

*The General Automobile Insurance Company, Inc.***FULL RELEASE OF ALL INJURY CLAIMS AND DEMANDS**

Claim Number: ¹ PA0002301971
 Policy Number: ² TN1378977
 Policy Holder: ⁹ Denise Kissell

Known by all these presents that I/we, ² Ashton Dixon, for and in consideration of the sum of ³ Fourteen Thousand Dollars (\$14,000.00) do hereby for myself, my heirs, executors, administrators, successors and assignees any and all other persons, firms, employers, corporations, associations or partnerships, release, acquit and forever discharge ⁴ Phillip Kissell, Denise Kissel and The General Automobile Insurance Company, Inc. of and from any and all claims, actions, causes of actions, liens, demands, rights, damages, costs, loss of wages, expenses, and compensation, hospital and medical expenses, accrued or un-accrued claims for loss of consortium, loss of support of affection, loss of services, loss of society and companionship, wrongful death on account of, or in any way growing out of, any and all known and unknown personal injuries and other damages resulting from an automobile accident which occurred on or about ⁵ February 16, 2018, at ⁶ Monroe St. However, this release in no way discharges or releases any claim for property damage including rental coverage if applicable.

Interest on said sums, if any, shall begin to accrue 30 days from the execution of this document at the statutory rate.

It is understood that as a result of the accident described above, I/we have suffered injuries, which may or may not be permanent and progressive, and have incurred medical bills and other losses and damages, the full extent and duration of which is indefinite and uncertain. I/we realize that such losses and damages may extend into the future and have taken that into account in reaching this Agreement.

It is understood and agreed that this settlement is in full compromise of a doubtful and disputed claims as to both questions of liability and as to the nature and extent of the injuries and damages, and that neither this release, nor the payment pursuant thereto shall be construed as an admission of responsibility or of liability, such being denied.

It is further understood and agreed that the undersigned relies wholly upon the undersigned's judgment, belief and knowledge of the nature, extent, effect and duration of said injuries, damages and liability. This Release is made without relying upon any statement or representation of the party or parties hereby released or their representatives.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

A. Dixon 6/26/18
 Signature Date Signature Date

IN WITNESS WHEREOF the undersigned have hereunto set his/her hand(s) and seal(s) this
26 day of June

FULL RELEASE OF ALL CLAIMS AND INDEMNITY AGREEMENT

Claim# 21-5217096

IT IS UNDERSTOOD AND AGREED THAT I (WE), ²ELIZABETH MOORE, A SINGLE FEMALE in consideration of the payment of ³ELEVEN THOUSAND, SIX HUNDRED, SEVENTY TWO DOLLARS(\$11,672.00). The receipt and sufficiency of which is acknowledged, do for myself (ourselves), my (our) heirs, executors, administrators, successors and assigns and all other persons, firms, employers, corporations, associations, or partnerships release ⁴SARAH AND SHARON BABCOCK, from any and all claims, suits, obligations, demands of any kind or nature whatsoever, damages, loss of income, expenses, hospital and medical expenses which the undersigned may now have or which may accrue on account of or in any way arising out of all known and unknown personal injuries which have resulted from or may in the future develop from an accident that occurred on or about ⁵3/14/2021, at or near ⁶MEMPHIS, TN.

It is understood and agreed this settlement is in full compromise of a disputed claim as to questions of liability and the extent and nature of the injuries and damages. Neither this release nor the payment made shall be construed as an admission of liability.

The undersigned warrants that all medical and hospital bills have been paid, or will be paid immediately upon receipt of the settlement proceeds, and that no other person or entity is able to assert any lien, claim or entitlement to any portion of the consideration being paid for this release. The undersigned agrees to indemnify and hold harmless the released parties and their insurers or representatives from any such liens or claims that may be asserted at any time by any such person or entity.

The undersigned declares that no representation by the party or parties released, or their representatives, regarding their legal liability or financial responsibility, or about the nature and extent of the injuries, disabilities, or damages has induced the undersigned to make this agreement; that in determining the amount of the payment indicated above, the undersigned has considered not only the known injuries disabilities and damages, but also the possibility that there may be unknown injuries, disabilities and damages, and that injuries sustained may be permanent and progressive and recovery uncertain and indefinite, so that unforeseen consequences may occur.

In consideration of the above payment, the undersigned agrees to indemnify the released parties and their insurers and representatives and save them harmless from all further expenses, costs, liens and/or liabilities arising because of any injuries and damages sustained by the undersigned, and, if necessary, in order to save them harmless, to satisfy on their behalf any judgment against them arising in any way out of the accident. .

The undersigned declares and represents that no promise, inducement or agreement not expressed in this release has been made to the undersigned; this release contains the entire agreement between the parties. The terms of this release are contractual not a mere recital.

I HAVE READ THIS RELEASE AND UNDERSTAND IT.

IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.
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Signature

Date

Witness Signature

Date

Signature

Date

Witness Signature

Date

Claim #518527

Bodily Injury only

RELEASE OF ALL CLAIMS

The undersigned, ²David Patton for and in consideration of the payment ³Twelve Thousand Six Hundred Dollars (\$12,600), the receipt of which payment is hereby acknowledged, does hereby release, acquit, and forever discharges, ~~Geferina Morales~~ and Trexis Insurance, and their heirs, executors, administrators, agents, servants, employees, successors, and assigns, and any and all persons in privity with them, of any and all claims, demands and causes of action which I may now have or ever have by reason of or on account of an accident or occurrence happening on ~~6/9/22/2017~~, in or near ~~Bentonville, AR~~ at which time and place the undersigned sustained bodily injury, including all damages and consequences known and unknown, developed or which might develop at any time whatsoever.

It is the intention of the undersigned to fully and completely release the parties named herein. Therefore, in consideration of the above payment, the undersigned agrees to a reduction of the damages recoverable against all other tort-feasors to the extent of the pro rata share of the liability of the parties released herein, and further agrees to indemnify, protect and hold harmless, the parties released from any and all judgments, claims, losses, or expenses arising out of or by reason of any action, claim, or demand by any person on account of the damages or injuries sustained by the undersigned as a result of the above described incident, or any liability or alleged liability of the parties released herein.

It is further specifically agreed that the undersigned will defend, indemnify, and hold harmless the released parties in or from any action or claim brought by any person or entity arising out of or involving the rendering of goods or services or the payment of benefits, insurance proceeds or other monies to or on behalf of the undersigned as a result of damages or injuries suffered in the above described accident, specifically including, but not limited to, any subrogation interests, assignments, liens (medical or otherwise), health care claims, or any actions or claims brought by Medicare services, or any similar organization or entity including their agents, representatives or assigns. The undersigned will further defend, indemnify, and hold harmless the released parties for any attorney's liens or similar interest arising out of this claim where the undersigned has retained such representation.

It is understood and agreed that this is a compromise settlement of a doubtful and disputed claim, that the payment shall never be construed as an admission of liability on the part of any of the parties released, each of whom expressly deny liability; that this payment is received in full, final and complete settlement and satisfaction of all claims against the parties released herein arising or to arise out of the incident, injuries, and consequences including any claims for contribution by any other alleged tort-feasor; that this release contains the entire agreement between the parties; and that the terms of their agreement are contractual and not a mere recital.

READ AND EXECUTED this ^{24th} day of January, 2018


David Patton

STATE OF TN COUNTY OF _____
Sworn to and subscribed before me this 24 day of January, 2018
Keonna Waller My Commission Expires _____
Notary Public

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud." (REL001)

