

CITY OF WILLOWICK, OH

Finance Dept.

PAY-IN-ORDER # 31760

Received From State Farm Fire & Casualty Co. Date Dec. 10 2018

SUM OF Fifteen thousand seven hundred forty and ^{xx}/100 DOLLARS

Fund / Account Number	Account Title / Purpose	Amount
241.811.4632	Fire Escrow	\$ 15,740.00
	267 E. 285 th St. - Danny Nida 10/31/18	

13073006

TOTAL \$ 15,740.00

Nancy Lawrence
for FINANCE DIRECTOR

241-811-4632

PAYMENT NO 1 16 808788 J
 PAYMENT AMOUNT \$15,740.00
 ISSUE DATE 11-30-2018
 AUTHORIZED BY MUNN, JOSH
 PHONE (844) 458-4300

CLAIM NO 35-6391-R13
 LOSS DATE 10-31-2018
 POLICY NO 70-BXU734-7
 INSURED NIDA, DANNY

CITY OF WILLOWICK
 30435 LAKE SHORE BLVD
 WILLOWICK OH 44095-4600

REMARKS Demo lien for fire at 267 E 285th St. Willowick OH 44095

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
FIRE OR LIGHTNING - BUILDING	NIDA, DANNY	15,740.00

RETAIN STUB FOR RECORDS

November 30, 2018

City Of Willowick
30435 Lake Shore Blvd
Willowick OH 44095-4600

State Farm Claims
PO Box 106169
Atlanta GA 30348-6169

RE: Claim Number: 35-6391-R13
 Date of Loss: October 31, 2018
 Our Insured: Danny Nida
 Loss Location: 267 E. 285th St. Willowick, OH 44095

To Whom It May Concern:

The above named insured has submitted a claim for damages resulting from a fire loss to a structure located within your municipal corporation or township. In compliance with the Ohio Demolition Lien Law, Section 3929.86, I am enclosing a draft in the amount of \$15,740.00 made payable to City of Willowick. This payment amount is determined as follows:

State Farm Fire and Casualty Company has agreed to an estimate to repair this structure in the amount of \$118,107.08. As prescribed by Section 3929.86 the enclosed draft represents \$2,000.00 for each \$15,000.00 of loss, and each fraction of that amount.

If you have any questions, please contact us.

Sincerely,

Josh Munn
Claim Specialist
(844) 458-4300 Ext. 2532677528
Fax: (844) 236-3646

State Farm Fire and Casualty Company