

NATIONAL SERVICE BUREAU, INC.

Bonded Collection Services

18912 NORTH CREEK PKWY, SUITE 205 BOTHELL WA 98011

PO BOX 747 BOTHELL WA 98041-0747

(206) 533-0963 (866) 533-0927

LYNCH, FAITH
5464 MAYFLOWER CT
ROLLING MEADOWS IL 60008

PROMISSORY NOTE

CLAIM#: 13-13N3-72H

FOR VALUE RECEIVED, I _____, promise to pay in lawful money of the United States of America, to the order of NATIONAL SERVICE BUREAU, INC. at the address of PO BOX 747 BOTHELL, WA 98041 the sum of \$ 4913.34, in installments as follows:

\$ 982.67 or more on the 11TH day of MARCH , 2024 and \$ 982.67 or more on the 31ST of each succeeding mo until this note is paid.

On failure to pay any installment in full when due, the entire unpaid balance shall immediately become due and collectible at the option of the holder.

In the event suit or other action is instituted to collect this note or any part thereof, the undersigned agree to pay such costs, collection fees or attorney's fees as may be deemed necessary and reasonable. In the event this account is referred for legal action, venue may be laid in King County, WA at the sole discretion of National Service Bureau, Inc.

This is a communication from a Subrogation collector and is an attempt to collect an assigned amount. Any information obtained will be used for that purpose.

EACH OF THE UNDERSIGNED EXECUTES THIS NOTE AS A PRINCIPAL AND NOT AS A SURETY.

WITNESSES TO SIGNATURE

1) _____

Date Signed: _____

address _____

LYNCH, FAITH

CLAIM#13-13N3-72H

(Signature)

2) _____

address _____

(Signature)

BOTH PAGES MUST BE FILLED OUT IN THEIR ENTIRETY. KEEP ONE COPY FOR YOUR RECORDS AND RETURN THE OTHER. SHOULD YOU HAVE ANY QUESTIONS, CONTACT OUR OFFICE AT 1-866-533-0927.

PRINCIPAL DATA SHEET

FULL NAME	BIRTH DATE	SOCIAL SEC. #
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SPOUSE NAME	BIRTH DATE	SOCIAL SEC. #
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VEHICLE OPERATOR DRIVERS LICENSE#	REGISTERED OWNER DRIVERS LICENSE#
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MOTOR VEHICLE ACCIDENT CASE NO. (REQUIRED IF LICENSE IS SUSPENDED): _____

HOME ADDR.	CITY	ST.	ZIP	HM. PHONE
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EMPLOYER	ADDRESS
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EMP. PHONE	DATE OF HIRE	SALARY \$	PER
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SP. EMPLOYER	ADDRESS
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EMP. PHONE	DATE OF HIRE	SALARY \$	PER
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ADDITIONAL INCOME \$	SOURCE
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BANK NAME	ACCT. #	___checking ___savings
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PRESENT VALUE OF PROPERTY HOLDINGS:

REAL ESTATE (in whose name) _____ \$ _____

PERSONAL PROPERTY _____ \$ _____

INCUMBRANCES OR MORTGAGES _____ \$ _____

AUTOS -- YEAR _____ MAKE _____ LIC. # STATE _____

YEAR _____ MAKE _____ LIC. # STATE _____

REFERENCES* BUSINESS OR SOCIAL ACQUAINTANCES (not relatives or former employers)

NAME	ADDRESS	PHONE	OCCUPATION	YRS. KNOWN
------	---------	-------	------------	------------

1.

2.

3.

4.

State of Illinois, Office of Secretary of State
Driver Services Department, Safety Responsibility Section
2701 South Dirksen Parkway, Springfield, Illinois 62723

Dr. License No. _____
(Party Paying Money)

Accident No. _____
Insurance Claim/File No. 3408599
(When Applicable)

INSTALLMENT AGREEMENT

As a result of a motor vehicle accident which occurred at DEERFIELD PKWY BUFFALO GROVE, Illinois, on 11 NOV,
2020, I do hereby agree to effect a settlement of claims for property damage ☐, personal injuries ☐, or both ☐,
(Y r) (Day d Month)
suffered by NSBI ASO STATE FARM MUTUAL on the following terms:
(Party Receiving Money)

I, _____, agree to pay the sum of
(Party Paying Money)
\$ 4,913.34 to NSBI ASO STATE FARM MUTUAL
(Party Receiving Money)
or to his/her personal representative at a rate of \$ 982 . 67 or more per MONTH;
first payment in the amount of \$ 982 . 67 is due 11 MARCH, 2024 with subsequent payments being due
(D and Month) (Year)
on the 31 ST day of every MONTH until the total sum has been paid in full.

By execution and acceptance of this installment agreement, I agree that the same may be used by the Illinois Secretary of State in the administration of the Illinois Safety Responsibility Law.

Date _____
(Day and Month) (Year)

STATE OF _____

County of _____ ss: _____

(Party Paying Money Sign Here)

(Address of Party Paying Money)

_____, personally appeared before me, a Notary Public
in and for said County, and acknowledged the execution of the above installment agreement.

My commission expires: _____

(Notary Public)

ACCEPTANCE

I accept the foregoing agreement and upon completion of its terms, I promise to execute and deliver to
_____ a complete and unconditional release from all claims and causes of action
(Party Paying Money)
I now and hereafter may have against _____
(Party Paying Money)
on account of property damage ☐, personal injury ☐, or both ☐, resulting from the above referenced accident.

By execution and acceptance of this installment agreement, I agree that the same may be used by the Illinois Secretary of State in the administration of the Illinois Safety Responsibility Law.

Dated _____, _____
(Day and Month) (Year)

STATE OF _____

County of _____ ss: _____

(Party Receiving Money Sign Here)

As subrogee of _____
(When applicable)

_____, personally appeared before me, a Notary Public
in and for said County, and acknowledged the acceptance of the above installment agreement.

My commission expires: _____

(Notary Public)