

# RELEASE

Barcode Only

For the Sole Consideration of

\*\*\*\*One Million Eight Hundred Fifty Two Thousand Six Hundred Eight and 16/100\*\*\*\* Dollars

the receipt and sufficiency whereof is hereby acknowledged, the undersigned hereby releases and forever discharges  
Nancy Hoffman

\_\_\_\_\_ h \_\_\_\_\_ er \_\_\_\_\_ heirs, executors, administrators, agents and assigns, and all other persons, firms or corporations liable or, who might be claimed to be liable, none of whom admit any liability to the undersigned but all expressly deny any liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, and particularly on account of all injuries, known and unknown, both to person and property, which have resulted or may in the future develop from an accident which occurred on or about the 28th day of August, (year) 2000 at or near Hwy 43 & Hwy 59 N., Siloam Springs, Arkansas

This release expressly reserves all rights of the parties released to pursue their legal remedies, if any, against the undersigned, their heirs, executors, agents and assigns.

Undersigned hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, disputed or otherwise, on account of the injuries and damages above mentioned, and for the express purpose of precluding forever any further or additional claims arising out of the aforesaid accident.

Undersigned hereby accepts draft or drafts as final payment of the consideration set forth above.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

In Witness Whereof,

We have hereunto set our hand(s) and seal(s) this 25<sup>th</sup> day of July, (year) 2002

In presence of:

[Signature] Signed \_\_\_\_\_

Michael Porter, Attorney Witness

4405 Kipling St Wheat Ridge Co Signed \_\_\_\_\_  
80033  
Address