CLERK COMMUNICATION

Medications Given

furosemide (LASIX) Last given at 6:24 PM
 iohexol iodinated (Omnipaque) Last given at 5:49 PM
 NaCl 0.9% (FOR BOLUS ONLY) Stopped at 6:19 PM
 NaCl 0.9% Last given at 5:49 PM



11/3/2021 11:15 AM PANES VISIT

Provider: NP1
Department: Pre Anesthesia Clinic
Dept Phone: 650-498-5332

Preoperative Instructions

Procedure Date: 11/17/21

Procedure Location: STANFORD HOSPITAL 500P INTERVENTIONAL PLATFORM

Pre-procedure COVID-19 Testing Date: Your surgery/procedure requires COVID-19 testing to be obtained within three (3) days prior to your procedure date. If you do not have a scheduled appointment, please log on to your Stanford MyHealth account for self-scheduling or contact Express Care at 650-498-9000, Option 1 for assistance.

If there are changes to your surgery time, we will contact you by 6:30pm the evening prior to surgery. For question, please call (650)723-5163.

Procedure Location:

New Stanford Hospital (500p).

DIRECTION : Located at 500 Pasteur Dr, Stanford Hospital 2nd floor, Pre-Procedure Unit.

Take Elevator M bank (#5, #6, #7, or #8) located on the right side of the Atrium entrance

Eating and Drinking Instructions:

1. PLEASE FOLLOW YOUR SURGEON'S/PROCEDURALIST'S EATING AND DRINKING INSTRUCTIONS BEFORE SURGERY/PROCEDURE.

2. If you have **NOT** received eating and drinking instructions from your surgeon, please follow these instructions.

- Do not eat any food or solids, candy or gum, **8 hours before your procedure /surgery.**
- Do not drink any dairy/milk/soy products (protein shakes) **8 hours before your procedure/surgery.**
- You may drink the following clear liquids: tea, black coffee (no cream), water, cranberry juice, apple juice, or sports drinks. Do not drink anything with pulp.
- You may continue to drink clear liquids (see above for examples) **up until 4 hours before your procedure/surgery time (or 5 AM for first cases of the day).**
- On the day of procedure/surgery, take your morning medications as instructed with sips of water.

Transportation:

Remember you must arrange for an adult to drive you home after surgery. A taxi or ride share driver is not acceptable unless you have a responsible adult to accompany you home. Due to COVID-19, our Valet parking is suspended.

Personal Items:

Remember to dress comfortably. Leave valuables at home. Please do not wear makeup, jewelry, metal piercing or contact lenses. Please bring your photo ID, insurance card, and you may be requested to provide a co-payment and/or deductible

Preoperative Medication Management (see medication list below)

1 week before your procedure do not take herbal supplements and fish oils.

11/3/2021 11:15 AM PANES VISIT

Provider: **NP1**
Department: **Pre Anesthesia Clinic**
Dept Phone: **650-498-5332**

Preoperative Instructions

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Preoperative Medication Management (see medication list below)

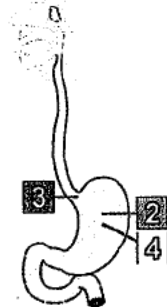
1 week before your procedure do not take herbal supplements and fish oils.

Patient Name: [REDACTED]
MRN: [REDACTED]
Age: 80
Attending MD: Subhendu (Bob) Narayan, MD

Procedure Date: 9/21/2020 2:52 PM
Date of Birth: 10/11/1939
Gender: Male

Procedure: Upper GI endoscopy
Indications: Reflux esophagitis, Follow-up of reflux esophagitis, For therapy of reflux esophagitis, Anorexia, Eructation, Laryngitis, Weight loss
Providers: Subhendu (Bob) Narayan, MD (Doctor), Michele Collier, MD (Anesthesia Staff)
Referring MD: Aimee Keyashian, MD
Requesting Provider:
Medicines: Propofol 320 mgs
Complications: No immediate complications.

Procedure: Pre-Anesthesia Assessment:
 - Prior to the procedure, a History and Physical was performed, and patient medications, allergies and sensitivities were reviewed. The patient's tolerance of previous anesthesia was reviewed.
 - The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained.
 - Patient identification and proposed procedure were verified prior to the procedure.
 - Pre-procedure physical examination revealed no contraindications to



Upper Gastrointestinal Tract

sedation.

- ASA Grade Assessment: II - A patient with mild systemic disease.
 - After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure.
 - Monitored anesthesia care under the supervision of an anesthesiologist was determined to be medically necessary for this procedure based on review of the patient's medical history, medications, and prior anesthesia history.
 - Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: normal. Abdominal Examination: bowel sounds present, abdomen soft and non-tender, no masses or organomegaly noted.
 After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Endoscope was introduced through the mouth, and advanced to the antrum of the stomach, or perhaps only the distal body, as the pylorus was never found (scope kept retroflexing). The upper GI endoscopy was technically difficult and complex due to abnormal anatomy (presumably a large hiatal hernia, and inability to insufflate the stomach as the escaped up the esophagus). The patient tolerated the procedure well.

AFTER VISIT SUMMARY



6/24/2021 9:00 AM Gastrointestinal Surgery - OPC 650-721-1991

Instructions from Mary Hawn, MD

Important Phone Numbers:

GI/Colorectal Surgery (8am - 4:30pm, Mon-Fri) - (650) 721-1991.

Fax # 650-497-4226

Stanford Healthcare Operators (24 hours) - (650) 723- 6661

We thank you for your visit at the Stanford Medicine Outpatient Center in Redwood City. We know that there are many choices out there, and we are grateful that you have chosen the Gastrointestinal Surgery Clinic at Stanford to be your partners in health. We will work to provide you excellent care.

Below are some helpful policies and tips about Stanford Gastrointestinal and Colorectal Surgery:

- 1. MyHealth:** As a part of your care, we encourage you to register for MyHealth. With MyHealth you can check your medical records and doctors' notes, make appointments, communicate with your doctor and medical team, and receive your lab and test results quickly. You can sign up online at: myhealth.stanfordhealthcare.org or download the MyHealth App on your smartphone.
- 2. Medication refills:** Please contact your pharmacy for refills. They will contact us electronically to ensure the most efficient and rapid refill process. To avoid interruptions in your medicines, please contact your pharmacy before you run out of medications. It is our goal to have your refill processed within two business days. Please allow extra time on weekends and holidays.
- 3. Test results:** Normal test results are released to you through MyHealth or mailed to you in one to two weeks. You will be contacted in timely manner for all results that require urgent action. If you do not hear from us within 2 weeks, please call or email your care team through MyHealth.
- 4. Additional Exams or Imaging:** If you have been instructed to have any **additional imaging (x-ray, CT, MRI, Ultrasound, etc)**, please contact our Radiology Department to schedule your appointment at (650)723-6855. Please note that it may take up to 2 - 3 weeks for our clinic to receive results from studies taken outside of Stanford Health Care. If you are completing your exam outside of Stanford, you will need to reach out directly to the facility to schedule. Once you have found a place, please give us their fax number so we can fax your exam order to them. After your test is done, let us know, as we often do not get these results. You may also want to obtain

AFTER VISIT SUMMARY



6/11/2021 ALTA BATES SUMMIT - ALTA BATES

Patient Instructions

FOLLOW-UP IN DR. ANDREW PIENKNY'S OFFICE ON MONDAY MORNING FOR FOLEY CATHETER REMOVAL.

DR. ANDREW PIENKNY'S OFFICE # 510-848-1727

2999 REGENT STREET, SUITE #612

BERKELEY, CA. 94705



Your medications have changed

- ➔ **START taking:**
 - HYDROcodone/acetaminophen (NORCO 5)
 - sulfamethoxazole/trimethoprim (BACTRIM-DS/SEPTRA-DS)
- ❓ **ASK how to take:**
 - amLODIPine 10mg Tab (Norvasc)
 - calcium carbonate 1500mg (CALTRATE 600)
 - denosumab 60mg/mL Prefilled Syringe (PROLIA)
 - DOXAZOSIN MESYLATE PO
 - esomeprazole DR 40mg Cap (NexIUM)
 - ferrous sulfate CR 140mg Tbcr
 - finasteride 5mg Tab (PROSCAR)
 - Lasix 20mg Tab
 - latanoprost 0.005% Ophth Soln (XALATAN)
 - MAGNESIUM PO
 - metoprolol succinate ER 50mg 24Hr-XL Tab (TOPROL XL)
 - MULTIVITAMIN PO
 - VITAMIN C PO
 - Vitamin D-1000 Max St 1,000 units Tab

Review your updated medication list below.



Your Next Steps

Do

- Pick up these medications from RITE AID-27 ORINDA WAY - ORINDA, CA - 27 ORINDA WAY
 - HYDROcodone/acetaminophen
 - sulfamethoxazole/trimethoprim

Read

- Read these attachments
 - Green Light Laser Prostate Treatment Care After (ENGLISH)
 - General Anesthesia Adult Care After (ENGLISH)
 - Indwelling Urinary Catheter Care Adult Easy-to-Read (ENGLISH)

My Health Online

View your After Visit Summary and more online at <https://myhealthonline.sutterhealth.org/mho/>.

From: Calabrese, Stephanie NP calabrsd@sutterhealth.org
Subject: PREPARING FOR SURGERY
Date: Jun 8, 2021 at 10:01:28 AM
To: [REDACTED]

EKG 6/8/2021 11:40 AM

PreOperative Clinic :
3100 Summit Street, 2nd Floor Suite 2549
Oakland, CA 94609
Tel: (510)869-8865

Please park in Summit garage and we will pay your parking fee J

PREPARING FOR SURGERY

Surgery Date: 6/11/2021
Surgery Arrival Time: SURGERY OFFICE WILL NOTIFY YOU OF YOUR SCHEDULED TIME
Surgery Location: **Alta Bates Campus, 2450 Ashby Ave, Berkeley, CA 94705**
(1st Floor Surgical Services) Ph (510) 204-2256

Maps and Directions:

Alta Bates Campus - Park at Alta Bates Parking Garage. Enter on Colby between Ashby and Webster Street.

http://www.altabatesummit.org/visiting/altabates_directions.html

Preparing for Your Surgery Day:

What to bring:

- Insurance cards and ID
- Method of payment for parking and insurance copay
- COVID vaccination card, if you have been vaccinated
- Storage containers for any dentures, glasses, and contact lenses
- Wear loose, comfortable clothing
- CPAP machine if you use one
- If your surgeon has told you that you will be staying overnight, pack a small overnight bag with your personal items and clean clothes to wear home

Do NOT bring:

- Jewelry and other valuables
- Piercings. Remove piercings from your body prior to coming to surgery

City of Berkeley

Rent Stabilization Program

2125 Milvia Street, Berkeley, CA 94704

Phone: (510) 981-7368 (981-RENT) Fax: (510) 981-4910

AMENDED REGISTRATION STATEMENT

Complete this form for any changes in status of a **previously registered** unit on the property, or for any change in ownership, management, or mailing address for this property. This form must be completed and submitted, and the fee paid, **within sixty (60) days** of the change in status.

If the PROPERTY, or the individual unit(s), you are now registering has never been registered, complete an **INITIAL REGISTRATION STATEMENT**.

Berkeley Property Address: **PLEASE PRINT LEGIBLY, OR TYPE**

1186-1192 Carrison St. 94702 4
Street Number Street Name Zip Number of Units
on the property

PART I. CHANGE IN OWNERSHIP

Complete this section if you are a new owner. List all owners of record (as reflected by the Alameda County Recorder's Office) and each owner's percentage of ownership.

1. Date of purchase, or title transfer: _____
2. Name of Trust (if applicable): _____
If the property is held in a revocable living trust and you are claiming an owner-occupancy exemption on the same property you must fill out a Living Trust Declaration for Owner-Occupancy Exemption and state the full details of the trust.
3. The names of all owners of record, and the percentage of ownership for each owner must be listed for all changes in ownership.

Name	%	Name	%
a) _____	_____	c) _____	_____
b) _____	_____	d) _____	_____

PART II. CHANGE IN MAILING ADDRESS

Complete this section to change the address to which bills and other correspondence are sent and/or to select either an owner or one agent to receive all correspondence from the Rent Stabilization Program. Bills and correspondence may only be sent to one property, therefore you must only **CHECK ONLY ONE BOX** to select the billing contact:

Billing Contact: Owner Agent / Manager

OWNER: Mushira Anis ElBardai Trust
Name: M. T. ElBardai, TTE
Address: 8 Clarewood Mall
City, State, ZIP: Oakland, CA 94618
Phone: (925) 878-1356
Email: t.bardai@hotmail.com

AGENT / MANAGER:
Agency Name: Antonia Smith
Address: 3140 Ellis St
City, State, ZIP: Berkeley, CA 94703
Phone: (510) 646-2473
Email: Carrison4plex@gmail.com

PART III. UNIT STATUS CHANGE FOR UNITS THAT HAVE BEEN PREVIOUSLY REGISTERED

- Complete this section when you are changing the status of any previously registered unit.
- This form must be completed and the fee paid within 60 days from the date a unit is rented to avoid the assessment of a penalty.
- Complete an **Initial Registration Statement** for any unit(s) being registered for the **first time**.

A. Registration of Formerly Exempt Units

(If new tenancy, a *Vacancy Registration* form is also required.)

Unit Designation	Date Rented	Rent Per Month	Unit Designation	Date Rented	Rent Per Month
1) _____	_____	\$ _____	4) _____	_____	\$ _____
2) _____	_____	\$ _____	5) _____	_____	\$ _____
3) _____	_____	\$ _____	6) _____	_____	\$ _____

B. Claim of Exemption

All claims of exemption are subject to verification. If you are unclear whether an exemption applies to your unit, you should consult with a housing counselor. You may be liable for fees and possibly penalties if your units are determined, at any time, to be ineligible for the exemption you claim.

If you are claiming an exemption for more than 3 units, please use an additional form.

Unit Designation	Exemption Designation <small>*See list</small>	Date of Exemption	If Owner Occupied, Owner's Name
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

*** List of common Exemption Designations:**

<u>Status</u>	<u>Designation</u>
OWNER OCCUPIED	Owner of 50% or more occupies the unit and/or shares kitchen and/or bath with tenant.
SECTION 8	Registered with BHA, Section 8 program.
VACANT and NOT AVAILABLE FOR RENT	This unit is not now occupied by an owner or tenant, and is not available to be rented.
OCCUPIED RENT-FREE	This unit is provided to the tenant by the owner, rent-free, AND does not require any service(s) from the tenant in exchange for the rent-free privilege.
**OTHER	**If you use this designation, you must explain why the unit is exempt.

**Explanation _____

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

M. T. El-Bardai
Signature

2/3/2021
Date

City of Berkeley

Rent Stabilization Program
2125 Milvia Street, Berkeley, CA 94704
Phone: (510) 981-7368 (981-RENT) Fax: (510) 981-4910

AMENDED REGISTRATION STATEMENT

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Berkeley Property Address: **PLEASE PRINT LEGIBLY, OR TYPE**

1192 Carrison St. 94702 4
Street Number Street Name Zip Number of Units
on the property

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1. Date of purchase, or title transfer: _____
2. Name of Trust (If applicable): _____
If the property is held in a revocable living trust and you are claiming an owner-occupancy exemption on the same property you must fill out a Living Trust Declaration for Owner-Occupancy Exemption and state the full details of the trust.
3. The names of all owners of record, and the percentage of ownership for each owner must be listed for all changes in ownership.

Name	%	Name	%
a) _____	_____	c) _____	_____
b) _____	_____	d) _____	_____

PART II. CHANGE IN MAILING ADDRESS

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Billing Contact: Owner Agent / Manager

OWNER:

Name: Mushira Anis ElBardai Trust
Address: 8 Clarewood Mall
City, State, ZIP: Oakland, 94618
Phone: (925) 878-1356
Email: Tawfik.Bardai@gmail.com

AGENT / MANAGER:

Agency Name: None Currently
Address: _____
City, State, ZIP: _____
Phone: (____) _____
Email: _____

PART III. UNIT STATUS CHANGE FOR UNITS THAT HAVE BEEN PREVIOUSLY REGISTERED

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- This form must be completed and the fee paid within 60 days from the date a unit is rented to avoid the assessment of a penalty.
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If you are claiming an exemption for more than 3 units, please use an additional form.

Unit Designation	Exemption Designation *See list	Date of Exemption	If Owner Occupied, Owner's Name
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

* List of common Exemption Designations:

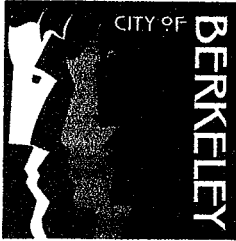
<u>Status</u>	<u>Designation</u>
OWNER OCCUPIED	Owner of 50% or more occupies the unit and/or shares kitchen and/or bath with tenant.
SECTION 8	Registered with BHA, Section 8 program.
VACANT and NOT AVAIL- ABLE FOR RENT	This unit is not now occupied by an owner or tenant, and is not available to be rented.
OCCUPIED RENT-FREE	This unit is provided to the tenant by the owner, rent-free, AND does not require any service(s) from the tenant in exchange for the rent-free privilege.
**OTHER	**If you use this designation, you must explain why the unit is exempt.

**Explanation _____

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

M. T. El-Bardai, TTE
Signature

3/10/2022
Date



Berkeley Property Owner
1192 CARRISON ST
BERKELEY, CA 94702

1192 CARRISON ST
BERKELEY, CA 94702

Received On	Description	Check Number	Receipt Amount	Receipt No
03/14/2022	CR, FULLY COVERED, REG FEE FOR 21/22, \$1000	02635i	\$1,000.00	00001892

If not cash payment, attach check below

2125 Milvia Street, Berkeley, California 94704
TEL: (510) 981-7368 (981-RENT), TDD: (510) 981-6903, FAX: (510) 981-4910
EMAIL: rent@cityofberkeley.info, INTERNET: www.cityofberkeley.info/rent/