

**North Carolina. Department of Insurance**  
*INVESTIGATIONS DIVISION*

**Insurance Policy Information**

**Theodore Mead Kimble and Patricia Gail Blakley Kimble**

**Insured**      Patricia Gail Blakley

**Insurer:**      Shenandoah Life  
Policy # 030004500

**Beneficiary: Sheila** E. Blakley (mother of Patricia Gail Blakley)

**Policy data:** Life insurance policy issued through Patricia Blakley's employer.  
Claim # 0224981 paid to beneficiary on 10/01/96 in the amount of  
\$25,980.82 (face amount plus interest on delayed settlement).



Kimble File

<u>Insurer</u>	<u>Insured</u>	<u>Information</u>
Shenandoah Life	Patricia Blakley	Life policy issued through employment. Claim paid 10/1/96 to Sheila Blakley (Mother) in amount of \$25,980.82

SHENANDOAH. LIFE  
INSURANCE COMPANY

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OCTOBER 01 , 1996

PRESIDENT

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**18 SAILS WAY DRIVE**  
**GREENSBORO NC 27406**

INSURED: PATRICIA GAIL BLAKLEY  
CLAIM NUMBER: 0224981

GROUP POLICY: 030004500  
CHECK NUMBER: 7000003

PROCEEDS OF THIS POLICY ARE PAYABLE AS FOLLOWS:

FACE AMOUNT OF INSURANCE	\$25,000.00
TAXABLE INTEREST ON DELAYED SETTLEMENT	980.82
AMOUNT OF CHECK	*25,980.82

ENCLOSED IS OUR CHECK IN PAYMENT OF BENEFITS DUE:

SHEILA E BLAKLEY  
595 WOODOAK TRAIL  
RANDLEMAN NC 27317

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SHENANDOAH LIFE  
INSURANCE COMPANY

7000003

10-01-96

DEATH PROCEEDS-CERT NO. 241354789 89001

25,980.82

POLICY #: 030004500

AGENT/AGENCY #:

FORWARD TO DP/DSK 89001

PLEASE DETACH THIS VOUCHER FROM CHECK BEFORE PRESENTING FOR PAYMENT

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North Carolina Department of Insurance  
**INVESTIGATIONS DIVISION**

**Insurance Policy Information**

**Theodore Mead Kimble and Patricia Gail Blakley Kimble**

**Insured:** Patricia Blakley Kimble

**Insurer:** Southland Life  
Policy # 84444338260

**Beneficiary:** Sheila E. Blakley

**Policy data:** Life insurance policy for \$ 1,000.00, with double indemnity for accidental death. Claim # 68252 for life benefit paid to beneficiary. Accidental death benefit pending.

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**Insured:** Patricia G. Kimble

**Insurer:** Southland Life  
Policy # 8947980190

**Beneficiary:** Theodore M. Kimble

Policy data: Life insurance policy for \$25,000.00, with double indemnity for accidental death. Claim # 68252 for life and accidental death claims submitted by beneficiary, and are pending.

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**Insured:** Patricia G. Kimble

**Insurer:** Life of Georgia  
Policy # L10003834954

**Beneficiary:** Theodore M. Kimble

**Policy data:** Life insurance policy for \$ 25,000.00, with double indemnity for accidental death. Claims pending for life and accidental death benefits. Claims submitted by beneficiary.

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**Insured:** Patricia G. Kimble

**Insurer.** Life of Georgia  
Policy # 000385310

**Beneficiary:** Theodore M. Kimble

**Policy data:** Life insurance policy for \$ 200,000.00, but policy not issued due to failure to submit specimen for blood profile. Application submitted 9/15/95. Beneficiary filed claim, but claim denied because no policy was issued.

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**Insured:** Patricia G. Kimble

**Insurer.** Life of Georgia  
Policy # 0091896384

**Policy data:** Dental, vision, and hearing policy. Policy issued September, 1995.  
No claims pending.

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**Insured:** Theodore M. Kimble

**Insurer:** Life of Georgia  
Policy # 0091896387

**Policy data:** Dental, vision, and hearing policy. Policy issued September 1995,  
but lapsed due to non payment of premiums.

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**Insured:** Theodore M. Kimble  
Patricia G. Kimble

**Insurer.** Life of Georgia  
Policy # 0091898384.

**Policy data:** Family cancer policy. Policy lapsed due to non payment of claims.  
Application made on 9/14/95.

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**Insured:** Theodore M. Kimble

**Insurer:** Life of Georgia  
Policy # 0003855912

**Beneficiary: Ronnie** L. Kimble  
Edna M. Kimble

**Policy data:** Universal life insurance policy for \$25,000.00. Application dated  
9/14/95. Policy lapsed due to non payment of premiums.

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**Insured:** Theodore M. Kimble

**Insurer.** Life of Georgia  
Policy # 0003855914

**Beneficiary:** Patricia G. Kimble

**Policy data:** Ten year term life insurance policy for \$ 150,000.00. Application  
dated 9/14/95. Policy lapsed due to non payment of premiums.

Kimble File

<u>Insurer</u>	<u>Insured</u>	<u>Information</u>
Southland Life	Patricia Kimble	Life policy - claim for \$1,000.00 - paid to Sheila Blakley,mother. Claim for accidental death pending..
Southland Life	Patricia Kimble	**Life policy - life and accidental death claims pending..\$25,000 each *Beneficiary:Ted Kimble
Life of Georgia	Patricia Kimble	**Life policy - life and accidental death claims pending..\$25,000 each *Beneficiary:Ted Kimble
Life of Georgia-	Patricia Kimble	***Life policy - \$200,000; date of application 9/15/95; *Beneficiary:Ted Kimble Claim was filed by Ted-same denied as policy not issued due to lack of blood profile for Patricia.
Life of Georgia	Patricia Kimble	Dental, Vision and Hearing policy
Life of Georgia	Theodore M. Kimble	Dental, Vision and Hearing policy (lapsed)
Life of Georgia, /	Theodore M Kimble Patricia Kimble	Family Cancer policy (Lapsed)
Life of Georgia	Theodore M. Kimble	Universal Life policy - \$25,000 (lapsed)
Life of Georgia'	Theodore M. Kimble	Ten-Year Term policy - \$150,000. (lapsed)

\*\*Ted Kimble has submitted claims for both policies.

\*\*\*Agent of record for this application did not witness the signature of Patricia Kimble...Detective Church, Guilford Sheriff's Office may have information indicating her name was forged to the application.

What is the premium for my policy after an accelerated benefit?

If your policy has a waiver benefit, premiums will stop (for up to 2 years). If there is no waiver benefit, you will owe premiums but they can be postponed for up to 2 years and paid with interest.

**Limitations of the accelerated benefit:**

There are no restrictions or limitations on the use of the accelerated benefit payment. Note that this benefit is not a long term care policy.

Accelerated payment is not available on face amounts less than \$20,000. Accelerated benefits in all Life of Georgia policies can not exceed \$125,000.

Receipt of an accelerated benefit may be taxable. You should consult your personal tax advisor to assess the impact of this benefit.

Acknowledged and signed this 14th day of Sept.  
1995.

~~Patricia G. Kimble~~

Applicant/Owner

PATRICIA G. KIMBLE

Applicant/Owner (print)

William E. Daniel

Agent

WINSTON-SALEM, NC 915

District

Here is an example of how an accelerated benefit affects a policy:

Assume a Face Amount of:	\$50,000
A Policy Loan Amount of:	\$ 0
A Loan Interest Rate of:	8%
A Maximum Accelerated Benefit of:	\$25,000
Administration Fee	\$ 200

<u>Date</u>	<u>Face Amount</u>	<u>Accumulation Value</u>	<u>Benefit &amp; Interest</u>	<u>Death Benefit</u>	<u>Cash or Loan Value</u>
Date of Payment	\$50,000	\$10,000	\$25,200	\$24,800	\$0
6 Months Later	\$50,000	\$11,000	\$26,189	\$23,811	\$0
1 Year Later	\$50,000	\$12,000	\$27,216	\$22,784	\$0



Agreement

To the best of my knowledge, all my answers and the details I have provided in Pages 1, 2, and 3 of this application and in any form attached are complete and true. All answers and details given to the agent in response to the questions in this application have been accurately recorded. They are given to obtain insurance from the Company. These statements will become a part of any policy to which this form is attached. I agree that: (1) no agent has the authority to waive the answer to any question in the application, to accept risks or determine insurability; and (2) only the President, Vice President, and Secretary, or an Assistant Secretary of the Company can make or change a contract or waive any of the Company's rights or requirements.

I agree that, except as provided in a Conditional Receipt bearing the same date and number of this application, NO INSURANCE WILL TAKE EFFECT UNLESS:

- (1) I pay the full first premium by the time the policy is delivered; and unless
- (2) all the Proposed Insureds, including the Applicant for any Premium Insurance, have had no change in health since the date of this application or the date of any later medical examination required by the Company; and unless and until
- (3) I accept delivery of the policy.

I acknowledge that I have received and read:

- (1) the Company's Information Practices Notice; and
- (2) a notice about consumer report investigations; and
- (3) a notice about the Medical Information Bureau.

I do  I do not wish to be interviewed if an investigative report is prepared.

(2) Authorization

I permit disclosure of information about me or any of my minor children proposed for insurance, as follows:

Who may give the information: Any person in medical practice; any medical facility; any insurance company or reinsurer; the Medical Information Bureau (MIB), consumer reporting agency, or other similar organization; and any other persons with such records or knowledge.

Who may receive the information: Life Insurance Company of Georgia, its reinsurers, or any consumer reporting agency acting for it; and the Medical Information Bureau.

What information may be given: Past and present physical and mental conditions (including use of alcohol or drugs; other insurance; employment information; personal character, habits, and avocations; and financial and credit information).

How the information will be used: To determine eligibility for insurance and to evaluate any claims under this application.

I permit this authorization to be valid for 24 months, if used to determine eligibility, or for the duration of the claim, if used to evaluate any claim under this application.

I know I or my representative has a right to get a copy of this form. A photocopy will be as valid as the original.

Signed at Greensboro, NC Date Sept 12, 19 95  
City State Month Day Year

Witnessed William E. Jarrell Licensed Field Underwriter Patricia Kimble Proposed Insured A (if age 15 or over)

William E. Jarrell  
(Agent's Name - Printed)  
  
(FL Agent's License No.)

Proposed Insured B (or Adult Applicant if Proposed Insured is below age 15) Relationship to Proposed Insured A

If Owner is a business firm:  
  
Applicant Business Firm Firm Officer Name/Title

Kentucky state law requires the following: Any person who knowingly and with intent to defraud an insurer files an application containing materially false information or conceals a material fact is committing a fraudulent, criminal act.

No. 1082777

*Paul*

APPLICATION FOR INSURANCE—PART ONE  
LIFE INSURANCE COMPANY OF GEORGIA

LIFE OF GEO

**1.** a. Proposed Insured or Annuitant—Print first-middle-last name  
A PATRICIA G. KIMBLE

b. Soc. Security No. 241-35-4789

d. Born (State) NC

e. Birth Date Mo. | Day | Yr. 9 | 14 | 67

f. Age 28

g. Height 5 5

h. Present 1

c. Sex  M  F

Single  Married  Divorced  Widowed  Separated

**2.** a. Second Proposed Insured or Adult Applicant—  
Print first-middle-last name

B \_\_\_\_\_

b. Soc. Security No. \_\_\_\_\_

e. Born (State) \_\_\_\_\_

f. Birth Date Mo. | Day | Yr. \_\_\_\_\_

g. Age \_\_\_\_\_

h. Present \_\_\_\_\_

c. Sex  M  F

d. Relat. to A \_\_\_\_\_

Single  Married  Divorced  Widowed  Separated

**3.** List all dependent children under age 18 proposed for insurance

Relat. to A					
Relat. to A					
Relat. to A					
Relat. to A					

**3.** a. Do all dependent children listed above live with A?  Yes  No (Explain in Remarks)

**4.** Present residence address of A—Street No., Street, City, State, Zip  
P.O. Box 160 PLEASANT GARDEN, NC 27313

Phone Number (910) 674-1144

Length of Residence 4 Yrs

Give directions to locate, if rural address.

**5.** Employment (A) MANAGER (B) \_\_\_\_\_

Occupation MANAGER

Job Title (Describe duties) MANAGER

Employed by CINNAMON RIDGE

Business Address GREENSBORO, NC

**6.** Owner/Payor (Circle one or both) Name INSURED Social Security No. \_\_\_\_\_ Premiums to be paid by INSURED Date of Birth \_\_\_\_\_

**7.** Beneficiary Designation for A  
Primary: THEODORE M. KIMBLE Relationship to A HUSBAND  
Contingent: \_\_\_\_\_ Relationship to A \_\_\_\_\_

**8.** Beneficiary Designation for B  
Primary: \_\_\_\_\_ Relationship to B \_\_\_\_\_  
Contingent: \_\_\_\_\_ Relationship to B \_\_\_\_\_

**9. LIFE INSURANCE APPLIED FOR**

a. Plan 10 YR Term b. Amount \$ 200,000

c. Extra Benefits: WP 1  WP 2  AD  TA  GPO  Amour

For A  For B

Premium Insurance on Adult Applicant

d. Premium Class  SN Sel. Nonsmoker  PN Pref. Nonsmoker  SL Select  PF Pref.  Other \_\_\_\_\_

**10. ANNUITY APPLIED FOR**

a. Plan:  Flexible Ann. Commencing at Age \_\_\_\_\_  
 Single Prem. Deferred Ann. Commencing at Age \_\_\_\_\_  
 Single Prem. Immediate Annuity  
 Other \_\_\_\_\_

b. Life Income: 1.  No Refund 2.  10 Years Certain 3.  Installment Refund  Other \_\_\_\_\_

c. Class: 2.  IRA (Include 4.  TSA  Non-qualifie  Other \_\_\_\_\_

d. Other Benefits:  Waiver  Other \_\_\_\_\_

e. Total Annuity Premi on Mode Selected \$ \_\_\_\_\_

**11.** Mode of Premium Payment  Annual  Quarterly  PAC  GA  Payroll Deduction  Semi-annual  Monthly  Salary Savings  Other \_\_\_\_\_

**12.** Total Collected with Application \$ 280.00

**13.** Total Premium on Selected (Life & A) \$ 250.00

**14.** If any Annuity or Life Income benefit is applied for, does beneficiary have right to commute?  Yes  No

**15. SPECIAL REQUESTS:**



APPLICATION FOR INSURANCE-PART ONE (Continued)

	ON A				ON B			
	Company	Amount	ADB	Year of Issue	Company	Amount	ADB	Year of Issue
16. LIST ALL LIFE INSURANCE IN FORCE (If none, so state)	LOG	25,000	25,000	1995				
	SOUTHLAND	25,000	25,000	1989				

7. Amount of Insurance in force on A's spouse, if not given above. \$ \_\_\_\_\_

3. Has any person proposed for insurance (if "Yes," give full details in Question 19).

	Yes	No		Yes	No
<input checked="" type="checkbox"/> Any intention of replacing or changing existing life insurance or annuities? (If "Yes," give amount, plan, company, date of termination, and complete the necessary forms.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Flown in past 5 years or has intention of flying as a pilot or crew member? (If "Yes," complete Form 253.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Been rated or declined for life, health or disability insurance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	f. Participated in or has intentions of participating in any type of land, water or air vehicle racing, parachuting, hang/kite gliding or scuba diving, or organized sport or hobby?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Ever received treatment, medical advice or ever been convicted because of use of alcohol or drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. Give driver's license number and state of issue: A <u>6392972</u> B _____		
d. Ever smoked cigarettes? If "Yes," have you smoked in past 12 months? If currently smoking, how many packs per day? A _____ B _____	A <input type="checkbox"/> B <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Has a proposed insured had a driver's license suspended or revoked, been convicted of a moving violation or of driving while intoxicated in the past 2 years? If "Yes" give dates and types of violations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Details for "Yes" answers in Question 18

Question	Person	Details
		NONE

3. Name and Address of Personal Physician      Date and Reason Last Consulted      Treatment Given or Medication Prescribed

3      ↓      ↓      ↓

DR. JUAN FERNANDEZ      3/95      BIRTH CONTROL PILLS  
GREENSBORO, NC      EXOM FOR BIRTH CONTROL PILLS

1. Home Office Endorsements SEE POLICY FOR HOME OFFICE ENDORSEMENTS

Questions 2-3 Apply To All Proposed Insureds In Part One

Proposed Insured or Annuitant-First, Middle, Last Name A <i>PATRICIA G. KIMBLE</i>	Maiden or Former Name <i>BLAKLEY</i>
B	

1. For any proposed insured under 6 months old, give Birth Weight: \_\_\_\_\_

Was birth premature or abnormal in any respect?  Yes  No

2. Has any person proposed for insurance:

(Circle all appropriate disorders or impairments)

	Yes	No		Yes
a. had medical, hospital, <u>surgical</u> or sanatorium treatment in last 5 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. ever had or has illness or disorder involving chest pain; high blood pressure; heart murmur, heart, blood vessels; diabetes; gout; thyroid; rheumatic fever; dizziness; convulsions; epilepsy; brain or nervous system; nervous or mental disorder; stroke; anemia; leukemia, hemophilia, red or white blood cell disorder or polycythemia; emphysema, asthma, lungs; cancer, tumor, or growth; gall bladder or pancreas; albumin or sugar in urine; kidneys; liver; stomach, intestines, or colon; reproductive organs, prostate or bladder; arthritis, back, skin, bones or joints; glands; or eyes or ears?	<input type="checkbox"/>
b. ever been advised to have operation or treatment that has not been completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	g. in the last 5 years had or have any symptoms of any disease, impairment, amputation or deformity not mentioned above?	<input type="checkbox"/>
c. had x-ray, electrocardiogram or other diagnostic test in the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	h. ever had or been diagnosed or treated by a physician for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or had a positive HIV antibody test? (For information of North Carolina residents—ARC: A condition with symptoms which may include recurring fever, weight loss, night sweats, pneumonia, diarrhea, fatigue, swollen lymph nodes, skin rashes/lesions, or oral thrush.)	<input type="checkbox"/>
d. ever been deferred, rejected or discharged from military service because of a physical or mental condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>
e. requested or received disability or hospitalization benefits from any source in the last 5 years, or left occupation for more than one month because of health?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>

3. FAMILY HISTORY

	A			B		
a.	Age if living	Age at death	Current Health or Cause of Death	Age if living	Age at death	Current Health or Cause of Death
Father	<i>55</i>		<i>GOOD</i>	Father		
Mother	<i>52</i>		<i>GOOD</i>	Mother		

b. Has any proposed insured any family history of diabetes, cancer, high blood pressure, stroke, kidney disease, mental illness or suicide not mentioned above?  Yes  No

4. Give complete details of any part of questions 1-3 answered "Yes"

Person	Date	Illness, Test, X-ray, etc.	Duration	Date of Recovery	No. of Attacks	Physician, Hospital, etc (Name and Address)
<i>A</i>	<i>11/7/94</i>	<i>MICROSCOPIC KNEE SURGERY TO REPAIR &amp; TORN LIGAMENT. COMPLETE RECOVERY</i>		<i>11/7/94</i>		<i>DR. GREENSBORO, NC</i>

(1) Agreement

To the best of my knowledge, all my answers and the details I have provided in Pages 1, 2, and 3 of this application and in any form attached are complete and true. All answers and details given to the agent in response to the questions in this application have been accurately recorded. They are given to obtain insurance from the Company. These statements will become a part of any policy to which this form is attached. I agree that: (1) no agent has the authority to waive the answer to any question in the application, to accept risks or determine insurability; and (2) only the President, Vice President, and Secretary, or an Assistant Secretary of the Company can make or change a contract or waive any of the Company's rights or requirements.

I agree that, except as provided in a Conditional Receipt bearing the same date and number of this application, NO INSURANCE WILL TAKE EFFECT UNLESS:

- (1) I pay the full first premium by the time the policy is delivered; and unless
- (2) all the Proposed Insureds, including the Applicant for any Premium Insurance, have had no change in health since the date of this application or the date of any later medical examination required by the Company; and unless and until
- (3) I accept delivery of the policy.

I acknowledge that I have received and read:

- (1) the Company's Information Practices Notice; and
- (2) a notice about consumer report investigations; and
- (3) a notice about the Medical Information Bureau.

I do  I do not wish to be interviewed if an investigative report is prepared.

(2) Authorization

I permit disclosure of information about me or any of my minor children proposed for insurance, as follows:

*Who may give the information:* Any person in medical practice; any medical facility; any insurance company or reinsurer; the Medical Information Bureau (MIB), consumer reporting agency, or other similar organization; and any other persons with such records or knowledge.

*Who may receive the information:* Life Insurance Company of Georgia, its reinsurers, or any consumer reporting agency acting for it; and the Medical Information Bureau.

*What information may be given:* Past and present physical and mental conditions (including use of alcohol or drugs; other insurance; employment information; personal character, habits, and avocations; and financial and credit information).

*How the information will be used:* To determine eligibility for insurance and to evaluate any claims under this application.

I permit this authorization to be valid for 24 months, if used to determine eligibility, or for the duration of the claim, if used to evaluate any claim under this application.

I know I or my representative has a right to get a copy of this form. A photocopy will be as valid as the original.

Signed at Greensboro, NC Date Sept 12, 1995  
City State Month Day Year

Witnessed [Signature] Patricia Kimple  
Licensed Field Underwriter Proposed Insured A (if age 15 or over)

William E. Sorrell  
(Agent's Name - Printed)

\_\_\_\_\_  
(FL Agent's License No.)

\_\_\_\_\_  
Proposed Insured B (or Adult Applicant if Proposed Insured is below age 15) Relationship to Proposed Insured A

If Owner is a business firm:  
\_\_\_\_\_  
Applicant Business Firm Firm Officer Name/Title

Kentucky state law requires the following: Any person who knowingly and with intent to defraud an insurer files an application containing materially false information or conceals a material fact is committing a fraudulent, criminal act.

What is the premium for my policy after an accelerated benefit?

If your policy has a waiver benefit, premiums will stop (for up to 2 years). If there is no waiver benefit, you will owe premiums but they can be postponed for up to 2 years and paid with interest.

**Limitations of the accelerated benefit:**

There are no restrictions or limitations on the use of the accelerated benefit payment. Note that this benefit is not a long term care policy.

Accelerated payment is not available on face amounts less than \$20,000. Accelerated benefits in all Life of Georgia policies can not exceed \$125,000.

Receipt of an accelerated benefit may be taxable. You should consult your personal tax advisor to assess the impact of this benefit.

Acknowledged and signed this 14th day of Sept. 1995.

Patricia Kimble  
 Applicant/Owner  
PATRICIA G. KIMBLE  
 Applicant/Owner (print)

William E. Daniel  
 Agent  
WINSTON-SALEM, NC 915  
 District

Here is an example of how an accelerated benefit affects a policy:

Assume a Face Amount of: \$50,000  
 A Policy Loan Amount of: \$ 0  
 A Loan Interest Rate of: 8%  
 A Maximum Accelerated Benefit of: \$25,000  
 Administration Fee \$ 200

<u>Date</u>	<u>Face Amount</u>	<u>Accumulation Value</u>	<u>Benefit &amp; Interest</u>	<u>Death Benefit</u>	<u>Cash or Loan Value</u>
Date of Payment	\$50,000	\$10,000	\$25,200	\$24,800	\$0
6 Months Later	\$50,000	\$11,000	\$26,189	\$23,811	\$0
1 Year Later	\$50,000	\$12,000	\$27,216	\$22,784	\$0

Guilford County Sheriff's Department  
Witness\Suspect Statement

1. Case Number/Victim:: 961009027
2. Interview With: William Jarrell, Mass. Mutual Life Insurance Co.,  
3218 Robinhood Road, Winston-Salem, NC, (910) 765-0410
3. Date/Time: 10/12/95 1830 hours
4. Location: Mass. Mutual Insurance co., 3218 Robinhood Road,  
Winston-Salem, NC
5. Interviewed By: Det. John Appel, Major Crimes
6. Offense: Homicide

7. Narrative:

On 10/12/95 I met with William "Bill" Jarrell at his office in Winston-Salem, NC.

Mr. Jarrell says that in March, 1995, Pat Kimble contacted the agency about increasing her life insurance. Pat Kimble had a \$25,000 policy that had been issued 2/16/89 by Southland Life, and Mass. Mutual had bought out that company. Pat Kimble wanted to purchase an additional \$25,000 policy. Initially, an agent named Cathy contacted Pat Kimble, but there was apparently a personality conflict, and Mr. Jarrell was asked to handle the account.

Mr. Jarrell met with Pat Kimble at Cinnamon Ridge apartments during lunchtime sometime in March of 1995, and the policy issue date for the additional policy was 4/1/95. During the contact with Pat Kimble, Mr. Jarrell says that he mentioned some other products his company offered, including a dental plan.

In September, 1995, Ted Kimble contacted Mr. Jarrell about purchasing a dental plan. On 9/11/95 Mr. Jarrell met with Ted Kimble at Lyles Building Materials, and Ted agreed to purchase the dental plan. Mr. Jarrell also mentioned a \$1 million cancer policy available for \$8.00 a month, and Ted agreed to take it, also.

Several days later, Ted called Mr. Jarrell and inquired about increasing the life insurance on Pat, and asked about premium amounts for \$50,000, \$75,000, etc. Mr. Jarrell proposed that he meet with Ted and do a "needs analysis" to determine how much life insurance the Kimbles needed.

The next day or so, Ted called Mr. Jarrell, and Mr. Jarrell went over and met with Ted at Lyles Building Materials near lunchtime. Ted asked him about various amounts of insurance, and also wanted the least expensive premium. Ted and Mr. Jarrell agreed on Term Insurance, and Ted told Mr. Jarrell that he wanted to get \$200,000 on Pat, and \$150,000 on himself. This was because Ted already had a \$100,000 policy on himself, and Pat had \$50,000. This additional amount would bring the total up to \$250,000 for each spouse.



Ted additionally bought a \$25,000 policy payable to his parents, and told Mr. Jarrell that this was to cover a loan of \$25,000 he had gotten from his father.

Mr. Jarrell had taken the applications inside Lyles, and filled them out. Pat was not present at this time. At some point in the process, Ted asked about the cancer policy, and Mr. Jarrell left to go out to his car and get the information. As Mr. Jarrell left the office, Pat was coming in. Mr. Jarrell said, "Well, hello there, Pat." Pat replied, "Hi."

Several minutes later, as Mr. Jarrell was reentering the building, Pat Kimble left the office. Mr. Jarrell again spoke to her, but she did not reply. Mr. Jarrell went inside, and Ted presented Mr. Jarrell with the signed applications. Mr. Jarrell noticed that he needed some additional medical information on Pat, but decided to get it later. Ted and Mr. Jarrell went outside to a storage building, and Ted Kimble paid Mr. Jarrell cash for the initial premium payment. Mr. Jarrell did not see where Ted got the cash from inside the storage building.

Mr. Jarrell told Ted Kimble that a "blood profile" was necessary for the application process to be completed on policies of this amount, and that both Ted and Pat would have to be checked. Ted told Mr. Jarrell that Pat could not do that, because she would faint if she had blood drawn. Mr. Jarrell told Ted that he would arrange for a contract paramedic to perform the test at the paramedic office in case difficulties arose during the blood testing procedure.

The following day, Ted Kimble called Mr. Jarrell and dropped an accidental death benefit on Pat's policy, which reduced the premium. The overpayment will be credited to the next balance due.

Either the next day or the day after that, Mr. Jarrell telephoned Pat Kimble at Cinnamon Ridge to ask some additional medical questions. Mr. Jarrell asked and was told the date and purpose of Pat's last visit to a physician. Pat then said, "I can't believe you're asking me all these questions for a cancer policy." When Mr. Jarrell replied that this was for her life insurance application, Pat asked, "Life insurance? How much?" When Mr. Jarrell told her it was for \$200,000, Pat replied, "Oh. OK."

Mr. Jarrell did not speak to Pat Kimble again.

Mr. Jarrell says that Ted Kimble telephoned him approximately 10 times at Jarrell's residence during the time between the application and the fire. Mr. Jarrell says that this is very unusual, he has never had a client do this before. During one call, Ted Kimble told Mr. Jarrell's wife, "I guess I'm bugging you--I'm gonna be the best customer your husband ever had."

At one point during this application process Ted Kimble called Mr. Jarrell and told him that the "home office" was asking Pat too many questions, and that Pat was getting angry.

Mr. Jarrell arranged for the Kimbles to go to the Portamedic for blood analysis on Thursday, 10/5/95, at 11:30AM. However, on 10/4/95, Ted called Mr. Jarrell at home in the evening, and told him that Ted was going to have to work in the daytime on 10/5/95, and would have to cancel the test. Ted said that he would be working nighttime during the following week, and Mr. Jarrell told Ted to contact Portamedic as soon as possible on 10/5/95 and cancel the appointment. Mr. Jarrell understands that the appointment was rescheduled for 10/12/95.

On 10/10/95 Mr. Jarrell heard about a fire and death in Pleasant Garden, and recognized the names of Patricia Kimble. Mr. Jarrell also saw a picture of Pat on the evening news on 10/10/95 and was then certain that

it was the same applicant he was processing.

On 10/11/95 Ted Kimble called Mr. Jarrell and told him that Pat had been killed. Ted told Jarrell that Ted had been questioned about the death. Ted then asked Mr. Jarrell about processing the life insurance claims. Mr. Jarrell told Ted that Ted would need to get a copy of the death certificate from the funeral director so that the claim could be processed. Ted then asked about the \$200,000 policy for which application was in progress. Mr. Jarrell told Ted that it was not in effect because the blood test had not been completed. Ted said, "I thought you told me that if I got killed in a wreck I would be covered?" Mr. Jarrell replied that it would cover the insured provided the medical information had been correct and the blood profile had between completed.

On the morning of 10/18/95 Ted Kimble again called Mr. Jarrell. Ted told Mr. Jarrell that he had been reviewing his finances, and had discovered that he was almost bankrupt. Ted asked Mr. Jarrell if the two \$25,000 policies on Pat carried double indemnity for accidental death. Ted told Mr. Jarrell that he had been talking to a friend of Ted's father who was an insurance agent, and he had told Ted that the policies would pay double. Mr. Jarrell says that he believed it would if the death was accidental. Ted then told Mr. Jarrell that Pat had been shot in the head. Mr. Jarrell told Ted that a determination would have to be made as to whether the death was accidental. Ted again asked about the \$200,000 policy that was not yet in effect. Ted said, "Well, that blood profile was for AIDS--they can find that out from her Doctor." Mr. Jarrell reiterated that the policy was not in effect because the required blood analysis had not been performed.

On the afternoon of 10/18/95, Ted Kimble again called Mr. Jarrell. Ted informed Jarrell that he had been contacted by the funeral director, and Mr. Jarrell agreed to meet with Ted on 10/19/95 so the claim forms could be completed. Mr. Jarrell says that Ted again asked about the double indemnity accidental death benefit on Pat's policies.

**North Carolina Department of Insurance**  
***INVESTIGATIONS DIVISION***

**Insurance Policy Information**  
**Theodore Mead Kimble**

**Insured:** Theodore M. Kimble

**Insurer:** State Farm  
Policy # HH 376533-3333

**Policy data:** Mortgage disability income policy. Application date of 3/17/95. Policy canceled for non payment of premiums.

< -- >

**Insured:** Theodore and Patricia G. Kimble

**Insurer:** State Farm  
Policy # 315-4708-E01-33

**Policy data:** Auto, boat ,and motorcycle policy. Motorcycle added to policy 10/17/95. Claim for glass breakage paid, but details of claim unavailable. Boat coverage lapsed 8/17/96 due to non payment of claims.

< -- >

**Insured:** Theodore M. Kimble  
Patricia Kimble

**Insurer:** Monumental Insurance Co. (NationsBank)

**Policy data:** Life insurance policy for \$1,000.00 issued to checking account customers. No claims filed

< -- >

**Insured:** Patricia Kimble  
Theodore Mead Kimble

**Insurer:** Wachovia Bank Risk Management

**Policy data:** Bank and VISA Card insurance policy. No claims filed

< - >

**Insured:** Patricia G. Kimble

**Insurer:** First USA

**Policy data:** VISA Card insurance policy. No claims filed.

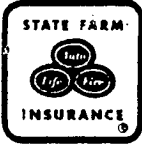
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Kimble File

<u>Insurer</u>	<u>Insured</u>	<u>Information</u>
State Farm	Ted Kimble	Mortgage disability policy (cancelled)
State Farm	Patricia Kimble Ted Kimble	Auto and Boat policies Motorcycle policy *Claims-glass breakage
Nations Bank	Patricia Kimble Ted Kimble	No claims found
Wachovia Bank	Patricia Kimble Ted Kimble	No claims found
First USA	Patricia Kimble	No claims found

# Family Insurance Checkup

© 1982  
SFMAC



Ganim Insurance Agency Inc., Charlie M. Ganim Agt.

Auto-Life-Health-Home and Business

3728-C Battleground Avenue

Greensboro, NC 27410 Office (910) 282-9229

Fax (910) 282-9283

January 14, 1998.

A.R. MAUNEY  
NC DEPARTMENT OF INSURANCE  
INVESTIGATIONS DIVISION  
PO BOX 26387  
RALEIGH, NC 27611

DEAR ANN:

PATRICIA KIMBLE WAS REFERRED TO MY OFFICE BY A CLIENT. WE INITIALLY WROTE HER BOAT INSURANCE, THEN HER AUTO INSURANCE. WE DISCUSSED HER HOMEOWNERS INSURANCE, AND I TOLD HER I WOULD BE IN TOUCH IN THE FUTURE.

IN FEBRUARY 1995 TED KIMBLE CONTACTED ME ABOUT DISABILITY AND LIFE INSURANCE ON HIM AND HIS WIFE. I MET WITH HIM AT LYLES BUILDING SUPPLY TO DISCUSS LIFE INSURANCE NEEDS AND GATHER INFORMATION. I THEN WENT BACK TO MY OFFICE TO FORMULATE MY SUGGESTIONS AND SCHEDULE ANOTHER APPOINTMENT TO MEET WITH HIM TO DISCUSS THESE SUGGESTIONS. DURING THAT APPOINTMENT WE DISCUSSED MORTGAGE DISABILITY POLICIES ON HIM AND PATRICIA AND SEVERAL CHOICES OF LIFE INSURANCE. HE TOLD ME THAT HE WOULD DISCUSS IT WITH HIS WIFE AND WOULD BE IN TOUCH. I FOLLOWED UP AND SET AN APPOINTMENT. AT THAT APPOINTMENT WE WROTE MORTGAGE DISABILITY ON HIM. HE SAID THAT PATRICIA WAS NOT INTERESTED IN ANY ADDITIONAL COVERAGE ON HERSELF. THIS WAS THE EXTENT OF MY CONVERSATION WITH HIM REGARDING LIFE AND DISABILITY INSURANCE.

HE CAME TO MY OFFICE ON 10/17/95 TO SECURE INSURANCE ON A 1994 MOTORCYCLE. THIS WAS THE LAST POLICY WE HAVE ON RECORD THAT WE WROTE FOR HIM.

SINCERELY,

A handwritten signature in black ink, appearing to read "Charlie M. Ganim".

CHARLIE M GANIM



STATE FARM  
INSURANCE COMPANIES

HOME OFFICES: BLOOMINGTON, ILLINOIS

Off.: (910) 282-9229

Res.: (910) 545-3456

GANIM INSURANCE AGENCY, INC.

CHARLIE M. GANIM

Agent

3728 C. Battleground Avenue  
Greensboro, NC 27410  
Fax: (910) 282-9283

Guilford County Sheriff's Department  
Supplemental Report

1. Incident Number: 951009027

2. Victim's Name: Kimble, Patricia

3. Day/Date/Time of Report: Mon Oct 16 15:35:58 EDT 1995

4. Narrative:

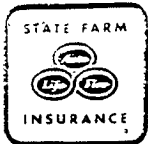
On 10/11/95 I contacted Charlie Ganim, State Farm Insurance Co., 3728-B Battleground Avenue, GSO, NC, 547-0300.

Mr. Ganim says that he has issued policies to Ted and Patricia Kimble covering a 1991 Subaru Legacy, a 1995 Jeep, and a 1993 Bayliner boat. A 1976 Ford truck belonging to Lyles Building Materials is also insured in Ted Kimble's name. Ted Kimble has a mortgage disability income policy through Ganim.

Mr. Ganim said that he asked Ted Kimble to let Ganim talk to Kimble and his wife about life insurance, but Ted Kimble did not recontact him about this. Mr. Ganim says this may have occurred on 3/17/95, because this is the date Mr. Ganim saw Ted Kimble about disability insurance.

Mr. Ganim provided documents showing the above policy information.

5. Reporting Officer/Assignment: Det. John Appel, Major Crimes



OCTOBER 11, 1995

HEALTH POLICY STATUS

KIMBLE, THEODORE M POL NO: A376533 33 NON  
 2104 BRANDON STATION CT INSURED BIRTHDATE SMOKER  
 PLEASANT GARDEN NC 27313-9709 PRIN INSURED: MAR-17-95 DEC-08-69 YES  
 SPOUSE: NO  
 CHILDREN: 0

STATUS: PAID

POLICY NAME: MORTGAGE DISABILITY INCOME  
 POLICY FORM #: 97044A TERM PREM: 72.60 POLICY DATE: MAR-17-95  
 EFF DATE: MAR-17-95 PAYMENT MODE: ANNUAL  
 EXP DATE: MAR-17-96

COVERAGE INFORMATION  
 MONTHLY BENEFIT 600  
 -BENEFIT PERIOD 36 MONTHS OCC CLASS: 1 AMOUNT DUE: 0.00  
 ELIMINATION PER 30 DAYS TERRITORY: 01 DATE DUE:  
 EXCLUSION NO DATE PAID:

HEALTH POLICY STATUS

COVERAGES CONTINUED LAST COV. CHG. DATE - MAR-17-95

ADDITIONAL INSUREDS  
 NAME INSURED BIRTHDATE

MODAL PREMIUMS  
 ANNUAL 72.60 QUARTERLY 18.87  
 SEMI-ANNUAL 37.02 MONTHLY 6.17





OCTOBER 11, 1995

FIRE POLICY STATUS

H PH. (910)674-1148

KIMBLE, THEODORE M &
PATRICIA G
2104 BRANDON STATION CT
PLEASANT GARDEN NC 27313-9709

POLICY NO: 33-BN-5182-2 F YR ISSD: 94

TYPE: BOATOWNERS TERM: CONT AMOUNT PAID: 214.00
RENEW DATE: JUL-18-96 DATE PAID: JUN-23-95
PREMIUM: 214.00 BILL TO: INSD
COVERAGE INFORMATION
BOAT, ACCES, AND MOTORS 11730 PREV. RISK: 13,230
TRAILERS 1500 PREV. PREM: 230
WATER LIAB 100000 PREV. OWNER: Y
MED/PERSN 1000 ZONE: 19
CLASS: B
LENGTH: 20
TYPE: IN/OUT RUNABOUT

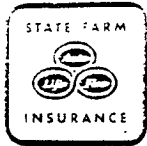
DEDUCTIBLES APPLIED: 250 OTH PER 100 OPT F

MESSAGES:
LOSS PAYEE
NATIONSBANK INC (CAROLINAS)
ITS SUCC &/OR ASSIGNS ATIMA
PO BOX 740029
ATLANTA GA 30374
LOAN NO: 1281484

FORMS AND ENDORSEMENTS
FP-7900.1 BOATOWNERS
FE-7889 AMENDATORY END
OPT F P PROP 100

BOAT HULL DESCRIPTION
BAYLINER
BIYA37CXG293 YR: 93
MOTOR DESCRIPTION
MERCUISER
OD846309 YR: 93 HORSEPOWER: 180

TRAILER DESCRIPTION
ESCORT
405120BAS YR: 93
ACCOUNTING INFORMATION:



OCTOBER 11, 1995

AUTO POLICY STATUS

KIMBLE, THEODORE DBA LYLES	318 7098-C17-33A-001	B PHONE: (910) 294-0789	IRG: 7
LDG MATERIAL & SALVAGE INC			TERR: 032
104 BRANDON STATION CT	-76 FORD		CLASS: 1H1B001
PLEASANT GARDEN NC 27313-9709	TRUCK		ACC FREE: MAR-17-95
	VIN: E38HHA68897		BIRTH: DEC-08-69

STATUS: PAID	DUE DATE:	TERM DATE:	TOT PREM:	245.36
AMT DUE: 0.00	OXD: MAR-17-95	COV DATE: APR-13-95	PREV PREM:	237.50
100 /300 /100	187.36			
5000	25.50			
1 100 /300 /50	32.50			

AMT PAID: 245.36      DATE PAID: AUG-30-95  
 UNTIL VEH, RECOUP APP 7.86, RECOUP ACT 7.86,  
 OR MBSP-ADG, CL-3.

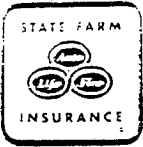
NAME: KIMBLE, THEODORE DBA LYLES  
 REPLACED POLICY: 3187098-33 001  
 EXCEP. & END:

B PHONE: (910) 294-0789  
 POLICY FORM: 9833P5

REC CHG:

COV. S & T NAMES	S AMT	T
------------------	-------	---





OCTOBER 11, 1995

AUTO POLICY STATUS

H PHONE: (910) 674-1148

KIMBLE, THEODORE & PATRICIA G  
2104 BRANDON STATION CT  
PLEASANT GARDEN NC 27313-9709

315 4708-E01-33C-001  
-91 SUBARU LEGACY  
4DR  
VIN: 4S3BC6326M9611135

IRG: 7  
TERR: 032  
CLASS: 1B20001  
ACC FREE: NOV-01-94  
BIRTH: SEP-14-67

STATUS: RENBL DUE DATE: NOV-01-95 TERM DATE: TOT PREM: 242.85  
AMT DUE: 242.85 OXD: NOV-01-94 COV DATE: MAY-23-95 PREV PREM: 238.00

A	100 /300 /50	129.35	U1	50	/100 /50	16.00
C2000		12.00				
D100		25.50				
G250		58.00				
H50		2.00				

AMT PAID: 197.00 DATE PAID: JUN-23-95  
MCD 64.00, RECOUP APP 4.85, RECOUP ACT 5.05, CL-1B.

NAME: KIMBLE, THEODORE & PATRICIA G

H PHONE: (910) 674-1148

REPLACED POLICY: 3154708-33B 001

POLICY FORM: 9833P5

EXCEP. & END: FINANCED - 00004, WACHOVIA BK OF NORTH CAROLINA PO BOX 2700  
WINSTON SALEM NC 27102-2700.

REC CHG:

COV. S & T NAMES S AMT T

**North Carolina Department of Insurance**  
***INVESTIGATIONS DIVISION***

**Insurance Policy Information**  
**Theodore Mead Kimble**

**Insured:** Ted M. Kimble

**Insurer:** Blue Cross & Blue Shield of NC  
Policy # 240479614

**Insurer:** The Maryland Group  
Policy # TFO-11479442

**Policy data:** Auto insurance policy. Ted Kimble was involved in an auto accident on 4/17/94. Kimble was a passenger in the vehicle operated by James Day, and insured by Integon. Ted Kimble retained attorney Steve Bowden and filed a claim with Integon. The claim was denied because Day's coverage was canceled 4/15/94. Kimble subsequently filed a claim with BC&BS for payment of his medical bills.

Ted Kimble also filed a claim with his auto insurance carrier, The Maryland Group. A medical pay claim was filed in the amount of \$3,144.48. That amount included payments for medical bills, medications, and lost wages.

**Insured:** James Day

**Insurer:** Integon  
Policy # SAN 5514215

**Policy data:** see above

Kimble File

Insurer

Integon Insurance  
Blue Cross Blue Shield  
The Maryland Group

Insured

James Day  
Ted Kimble  
Ted Kimble  
Patricia Kimble

Information

Ted Kimble was involved in an automobile accident on 4/17/94 as a passenger in a vehicle operated by James Day and insured by Integon.. Ted Kimble, through attorney Steve Bowden, filed a claim with Integon which was denied as Day's policy was cancelled effective 4/15/94.

Kimble filed medical bills with Blue Cross Blue Shield who paid claim

Kimble, through attorney Steve Bowden, filed claims with Maryland Casualty under the medical pay portion of their auto policy.

Led Kimble

Has involved in an accident as a passenger in a vehicle operated by James Day - same covered by Intergen Policy SAN 5514215 - which cancelled - eff. 4-15-94 - 4-17-94

Kimble filed claim w/ Intergen - denied Steve Bowden  
Att'y  
Kimble " " w/ BCBS - paid  
Kimble filed " w/ Maryland Cas  
under med pay of auto policy via  
letter of attorney Steve Bowden



Integon General Insurance Corporation  
Integon Indemnity Corporation  
New South Insurance Company  
Integon Specialty Company  
P O Box 1623  
Winston-Salem, NC 27102-1623

November 16, 1994



R. Steve Bowden  
Attorney At Law  
Post Office Box 20185  
Greensboro, NC 27420

Re: Policy Number - SAN 5514215  
Insured - James Day  
Date of Accident - April 17, 1994  
Your Client - Theodore Kimble

Dear Mr. Bowden :

I am in receipt of your letter dated November 14, 1994.

Please be advised that our policy cancelled effective April 15, 1994. Therefore, we will not be able to become involved in any claims arising out of the accident on April 17, 1994.

I'm sorry I cannot help you in this matter. If you have any questions, please call me at 1-800-642-0506, extension 2564.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Flippin".

Michelle Flippin  
Claims Representative

PCC33mcf/



R. STEVE BOWDEN & ASSOCIATES

ATTORNEYS AND COUNSELLORS AT LAW  
MARKET STREET EAST PROFESSIONAL BLDG.  
601 EAST MARKET STREET  
GREENSBORO, NORTH CAROLINA 27401

R. STEVE BOWDEN

BRUCE A LEE

TELEPHONE (910) 373-0981  
WATS (800) 523-4845 • FAX (910) 370-4172

MAILING ADDRESS:  
P.O. BOX 20185  
GREENSBORO, N.C. 27420

December 9, 1994

Ms. Stacie Holden  
Maryland Insurance Group  
P.O. Box 4068  
Timonium, MD 21094-4068

RE: MEDICAL PAY CLAIM

Our Client:	Mr. Theodore Kimble
Your Insured:	Theodore Kimble
Date of Injury:	04/17/94
Policy Number:	TFO-11479442
Our File Number:	204230

Dear Ms. Holden:

Our office represents Mr. Kimble with regard to injuries sustained in an automobile accident. We are advised that Medical Coverage is provided pursuant to the above policy. We have enclosed copies of the medical bills related to this case and we would appreciate your forwarding a check to cover these expenses to our office with the check made payable to R. Steve Bowden & Associates and our client.

Thank you for your prompt attention to this request and with best wishes, we are

Very truly yours,

*R. Steve Bowden /jlf*

R. Steve Bowden

RSB/jlf

Enclosures

Kimble, Theodore  
CLASS: C FILE: TSC

DOI: 04/17/94 TYPE/MATTER: AUTOTORT  
PARTY: 855 CASE: 204230

LIM: 04/16/97  
OPEN: 04/19/94

09/29/94

R. STEVE BOWDEN & ASSOCIATES

Page 1

VALUE CODE REPORT  
Sorted By Date Of Service

VALUE CODE	DATES OF SERVICE	PROVIDER OF SERVICE REFERENCE ITEM	AMOUNT
MED	FROM: 04/17/94 TO: 04/17/94	Guilford Radiology Associates	\$62.80
MED	FROM: 04/18/94 TO: 04/18/94	Medication	\$38.28
MED	FROM: 04/18/94 TO: 04/18/94	Wesley Long Community Hospital 00977277-3	\$349.20
MED	FROM: 04/20/94 TO: 05/02/94	Dye, David	\$470.00
LWG	FROM: 04/27/94 TO: 05/31/94	Lost Wages Wages Paid to Temp While Out of Work	\$2,224.20

TOTALS \$3,144.48

SUBTOTALS:  
MED \$920.28  
LWG \$2,224.20

EPREC-7894

WESLEY LONG COMMUNIT. HOSPITAL

04/17/94 10:53 PM

(OBCEP)

FINANCIAL RECORD - ER

KIMBLE, TED HEAD  
378459-4027E

M: 24  
9772079

EMERG

998 NS: 5

PATIENT DATA

REGISTRATION DATA

ADDRESS: P O BOX 160  
PLEASANT GARDEN NC 27813  
PHONE: 910-674-1148 RACE: W  
DOB: 12/08/69 F/C: B  
SS#: 240-47-9619 RELG: NO D  
AREA: 041  
BAD DEST: OP SERV:  
SOURCE: CLERK: PAP  
ALLERGY:  
CARDIAC: DIABETIC:

REG DATE: 04/17/94 TIME: 10:53PM  
ACCOMSET CODES: 02 HOUR:  
fast track TYPE:  
ARRIVAL: 2 TIME: 2255  
PREV HOSP:  
ADM DATE: D/C:  
AMT REC: COL:  
COURTESY: VETERAN:  
REACTION: SR MEM:  
PREV ER: XRAY:

SPOUSE DATA

GUARANTOR DATA

NAME: SINGLE  
EMP:  
ADDRESS:  
PHONE:  
EMERGENCY CONTACT

NAME: KIMBLE, TED HEAD  
ADDRESS: P O BOX 160  
PLEASANT GARDE NC 27813  
PHONE: 910-674-1148 RL: 01  
SS#: 240-47-9619  
GUARANTOR EMPLOYER

NAME: BLAKLEY, PATRICIA  
ADDRESS:  
PHONE: 910-674-1148 RL: FI

NAME: LYLES BUILDING MATERI  
ADDRESS: 1700 W LEE ST  
GREENSBORO NC 27403  
PHONE: 910-294-0769

INSURANCE DATA

SUBSR EMP #1: LYLES BUILDING MA  
ADDRESS:  
PRE-CERT#:  
GRP NAME: LYLES BLDG MAT  
ID #:  
INS NAME: BLUE CROSS(OUTPT) N  
SUBSR EMP #2:  
ADDRESS:  
GRP NAME:  
ID #:  
INS NAME  
SUBSR EMP #3:  
ADDRESS:  
GRP NAME:  
ID #:  
INS NAME:

INSURED: KIMBLE, TED M  
POLY #: 240479619 RL: 01  
CARRIER CODE: 031 EMP CODE: 1  
INS ADDRESS:  
INSURED:  
POLY #: RL:  
CARRIER CODE: EMP CODE:  
INS ADDRESS:  
INSURED:  
POLY #: RL:  
CARRIER CODE:  
INS ADDRESS:

North Carolina Department of Insurance  
**INVESTIGATIONS DIVISION**

**Insurance Policy Information**  
**Theodore Mead Kimble**

**Insured:** Patricia Kimble  
Theodore M. Kimble

**Insurer:** The Maryland Group  
Policy # TH 45004579

**Policy data:** Homeowners policy. A claim was filed on 4/5/93 as a result of theft from a residential breaking and entering. The claim was settled for \$ 6,340.00.

Another claim was filed on 2/7/95 as the result of theft from another residential breaking and entering. The claim was settled for \$4,454.64. An Olympus camera was reported as stolen. An Olympus camera was recovered from the residence of Theodore and Patricia Kimble during the course of the homicide and arson investigation.

Claim # 214F507840 was filed by Ted Kimble for the 10/9/95 fire loss. The claim amounted to \$ 247,842.28. Review of supporting documentation furnished to the insurer in support of the claim appear to be inflated. For example, the personal property inventory presented by Ted Kimble claimed replacement costs of an unscheduled personal property inventory totaling \$ 191,215.00, including clothing valued at \$ 86,770.70. Of that amount \$62,679.70 was allegedly purchased within the past two years. Ted Kimble's claim included linen, sheets, and bath accessories purchased in a single day in the amount of \$ 4,787.52.

Claims payments  
to date:

<u>Date</u>	<u>Amount</u>	<u>Payee</u>	<u>For</u>
10/13/95	\$ 1,000.00	Ted Kimble	Advanced living expenses
10/25/95	5,000.00	Ted Kimble	Additional advance, living expenses
3/6/96	8,855.90	Patricia Kimble estate, mortgage companies	Advance on dwelling loss
6/18/96	2,533.65	Estate, Ted Kimble First Restoration	Clean up, debris removal
6/28/96	16,350.00	Ronnie Kimble	Living expenses (rent)
2/6/97	52,606.35	Estate	Final- contents
2/6/97	<u>53,417.34</u>	Estate	Final- dwelling repairs
<b>Total</b>	<b>\$ 139,763.24</b>		

< - >

Kimble File

<u>Insurer</u>	<u>Insured</u>	<u>Information</u>
The Maryland Group	Patricia Kimble Ted Kimble	Homeowners coverage-See below

A claim was filed for a 4/5/93 date of loss due to a residential breaking, entering and theft. Claim was settled for \$6340.00.

A claim was filed for a 2/7/95 date of loss due to a residential breaking, entering and theft. Claim was settled for \$4454.64.

Each of these "B & E's" has been investigated by Det. Church of the Guilford Sheriff Department, who has advised he has recovered an Olympus camera (and has same in the evidence room) from the Kimble residence which was reportedly taken during a theft and which was listed on 2/7/95 claim submitted to the insurance company.

A claim was filed by Ted Kimble for a 10/9/95 date of loss due to theft and fire in the amount of \$247,842.28. Kimble's wife Patricia was found in the home after the fire and it was determined she had been shot prior to the fire. Review of supporting documents furnished to the insurer in support of this claim appear to be inflated, i.e. personal property inventory presented by Kimble indicated a total replacement cost of approximately \$191,215.00. Of particular interest were clothing items; for example, Kimble listed his wardrobe at a replacement cost of \$17,822.70, all of which was purchased within the last 2 years, and his wife's wardrobe at a replacement cost of \$68,948.00, with \$44,857.00 of her clothing having been purchased within the last 2 years. On the total inventory, there is in excess of approximately \$120,000.00 of personal property listed as having been purchased within the last 2 years (see attached partial listing of inventory).

Additionally, Kimble submitted a claim for linen, sheets, bath accessories, etc. in the amount of \$4787.52...a one-day purchase(?26 bath towels, 26 wash cloths).

This claim was paid as follows: (see attached check copies)

<u>Date</u>	<u>Amount</u>	<u>Paid To</u>	<u>For</u>
10/13/95	\$ 1,000.00	Ted Kimble	Advance-living expense
10/25/95	5,000.00	Ted Kimble	Additional advance
3/6/96	8855.90	Patricia Kimble	
		Estate & Mortgage companies-	Advance-dwelling loss
6/18/96	2533.65	Estate, Ted Kimble	
		& 1st Restoration	Clean-up, debris removal
8/28/96	16,350.00	Ronnie Kimble	
		(Ted's Father)	Living expense
2/6/97	52,606.35	Estate	Final - contents
2/6/97	53,417.34	Estate	Final - dwelling repairs

50-937  
213

CLAIM NUMBER 214F	CO. CODE 507240	POLICY NUMBER 13 TH045004579	ACC/LOSS DATE 10-09-95
INSURED KIMBLE, TED			DATE ISSUED 10-25-95

**MarylandCasualty**  
a member of The Maryland Insurance Group

0010775

\$5,000.00

CLAIMSUFFIX	TYPE	TRANS CODE	BASICLINE	APPORTIONMENT	UNDERWRITING OFFICE
02	CONT	21	04	5000.00	SOUTHEAST REGION
					ACORDIA OF NORTH CAROLINA, NC PRODUCING AGENT

\$ 5,000.00\*\*  
**AMOUNT**

THIS DRAFT ISSUED FOR ADDITIONAL ADVANCE FOR FIRE LOSS

*TEL Kimble*

PAYABLE THROUGH THE CHASE MANHATTAN BANK, N.A. STRACOSE, NEW YORK

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

NAME  
M. BARTOLLO

CLAIM OFFICE

FIELD FILE COPY

180023 Rev. 4-94

CLAIM NUMBER 214F4507840	CO. CODE 02	POLICY NUMBER TH045004579	ACC/LOSS DATE 10-09-95
INSURED Patricia and Ted Kimble			DATE ISSUED 10-13-95

**MarylandCasualty**  
a member of The Maryland Insurance Group

15-158  
540

763828

CLAIMSUFFIX	TYPE	TRANS CODE	BASICLINE	APPORTIONMENT	UNDERWRITING OFFICE
01	HO	21	04	\$1,000.00	Asheville, NC
					Acordia of NC Greensboro, NC PRODUCING AGENT

\$1,000.00\*\*  
**AMOUNT**

THIS DRAFT ISSUED FOR Fire Loss - Advance toward contents and additional living expense

Ted Kimble  
P.O. BOX 160  
Pleasant Garden, North Carolina 27313

PAYABLE THROUGH FIRST NATIONAL BANK OF MARYLAND, DC WASHINGTON, DC

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

NAME  
Marie Bartollo  
Mid Atlantic Clm Cntr  
CLAIM OFFICE

⑆05400⑆589⑆ 355 9505 9⑆⑆

FIELD OFFICE COPY

CLAIM NUMBER 14 F 507340	CO CODE 13	POLICY NUMBER THO45004579	ACLOSS DATE 10 09 95
INSURED KIMBLE, PATRICIA			DATE ISSUED 08-23-96

**MarylandCasualty**  
a member of The Maryland Insurance Group  
SGN 237883044

0347095

\$16,350<sup>00</sup>

CLAIMS UNIT	TYPE	TRANS CODE	BASIC LINE	APPORTIONMENT	UNDERWRITING OFFICE
01	BLDS	21	04	16350.00	SOUTHEAST REGION
					ACORDIA OF NORTH CAROLINA, INC 00925893
PRODUCING AGENT					

\$ 16,350.00\*\*  
**AMOUNT**

THIS DRAFT ISSUED FOR ADDITIONAL LIVING EXPENSE FOR 327 DAYS  
AT \$50.00 PER DAY

~~NON-NEGOTIABLE~~

PAYABLE THROUGH  
THE CHASE MANHATTAN BANK, N.A.  
SYRACUSE, NEW YORK

RONNIE L. KIMBLE  
3818 LIBERTY RD.  
JULIAN NC 27846

AUTHORIZED SIGNATURE  
LINDA L. LAFONTAINE  
NAME  
MP3 BALTIMORE

CLAIM OFFICE

FIELD FILE COPY

0347095 0347095 0347095 0347095

CLAIM NUMBER 214 F 507340	CO CODE 13	POLICY NUMBER THO45004579	ACLOSS DATE 10 09 95
INSURED KIMBLE, PATRICIA			DATE ISSUED 06-13-96

**MarylandCasualty**  
a member of The Maryland Insurance Group

50-937  
213

0346085

\$2533.65

CLAIMS UNIT	TYPE	TRANS CODE	BASIC LINE	APPORTIONMENT	UNDERWRITING OFFICE
02	CONT	21	04	2533.65	SOUTHEAST REGION
					ACORDIA OF NORTH CAROLINA, INC 00925893
PRODUCING AGENT					

\$ 2,533.65\*\*  
**AMOUNT**

THIS DRAFT ISSUED FOR CONTENTS REMOVAL RESULTING FROM THE  
10/9/95 FIRE AT THE PATRICIA AND TED KIMBLE LOCATION

~~NON-NEGOTIABLE~~

PAYABLE THROUGH  
THE CHASE MANHATTAN BANK, N.A.  
SYRACUSE, NEW YORK

ESTATE OF PATRICIA KIMBLE, AND TED KIMBLE AND FIRST RESTORATION SERVICE  
W MURT SEEBER  
P.O. BOX 4848  
BRUNSBORO NC 27404

AUTHORIZED SIGNATURE  
LINDA L. LAFONTAINE  
NAME

MP3 BALTIMORE CLAIM OFFICE

FIELD FILE COPY

0346085 0346085 0346085 0346085

180023 Rev. 4-94

CLAIM NUMBER 214 F 507340	CO CODE 02	POLICY NUMBER THO 45004579	ACLOSS DATE 10/09/95
INSURED Patricia & Ted Kimble			DATE ISSUED 03/06/96

**MarylandCasualty**  
a member of The Maryland Insurance Group

15-158  
540

767599

CLAIMS UNIT	TYPE	TRANS CODE	BASIC LINE	APPORTIONMENT	UNDERWRITING OFFICE
01	BLDG	21	04	\$8,855.90	Raleigh, NC
					Acordia of North Carolina
PRODUCING AGENT					

\$ 8,855.90  
**AMOUNT**

THIS DRAFT ISSUED FOR Advance towards dwelling loss due to fire.

~~NON-NEGOTIABLE~~

PAYABLE THROUGH  
FIRST NATIONAL BANK OF MARYLAND, DC  
WASHINGTON, DC

The Estate of Patricia Kimble & Ted Kimble and  
Colonial Mortgage Co., Nations Bank and First Restoration Svcs.  
P.O. Box 160  
Pleasant Garden, NC 27313

AUTHORIZED SIGNATURE  
NAME  
Marie Bartello  
MP3 Hunt Valley, MD  
CLAIM OFFICE



50-937  
213

CLAIM NUMBER: 214-F-507340  
CO CODE: 13  
POLICY NUMBER: TH045004579  
ACROSS DATE: 10/09/95

**MarylandCasualty**  
a member of The Maryland Insurance Group

INSURED: Patricia & Ted Kimble  
DATE ISSUED: 2/6/97

00137508

CLAIM SUFFIX	TYPE	TRANS CODE	BASIC LINE	APPORTIONMENT	UNDERWRITING OFFICE
02	CONT	22	04	\$52,606.35	2C SOUTHEAST REGION
					ACORDIA OF NORTH CAROLINA
PRODUCING AGENT					

**PAY THIS SUM**  
\*\*\*\*52,506.35\*\*\*\*

THIS DRAFT IS ISSUED FOR: FINAL PAYMENT OF CONTENTS

Cache Henderson, Atty in trust for  
Estate of Patricia Kimble  
4200 N. Church Street  
Greensboro, NC 27455

PAY THROUGH  
THE CHASE MANHATTAN  
BANK, N.A.  
SYRACUSE, NEW YORK

NON-NEGOTIABLE  
Linda [Signature]  
AUTHORIZED SIGNATURE

NAME  
MAC  
CLAIM OFFICE

CLAIM FILE COPY

⑆021309379⑆ 60100204344700

50-937  
213

CLAIM NUMBER: 214-F-507340  
CO CODE: 13  
POLICY NUMBER: TH045004579  
ACROSS DATE: 10/09/95

**MarylandCasualty**  
a member of The Maryland Insurance Group

INSURED: Patricia & Ted Kimble  
DATE ISSUED: 2/6/97

00137509

CLAIM SUFFIX	TYPE	TRANS CODE	BASIC LINE	APPORTIONMENT	UNDERWRITING OFFICE
01	BLDG	21	04	\$53,417.34	2C SOUTHEAST REGION
					ACORDIA OF NORTH CAROLINA
PRODUCING AGENT					

**PAY THIS SUM**  
\*\*\*\*53,417.34\*\*\*\*

THIS DRAFT IS ISSUED FOR: Dwelling Repairs

Cache Henderson, Atty in trust for  
Estate of Patricia Kimble  
4200 N. Church Street  
Greensboro, NC 27455

PAY THROUGH  
THE CHASE MANHATTAN  
BANK, N.A.  
SYRACUSE, NEW YORK

NON-NEGOTIABLE  
Linda LaFontaine  
AUTHORIZED SIGNATURE


NAME  
MAC  
CLAIM OFFICE

CLAIM FILE COPY

⑆021309379⑆ 60100204344700

To: Jim Chuach  
From: Gray K. Reilly

ITEMS REQUESTED



# T. M. MAYFIELD & CO.

ADJUSTERS OF LOSSES FOR INSURANCE COMPANIES



P. O. Box 41114  
Raleigh, NC 27629  
January 15, 1996

Mr. Bruce Berger, Attorney at Law  
Yates, McLamb & Weyher, L.L.P.  
Suite 350, Carolina Place  
2626 Glenwood Avenue  
Raleigh, NC 27608

Re: Maryland Insured: Patricia & Ted Kimble  
Maryland Claim #: 214IF507840  
D/L: 10-9-95  
Our File: RAL02941

Dear Mr. Berger:

This supplements our report of December 4, 1995.

## ENCLOSURES

- 1 - Inventory Presented for UPP
- 2 - Invoice for Completed Services from First Restoration Services
- 3 - Interim Adjuster's Invoice

## ADJUSTMENT

**Dwelling:** Reference is made to our previous report. As a matter of interest, Gerry Havlena, the general contractor who performed the tear out, now advises that he has done nothing further on repairs due to Mr. Kimble's lack of commitment to have him perform the repairs per our estimate. Mr. Havlena's impression was that Mr. Kimble wanted to "cherry pick" the estimate, i.e. to perform certain tasks himself and to provide through his resources the carpet, doors, etc.

I am enclosing an invoice for completed services on the dwelling totaling \$8,222.90.

**UPP:** I am enclosing the UPP inventory presented by Mr. Kimble indicating a grand total replacement cost of approximately \$191,215.00. You will note that Mr. Kimble listed neither the vendor nor the original cost of any item. In my opinion, the prices are highly inflated, particularly on clothing items; for example, Mr. Kimble has listed his wardrobe at a replacement cost of \$17,822.70, all of which was purchased within the last 2 years, and his wife's wardrobe at a replacement cost of \$68,948.00, with \$44,857.00 of her clothing having been purchased within the last 2 years.

Asheville, N.C.  
(704) 258-8102  
Fax (704) 258-8015

Boone, N.C.  
(704) 297-8520  
Fax (704) 297-8522

Charlotte, N.C.  
(704) 525-3636  
Fax (704) 525-3900

Gastonia, N.C.  
(704) 864-7756  
Fax (704) 864-5992

Raleigh, N.C.  
(919) 954-1211  
Fax (919) 954-8742

Salisbury, N.C.  
(704) 633-0437  
Fax (704) 633-6737

Anderson, S.C.  
(803) 226-6091

Charleston, S.C.  
(803) 554-7633

Columbia, S.C.  
(803) 765-0830

Greenville, S.C.  
(803) 232-3551

Surfside Beach, S.C.  
(803) 238-1400

Mr. Bruce Berger

Page 2

January 15, 1996

Insured: Patricia & Ted Kimble

On the total inventory, there is in excess of approximately \$120,000.00 of personal property listed as having been purchased within the last 2 years. For further details, see the attached inventory.

Mr. Kimble has submitted as part of his inventory pages captioned "Expenses" totaling \$909.40, which he identifies as charges incurred for friends, family, meals, etc. to prepare the personal property inventory. It is the insured's duty under the policy to present his claim and I don't feel coverage would be provided for these expenses.

Due to my inability to verify the accuracy of the replacement cost prices with the limited information provided, I have not attempted to arrive at the actual cash value loss.

I am enclosing an invoice from First Restoration Services for removal of the contents, which includes moving some of the items to their warehouse for storage.

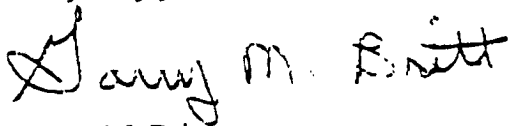
#### DRAFT REQUEST

By copy of this letter we are requesting that Marie Bartello issue draft to First Restoration Services in the amount of \$11,389.55 and forward direct to First Restoration Services.

Please review this report and provide your instructions on further handling.

As our file has been open for more than 60 days, we are submitting our interim bill for services.

Very truly yours,



Garry M. Britt  
General Adjuster

GMB:sb

cc: Marie Bartello, The Maryland Insurance Group

January 19, 1996

Ms. Marie Bartello  
P. O. Box 5258  
Timonium, MD 21094

Re: Theodore Kimble  
TH45004579

Dear Ms. Bartello:

Please find enclosed the sworn statement in Proof of Loss. I have previously forwarded to you numerous forms designated as Insured's Statement of Claim. Also you are aware of an estimate by First Restoration Services for repairs to the house.

As to the Insured's Statement of Claims forms, I did the best I could in estimating dates of purchase of various items, but I was not able to be exact in many instances. I did the best I could at estimating the replacement cost of those items. The only way I knew to do this was to try to compare what those particular items were selling for in Greensboro in the last three months. I realize many of the items have lost value over the years, but I attempted to list what it would cost to replace these items today. I did not attempt to list what was actually paid for these items. (Some of these items were wedding gifts, etc.) As I understood your instructions, this was the way I was supposed to proceed.

I have been as thorough as possible in trying to reconstruct what was destroyed by the fire and to fill in these forms in accordance with your instructions. As I understood from our phone conversation today, you are satisfied with the manner in which I have filled out these forms. Please inform me if I need to make any corrections or changes and I will do so.

In addition, we discussed the fact that I have been living with my parents instead of renting a motel room and settled on a price of \$50.00 a day rent for the use of my parents' home. At the present time I have been living with my parents for over three months, and it will take another four to six months to repair my house. Therefore, on my Cost of Living Claim I would think that seven months would be adequate at \$50.00 per day or \$10,500.00.

In calculating the total insurance for paragraph 5, I added the coverages on the building, personal property and loss of use.

To determine the Actual Cash Value for paragraph 6, I added the amount of the appraisal on the house done by Nationsbank in 1995, less \$20,000.00 for the value of the land, to the replacement values of the various items of personal property and the per diem costs for an alternative residence.

The Whole Loss and Damage figure represents the estimate done by First Restoration Services plus the value of the personal property plus the loss of use figure.

The Amount Claimed for paragraph 8 is the same as paragraph 7. It seemed like the appropriate figure. Again, I understand that the company will depreciate the personal property figure considerably and I do not expect to receive the "Amount Claimed."

Please inform me if I need to complete any other forms or if I have done anything incorrectly. I understand your company will depreciate the value of all the listed items and will determine the amount to be paid in settlement of this claim. I will be glad to discuss any details with you at your convenience.

Thank you for your help in processing this claim. It has been an overwhelming task to try to estimate the value of all these items and I appreciate your help in getting these things together.

Sincerely,



SWORN STATEMENT IN PROOF OF LOSS

\$ 163,590.00  
AMOUNT OF POLICY AT TIME OF LOSS  
10-31-92  
DATE ISSUED  
10-31-95  
DATE EXPIRES

TH45004579  
POLICY NUMBER  
Greensboro NC  
AGENCY AT  
Acordia of NC  
AGENT

To the MacLard Insurance Group  
of \_\_\_\_\_

At time of loss, by the above indicated policy of insurance you insured Theodore & Patricia Kimple  
Residence at 2104 Brandon Station Ct. Greensboro NC 27313

against loss by Fire & theft to the property described according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A Fire & theft loss occurred about the hour of 9:45 o'clock P M.,  
STATE KIND

on the 9th day of Oct 19 95 The cause and origin of the said loss were: Fire & theft

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: AS A RESIDENCE

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was ownership  
No other person or persons had any interest therein or incumbrance thereon, except: Theodore Kimple marital interest

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: N/A

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$ 163,590.00, as more particularly specified in the apportionment attached under Schedule "C", besides which there was no policy or other contract of insurance, written or oral, valid or invalid (Building, Personal Property & loss of use)

6. The Actual Cash Value of said property at the time of the loss was . . . . . \$ 277,842.28  
7. The Whole Loss and Damage was . . . . . \$ 247,842.28  
8. The Amount Claimed under the above numbered policy is . . . . . \$ 247,842.28

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

State of North Carolina  
County of Guilford

Theodore M. Kimple Insured

Subscribed and sworn to before me this 29th day of January 19 96

Cynthia A. Knight Notary Public

My Commission Expires: 2/05/99

1925

# T. M. MAYFIELD & CO.

ADJUSTERS OF LOSSES FOR INSURANCE COMPANIES



Post-It® Fax Note	7671	Date	1-16	# of pages	2
To	Marie Bartells	From	D. Butz		
Co./Dept.	Md Cas.	Co.			
Phone #		Phone #			
Fax #	800-404-9987	Fax #			

P. O. Box 41114  
Raleigh, NC 27629  
January 15, 1996

... 2/608

Re: Maryland Insured: Patricia & Ted Kimble  
Maryland Claim #: 21411507840  
D/L: 10-9-95  
Our File: RAL02941

Dear Mr. Berger:

This supplements our report of December 4, 1995.

## ENCLOSURES

- 1 - Inventory Presented for UPP
- 2 - Invoice for Completed Services from First Restoration Services
- 3 - Interim Adjuster's Invoice

## ADJUSTMENT

**Dwelling:** Reference is made to our previous report. As a matter of interest, Gerry Havlena, the general contractor who performed the tear out, now advises that he has done nothing further on repairs due to Mr. Kimble's lack of commitment to have him perform the repairs per our estimate. Mr. Havlena's impression was that Mr. Kimble wanted to "cherry pick" the estimate, i.e. to perform certain tasks himself and to provide through his resources the carpet, doors, etc.

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Ashville, N.C.  
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Fax (704) 297-6522

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Fax (704) 525-3900

Gastonia, N.C.  
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Fax (704) 864-5992

Raleigh, N.C.  
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Fax (919) 954-8742

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Fax (704) 633-6737



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(803) 228-6091  
Fax (803) 225-8779

Charleston, S.C.  
(803) 554-7633  
Fax (803) 747-8110

Columbia, S.C.  
(803) 765-0830  
Fax (803) 765-0383

Greenville, S.C.  
(803) 232-6551  
Fax (803) 232-0977

Surfside Beach, S.C.  
(803) 238-1400  
Fax (803) 238-1801

Mr. Bruce Berger  
Page 2  
January 15, 1996

Insured: Patricia & Ted Kimble

On the total inventory, there is in excess of approximately \$120,000.00 of personal property listed as having been purchased within the last 2 years. For further details, see the attached inventory.

Mr. Kimble has submitted as part of his inventory pages captioned "Expenses" totaling \$909.40, which he identifies as charges incurred for friends, family, meals, etc. to prepare the personal property inventory. It is the insured's duty under the policy to present his claim and I don't feel coverage would be provided for these expenses.

Due to my inability to verify the accuracy of the replacement cost prices with the limited information provided, I have not attempted to arrive at the actual cash value loss.

I am enclosing an invoice from First Restoration Services for removal of the contents, which includes moving some of the items to their warehouse for storage.

DRAFT REQUEST

By copy of this letter we are requesting that Marie Bartello issue draft to First Restoration Services in the amount of \$11,389.55 and forward direct to First Restoration Services.

Please review this report and provide your instructions on further handling.

As our file has been open for more than 60 days, we are submitting our interim bill for services.

Very truly yours,

*Garry M. Brill*

Garry M. Brill  
General Adjuster

GMB:sb

*Removal contents  
Disposal -  
2533.65  
20% over to Harold  
Ward*

*Tear out  
Dorm  
Steps Take  
to min.  
damage  
8,855.90*

cc: Marie Bartello, The Maryland Insurance Group

SWORN STATEMENT IN PROOF OF LOSS

\$ 163,590.00  
AMOUNT OF POLICY AT TIME OF LOSS  
10-31-92  
DATE ISSUED  
10-31-95  
DATE EXPIRES

TH45004579  
POLICY NUMBER  
GREENSBORO NC  
AGENCY AT  
ACORDIN & N.  
AGENT

To the MACYLAND Insurance Group  
of \_\_\_\_\_

At time of loss, by the above indicated policy of insurance you insured Theodore & Patricia Kimble  
Residence at 2104 Brandon Station Ct. Greensboro NC 27313

against loss by Fire & Theft to the property described according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: A Fire & Theft loss occurred about the hour of 8:45 o'clock P M.  
on the 9th day of Oct 19 95. The cause and origin of the said loss were: Fire & Theft

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: AS A RESIDENCE

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was ownership  
No other person or persons had any interest therein or in-  
cumbance thereon, except: Theodore Kimble, marital interest

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, loca-  
tion or exposure of the property described, except: N/A

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss,  
\$ 163,590.00, as more particularly specified in the apportionment attached under Schedule "C", besides which there  
was no policy or other contract of insurance, written or oral, valid or invalid. (Building, Personal Property - 1055 of use)

6. The Actual Cash Value of said property at the time of the loss was . . . . . \$ 277,842.28  
7. The Whole Loss and Damage was . . . . . \$ 247,842.28  
8. The Amount Claimed under the above numbered policy is . . . . . \$ 247,842.28

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CON-  
TAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MA-  
TERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

State of North Carolina  
County of Guilford  
Theodore M. Kimble Insured

Subscribed and sworn to before me this 19th day of January 19 96  
H. N. V. H.

David Patton 04 201  
Belts # 465 910-299-7633

INSURED'S STATEMENT OF CLAIM  
(see reverse side for instructions)

Jeds Clothes

Following is a full and complete statement of said loss in detail:

QTY	COMPLETE DESCRIPTION OF PROPERTY COMPRISING CLAIM	MFR/BRAND NAME AND SERIAL/MODEL NUMBER	DOCUMENTATION	ORIGINAL COST OF PROPERTY	DATE OF PURCHASE (If gift or inheritance give date or age of item)	PLACE OF PURCHASE (Store and Location)	REPLACEMENT COST OF IDENTICAL ITEM AND/OR REPAIR COST	ACTUAL CASH VALUE	OFFICE USE ONLY		
84	See shirts	2696			1 to 2 yrs		24 <sup>00</sup>				
21	Knit shirts (Polo etc.)	DP 375			"		78 <sup>00</sup>				
12	Dress slacks	3361			"		95 <sup>00</sup>				
4	Suits	3283			"		395 <sup>00</sup>				
16	ties	3280			"		375 <sup>00</sup>				
33	Dress shirts	3665			"		79 <sup>00</sup>				
3	Tennis shoes	950204			"		1299 <sup>8</sup>				
2	Boots	5534			"		165 <sup>00</sup>				
1	Dress shoes	151271			"		5199				
17	shorts	3355			"		34 <sup>00</sup>				
6	Dress shorts	3655			"		55 <sup>00</sup>				
8	Ball Caps	C3650			"		15 <sup>00</sup>				
1	Cowboy hat	C4361			"		65 <sup>00</sup>				
2	Duffel Bag	C6660			"		195 <sup>0</sup>				
8	Sweaters	64608			"		88 <sup>00</sup>				
2	Bath robes	4396			"		85 <sup>00</sup>				
1	Dakley Sunglasses	668885			"		2 <sup>00</sup>				
							12,663.93				
							759.83				
TOTALS:								13,423.75			

Section 817.234(2)(b), Florida Statutes, provides that "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of third degree."

INSURED'S SIGNATURE: Ted Kimble DATE: 12-4-95

INSURED'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Belts # 465

910-299-7633

INSURED'S STATEMENT OF LOSS  
(see reverse side for instructions)

Jeds clothes PAGE # 2

Following is a full and complete statement of said loss in detail:

QTY	COMPLETE DESCRIPTION OF PROPERTY COMPRISING CLAIM	MFR/BRAND NAME AND SERIAL/MODEL NUMBER	DOCUMENTATION	ORIGINAL COST OF PROPERTY	DATE OF PURCHASE (If gift or inheritance give date or age of item)	PLACE OF PURCHASE (Store and Location)	REPLACEMENT COST OF IDENTICAL ITEM AND/OR REPAIR COST	ACTUAL CASH VALUE	OFFICE USE ONLY	
36	Blue jeans	3631			1 to 2 yrs		4950			
4	Sweatpants	3996			"		5800			
17	Sweatshirts	3655			"		5500			
20	Underware 3PK	C3691			"		1800			
6	silk underwear	2696			"		2000			
8	long handles	C3691			"		2600			
6	Belts	1963			"		4000			
7	suspenders	3640			"		2000			
32	socks (pairs)	C2650			"		650			
1	Coat	3622			"		17500			
1	Football Cleats	BIKIBI			"		6900			
7	silk dress shirt	DP352			"		4750			
1	gloves	70348			"		3500			
2	umbrella	C3790			"		2000			
15	Under-shirts 3PK	3690			"		849			
					"					
					"					

Section 817.234(2)(b), Florida Statutes, provides that "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of third degree."

4149.95  
249.00

TOTALS:

4,398.95

INSURED'S SIGNATURE: 

DATE: 12-7-93

INSURED'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Bank 4 persons / UNINSURED'S STATEMENT OF CLAIM  
 no catalog available (see reverse side for instructions)

Following is a full and complete statement of said loss in detail:

ITEM NO.	COMPLETE DESCRIPTION OF PROPERTY COMPRISING CLAIM	MFR/BRAND NAME AND SERIAL/MODEL NUMBER	DOCUMENTATION	ORIGINAL COST OF PROPERTY	DATE OF PURCHASE (If gift or inheritance give date or age of item)	PLACE OF PURCHASE (Store and Location)	REPLACEMENT COST OF IDENTICAL ITEM AND/OR REPAIR COST	ACTUAL CASH VALUE	OFFICE USE ONLY	
									QTY	
57	Dresses	605709			1-4 years		1300 <sup>00</sup>	110.00		
46	Blouses	1169567			1-4		9800	4500.00		
92	Jeans	94460			1-year		5200	2900.00		
85	Sweaters	26610282			"		11000	9350.00		
66	Blue jeans	6172			"		6000	3860.00		
14	dress jeans	710947			1-4		6400	576.00		
9	Silk blouse	30079			1-4		5600	504.00		
6	straw pants	72298			1-4		4800	280.00		
55	underware	40020			1-3		1750	725.00		
35	Bra's	33022			1-3		2550	872.00		
89	hose	16328312			1-3		1095	774.00		
116	socks	1374			1-3		750	870.00		
11	jackets	88000			1-4		10000	6100.00		
5	Coats	73539			1-4		13949	699.15		
2	slips long	11763			1		1800	36.00		
3	slips short	11763			1		1800	54.00		
2	wool shorts (dress)	77098			1		6800	136.00		
							34985.50			
							2099.13			

Section 817.234(2)(b), Florida Statutes, provides that "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of third degree."

TOTALS:

3708463

INSURED'S SIGNATURE: [Signature] DATE: 10-1-95

INSURED'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INSURED'S STATEMENT OF CLAIM  
(see reverse side for instructions)

Following is a full and complete statement of said loss in detail:

ITEM NO	COMPLETE DESCRIPTION OF PROPERTY COMPRISING CLAIM	MFR/BRAND NAME AND SERIAL/MODEL NUMBER	DOCUMENTATION	ORIGINAL COST OF PROPERTY	DATE OF PURCHASE (If gift or inheritance give date or age of item)	PLACE OF PURCHASE (Store and Location)	REPLACEMENT COST OF IDENTICAL ITEM AND/OR REPAIR COST	ACTUAL CASH VALUE	OFFICE USE ONLY
3	Reebok / Nike	—			1		74.99	224.72	
30	Bank Japs	1479			1-3		14.00	420.00	
1	Bathing suitcover	15219			1-3		40.00		
1	Dickie	1269			1-3		7.99		
2	Handkerchief	3790			1		11.99	3.72	
8	Sweatpants	214637			1		24.99	199.12	
8	Corduroy pants	C1883			1-3		66.00	528.00	
2	Overalls	6853			1		35.00	70.00	
2	uede skirts	924735			1-3		89.00	178.00	
1	Sea length journal	6407			1		217.00		
2	Hats	29079			1		36.00	72.00	
3	Flip Hats	2963			1		26.00	78.00	
10	Knit shirts	40212			1-4		39.00	390.00	
2	Panty Brief	9706			1		17.00	22.00	
25	Knee hi	V516			1		1.25	31.25	
7	Leggings	27514			1		12.00	87.00	
29	Button down shirts	39124			1-3		68.00	1972.00	
							4571.11		
							274.67		
							<b>TOTALS:</b>		
							\$ 4845.78		

Section 817.234(2)(b), Florida Statutes, provides that "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of third degree."

INSURED'S SIGNATURE: [Signature]

DATE: 11-22-2008

INSURED'S SIGNATURE:

DATE:

**INSURED'S STATEMENT OF CLAIM**  
(see reverse side for instructions)

Following is a full and complete statement of said loss in detail:

ITEM NO.	COMPLETE DESCRIPTION OF PROPERTY COMPRISING CLAIM	MFR/BRAND NAME AND SERIAL/MODEL NUMBER	DOCU-MEN-TATION	ORIGINAL COST OF PROPERTY	DATE OF PURCHASE (If gift or inheritance give date or age of item)	PLACE OF PURCHASE (Store and Location)	REPLACEMENT COST OF IDENTICAL ITEM AND/OR REPAIR COST	ACTUAL CASH VALUE	OFFICE USE ONLY		
									QTY		
3	halter style Bra	164			1-2		24 <sup>00</sup>	72. <sup>00</sup>			
4	night shirt	807138			1-2		26 <sup>00</sup>	104. <sup>00</sup>			
11	teddies	5039			1-2		30 <sup>00</sup>	330. <sup>00</sup>			
7	Bathing suit one pc	13110			1-3		95 <sup>00</sup>	665. <sup>00</sup>			
6	Bathing suit 2 pc	2460			"		68 <sup>00</sup>	408. <sup>00</sup>			
3	Chemise set	6601 1601			"		75 <sup>00</sup>	225. <sup>00</sup>			
4	Bedroom slippers	DF710			"		15 <sup>00</sup>	60. <sup>00</sup>			
20	dress shoes	Brand			"		105 <sup>00</sup>	2100. <sup>00</sup>			
4	tennis shoes 2952	Keds			"		34 <sup>00</sup>	136. <sup>00</sup>			
4	sweatshirts	68045			"		52 <sup>00</sup>	2,132. <sup>00</sup>			
6	sandals	Redwood			"		80 <sup>00</sup>	480. <sup>00</sup>			
4	gloves	5619			"		2999	119.96			
1	Leather Coats	0835			"		379 <sup>00</sup>				
1	Rabbit Coat	67211			"		249 <sup>00</sup>				
3	full length formal	62923			"		225 <sup>00</sup>	675. <sup>00</sup>			
5	joggng set	115520			"		59 <sup>99</sup>	299.95			
87	Belts	50078			"		12 <sup>00</sup>	1074. <sup>00</sup>			
							9,378.91				
							562.73				
							TOTALS:	9,941.64			

Section 817.234(2)(b), Florida Statutes, provides that "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of third degree."

INSURED'S SIGNATURE: [Signature]  
INSURED'S SIGNATURE:

DATE: 10-2-76  
DATE:

**INSURED'S STATEMENT OF CLAIM**  
(see reverse side for instructions)

Following is a full and complete statement of said loss in detail:

ITEM NO. QTY	COMPLETE DESCRIPTION OF PROPERTY COMPRISING CLAIM	MFR/BRAND NAME AND SERIAL/MODEL NUMBER	DOCUMENTATION	ORIGINAL COST OF PROPERTY	DATE OF PURCHASE (If gift or inheritance give date or age of item)	PLACE OF PURCHASE (Store and Location)	REPLACEMENT COST OF IDENTICAL ITEM AND/OR REPAIR COST	ACTUAL CASH VALUE	OFFICE USE ONLY	
6	Vest	70760			2		74.00	44.00		
2	Dress jackets	88116			2		114.00	228.00		
10	dress pants	498388			1-3		72.00	720.00		
7	shorts	3294			1-4		54.00	415.20		
4	skirts	17416			1-4		84.00	344.40		
2	aprons	—			1		7.99	15.98		
1	3pc suits	58963			1-3		158.00			
16	2pc suits	513285			1-3		160.00	2,560.00		
7	Body Control	6856			1-3		36.50	255.50		
2	tube top	74071			1-3		20.00	40.00		
6	house robes	77011			2		74.00	444.00		
3	granny gowns	952011			2		75.00	225.00		
9	negligee sets	57119			1		58.00	522.00		
7	Camitop pant set	0093504			2		26.00	182.00		
7	Camisole	22005			2		12.00	84.00		
3	gowns set	16754 17024			2		81.00	243.00		
11	gowns	952011			2		75.00	825.00		
							14,548.48	87291		

Section 817.28(2)(b), Florida Statutes, provides that "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of third degree."

INSURED'S SIGNATURE: [Signature]  
INSURED'S SIGNATURE:

DATE: 12-00  
DATE:

TOTALS: 15,421.39



**INSURED'S STATEMENT OF CLAIM**  
(see reverse side for instructions)

Following is a full and complete statement of said loss in detail:

QUANTITY	COMPLETE DESCRIPTION OF PROPERTY COMPRISING CLAIM	MFR/BRAND NAME AND SERIAL/MODEL NUMBER	DOCUMENTATION	ORIGINAL COST OF PROPERTY	DATE OF PURCHASE (If gift or inheritance give date or age of item)	PLACE OF PURCHASE (Store and Location)	REPLACEMENT COST OF IDENTICAL ITEM AND/OR REPAIR COST	ACTUAL CASH VALUE	OFFICE USE ONLY
1	2pc pant sets	33311			1-3		189 <sup>00</sup>		
9	2pc short sets	40598			11		46 <sup>00</sup>	417. <sup>00</sup>	
6	Mickey M. Sweat shirts	—			2		29.99	179. <sup>11</sup>	
5	hard rock Tee's	—			1/6		18 <sup>00</sup>	90. <sup>00</sup>	
1	2yo material	—			3/8		14.99		
1	designer Christmas sweater	5.548			1/2		128 <sup>00</sup>		
1	Leather jacket	U.S.P. 4385			2		225 <sup>00</sup>		
14	Turntwecks	59283			1-4		14.99	209. <sup>26</sup>	
1	hardrock jacket	—			1		79 <sup>00</sup>		
5	pocketbooks	2720			1-4		59 <sup>00</sup>	295. <sup>00</sup>	
							1824.79		
							109.49		
							1934.28		

Section 817.234(2)(b), Florida Statutes, provides that "Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of third degree."

TOTALS:

INSURED'S SIGNATURE: [Signature] DATE: 12-22  
 INSURED'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HT HT HT HT HT III

HEADPHONES

HT My clothes

HT (2)

HT V T-shirts V HT V (18)

SUEAT SHIRTS

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT (18)

KIT PANTS

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT (21)

HT HT HT HT HT HT HT (4)

✓ DRESS SLACKS

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT (12)

HT HT HT HT HT HT HT (1)

BLUE JEANS

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT (17)

HT HT HT HT HT HT HT (14)

SILK

HT HT HT HT HT HT HT (6)

SUITS

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT (4)

HT HT HT HT HT HT HT (8)

HT HT HT HT HT HT HT

(76)

POLO

HT HT HT HT HT HT HT (6)

SUSPENDERS

HT HT HT HT HT HT HT (5)

✓ DRESS SHIRTS

(60)

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT (7)

HT HT HT HT HT HT HT

(4)

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT

(32)

DRESS SHIRTS

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT (1)

HT HT HT HT HT HT HT (2)

SHORTS

HT HT HT HT HT HT HT

(18)

HT HT HT HT HT HT HT

SWEATERS

DRESS SHIRTS

HT HT HT HT HT HT HT (1)

HT HT HT HT HT HT HT (1)

HT HT HT HT HT HT HT (6)

HT HT HT HT HT HT HT

(9)

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT

HT HT HT HT HT HT HT

(6)

HT HT HT HT HT HT HT

(3)

HT HT HT HT HT HT HT (15)

HT HT HT HT HT HT HT

(6)

HT HT HT HT HT HT HT

(1)

HT HT HT HT HT HT HT

(5)

✓ 1 Mary Kay ~~balancing~~ moisturizing lotion

✓ 1 Body lotion - after shower 18 oz

✓ 1 Salon Select hair spray

✓ 2 long line strapless bras

✓ 1 lg towel

✓ Victoria Secret ~~regal~~ bras IIII IIII IIII

✓ other bras IIII IIII IIII II

✓ Victoria Secret panties IIII IIII IIII III

✓ regular panties IIII IIII IIII IIII IIII IIII IIII II

✓ 1 long slip

✓ 4 lg bath towel

✓ 1 black half slip

✓ 2 pc skirt set

✓ 4 pc linen place mats

✓ 1 Granny gown floor length

✓ 1 teddy IIII II

✓ 1 black negligee

✓ 1 ~~black~~ see-thru negligee

✓ 1 cami-top pant set

✓ 1 short negligee

✓ 1 camisole

✓ 1 camisole

✓ 1 negligee

✓ 1 gown

✓ 1 gown set

✓ 1 gown

✓ 2 pc pant set

✓ 1 gown IIII

ball cap

- ✓ 1 white Val Mode chemise
- ✓ " " " matching robe
- ✓ 1 Wine chemise & matching robe set
- ✓ 1 full length white terry cloth bath robe
- ✓ 2 " " bridesmaids formals 1 blue 1 purple
- ✓ jogging set
- ✓ black satin formal w/white collar & matching long gloves
- ✓ 1 purple suedemini-skirt
- ✓ 1 tea length black formal
- ✓ 1 novelty crop + shirt
- ✓ panty hose <sup>11 11</sup> 82
- ✓ knee highs <sup>11 11</sup> 25

- ✓ 1 panty brief
- ✓ 1 pr tights (3.97)
- ✓ 2 pr. suspenders
- ✓ 3 tier metal basket rack
- ✓ bodysuit 11
- ✓ 1 black camisole
- ✓ 1 satin nightgown-short
- ✓ 1 satin teddy (white)
- ✓ 1 eyelet white sundress w/jacket
- ✓ 1 em. green/black satin camiset
- ✓ 1 see thru white med. length negligee (2 pc)
- ✓ 1 negligee pink long (2 pc)
- ✓ " " " (2 pc)

- accessories
- ✓ 1 pr football cleats
  - ✓ 1 toiletry bag w/ toiletry
  - ✓ 1 jergens body shampoo & sponge

- 1 dress jacket
- 2 long sleeve oxford shirts
- pull over shirt III III 9
- Sweatshirt III III III III III III III 39
- shirt II 2
- Socks III III III III III III III III III III III III III III III III 95
- tank top III III III III III III 30
- t shirt III III III III III III III III III III III III III III III III 7
- button down III III III III III III 29
- jeans III III III III III III III III 42
- khaki skirts III 3
- aprons II 2
- dress III III III III III 25
- work pants III 3
- 2 pc suit 1
- 1 tablecloth 72"
- 1 Dress Barn (59.99)
  - ~~blouses~~ button-up blouses III III II 12
  - skirt III III III III III III II 32
  - dress pants III III 10
  - 1 pr Victoria Secret hose (10.00)
  - shorts III III III III III III III III III III III III III 53
- 1 crinoline
- 1 rayon dress w/collar
- Jesse Howard suit
- Hunter's Run 2pc suit
- Michelle Stewart "
- EH Wood "
- 1 Marnie West 3pc suit

RONNIE L. KIMBLE  
6318 LIBERTY RD.  
JULIAN N.C. 27283  
S.S. # 237-88-3044

INVOICE TO MARYLAND CAUSALITY  
FOR THE CLAIM TED KIMBLE

ROOM AND BOARD WAS AGREED UPON FOR THE SUM OF  
\$50.00 A DAY.

BEGINNING DATE OF OCTOBER 9TH 1995 UNTIL JULY 12TH  
1996 BALANCE DUE IS \$13,390.00. ESTIMATED REPAIR TIME IS  
ANOTHER 90 DAYS WHICH WOULD BE ANOTHER \$4,500.00  
BRINGING THE BALANCE DUE TO \$17,890.00. PLEASE MAKE  
CHECK PAYABLE TO RONNIE L. KIMBLE.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS INVOICE I  
CAN BE REACHED AT HOME (910)685-0705, OR BY MY PAGER  
(910)316-9663. THANK YOU.

ATT.  
MRS LINDA LA FORTAINE  
CLAIM # 214 F 507840  
POLICY # THO 45004579

R. L. Kimble 7-12-1999  
R. L. KIMBLE

GUILFORD COUNTY SHERIFF DEPT.

INTERVIEW SHEET

NAME Jennifer Ellen Hall  
 INTERVIEWED BY: Det. J.D. Church DATE 11-10-95 TIME 1145HR  
 ADDRESS & PHONE 5404 Forrest Oaks Drive, P-50. 674-6017  
 DOB 03-14-70 SEX F RACE W AGE 25 HEIGHT \_\_\_\_\_  
 WEIGHT \_\_\_\_\_ EYES \_\_\_\_\_ HAIR \_\_\_\_\_ COMPLEXION \_\_\_\_\_ POB \_\_\_\_\_  
 PRIOR ADDRESS \_\_\_\_\_  
 NEXT OF KIN (address and phone) \_\_\_\_\_  
 CHARGE \_\_\_\_\_ PRIOR CHARGES \_\_\_\_\_  
 PLACE OF EMPLOYMENT Ronald Fields & Co. 107 E. Kessmer. 273-5111  
 OL # \_\_\_\_\_ SS # 232-15-5661  
 ASSOCIATES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INTERVIEW

I was friends with Ted and Patricia before they were  
married and after, we went to the same church together  
I talked to her at church on Sunday 08 OCT 95. We just  
talked normally about how things were going.

Since Patricia died I have talked to Ted several times  
It's all been about renting their house out on Brandon  
Station Court and about him renting a house while  
his house is being repaired.

Ted is living with his parents right now - and told  
me he needed to be close to someone and didn't  
want to rent an apartment or house away from his  
family right now. Ted called me again this morn.

and asked me if we did have anything to rent, but said he would rather stay at his parents house right now.

I have worked here at Ronald Fields & Co. since 06 July 95. I was in property management for three years before that.

I never saw a argument between Ted and Patricia. I know Ted is after the insurance money and he has asked me how long I thought it would be before he would get any money. I told him there was no way they would pay until her murder was clear and he wasn't a suspect. Ted and his parents ~~and~~ <sup>one</sup> called me and wanted me to manage a rental agreement between them on Mr Kimbles house because the Kimbles were going on vacation and wanted to rent the house to Ted while they were gone. Ted called me last week and told me to hurry up with the lease agreement that he needed money for his mortgage payment at the seventh. I went by hyles and picked up the lease agreement that I had filled out and left for Ted to sign and sent it in.

I have since changed my mind and told Ted Wednesday night at church that I felt uncomfortable about the whole lease agreement and I thought it was insurance fraud and that I was not going to manage the property and that he needed to find someone else.

I talked to Ted's father at hyles and he said he didn't

X James E. No. 1 11/10/95

SIGNATURE OF PERSON GIVING STATEMENT

DATE

PAGE 2 OF 3



see any problem with renting his house to Ted, because he and his wife were going on vacation.

Ted said he would give me 10% of the lease money. He has told me this several times, but I at the time I did not want any money, that I would do it to help Ted out, but I changed my mind and told Ted to get someone else.

~~THE SAC~~

Ted called me this morning 10 Nov 95 and told me that he had made with the insurance company today and they had agreed to pay \$400<sup>00</sup> a day for him to stay at his parents until his house was finished.

x Dennis E. Hall  
SIGNATURE OF PERSON GIVING STATEMENT

11/10/95  
DATE

USERID- H00756 OPTION- T

SCRATCH PAD  
SEARCH DATE- \_\_\_\_\_

POLICY/CLAIM NO.  
214 507840

DEL DATE USERID

COMMENTS

- 101295 040810

RECEIVED FILE 9:30AM

LOSS FACTS: INSD WIFE SHOT IN THE HOME AND KILLED  
HOME THEN SET ON FIRE. SOME ITEMS ARE  
MISSING IN THE HOME: JEWELRY, CD'S, TAPES

COVERAGE: VERIFIED PER CRT =2 SCREEN

HO3 4/91, HO290 \$250 DED

COV A: \$85,100

COV C: \$60,270

COV D: \$17,220

20008 FOR TWO PRIOR THEFT LOSSES

~~214E281131 4/5/93 \$6,340 PD~~

~~214E441128 2/7/95 \$4,548 PD~~

(LEFT MESS FOR GARY REILLY SIU TO REVIEW)

ATTEMPTED TO CONTACT INSD UPON RECEIPT OF FILE (9:30AM)

HOME # - LINE CONSTANTLY BUSY

CALLED BEEPER # - AND LEFT MY #

ATTEMPTED TO CONTACT INVESTIGATING DETECTIVE - LEFT

T=TOP B=BOTTOM U=UP N=NEXT PAGE UH=UP HALF NH=NXT HALF PG A=ADD D=DIARY R=RTN