

GL-02-22

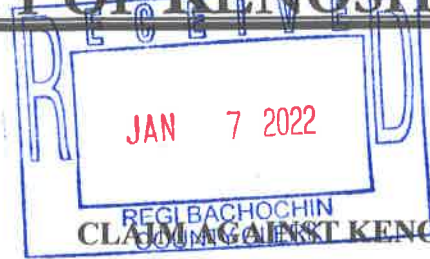


COUNTY OF KENOSHA

COUNTY CLERK

Regi Bachochin

1010 - 56th Street
Kenosha WI 53140
(262) 653-2552
Fax: (262) 653-2564



FULL NAME Alice Van Kammen DATE 12-24-21

ADDRESS resident at Brookside
619 - 78th St.

POA

Son: Glen Van Kammen Kenosha, WI 53143

TELEPHONE NUMBER: Home: 654-6975

Work: —

DATE & TIME OF ACCIDENT OR LOSS _____

LOCATION OF ACCIDENT Brookside, room 709

DESCRIPTION OF ACCIDENT OR LOSS lost hearing aids.

On Sept. 9, 2021, I called Alice's nurse, Barb, and told her I found out Alice's hearing aids were missing. She knew about it and said Christina should have called me. I said no one called me. I left a message for Scott + Michelle, social workers. The next day new social worker Mariah returned my call. On Oct. 8, Mariah said she had put this form in the mail. We had several conversations prior to this.

WITNESS: Name There was no witness. (Although nurse Barb was aware of it.)
Address _____

Phone _____

AMOUNT OF CLAIM (damages) \$ 5000.00
POA son's signature: X
CLAIMANT'S SIGNATURE _____

Please attach receipts, estimates, and/or other supporting data to this form.

RETURN THIS FORM TO: KENOSHA COUNTY CLERK
1010 - 56TH STREET
KENOSHA WI 53140

copy



HearingLife
7214 Green Bay Road, Suite 106
Kenosha, WI 53142

Alice Van Kammen
619 78th Street
Kenosha County
Kenosha, WI 53143

Invoice Number: SOI02648347
Order Number: SOR01358038
Created Date: 5/24/2021
Invoice Date: 5/24/2021
Sales Taker: Brianna Baker
Sales Responsible: Scott Rantanen
Reference:

Item Number	Qty	Description	Unit Price	Discount	Tax	Amount
200294	1	CHARGER 1.0, OTICON MINIRITE R	0.00	0.00	0.00	0.00
221885	1	OTICON MORE 3 MINIRITE R C090	2,800.00	300.00	0.00	2,500.00
90069078	1	Rechargeable Battery	0.00	0.00	0.00	0.00
221885	1	OTICON MORE 3 MINIRITE R C090	2,800.00	300.00	0.00	2,500.00
90069078	1	Rechargeable Battery	0.00	0.00	0.00	0.00
Totals				600.00		0.00

Date	Description	Amount
5/24/2021	Customer payment - Check 8846	5,000.00

Order Total: 5,000.00
Payment Total: 5,000.00
Balance Due: 0.00

To pay this statement by check, please send payment to:

HearingLife
2501 Cottontail Lane
Somerset, NJ 08873
1-877-857-7487

To pay this statement by credit card or for questions contact us at 877-857-7487, Monday through Friday, 8am to 5pm Eastern Time. Be sure to include a copy of the statement or the Invoice number along with your check.

