

## Personal Injury Settlement Statements

October 26, 2016

In Re: Settlement of **Ms. Gotsy Cash Lenjured** Personal Injury Claim

Date Of Loss: 11/05/2013

Amount received from Allsnake Insurance Company of Texas: **\$ 219,100.00**

### DISBURSEMENTS:

**Attorney's fees (1/3 as per agreement) \$ 73,033.33**

Balance After Fees: **\$146,066.67**

### **Costs of Incurred & to be reimbursed to Firm:**

Filing Lawsuit at Court **\$ 256.00**; Messenger Service **\$ 45.00**;

Private Investigator –Witness Statements **\$ 255.00**; Copies **\$ 165.00**

Postage & Courier Service **\$ 115.77**; Telephone & Faxes **\$ 450.00**

Medical Records **\$ 373.91**; Medical Bills Itemized **\$ 75.00**

Transcript of Motion Hearing – Judge J. Iscariot **\$ 65.00**

Accident Report \$ 1.25; Photos **\$ 26.55**;

Transcript of Mr. Iseen Dude Opty **\$ 174.98**

Transcript of Ms. Lenjured Deposition **\$ 349.45**

Transcript of Mr. Snake's Deposition **\$ 227.00**

Transcript of Dr. Treatthem Good's Deposition **\$ 454.17**

Transcript of Dr. Chucks Iboijube Deposition **\$ 375.00**

**Total Costs \$ 3,409.08**

Balance Before Reimbursements For Payments to Professionals: **\$142,657.59**

Chucks Iboijubge Treatment & Orthopedic Permanency Report **\$800.00**

John Rhodesia, PE Engineering Reconstruction **\$ 7,500.00**

Take Them Back To Work Vocational Services **\$ 1,700.00**

John Smith, Ph.d Economist Report **\$ 2,000.00**

**Total Reimbursable Payments to professionals \$ 12,000.00**

**Balance: \$130,657.59**

Subrogated Health Carriers:

Allsnake Health Insurance Company of Texas **\$ 19,068.00**

Medicare Lien **\$ 8,500.00**

**Total Subrogation Amount Owed: \$ 27,568.00**

Balance:

\$103,089.59

**Net Proceeds To Client:**

**\$ 103,089.89**

**Personal Injury Settlement Statements content below is an integral part of the foregoing and must be read in conjunction with the foregoing disbursements.**

The undersigned client having approved this settlement and authorized the disbursement of the Settlement Proceeds as reflected by this Settlement Statement understands and therefore acknowledges that all bills incurred as a result of her automobile accident and related treatment, diagnostic charges, physical therapy are her sole responsibility and that she will undertake to pay all bills due and owing but otherwise not reflected herein if any. The Firm is paying directly to each of the providers listed herein.

No other provider is currently known and no treatment rendered by anyone other than the providers reflected herein was considered as the basis of this settlement. Further, any bill purportedly incurred as a result of the injuries that are not the subject of this case is the sole responsibility of the client. Client understands and agrees to indemnify the firm should there be any paid and or unpaid bills otherwise unknown to the firm as of this date.

Further, the undersigned client acknowledges receipt of copies of each and every check issued, a copy of the Release document as well as the Draft from Allsnake Insurance Company in the amount of \$219,100.00 along with a copy of this Personal Injury Settlement Statements.

Dated this \_\_\_\_ Day of October 2015.

*Gotsyslenjured*

\_\_\_\_\_  
Ms. Gotsy Cash Lenjured

*Jamawitness*

\_\_\_\_\_  
Witness