



**1550 AMERICAN BLVD E STE 200
BLOOMINGTON MN 55425-1116**

TELEPHONE 612-243-8640 Hours (CT):
FAX 877-326-8784

7:00 am – 7:00 pm M – TH
7:00 am – 5:00 pm F

TOLL-FREE (877) 326-1533

JANUARY 03, 2023

CIRCUIT COURT PROBATE DIVISION
COLLIER
3315 TAMIAMI TRL STE 102
NAPLES FL 34112

Estate of: LYNN EDWARD BAKER

<u>Total Unpaid Balance</u>	<u>PF Reference No</u>	<u>Probate Case No</u>	<u>Date of Death</u>
\$ 1,180.00	CL1790222	11-2022-CP-003062- 0001-XX	3/26/2022

Dear Sir or Madam:

Enclosed please find a Creditor's claim to be filed by DCM Services on behalf of
Naples HMA, LLC (FL) D/B/A Physicians Regional Medical Center - Pine Ridge

Responses are requested to be returned to the address of DCM Services.

Please return a file stamped copy of the claim in the enclosed self-addressed, stamped envelope. Thank you for your assistance.

Cordially,
DCM Services, LLC

Enclosed Filing Fee: NONE

This company is a debt collector. We are attempting to collect a balance due from the assets of the estate and any information obtained will be used for that purpose. Calls may be monitored or recorded for quality assurance purposes.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

NOTICE: SEE ATTACHED PAGE(S) FOR CLAIM DETAIL

IMPORTANT INFORMATION

Under the law we are required to notify you of the following information. This list does not include a complete list of rights consumers have under State and Federal Laws.

FOR COLORADO RESIDENTS

Colorado Office Information: c/o 27 North Willerup, Suite B, Montrose, CO 81401, (970) 249-7514.

FOR MASSACHUSETTS RESIDENTS

Notice of Important Rights

You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten days unless you provide written confirmation of the request postmarked or delivered within seven days of such request. You may terminate this request by writing to the debt collector.

FOR MINNESOTA RESIDENTS

This Collection Agency is licensed by the Minnesota Department of Commerce, 85 7th Place East, Suite 280, St. Paul, MN 55101, License No. 20598440

FOR NEW YORK CITY RESIDENTS

New York City Department of Consumer Affairs License Number: 1239504

To Discuss this account, please call our toll free number to speak with TINA HANSON

A representative will be available to assist you during our normal business hours.

FOR NORTH CAROLINA RESIDENTS

North Carolina Permit Number: 119500997

FOR TENNESSEE RESIDENTS

This Collection Agency is licensed by the Collection Service Board of the Department of Commerce and Insurance.

IN THE CIRCUIT COURT FOR COLLIER
COUNTY, FLORIDA

IN RE: ESTATE OF
LYNN EDWARD BAKER

PROBATE DIVISION

Deceased

File Number:
11-2022-CP-003062-0001-XX

Division: Probate

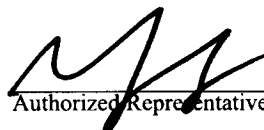
STATEMENT OF CLAIM BY Naples HMA, LLC (FL) D/B/A Physicians Regional Medical
Center - Pine Ridge

The undersigned hereby presents for filing against the above estate this statement of claim and alleges:

1. The basis for the claim is on the attached claim detail.
2. The name and address of the claimant are:
Naples HMA, LLC (FL) D/B/A Physicians Regional Medical Center - Pine Ridge
C/O DCM SERVICES 1550 AMERICAN BLVD E STE 200
BLOOMINGTON MN 55425-1116
3. The amount of the claim is \$ 1,180.00 and is now due.
4. The claim is X is not contingent or unliquidated.
5. Claim is secured X unsecured. If secured, the security consists of
N/A

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

Signed on JANUARY 03, 2023


Megan Corrigan
Authorized Representative

Naples HMA, LLC (FL) D/B/A Physicians Regional
Medical Center - Pine Ridge

Claimant

Copy mailed to attorney for the Personal
Representative on

CLERK OF THE CIRCUIT COURT

By: _____

MUST BE FILED IN DUPLICATE

Case Number:
11-2022-CP-003062-0001-
XX



PF Reference No:
CL1790222



CL1790222

CLAIM DETAIL

IN RE ESTATE OF: LYNN EDWARD BAKER

Claim detail is as follows:

*****5694

Naples HMA, LLC (FL) D/B/A Physicians Regional Medical Center - Pine Ridge

\$1,180.00

UNSECURED.

PRIORITY CLAIM AS AN EXPENSE OF LAST ILLNESS

THE DECEDENT PURCHASED GOODS AND/OR SERVICES IN THE AMOUNT OF \$1,180.00, EVIDENCED BY ACCOUNT NUMBER *****5694.

Claim Balance: \$ 1,180.00