Southern California Edison (SCE) – SCE-001 Data Request Responses

Proceeding Number: C.26-02-011
Proceeding Name: Isabella Barreiro vs. Southern California Edison Company
Data Request No.: SCE-001
Responses Due: May 22, 2026

1. Please explain the current configuration of the Property, including how many units are located at the Property, how many occupants are in each unit, and when each tenant moved into the Property.

The Property currently consists of three separate living areas: a main house, a back studio, and a guest house.

The main house is occupied by Isabella Barreiro, her husband, and their two children. The back studio is occupied by Lilia K. Guzman, her husband, and their two children. The guest house is occupied by Cami, her husband, and their two children.

To the best of my knowledge, the other occupants were residing at the Property prior to my move-in date of November 28, 2023. I do not know the exact dates they moved into the Property. The occupants reside in separate living areas on the same Property.

2. Please list the names of the tenants who reside with YOU in YOUR unit, including YOUR relationship with the tenants who reside in YOUR unit.

The occupants residing with me in my unit are my husband and our two children. We reside together in the main house located on the Property.

3. Please list the names of the tenants living in the other units on the Property, including YOUR relationship with each of the tenants residing in the other units and when YOU met them.

The occupants residing in the other units on the Property are Lilia K. Guzman, her husband, and their two children in the back studio, and Cami, her husband, and their two children in the guest house.

My relationship with the occupants is that we reside on the same Property in separate living areas. To the best of my knowledge, the occupants were residing on the Property prior to my move-in date of November 28, 2023. I do not recall the exact dates that I met them.

4. Do YOU operate any businesses from the Property, and, if so, please state the name of the businesses. a. If yes, from which unit are businesses operated? b. If yes, does anyone else operate the businesses with YOU? If yes, please list their names.

I do not operate any business from the Property.

a. Not applicable.

b. Not applicable.

To the best of my knowledge, I do not operate any business with any other occupants residing on the Property.

5. Please explain how electricity cost is currently divided amongst the tenants on the Property, including how payment is made and who is responsible for paying the electricity bill to SCE.

The electricity costs for the Property are shared among the occupants residing in the three living areas on the Property. Payments toward the electricity bill are made within the household. The SCE account is currently under my name, Isabella Barreiro. To the best of my knowledge, Lilia K. Guzman is responsible for making the monthly payment to SCE.

6. How do YOU pay for YOUR electricity bill to SCE, including payment method (i.e. bank account, credit card, check, etc.)? a. Please list any other users authorized or associated with YOUR bank accounts used pay for YOUR electricity bill to SCE.

In the past, I made payments for the SCE bill in cash at authorized payment locations. I do not have a bank account or a vehicle. To the best of my knowledge, Lilia K. Guzman has assisted with submitting payments to SCE on my behalf.

a. I do not personally maintain a bank account used to pay the SCE bill. To the best of my knowledge, Lilia K. Guzman has assisted with making payments toward the SCE account.

7. Please provide documentation showing proof of YOUR residency between January 2022 and November 2023 (i.e. rental agreement, utility bill, bank statements, government documents, etc.)

Between January 2022 and November 2023, I resided in Sylmar, California with my mother. I did not maintain utility accounts or a rental agreement in my name during that time. I moved into the Property with my husband in November 2023.

I am providing the following documents in support of my residency timeline:
• Rental agreement for the Property beginning November 2023;
• Medical correspondence mailed to me while residing in Sylmar, California; and
• Identification documentation reflecting my prior address.

RESIDENTIAL RENTAL AGREEMENT

This Residential Rental Agreement ("Agreement") is entered into on **November 28, 2023**, by and between the Landlord and Tenant identified below.

Landlord:	Rakshani Bob
Tenant:	Isabella Barreiro

1. Property

The Landlord agrees to rent to the Tenant the residential property located at 1100 S Buena Vista Ave, Corona, CA 92882 (the “Premises”).

2. Term

This is a month-to-month tenancy beginning on November 28, 2023. Either party may terminate this Agreement by providing at least thirty (30) days written notice, or as otherwise required by California law.

3. Rent

The Tenant agrees to pay rent in the amount of $1,500 per month, due on or before the 1st day of each month. Rent shall be paid in a manner agreed upon by both parties.

4. Security Deposit

Tenant shall pay a security deposit in the amount of $1,500 prior to move-in. The deposit will be handled in accordance with California law and may be used for damages beyond normal wear and tear.

5. Utilities

The Tenant shall be responsible for payment of electricity only. All other utilities remain the responsibility of the Landlord unless otherwise agreed in writing.

6. Occupancy

Only the Tenant named in this Agreement is authorized to occupy the Premises unless prior written consent is obtained from the Landlord.

7. Maintenance and Care

The Tenant agrees to keep the Premises in a clean and sanitary condition and to promptly notify the Landlord of any maintenance or repair needs.

8. Use of Premises

The Premises shall be used for residential purposes only. Illegal activities are strictly prohibited.

9. Pets

No pets are permitted on the Premises unless approved in writing by the Landlord.

10. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of California.

Landlord Signature:	Rakshani Bob	Date: 11/12/2023
Tenant Signature:	Isabella Barreiro	Date: 11/12/2023

Supporting Residency Documentation

Exhibit A – Redacted California Identification Card

California USA

IDENTIFICATION CARD

ID [redacted]

EXP 10/03/2027

DOB [redacted]

AGE 21 IN 2023

[redacted]

10032002

FEDERAL LIMITS APPLY

LN BARREIRO

FN ISABELLA CHRISTIANN

13053 HARDING ST

SYLMAR, CA 91342

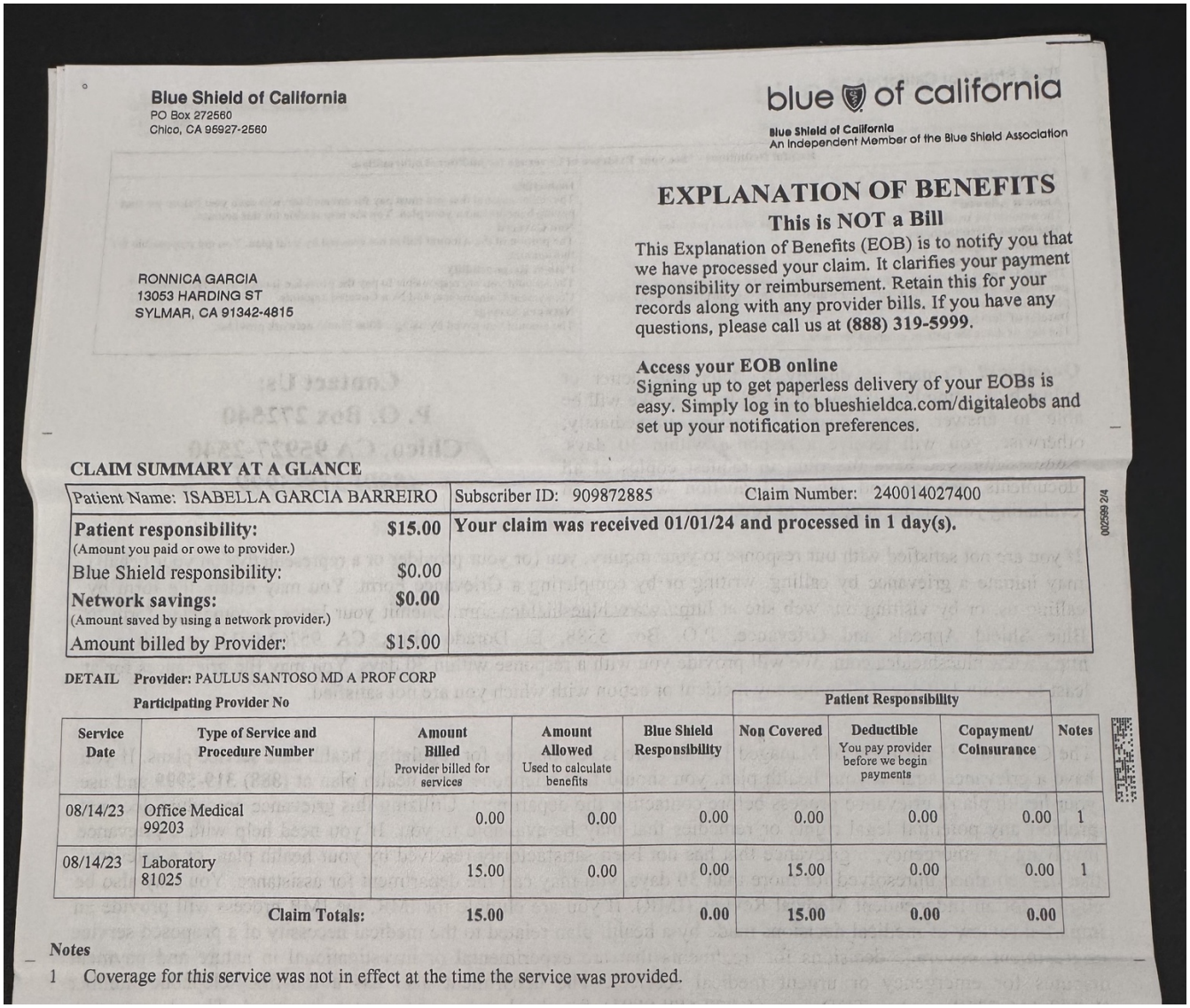
SEX [redacted]

HT [redacted]

[redacted]

ISS 11/03/2021

Exhibit B – Blue Shield Residency Mail



Blue Shield of California
PO Box 272560
Chico, CA 95927-2560

blue of california
Blue Shield of California
An Independent Member of the Blue Shield Association

RONNICA GARCIA
13053 HARDING ST
SYLMAR, CA 91342-4815

EXPLANATION OF BENEFITS

This is NOT a Bill

This Explanation of Benefits (EOB) is to notify you that we have processed your claim. It clarifies your payment responsibility or reimbursement. Retain this for your records along with any provider bills. If you have any questions, please call us at **(888) 319-5999**.

Access your EOB online
Signing up to get paperless delivery of your EOBs is easy. Simply log in to blueshieldca.com/digitaleobs and set up your notification preferences.

002599 2/4

CLAIM SUMMARY AT A GLANCE

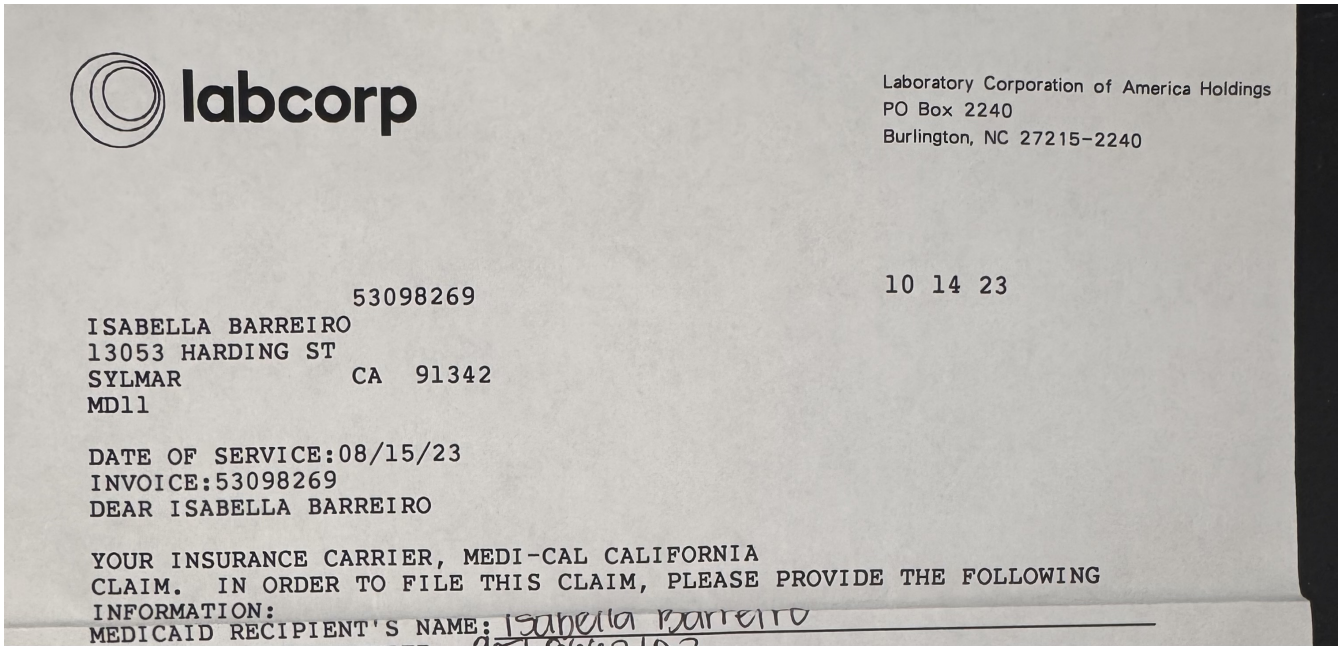
Patient Name: ISABELLA GARCIA BARREIRO		Subscriber ID: 909872885 Claim Number: 240014027400
Patient responsibility: (Amount you paid or owe to provider.)	**$15.00**	**Your claim was received 01/01/24 and processed in 1 day(s).**
Blue Shield responsibility:	$0.00	
Network savings: (Amount saved by using a network provider.)	**$0.00**	
Amount billed by Provider:	$15.00	

DETAIL **Provider:** PAULUS SANTOSO MD A PROF CORP
Participating Provider No

Service Date	Type of Service and Procedure Number	Amount Billed (Provider billed for services)	Amount Allowed (Used to calculate benefits)	Blue Shield Responsibility	Patient Responsibility: Non Covered	Patient Responsibility: Deductible (You pay provider before we begin payments)	Patient Responsibility: Copayment/ Coinsurance	Notes
08/14/23	Office Medical 99203	0.00	0.00	0.00	0.00	0.00	0.00	1
08/14/23	Laboratory 81025	15.00	0.00	0.00	15.00	0.00	0.00	1
	Claim Totals:	**15.00**		**0.00**	**15.00**	**0.00**	**0.00**	

Notes
1 Coverage for this service was not in effect at the time the service was provided.

Exhibit C – Labcorp Residency Mail



labcorp

Laboratory Corporation of America Holdings
PO Box 2240
Burlington, NC 27215-2240

10 14 23

53098269
ISABELLA BARREIRO
13053 HARDING ST
SYLMAR CA 91342
MD11

DATE OF SERVICE:08/15/23
INVOICE:53098269
DEAR ISABELLA BARREIRO

YOUR INSURANCE CARRIER, MEDI-CAL CALIFORNIA
CLAIM. IN ORDER TO FILE THIS CLAIM, PLEASE PROVIDE THE FOLLOWING
INFORMATION:
MEDICAID RECIPIENT'S NAME: Isabella Barreiro