

IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO

MEMBER WILLIAMS, et al.)	CASE NO. CV-2016-09-3928
)	
Plaintiffs,)	JUDGE ALISON BREAU
)	
v.)	
)	
KISLING, NESTICO & REDICK, LLC, et al.,)	<u>EXHIBIT TO DEFENDANTS' MOTION TO</u>
)	<u>STRIKE CLASS ALLEGATIONS</u>
Defendants.)	
)	

EXHIBIT 1 -
Williams Settlement Memorandum

233588 / Member Williams

Settlement Memorandum

Recovery:

REC State Farm Insurance \$ 9,965.30

\$ 9,965.30

DEDUCT AND RETAIN TO PAY:

Kisling, Nestico & Redick, LLC	
MRS Investigations, Inc.;	\$ 50.00
Selson Clinics Neurology; /bd	\$ 43.44
Selson Clinics Neurology; /bd	\$ 15.32
Summa Wadsworth-Rittman Hospital; /bd	\$ 5.00
UHMP; 2128/bc	\$ 42.78
IOD Incorporated (Crystal Clinic); 28447554/bc	\$ 33.56

Total Due \$ 190.10

DEDUCT AND RETAIN TO PAY TO OTHERS:

Kisling, Nestico & Redick, LLC	\$ 3,321.76
Selson Clinics Neurology	<i>MLC</i> \$ 121.10
Summa Wadsworth-Rittman Hospital	\$ 463.80

Total Due Others \$ 3,906.66

Total Deductions	\$ 4,096.76
Total Amount Due to Client	\$ 5,868.54
Less Previously Paid to Client	\$ 0.00
Amount to be paid by Client	\$121.10
Net Amount Due to Client	\$ 5,989.64

I hereby approve the above settlement and distribution of proceeds. I have reviewed the above information and I acknowledge that it accurately reflects all outstanding expenses associated with my injury claim. I further understand that the itemized bills listed above will be deducted and paid from the gross amount of my settlement except as otherwise indicated. Finally, I understand that any bills not listed above, including but not limited to Health Insurance or Medical Payments Subrogation and/or those initialed by me to indicate that they are not being paid from the settlement are my responsibility and not the responsibility of Kisling, Nestico & Redick, LLC.

Date: 8/7/15

Name: *[Signature]*
Member Williams

Firm: Kisling, Nestico & Redick, LLC

KNR00465