

Property Damage Release File Number C190419

For the sole consideration of **nine thousand two hundred ninety six dollars and forty two cents (\$9,296.42)**, the receipt and sufficiency whereof is hereby acknowledged, the undersigned hereby releases and forever discharges **the City of Saint Paul, the Public Works Department, Greg Brown, their employees**, their heirs, executors, administrators, agents, and assigns, and all other persons, firms or corporations liable, or who might be liable, none of whom admit any liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, to property which has resulted, or may develop in the future from an incident which occurred on or about the **25th day of February, 2019**, at or near, **Saint Paul, MN**.

The undersigned hereby declares that the terms of this settlement are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, paid or unpaid, known or unknown, disputed or otherwise, on account of the property damage to our insured party, **Susan Roach**, on whose behalf we have made payments.

I hereby state that I have read this release, know the contents thereof, and have signed the same, relying on my own judgment and on no representations of others, and of my own free will and accord this 11th day of September, 2019.

In the presence of:

[Signature]
Witness

[Signature]

Signature of Authorized Representative of
American Family Insurance Company as
Subrogee of Susan Roach, Claim number
01-001-304930

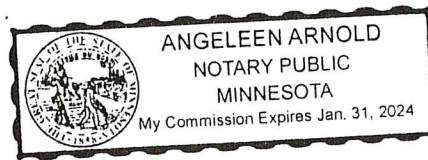
[Signature]
Witness

Jayne Wilcek
Printed Name of Person Signing Above

39-0273710
Federal Tax ID Number

Subscribed and sworn to before me on
this 11 day of September, 2019.

[Signature]
Notary Public



The payment should be sent to this address:

6000 American Pkwy Street Address

Madison, WI 53783 City, State, Zip