

CERTIFICATE OF SERVICE

I hereby certify that on this 12th day of December, 2020, a copy of the foregoing was served via the Court's electronic filing system, via email, and/or via USPS mail, postage prepaid, to the following parties:

Owen R. Lipscomb (#12703)
LAW OFFICES OF JULIE BHATTACHARYA PEAK
Mailing Address: PO Box 7217
London, KY 40742
Physical Address: 5409 Maryland Way, Suite 212
Brentwood, TN 37027
Telephone: (615) 986-7700

Counsel for Defendants

By: /s/ Daniel A. Horwitz
Daniel A. Horwitz, Esq.

COPY

CLAIM OFFICE ADDRESS:
P.O. BOX 1525
DOVER, NH 03821-1525



B. CODE 404	CHECK REFERENCE 51458183	CHECK DATE 11/18/20
	CHECK AMOUNT *\$125018.00	BLOCK NUMBER [REDACTED]

CONTACT: SHAFIE, JESSICA
PHONE: 1-800-2CLAIMS

ACCIDENT DATE: 05/19/20

PAGE 1 OF 1
U/W CO: LIBERTY INSURANCE CORPORATION
OSN: VV0101111801-011895
CLAIM NUMBER: [REDACTED]
POLICY NUMBER: H37-251-753646-409
INSURED OPERATOR:

INSURED NAME: AMASON, ROBERTA
CLAIMANT NAME: ANGEL STONE

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY BODILY INJURY		05/19/20-11/18/20	125018.00	125018.00	
PAYMENT TO: DAVIDSON COUNTY COURT CLERKS OFFICE			TOTAL CHARGE:	125018.00	
			TOTAL PAID:	125018.00	
			TOTAL DEDUCTIBLE:	0.00	
			TOTAL FEDERAL WITHHOLDING:	0.00	
			CHECK AMOUNT:	125018.00	

NOTES
SETTLEMENT OF ANGEL STONE'S CLAIM FOR INJURIES RELATED TO HER 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE
CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS * 011670
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PAY TO THE ORDER OF **DAVIDSON COUNTY COURT CLERKS OFFICE**
C/O OWEN LIPSCOMB
712 SAY BROOK CIRCLE
NASHVILLE TN 37221

PAY *\$125018.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF ISSUE DATE OF CHECK

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CHECK REFERENCE [REDACTED]	CHECK DATE 11/18/20
B. CODE 404	CHECK AMOUNT *\$104437.00
	BLOCK NUMBER [REDACTED]

CONTACT: SHAFIE, JESSICA
PHONE: 1-800-2CLAIMS

ACCIDENT DATE: 05/19/20

PAGE 1 OF 1
U/W CO: LIBERTY INSURANCE CORPORATION
OSN: VV0101111801-011896
CLAIM NUMBER: ~~042597856-0001~~
POLICY NUMBER: H37-251-753646-409
INSURED OPERATOR:

INSURED NAME: AMASON, ROBERTA

CLAIMANT NAME: LATIA STONE

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY BODILY INJURY		05/19/20-11/18/20	104437.00	104437.00	
PAYMENT TO: DAVIDSON COUNTY COURT CLERKS OFFICE		TOTAL CHARGE:		104437.00	
		TOTAL PAID:		104437.00	
		TOTAL DEDUCTIBLE:		0.00	
		TOTAL FEDERAL WITHHOLDING:		0.00	
		CHECK AMOUNT:		104437.00	

NOTES
SETTLEMENT OF THE INJURY CLAIMS FOR LATIA STONE RELATED TO HER 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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*PAY*ONE*HUNDRED*FOUR*THOUSAND*FOUR*HUNDRED*THIRTY*SEVEN*DOLLARS*NO*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0518	404	CLAIM 042597856-0001	51458184	11/18/20

PAY *\$104437.00

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B. CODE
404

CHECK REFERENCE ██████████	CHECK DATE 11/18/20
CHECK AMOUNT ***\$35545.00	BLOCK NUMBER 011669

CONTACT: SHAFIE, JESSICA
PHONE: 1-800-2CLAIMS

INSURED NAME: AMASON, ROBERTA

CLAIMANT NAME: AERSINO STONE

ACCIDENT DATE: 05/19/20

PAGE 1 OF 1
U/W CO: LIBERTY INSURANCE CORPORATION
OSN: VV0101111801-011894
CLAIM NUMBER: ██████████
POLICY NUMBER: H37-251-753646-409
INSURED OPERATOR:

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY BODILY INJURY		05/19/20-11/18/20	35545.00	35545.00	
PAYMENT TO: DAVIDSON COUNTY COURT CLERKS OFFICE			TOTAL CHARGE:	35545.00	
			TOTAL PAID:	35545.00	
			TOTAL DEDUCTIBLE:	0.00	
			TOTAL FEDERAL WITHHOLDING:	0.00	
			CHECK AMOUNT:	35545.00	

NOTES
SETTLEMENT OF INJURIES AERSINO STONE IS PURSUING FOR HIS 5/19/20 INCIDENT

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

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*PAY*THIRTY*FIVE*THOUSAND*FIVE*HUNDRED*FORTY*FIVE*DOLLARS*NO*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0518	404	CLAIM 042597856-0005	51458182	11/18/20

PAY ***\$35545.00

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CLAIM OFFICE ADDRESS:
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B. CODE
404

CHECK REFERENCE [REDACTED]	CHECK DATE 11/18/20
CHECK AMOUNT ***\$35000.00	BLOCK NUMBER [REDACTED]

PAGE 1 OF 1

CONTACT: SHAFIE, JESSICA
PHONE: 1-800-2CLAIMS

ACCIDENT DATE: 05/19/20

U/W CO: LIBERTY INSURANCE CORPORATION
OSN: VV0101111801-011897
CLAIM NUMBER: [REDACTED]
POLICY NUMBER: H37-251-753646-409
INSURED OPERATOR:

INSURED NAME: AMASON, ROBERTA
CLAIMANT NAME: MARIONNA STONE

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY BODILY INJURY		05/19/20-11/18/20	35000.00	35000.00	
PAYMENT TO: DAVIDSON COUNTY COURT CLERKS OFFICE			TOTAL CHARGE:	35000.00	
			TOTAL PAID:	35000.00	
			TOTAL DEDUCTIBLE:	0.00	
			TOTAL FEDERAL WITHHOLDING:	0.00	
			CHECK AMOUNT:	35000.00	

NOTES
SETTLEMENT OF MARIONNA STONE'S INJURIES RELATED TO THE 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

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PAY **35000.00**
ONLY THREE FIVE ZERO ZERO ZERO CENTS

*PAY*THIRTY*FIVE*THOUSAND*DOLLARS*NO*CENTS*

OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0518	404	CLAIM 042597856-0007	51458185	11/18/20

PAY ***\$35000.00

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B. CODE 404	CHECK REFERENCE ██████████	CHECK DATE 11/18/20
	CHECK AMOUNT ***\$1000.00	BLOCK NUMBER ██████████

PAGE 1 OF 1

OSN: VV0101111801-011899
 U/W CO: LIBERTY INSURANCE CORPORATION

CLAIM NO: 042597856-0006
 POLICY NO: H37-251-753646-409

INVOICE NO:
 PROVIDER #: C449142

PAYEE: DAVIDSON COUNTY COURT CLERKS OFFICE
 TAX ID: ██████████
 BILL PROV: DAVIDSON COUNTY COURT CLERKS OFFICE
 C/O OWEN LIPSCOMB
 712 SAY BROOK CIRCLE
 NASHVILLE, TN 37221

PATIENT ACCT. #:
 SSN:
 DOI: 05/19/20
 PATIENT: AERSINO STONE
 1541 MEADOW BEND DR
 MADISON, TN 37115-5039

PROVIDER: DAVIDSON COUNTY COURT CLERKS OFFICE

INSURED: AMASON, ROBERTA
 DATES OF SERVICE: 05/19/20-11/18/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			MEDICAL PAYMENTS		1000.00				1000.00	
TOTAL CHARGES:					1000.00					
TOTAL PREVIOUSLY PAID:					0.00					
TOTAL CURRENT PAYABLE:					1000.00					
TOTAL DEDUCTIBLE:					0.00					
TOTAL FEDERAL WITHHOLDING:					0.00					
TOTAL AMOUNT PAID:					1000.00					

NOTES
 PAYMENT OF MEDICAL BILLS FOR INJURIES AERSINO STONE IS RELATING TO HIS 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0980	404	CLAIM 042597856-0006	51458186	11/18/20

PAY ***\$1000.00

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 C/O OWEN LIPSCOMB
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B. CODE 404	CHECK REFERENCE 51458187	CHECK DATE 11/18/20
	CHECK AMOUNT ***\$1000.00	BLOCK NUMBER [REDACTED]

PAGE 1 OF 1

OSN: VV0101111801-011901
 U/W CO: LIBERTY INSURANCE CORPORATION

CLAIM NO: 042597856-0004
 POLICY NO: H37-251-753646-409

INVOICE NO:
 PROVIDER #: C449142

PAYEE: DAVIDSON COUNTY COURT CLERKS OFFICE
 TAX ID: [REDACTED]
 BILL PROV: DAVIDSON COUNTY COURT CLERKS OFFICE
 C/O OWEN LIPSCOMB
 712 SAY BROOK CIRCLE
 NASHVILLE, TN 37221

PATIENT ACCT. #:
 SSN:
 DOI: 05/19/20
 PATIENT: ANGEL STONE
 1541 MEADOW BEND DR
 MADISON, TN 37115-5039

PROVIDER: DAVIDSON COUNTY COURT CLERKS OFFICE

INSURED: AMASON, ROBERTA
 DATES OF SERVICE: 05/19/20-11/18/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			MEDICAL PAYMENTS		1000.00				1000.00	
TOTAL CHARGES:					1000.00					
TOTAL PREVIOUSLY PAID:					0.00					
TOTAL CURRENT PAYABLE:					1000.00					
TOTAL DEDUCTIBLE:					0.00					
TOTAL FEDERAL WITHHOLDING:					0.00					
TOTAL AMOUNT PAID:					1000.00					

NOTES
 FOR MEDICAL SPECIALS ANGEL STONE IS RELATING TO INJURIES SHE IS CLAIMING AS A RESULT OF HER 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

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OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0980	404	CLAIM 042597856-0004	51458187	11/18/20

PAY ***\$1000.00

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 C/O OWEN LIPSCOMB
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B. CODE 404	CHECK REFERENCE ██████████	CHECK DATE 11/18/20
	CHECK AMOUNT ***\$1000.00	BLOCK NUMBER ██████████

PAGE 1 OF 1

OSN: VV0101111801-011905
 U/W CO: LIBERTY INSURANCE CORPORATION

CLAIM NO: 042597856-0008
 POLICY NO: H37-251-753646-409

INVOICE NO:
 PROVIDER #: C449142

PAYEE: DAVIDSON COUNTY COURT CLERKS OFFICE
 TAX ID: ██████████
 BILL PROV: DAVIDSON COUNTY COURT CLERKS OFFICE
 C/O OWEN LIPSCOMB
 712 SAY BROOK CIRCLE
 NASHVILLE, TN 37221

PATIENT ACCT. #:
 SSN:
 DOI: 05/19/20
 PATIENT: MARIONNA STONE
 1541 MEADOW BEND DR
 MADISON, TN 37115-5039

PROVIDER: DAVIDSON COUNTY COURT CLERKS OFFICE

INSURED: AMASON, ROBERTA
 DATES OF SERVICE: 05/26/20-11/18/20

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			MEDICAL PAYMENTS		1000.00				1000.00	
TOTAL CHARGES:					1000.00					
TOTAL PREVIOUSLY PAID:					0.00					
TOTAL CURRENT PAYABLE:					1000.00					
TOTAL DEDUCTIBLE:					0.00					
TOTAL FEDERAL WITHHOLDING:					0.00					
TOTAL AMOUNT PAID:					1000.00					

NOTES
 PAYMENT OF MEDICAL SPECIALS FOR MARIONNA STONE FOR INJURIES RELATED TO 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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 PLANO, TX-IRVING-PI CLAIMS
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OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0980	404	CLAIM 042597856-0008	51458189	11/18/20

PAY ***\$1000.00

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[REDACTED]	11/18/20
B. CODE	BLOCK NUMBER
404	011678
CHECK AMOUNT	
***\$1000.00	

PAGE 1 OF 1

OSN: VV010111801-011903
 U/W CO: LIBERTY INSURANCE CORPORATION

INVOICE NO:
 PROVIDER #: C449142

CLAIM NO: 042597856-0002
 POLICY NO: H37-251-753646-409

PAYEE: DAVIDSON COUNTY COURT CLERKS OFFICE
 TAX ID: [REDACTED]
 BILL PROV: DAVIDSON COUNTY COURT CLERKS OFFICE
 C/O OWEN LIPSCOMB
 712 SAY BROOK CIRCLE
 NASHVILLE, TN 37221

PATIENT ACCT. #:
 SSN:
 DOI: 05/19/20
 PATIENT: LATIA STONE
 1541 MEADOW BEND DR
 MADISON, TN 37115-5039

INSURED: AMASON, ROBERTA
 DATES OF SERVICE: 05/19/20-11/18/20

PROVIDER: DAVIDSON COUNTY COURT CLERKS OFFICE

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			MEDICAL PAYMENTS		1000.00				1000.00	
TOTAL CHARGES:					1000.00					
TOTAL PREVIOUSLY PAID:					0.00					
TOTAL CURRENT PAYABLE:					1000.00					
TOTAL DEDUCTIBLE:					0.00					
TOTAL FEDERAL WITHHOLDING:					0.00					
TOTAL AMOUNT PAID:					1000.00					

NOTES
 MEDICAL SPECIALS PAYMENT FOR INJURIES LATIA STONE'S RELATING TO HER 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

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OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0980	404	CLAIM 042597856-0002	51458188	11/18/20

PAY ***\$1000.00

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