

CONTRACT ROUTING SHEET

Date Prepared: 7-21-10

Need Date: 8-4-10

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Sherry Bahlman
Phone #: 621-5690
Department Head Signature: *Sherry Bahlman*

CONTRACTOR:

Name: Michael Berry, MD
Address: 1000 Fowler Way, Suite 4
Placerville, CA 95667
Phone: 916 769-1554

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Pathology and related services in Placerville and SLT for the Sheriff's Office
Contract Term: 8-1-09 to 7-31-12 Contract Value: \$423,000
Compliance with Human Resources requirements? Yes: No:
Compliance verified by:

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 8/12/10 By: *Justita Ken*
Approved: Disapproved: Date: By:

7-21-10 Assignment Amendment - see attached letter from Dr. Gilles - (Sps)

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 8/12/10 By: *[Signature]*
Approved: Disapproved: Date: By:

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SHERIFFS DEPT
2010 SEP 12 PM 5:34

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

July 8, 2010

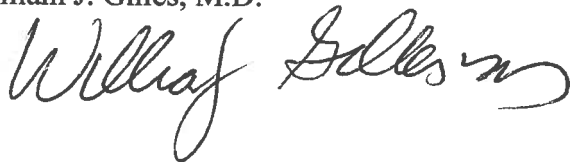
Brian Golmitz
El Dorado Sheriff's Department
El Dorado County
300 Fair Lane
Placerville, CA 95667

Dear Brian,

This letter is sent to inform you that I will no longer be able to perform coroner's autopsies for El Dorado County after the date of July 1, 2010. I have taken a new job at Sierra Nevada Memorial Hospital in Grass Valley, CA and because of the distances involved, it will not be possible for me to provide coroner's autopsy services after that date. I recommend my professional colleague Dr. Michael C. Berry, M.D. as my replacement to cover the coroner's services in both the West Slope and Tahoe regions and to take over the existing contract. I have enjoyed working with both you and your fellow sheriffs over the many years that I have performed these autopsies, and it is with great sadness that I am informing you of this major change in my life and work location.

If you have any questions, I can be reached in my office at 530-274-6033. Thank you for the opportunity to work and serve with you over the many years.

William J. Gilles, M.D.

A handwritten signature in black ink that reads "William J. Gilles". The signature is written in a cursive style with a large, sweeping initial "W".