

NO. 18-C-00224

JACKSON DISTRICT COURT

LVNV FUNDING LLC

PLAINTIFF

AGREED JUDGMENT

KAREN BROCK

DEFENDANT

* * * * *

The Plaintiff, LVNV FUNDING LLC, by counsel, and the Defendant, KAREN BROCK, agree as follows:

1. Plaintiff shall have Judgment against the Defendant for the sum of \$1,134.80, plus interest at the rate of 6% per annum from the date of Judgment, plus court costs as of the date of Judgment in the amount of \$155.00, and costs for the filing of any executions which may be issued hereafter, less credits and/or payments received by Plaintiff from the Defendant after the initiation of this lawsuit, until this Judgment is satisfied.

2. It is further agreed that Defendant shall pay \$550.00 to Plaintiff on or before 03/28/2019, and then \$50.00 due by the 28th of each subsequent month thereafter until the balance in paragraph 1 is paid in full, Plaintiff shall not issue execution on this Judgment. Defendant may prepay all or any portion of this amount at any time without penalty.

3. It is further agreed that if the Defendant defaults from the payment schedule set forth in paragraph 2, Plaintiff shall be free to issue execution on this Judgment forthwith. Plaintiff shall be free to record a Judgment Lien immediately upon entry of this Judgment to secure payment of this Judgment, which shall be due and payable in its entirety upon transfer, conveyance, refinance, or other event which would require the lien to be released and/or subordinated.

This is a final and appealable Judgment and there is no just cause for delay.

DATE

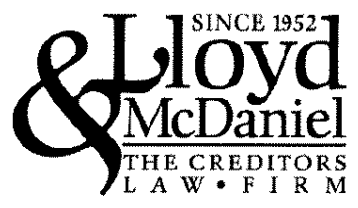
JUDGE

HAVE SEEN AND AGREE:

Katie Carbone (94442)
Eric Grimes (88908)
Joshua A. De Renzo (88877)
Richard Alphin (88835)
K. Tarra Gardner (94786)
Amy L. Eversole (94234)
Courtney E. Carr (96666)
Charlie W. Gordon (87674)
Attorneys for Plaintiff
LLOYD & McDANIEL, PLC
PO Box 23200
Louisville, Kentucky 40223

KAREN BROCK
580 Ingram Road
Annville KY 40402
Date _____

391505/PAJ/BC3



March 15, 2019

PERSONAL & CONFIDENTIAL

Karen Brock
580 Ingram Road
Annville KY 40402

Our File No.: 391505
Current Creditor: LVNV Funding
LLC
Karen Brock
Case No.:18-C-00224

Dear Karen Brock:

Enclosed herewith please find an Agreed Judgment. If it is acceptable, please return the signed agreed judgment to our office at Lloyd & McDaniel, P.O. Box 23200, Louisville, KY 40223-0200. LVNV Funding LLC has agreed to the payment terms, contingent upon you signing and returning this document. Be aware that the Agreed Judgment will be filed with the Court as a Judgment against you. **Until such time as you return the signed Agreed Judgment to us, we are proceeding with this lawsuit.**

It is very important that the payments are received by the due date. In the event of a default, your payment arrangement will be considered void and we will execute on the Judgment balance, less credit given for payments received, if authorized to do so by our client. Enclosed are two (2) copies of an Automatic Debit Authorization form and an Affidavit. Please keep a copy of the Automatic Debit Authorization form for your records, and return a completed copy to us along with the completed Affidavit. The Automatic Debit Authorization form provides us with permission to debit your designated account for the agreed payment arrangement.

Alternatively, payment may be made by check or money order. All checks or money orders should be made payable to Lloyd & McDaniel and directed to us at P.O. Box 23200, Louisville, KY 40223-0200. If you choose to do so, you may make a payment online by visiting our website at <https://payitnow.lloydmc.com> at your convenience.

Please contact us on our toll-free number of 1-866-548-2486 should you have any questions. When contacting our office, please refer to our file number 391505. Thank you for your prompt attention to this matter.

Yours truly,
LLOYD & McDANIEL, PLC

LM/BC3

A Professional Limited Liability Company
P.O. Box 23200 • Louisville, KY 40223-0200
Fax: 502.585.3054 • Toll Free: 866.585.1880

This letter is an attempt to collect a debt, and any information obtained will be used for that purpose.
This communication is from a debt collector. All calls to or from Lloyd & McDaniel, PLC, are recorded for quality assurance.

PERSONAL INFORMATION SHEET

PERSONAL INFORMATION

Full Name:	Nicknames/Aliases:
Street Address:	City/State/Zip:
Home Phone Number:	Date & Place of Birth:
With whom do you live:	

EMPLOYER INFORMATION

Name of Employer:	Department & Position:
Street Address:	City/State/Zip:
Phone Number:	How long have you been employed here:
If you are claiming your sole household income is social security, please provide a copy of your award letter verifying how much you receive monthly.	

FINANCIAL INFORMATION

Bank Name:	Checking or Savings account:
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*391505/pinf
o*

SIGNATURE

DATE

AUTOMATIC DEBIT AUTHORIZATION

By completing and signing below, I hereby authorize Lloyd & McDaniel, PLC to initiate recurring electronic debit entries to my account at the financial institution indicated below (hereinafter "Bank") for an initial amount of **\$550.00** on **03/28/2019**, and then **\$50.00** on the **28th** of each month thereafter until the balance owed is paid in full. If the payment date falls on a weekend or non-business day, the payment may be processed the next business day. I further authorize Bank to accept and to charge the debit entries agreed upon.

I understand that Lloyd & McDaniel, PLC reserves the right to refuse or cancel this Authorization at any time. Absent such cancellation by Lloyd & McDaniel, PLC, I understand that this Authorization shall remain in effect until either the above payment arrangement is complete or I notify Lloyd & McDaniel, PLC of the termination of this Authorization in such time as to afford Lloyd & McDaniel, PLC and my Bank reasonable opportunity to act on it.

INFORMATIONCUSTOMER

Full Name: _____
Street Address: _____
City, State Zip: _____
Telephone Number: (____) _____ - _____
Cell Phone Number: (____) _____ - _____
Do we have permission to contact you on your cell phone: ☒ Yes ☐ No

INFORMATIONBANKING

Bank Name: _____
Account Type: ☒ Checking ☐ Savings
Bank Routing Number: _____
Bank Account Number: _____

*391505/paj
dda*

SIGNATURE: _____ DATE: _____

AUTOMATIC DEBIT AUTHORIZATION

By completing and signing below, I hereby authorize Lloyd & McDaniel, PLC to initiate recurring electronic debit entries to my account at the financial institution indicated below (hereinafter "Bank") for an initial amount of **\$550.00** on **03/28/2019**, and then **\$50.00** on the **28th** of each month thereafter until the balance owed is paid in full. If the payment date falls on a weekend or non-business day, the payment may be processed the next business day. I further authorize Bank to accept and to charge the debit entries agreed upon.

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INFORMATIONCUSTOMER

Full Name: _____

Street Address: _____

City, State Zip: _____

Telephone Number: (____) _____ - _____

Cell Phone Number: (____) _____ - _____

Do we have permission to contact you on your cell phone: ☐ Yes ☐ No

INFORMATIONBANKING

Bank Name: _____

Account Type: ☐ Checking ☐ Savings

Bank Routing Number: _____

Bank Account Number: _____

*391505/paj
dda*

SIGNATURE: _____ DATE: _____