

**Release of All Subrogation Claims
File Number C140496**

In sole consideration of the payment of **twenty three thousand four hundred seventy six dollars and sixteen cents (\$23,476.16)**, to us paid in hand, we do hereby release and forever discharge the **City of Saint Paul, Saint Paul Fire Department, Randael A. Villarreal**, their representatives, successors, assigns and all other persons, firms and corporations from any liability, claims, actions, causes of action, and demands of any kind, known or unknown, existing or to arise in the future, resulting from or related to any damage, loss or injury sustained by our **INSURED, JANAY S. ANDERSON**, arising from an incident which took place on or about **25th day of November, 2014** at or near **Maryland and Weide, Saint Paul, MN.**

WE have paid out monies in connection with a No-Fault/PIP claim for medical services / lost wages on behalf of our insured, Janay S. Anderson, and are agreeing to resolve our subrogation claim for the amount specified above at this time. We may have consulted an attorney and if so, they may have reviewed this document and explained it to us.

By signing this document, we agree that we shall be prohibited from bringing any other claims or causes of action against the above named parties for any reason. We also agree that we shall be responsible for any additional medical expenses, bills, known or unknown, incurred or yet to be incurred, that are as a result of the incident on the above mentioned date and that we shall not be able to make additional claims for any additional monies paid.

The payment of this money is not to be construed as an admission of liability. It represents only the compromise of a doubtful and disputed claim. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING AND FULLY UNDERSTANDS IT, and signs and dates this document on the 24 day of July, 2017.

In the presence of:

[Signature]
Witness

[Signature]
Signature of Authorized Representative
of American Family, as Subrogee of
Janay Anderson, Claim #00-245-053480-
3320

[Signature]
Witness

Jayne Wilcek
Printed Name of Person Signing Above

39-0273710
Tax Identification Number

Subscribed and sworn to before me

this 24 day of July, 2017.

[Signature]
Notary Public

