

**TRISTAR RISK MANAGEMENT
P.O. BOX 2805, CLINTON, IA 52733-2805**

Telephone: 210-404-0400

Fax: 210-404-0429

**Check Requisition for Webb County
Liability Claims Account**

Date Requested: January 9, 2019

TIME SENSITIVE - PLEASE PROCESS WITH URGENCY

Payee:	<u>Roderick C. Lopez in trust for</u>	Amount:	<u>\$25,000.00</u>
	<u>Alejandra Olvera</u>		
Address:	<u>6557 Metro Court</u>	Requested	
	<u>Laredo, Texas 78041</u>	By:	<u>David Guerrero</u>
	<u> </u>		
For:	<u>Alejandra Olvera</u>		
	<u> </u>		
	<u> </u>		
Claim No.:	<u>18715058</u>		
Claimant:	<u>Alejandra Olvera</u>		
	<u> </u>		

For Financial Department Only

Acct:	<u> </u>	Date Paid:	<u> </u>
Acct:	<u> </u>	Check No.:	<u> </u>
Acct:	<u> </u>	Bank Acct:	<u> </u>
Acct:	<u> </u>		

RELEASE OF ALL CLAIMS

KNOW ALL BY THESE PRESENTS:

That the undersigned, being of lawful age, for sole consideration of Twenty Five Thousand & 00/100 Dollars (\$ 25,000.00) to be paid to Alejandra Olvera do/does hereby and for my/our/its executors, administrators, successors and assigns release, acquit and forever discharge Webb County, Texas

and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has/have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen bodily and personal injuries and property damage and the consequences thereof resulting or to result from the accident, casualty or event which occurred on or about the 26th day of March, 2018 at or near Chihuahua Street, Laredo Texas

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releases deny liability therefore and intend merely to avoid litigation and buy their peace. Furthermore, this release is intended only to operate as a release of whatever claims the undersigned may have against the releases.

Any and all claims against parties not specifically released herein, if any, are hereby assigned in full to the parties hereby released. The releases expressly reserve any and all claims they may have against the undersigned, or and others.

The undersigned hereby declare(s) and represent(s) that the injuries sustained are or may be permanent and progressive and that recovery there from is uncertain and indefinite and making this Release it is understood and agreed, that the undersigned rely(ies) wholly upon the undersigned's judgment, belief and knowledge of the nature, extent, effect and duration of said injuries and liability therefore and is made without reliance upon any statement or representation of the party or parties hereby released or their representatives or by any physician or surgeon by them employed.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that his lease contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital.

The Undersigned has read the foregoing release and indemnity agreement and fully understands it.

WITNESS(ES): [Signature]
Witness

Witness

SIGNATURE(S): [Signature]
Signature

Signature

Claim Number _____

Date _____

NOTARY: State of Texas County of Webb; SS

On this 9th day of January, 20 19, before me appeared Alejandra Olvera

who is known to be the person(s) named herein and who voluntarily executed this release.

[Signature]
Notary Signature

08/15/21
Date Commission Expires

