

PARTIAL SETTLEMENT STATEMENT

Laura Wahid
3010 Glen Eagles Ct.
St. Charles, Il 60174

Wahid v. Reyes, 08 L 609

Amount of Gross Settlement.....\$30,000.00

Adjustments:

Attorney Fees.....\$10,000.00
(60/40 SPLIT-60 to Friedman/Robin; 40 to Wiener)

Medical Records.....\$ 90.74

Court Costs/Process Server (split with Egal).....\$ 236.00

Allstate Med Pay Lien (reduced from \$2,713).....\$ 1,000.00

NW Mem. Hosp. Lien (reduced from \$22,983).....\$ 8,000.00

Funds withheld for possible further litigation.....\$ 5,000.00

Total Adjustments.....\$24,326.74

Net to be distributed to Client at this time.....\$ 5,673.26

NO AMOUNTS HAVE BEEN WITHHELD TO REIMBURSE ANY INSURANCE CARRIER OR HEALTH CARE PROVIDER FOR SUMS THEY EXPENDED OR TREATMENT THEY GAVE OTHER THAN AS STATED ABOVE. IF ANY SUCH CLAIMS ARE MADE THEY WILL BE THE SOLE RESPONSIBILITY OF THE UNDERSIGNED AND NOT HER ATTORNEYS. THE UNDERSIGNED ACKNOWLEDGES THAT SHE IS SOLELY RESPONSIBLE FOR ALL CLAIMS FOR UNPAID BALANCES DUE ANY INSURANCE CARRIER OR HEALTH CARE PROVIDER.

THE UNDERSIGNED CLIENT HAS REVIEWED THIS SETTLEMENT STATEMENT AND AGREES WITH THE CONTENTS THEREOF AND ACCEPTS THE NET RECOVERY AS SET FORTH IN THIS STATEMENT.

THE UNDERSIGNED FURTHER UNDERSTANDS THAT \$5000.00 IS BEING WITHHELD FROM DISTRIBUTION AT THIS TIME TO BE APPLIED AS COSTS FOR THE PROSECUTION OF OTHER LEGAL MATTERS. THIS AMOUNT, LESS ANY COSTS, WILL BE DISTRIBUTED TO CLIENT UPON RESOLUTION OF THE OTHER MATTER(S)

12/2/08
DATE

Laura Wahid
SIGNITURE (Laura Wahid)