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Government Employees Insurance Company

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Attn: Region 7 Claims, PO BOX 9518  
Fredericksburg, VA 22403-9524

06/19/2025

Date Loss Reported to GEICO: 6/7/2024

Elsea & Associates

2136 BRACKENBURY LN  
Cordova, TN 38016-5250

Company Name:	Government Employees Insurance Company
Claim Number:	017516082 0000 001
Loss Date:	Thursday, June 6, 2024
Policyholder:	Charles Heifet
Policy Number:	4506364480

Dear Elsea & Associates,

Enclosed is the Release In Full in the amount of \$25,000.00. Please be advised that the check(s), **which has been mailed under separate cover**, is to be held in escrow and is not to be negotiated or disbursed until the enclosed Release is signed by your client(s) and returned to me.

The enclosed Release includes any and all derivative claims and liens. With the exception of any above aforementioned lien(s), you are responsible for satisfying any other outstanding or unpaid liens, assignments or bills. If this is not the case, please return the Release and check(s) to me since we cannot settle without all liens being satisfied.

If you have any questions, please contact me at the number below.

Sincerely,

Krystal Lyons  
478-464-2393  
Claims Department  
GEICO Toll-Free Number: 1-800-841-3000

Encl: Release In Full, Return Envelope

## RELEASE IN FULL OF ALL CLAIMS

CLAIM # 017516082 0000 001

I/we, Gloria McCollum, Releasor(s) of 9399 Chartridge Cv, City of Cordova, State of Tennessee, being over the age of majority, for and in consideration of a check for the sum of Twenty Five Thousand Dollars (\$25,000.00), lawful money of the United States of America to me/us in hand paid, the receipt of which is hereby acknowledged, do for myself/ourselves, my/our heirs, executors, administrators, successors and assigns, hereby remise, release, and forever discharge Charles Heifet, Releasee(s), successors and assigns, and/or his, her or their associates, heirs, executors and administrators, and all other persons, firms or corporations of and from any and every claim, demand, right or cause of action, of whatever kind or nature, on account of or in any way growing out of any and all personal injuries and consequences thereof, including, but not limited to, all causes of action preserved by the wrongful death statute applicable, any loss of services and consortium, any injuries which may exist but which at this time are unknown and unanticipated and which may develop at some time in the future, all unforeseen developments arising from known injuries, and any and all property damage resulting or to result from an accident that occurred on or about the 6th day of June, 2024, at or near Shelby County, and especially all liability arising out of said accident including, but not limited to, all liability for contribution and/or indemnity. AS A FURTHER CONSIDERATION FOR THE MAKING OF SAID SETTLEMENT AND PAYMENT, IT IS EXPRESSLY WARRANTED AND AGREED:

(1) That I/we understand fully that this is a final settlement and disposition of the disputes both as to the legal liability for said accident, casualty, or event and as to the nature and extent of the injury, illness, disease and/or damage which I/we have sustained and I/we understand that liability is denied by Charles Heifet Releasee(s), and it is covenanted and agreed between the Releasor(s) and Releasee(s) herein that this release and settlement is not to be construed as an admission of liability on the part of said Releasee(s); that this release and settlement agreement shall not be used by said Releasor(s) or any one on his behalf as a defense or estoppel in any action which is now pending or may be brought hereafter by said Releasee(s) against said Releasor(s) or his agents and servants, and any claim of whatever kind or nature the Releasee(s) might have or hereafter having arising from said accident is expressly reserved to them.

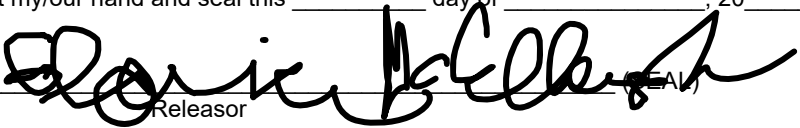
(2) That I/we do hereby for myself/ourselves, my/our heirs, executors, administrators, successors, assigns and next of kin covenant to indemnify and save harmless the Releasee(s) from any and every claim or demand of every kind or character arising from said accident which may ever be asserted.

(3) That no promise, agreement, statement or representation not herein expressed has been made to or relied upon by me/us and this release contains the entire agreement between the parties.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**THIS IS A  
RELEASE  
IN FULL**

X

  
Releasor

X

Releasor

(SEAL)

X

Releasor

(SEAL)

### CERTIFICATE OF WITNESS

We certify that this release was signed in our presence by the above who acknowledged that he/they understood it fully.

WITNESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

WITNESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

### NOTARY SECTION

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared \_\_\_\_\_ to me

known to be the person(s) named in and who executed the above release and acknowledged that \_\_\_\_\_ executed the

same as \_\_\_\_\_ own free act and deed.

(OFFICIAL TITLE)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.**