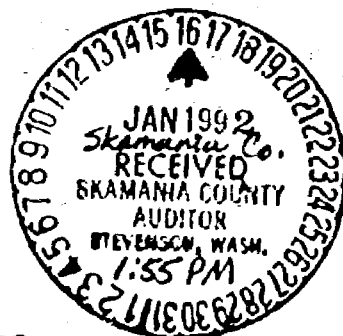


112748

6

Registered p
 Indexed, Dir p
 Indirect p
 Filed 1/22/92
 Mailed



FORM OF CLAIM FOR DAMAGES

TO THE BOARD OF COUNTY COMMISSIONERS of Skamania County, Washington:

PLEASE TAKE NOTICE that in accordance with Chapter 36.45 of the Revised Code of Washington, I FARMERS INSURANCE COMPANY OF WASHINGTON

hereby present you with my claim for damages against the County of Skamania, State of Washington, with the information required to be given by RCW 36.45.020 as follows:

1. That the injury for which I claim damages against the County of Skamania, State of Washington, occurred on or about the SIXTEENTH day of JAY, 1991.

2. That the place of injury was 12111 Smith Grapes Rd. Skamania County, Wa

3. That the location and description of the defect which caused the injury are Auto damage-1984 Toyota PU - See enclosed estimate

4. That the injury is described as follows: See enclosed estimate

5. That the amount of damages claimed is as follows: \$899.05 - Total

\$700.05 - Auto damage \$199.00 - Insured's Deductible

6. That the actual residence of the claimant at the time of presenting and filing this claim is Farmers Branch Claims Office, 5100 NE Glen Rd. Vancouver, Wa

7. That the actual residence of the claimant for a period of six months immediately prior to the time that this claim accrued was same

DATED: Nov 16, 1991

Greg L. Raistekka
 (Claimant)

NOTE: Personal Property (Car, etc.) damages are to be accompanied by estimated repair costs. Additional information required by Nos 2-4 of this form may be attached on the back of this Claim for Damages.

CLAIMS CHECK

SALN: A5-074377 INSURED: 0706115

PAYMENT FOR: ☐ INJURY LIABILITY ☐ INJURY MEDICAL ☒ MATERIAL DAMAGE ☐ OTHER DAMAGE ☐ PROPERTY

IS 1099 ☐ YES IS PAYMENT ☐ YES IF PYMT. IS FOR MD, PD, OR COMP. IS PAYMENT ☐ YES APPLIES TO
REQUIRED? ☒ NO ADD'L SUPPL? ☐ NO NEED CR NAME no not use no ASSOCIATED? ☒ NO ☐ NO ☐ LOSS OF USE
☐ WAVE UN DED

CLAIMANT'S NAME: V. VOGHIS V. V. V.

TYPE OF PROPERTY LOSS: ☐ BUILDING ☐ ALE ☐ CONTENTS ☐ OTHER

Phoenix Reid & Dms Auto Body

CHECK IDENTIFIER INFORMATION (May also be used for Payee Name(s))

PAYEE(S) NAME(S)

NUMBER AND STREET

CTY _____ STATE _____ ZIP CODE _____

AMT. OF CHECK \$ 709.⁰⁵ ☒ FINAL ☐ PARTIAL ☒ FIELD HANDLE ☐ TOTAL LOSS ☐ CASH IN LIEU ☐ OWNER RETAINED SALVAGE

CAT. CODE _____ SHOP CODE _____

~~SUB~~ ~~NO SUB~~

INSTRUCTIONS

JUN 13 1991
RECEIVED

RECEIVED

JUN 10 1991

~~VANCOUVER B.C. O~~

SUB

REQUESTED BY: J. P. Smith

DATE REQUESTED _____

APPROVED BY:

IF REQUIRED

Vancouver Regional Office

CLOSED

Check Number **1003010144**

SUB Date: 06/20/91

PAY VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID
VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

Amount \$709.05*****

To
the
order
of

PHOENIX REID AND
DAN'S AUTO BODY

SUB

6/10/21

AA

DAN'S AUTO BODY, INC.

OVER 20 YEARS EXPERIENCE

P. O. Box 251

STEVENSON, WASH. 98648

PHONE: (509) 427-5248

BODY AND FENDER REPAIRS • EXPERT REFINISHING

NAME _____

ADORE 99

PHON

DATE
WANTED

DATE _____

INVOICE NO

REGISTRATION NO.

HOURLY RATE

YEAR-MODEL-COLOR		MAKE OF CAR	BODY TYPE	LICENSE NO.	SERIAL NO.	MFG. PAINT NO.	MILEAGE	
1984		MAZDA	FLI	STL-025				
REPAIR	REPLACE				SUBLET WORK	PARTS AND MATERIALS	LABOR	REFINISHING
		✓ Front B-F--				79.46	2.3	
		✓ DOOR R-					6.5	
		✓ Repaint Damaged Area				65.00	5.0	
		✓ STRIPE R- Side						
		FULLY UPPER				19.85	} 8	
		LOWY				19.85		
		DOOR R- UPPER				34.85		
		" " LOWY				34.85		
							14.6	1-9
						253.86		
							428.80	

SUBJECT TO INVOICE PRICE CHANGES **SUB TOTALS**

THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORK ON DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.

THIS WORK AUTHORIZED BY

TOTAL
SALES TAX
GRAND
TOTAL

662	66
46	59
709	25

ESTIMATE SHEET AND REPAIR ORDER

A--70501



THE

Farmers Insurance Group

OF COMPANIES

Date: 7/12/91

SECOND REQUEST

VANCOUVER BRANCH CLAIMS OFFICE

P.O. BOX 2489
6109 N.E. GHER RD.
VANCOUVER, WA 98668
206-254-3900Bill Benson
N.Fork Washougal River Rd.
Washougal, Wa. 98671

IN REPLY PLEASE REFER TO:

Our Insured: Phoenix Reid
Date of Loss: 5/16/91
Our Policy No: 79 12678 55 26
SALN: A3 044564
Accident Location: Skamania County, Wa.
Total Amount of Claim to Date (incl. Our Ins. Deduct): \$709.05 - auto damages

A review of the facts of the loss indicates that our insured is entitled to recover damages from you.

Therefore, we have the right to make claim for these damages in our insured's behalf.

This letter is to notify you of our subrogation rights and to advise you that no one has authority to give you a release for our interest except a representative of this Company.

If you carried liability insurance to protect you for such losses, we shall present our claim to your Company. Please complete the following information and return to us.

Insurance Company Name: _____ Policy No. _____

Address _____

Name and address

of Agent or Adjuster _____

If you are not insured, please send us your check for the amount due. If you are unable to fulfill this obligation, please contact the undersigned immediately.

*This matter has been turned over to my supervisor
ms. Phoenix Reid. Please address all inquiries to her.*

Very truly yours,

Signed Bill BensonCheryl Raistakka
SUBROGATION CLAIMS

RECEIVED

JUL 26 1991

VANCOUVER 0

Sent back ask for copy of Subrogation
or assignment of claim form Mrs. Reid
to them and have them sign claim
form along with a complete release

Unofficial
Copy

RELEASE

THE UNDERSIGNED AGREE AS FOLLOWS:

Definitions:

1. Claimant - Wherever the term "Claimant" is used herein it shall mean the signator to this agreement, or any person or persons claiming any damages to them as a result of any injury to the Claimant, including the Claimant's heirs, assigns or personal representatives.

2. County - Wherever the term "County" is used herein it shall refer to Skamania County and shall include the employees, agents and/or assigns of said county as well as any volunteer acting on behalf of said county.

NOW, THEREFORE: FOR AND IN CONSIDERATION of the sum of \$859.05 the undersigned hereby waives any and all claims that he/she now has against Skamania County arising out of the incident which occurred on the 16th day of May, 1991, wherein the Claimant received damages, to-wit: Right side of 1984 Mazda pickup from a Fairboard employee backing into said vehicle as stated on attached Form of Claim for Damages).

In the event the Claimant, or any person claiming through him/her brings any action in the future against the County, claiming either personal injuries or property damages arising from said incident, whether or not the injuries or damages were known at the time he/she signed this release, the undersigned agrees to save the County harmless and indemnify the county from any such suit or action, including reimbursement to the County for reasonable attorney's fees and the county's costs of defending such suit or action.

Dated: Jan 14, 1992, 1992.

Cheryl A. Baustak
Claimant -

WITNESS:

Brian L. Lippert
Insurance Assignee - Brian L. Lippert

Stevenson, Washington,

1/16/92

TO COUNTY AUDITOR DR.
Skamania County, Washington

FILING
RECORDING ☒

FILE NO.

112748

AMOUNT

nc

Agree. & Lease

Liens

Mines

Deed

Mortgage

Satisfactions

Misc.

Surveys

Plats

UCC

Skamania County

to

Farmers Insurance Company of
Washington
1:55

Jerry M. Olson

COUNTY AUDITOR

By

D. Lowry

DEPUTY

28462