

CE [REDACTED]  
ATTORNEY AT LAW

275 [REDACTED] AVENUE  
[REDACTED]  
[REDACTED]

July 7, [REDACTED]

Mr. Michael Norse  
Atlantic Mutual Insurance Companies  
Centennial Insurance Company  
195 Broadway  
New York, New York

Re: Claim #01823648  
Your Insured: John B. [REDACTED]  
Your Driver: Laura R. [REDACTED]  
Address of Your Insured: 652 [REDACTED] way  
[REDACTED]  
Date of Accident: April 4, [REDACTED]

Dear Mr. Norse:

Enclosed please find the following:

- (1) Dr. Katz's report of June 14, [REDACTED] together with his bill for \$3,852.96.
- (2) Nyack Hospital records for May 2, [REDACTED] to May 6, 1988 together with a bill for \$5,081.03)
- (3) Dr. Suchoff's report dated May 9, [REDACTED] together with his bill for \$272.23.
- (4) Dr. Weg's reports dated April 7, [REDACTED] and April 18, [REDACTED] together with his bills for \$412.44 , \$333.88, \$392.80, and \$58.92, totaling \$1,198.00.
- (5) MRI report dated April 27, [REDACTED] together with a bill for \$795.00.
- (6) Ramapo Radiology Associates' report dated April 6, [REDACTED] and its bill for \$245.00.
- (7) Dr. Nieves bill for \$211.00

Total Medical To Date- \$11,444.00

Mr. Michael Norse  
Page -2-  
July 7, [REDACTED]

As the result of your client's negligence, my client sustained a herniation of the C5-6 which was removed on May 2, [REDACTED].

The seriousness of the injury speaks for itself, and without prejudice to my client, I would recommend a settlement of \$125,000.00

Please contact the undersigned upon receipt of this letter to discuss the resolution of this matter before suit is instituted.

Very truly yours,

GE [REDACTED]

GS/ews  
w/enclosure

cc: Mr. John V [REDACTED] g



Atlantic Mutual Insurance Company  
Centennial Insurance Company  
45 Wall Street  
New York, N.Y. 10005

NOT VALID AFTER SIX MONTHS

DATE 08/05/00

02-35  
311

PAY TO  
THE ORDER  
OF

JOHN D. VILG & ATTY. PHILIP FRANCKEL  
ESQ.

396544

TWO HUNDRED NINETY THOUSAND DOLLARS AND 00

CENTS \*\*\*\*\*

\*\*\*\*\*290,000.00\*

THE BANK  
OF  
NEW YORK (DELAWARE)  
Wilmington, Delaware

REFERENCE NUMBER  
0201823648

TIN POLICY 395415608 0018

*Raymond D. Dulle*  
AUTHORIZED SIGNATURE

L2436B 10 90

⑈0000396544⑈ ⑆031100351⑆ ⑆0300965134⑈



ST. PAUL FIRE AND MARINE INSURANCE COMPANY  
ST. PAUL MERCURY INSURANCE COMPANY

0315068579

First Bank Central, N.A.  
Brainerd, MN 56401

Date: 08/17/00

Acct. No. 75-62  
191 919

Claim Number: 004AA06754-31J001

PAY TO THE ORDER OF  
JOHN VILG AND PHILIP FRANCKOL AS ATTORNEY

TEN THOUSAND AND 00/100 .....

AMOUNT  
\$ \*\*\*\*\*10,000.00  
DOLLARS

PHILIP L. FRANCKEL

By Authorized Representatives

*[Signature]*

⑈0315068579⑈ ⑆041400627⑆ 4881700226⑈