

IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY, OHIO

MEMBER WILLIAMS, et al.)	CASE NO. CV-2016-09-3928
)	
Plaintiffs,)	JUDGE ALISON BREAUx
)	
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 MemorandumRecovery:

REC

State Farm Insurance

\$ 9,965.30

\$ 9,965.30DEDUCT 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

\$ 190.10DEDUCT AND RETAIN TO PAY TO OTHERS:

Kisling, Nestico & Redick, LLC

\$ 3,321.76

Selson Clinics Neurology

ML \$ 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