

DANA DEBEAUVOIR, COUNTY CLERK

Date: 10/17/2011 11:06 AM

Real Estate Index Detail

Report # 742259 Requested By REBECCA LAFLOURE (WEBPUBLO)

Document Information

Instrument #:	2003013287	Document Type:	ABSTRACT OF JUDGMENT
Date Received:	01/21/2003 03:42:40 PM	Book Type:	NONE
Index Status:	Permanent Index	Book:	0
Image?	✓	Page:	C
Comments:			

Grantors

1 COLE SHERYL

Grantees

1 BENITEZ RUBEN
2 GONZALO MADRID

Legal Information

1 SEE INSTRUMENT

Returnee Information

PAT MULLEN
108 W 35TH ST
AUSTIN, TX 78705

COLE, SHARYL, whose address is in care of

PAT MULLEN
108 W 38TH STREET
AUSTIN TX 78705-

Plaintiff recovered judgment on May 5, 1992 against Defendant

BERNITEZ, RUBEN AND GONZALO MADRID

(DOB [REDACTED] /TDL [REDACTED] /address-8935 RESEARCH BLVD #1367, AUSTIN, TX 78753)

for the sum of \$13,055.16 and \$192.00 costs of suit and post-judgment
interest on said amount at the maximum amount allowable by law as of
the date of this Abstract of Judgment

Credits to judgment NONE

There is now still due on said judgment the amount hereinabove set out.

Less any stated credits

Issued and given under my hand and seal of said court at Austin, Texas, on
JANUARY 10, 2003

DANA DEBEAUVOIR, County Clerk
Travis County, Texas

J. Dobson, Deputy



FILED AND RECORDED
OFFICIAL PUBLIC RECORDS

Dana Debeauvoir

01-21-2003 03:42 PM 2003019287
BAZANJ \$8.00
DANA DEBEAUVOIR, COUNTY CLERK
TRAVIS COUNTY, TEXAS

2532

> > E X E C U T I O N < <

THE STATE OF TEXAS
COUNTY OF TRAVIS

CAUSE NO. 216051

COLE, SHERYL vs. BENITEZ, RUBEN and GONZALO, MADRID

TO ANY SHERIFF OR ANY CONSTABLE WITHIN THE STATE OF TEXAS:

Whereas COLE, SHERYL, Plaintiff(s)
on the 3TH day of MAY, 1993, in the County Court at Law No. 2
of Travis County, Texas, recovered Judgment against
BENITEZ, RUBEN and GONZALO, RUBEN, Defendants, whose last known
address is 8885 Research Blvd. #1367, AUSTIN, TX 78759,
for the sum of \$13,055.16 and \$188.00 costs of suit with post-judgment
interest at the maximum amount allowable by law.

AND WHEREAS said judgment is entitled to the following credits: NONE

THEREFORE you are commanded to proceed without delay to levy upon property of
said Defendants found in your county not exempt from execution and sell
same according to law in satisfaction of said judgment, including the costs
of executing this writ, less the credits hereinabove set out.
HERSIN FAIL NOT, but make due return of this execution to said County Clerk
on or before 90 days from the date hereof, with your return thereon endorsed
showing how you have executed the same.

Given under my hand and seal at Austin, Texas, on JANUARY 10, 2003 .

Attorney:
PAT MULLEN
108 W 36th Street
AUSTIN TX 78703

DANA DeBEAUVOIR, County Clerk
Travis County, Texas
D. Dobson, Deputy

OFFICER'S RETURN

Came to hand the 17 day of JAN, 2003 at 5:00 o'clock P.M.

and executed on the 25 day of FEB, 2003 at 1:00 o'clock P.M.

SEE ATTACHED RETURN

DREW MCANGUS CONSTABLE, PCT. 3, TRAVIS COUNTY, TEXAS

Sheriff's/Constable's Fees

Levy \$ _____
Advertising _____
Notices _____
Commissions _____
Deeds _____
Writ of Possession _____
Return of Writ _____
Mileage _____ Miles _____
Printer's Fees _____

Clerk's Fees

Clerk Fees \$ 43.00
Library Fee 20.00
Dispute Fund 10.00
Judges Fee 20.00
Service Fee 80.00
Abstract Fee 10.00
Court Reporter Fee .00
Execution Fee 5.00
Security Fee .00
Records & L Fee .00
Indigent Fee .00

TOTAL \$ _____

TOTAL \$ 168.00

MAILED 10/22

OFFICER'S RETURN
Cause # 216051

By mailing a written demand, certified with return receipt requested and regular mail to the Defendant. **Ruben Benitez** at **8885 Research Blvd. #1367, Austin, Texas 78758**.

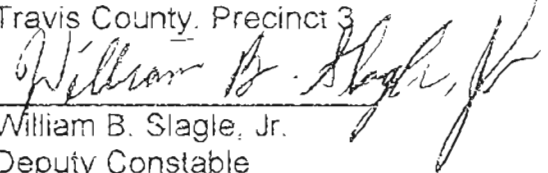
The demand letters were returned to this office with no forwarding information

A search of local records revealed a Ruben Benitez in Travis County.

This Writ is returned per instructions of attorney, the Law Office of Pat Mullen on 25 February 2003.

Drew McAngus, Constable
Travis County, Precinct 3

By:


William B. Slagle, Jr.
Deputy Constable

RETURN TO:
PAT MULLEN
108 W. 38TH STREET
AUSTIN TX 78705.

> > > ABSTRACT OF JUDGMENT < < <

THE STATE OF TEXAS
COUNTY OF TRAVIS

I, Dana DeBeauvoir, Clerk of the County Court at Law No.2 of Travis County,
Texas, do hereby certify that in Cause No. 216051 pending in said Court,
COLE, SMERYL, whose address is in care of

PAT MULLEN
108 W. 38TH STREET
AUSTIN TX 78705.

Plaintiff recovered judgment on MAY 5, 1993 against Defendant

BERNITZ, RUBEN AND GONZALO, MADRID

(DOB-3/4/74/IDL-11708090/address-8885 RESEARCH BLVD. #1367.AUSTIN, TX 78758.

for the sum of \$13,055.16 and \$188.00 costs of suit and post-judgment
interest on said amount at the maximum amount allowable by law as of
the date of this Abstract of Judgment.

Credits to judgment: NONE

There is now still due on said judgment the amount hereinabove set out,
less any stated credits.

Issued and given under my hand and seal of said court at Austin, Texas, on
JANUARY 10, 2003 .

DANA DeBEAUVOIR, County Clerk
Travis County, Texas

D Dobson , Deputy



> > E X E C U T I O N < <

THE STATE OF TEXAS
COUNTY OF TRAVIS

CAUSE NO. 216051

COLE, SHERYL vs. BENITEZ, RUBEN and GONZALO, MADRID

TO ANY SHERIFF OR ANY CONSTABLE WITHIN THE STATE OF TEXAS:

Whereas COLE, SHERYL, Plaintiff(s)
on the 5TH day of MAY, 1993, in the County Court at Law No. 2
of Travis County, Texas, recovered Judgment against
BENITEZ, RUBEN and GONZALO, RUBEN, Defendants, whose last known
address is 8885 Research Blvd. #1367, AUSTIN, TX 78758,
for the sum of \$13,055.16 and \$188.00 costs of suit with post-judgment
interest at the maxium amount allowable by law.

AND WHEREAS said judgment is entitled to the following credits: NONE

THEREFORE you are commanded to proceed without delay to levy upon property of
said Defendants found in your county not exempt from execution and sell
same according to law in satisfaction of said judgment, including the costs
of executing this writ, less the credits hereinabove set out.
HEREIN FAIL NOT, but make due return of this execution to said County Clerk
on or before 90 days from the date hereof, with your return thereon endorsed
showing how you have executed the same.

Given under my hand and seal at Austin, Texas, on JANUARY 10, 2003 .

DANA DeBEAUVOIR, County Clerk
Travis County, Texas

Attorney:
PAT MULLEN

108 W 38th Street
AUSTIN TX 78705-

D. Dobson, Deputy

OFFICER'S RETURN

Came to hand the _____ day of _____, 200__ at _____ o'clock __ M
and executed on the _____ day of _____, 200__ at _____ o'clock __ M.

Sheriff/Constable, _____ County, TX

Sheriff's/Constable's Fees

Levy	\$	_____
Advertising		_____
Notices		_____
Commissions		_____
Deeds		_____
Writ of Possession		_____
Return of Writ		_____
Mileage _____ Miles		_____
Printer's Fees		_____

Clerk's Fees

Clerk Fees	\$	42.00
Library Fee		20.00
Dispute Fund		10.00
Judges Fee		20.00
Service Fee		80.00
Abstract Fee		10.00
Court Reporter Fee		.00
Execution Fee		5.00
Security Fee		.00
Records Mgmt Fee		.00
Indigent Fee		.00

TOTAL \$ _____

TOTAL \$ 188.00

No. 216051

SHERYL COLE

VS.

RUBEN BENITEZ AND
MADRID GONZALO

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IN THE COUNTY COURT

AT LAW NUMBER 216051

TRAVIS COUNTY, TEXAS

PLAINTIFF'S ORIGINAL PETITION

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES, Sheryl Cole, hereinafter called Plaintiff, complaining of Ruben Benitez and Madrid Gonzalo, hereinafter called Defendants. Defendants, Ruben Benitez and Madrid Gonzalo, may both be served with citations at 5608 Woodrow, Apt. 107, Austin, Texas 78752. For cause of action Plaintiff would show:

On or about the 1st of April, 1991, a vehicle driven by Ruben Benitez and owned by Madrid Gonzalo collided with Plaintiff's vehicle in Austin, Travis County, Texas.

As a result of said collision, Plaintiff, Sheryl Cole, sustained vehicle damages in the amount of \$7,736.74 and Plaintiff, Sheryl Cole, sustained bodily injury in the amount of \$5,000.00 for a total of \$12,736.74 which Plaintiff sues for herein.

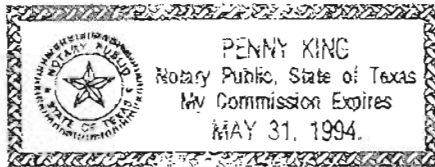
Damages to Plaintiff were proximately caused by the negligence of Defendant, Ruben Benitez and Madrid Gonzalo, generally; and specifically, the Defendant, Ruben Benitez, was negligent in:

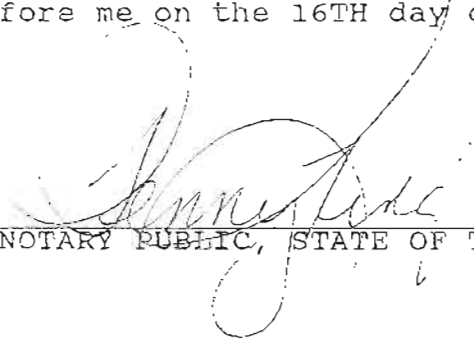
1. Failure to make such application of brakes as a person using ordinary care would make under the same or similar circumstance.
2. Failure to keep such lookout as a person using ordinary care would keep under the same or similar circumstances.
3. Failure to keep an assured clear distance as a person using ordinary care would have kept under the same or similar circumstances.

PAGE TWO
106 AFFIDAVIT
GONZALO MADRID

THE STATE OF TEXAS)
COUNTY OF TRAVIS)

SWORN TO AND SUBSCRIBED before me on the 16TH day of
March, 1993.





NOTARY PUBLIC, STATE OF TEXAS

4. Driving at a greater rate of speed than a person using ordinary care would have driven under the same or similar circumstances.
5. Failure to yield right of way turning left.

Defendant, Gonzalo Madrid, was negligent in:

1. Entrusting a vehicle to a person he knew, or should have known, was not a responsible driver.

At the time of the collision that is the basis of this action, Defendant, Ruben Benitez, was an agent of Defendant, Madrid Gonzalo, and was acting within the course and scope of the agency relationship.


Plaintiff's damages are in excess of the minimum jurisdiction of this court.

WHEREFORE, PREMISES CONSIDERED. Plaintiff prays for the damages as they may appear upon the trial hereof, reserving the right to amend these pleadings to conform to the facts as they may develop, for costs and pre-judgment and post-judgment interest at the maximum amount allowable by law, and all such other relief to which Plaintiff may show herself justly entitled at law or in equity.

Respectfully submitted,

LAW OFFICE OF PAT MULLEN
812 San Antonio, Suite G-12
Austin, Texas 78701
512/499-8800

By:


Pat Mullen

State Bar No. 14640500

ATTORNEY FOR PLAINTIFF

TO: COUNTY CLERK, TRAVIS COUNTY

DATE: 2/26/93

ATTN: CLERK

RE: CAUSE NO. _____

Sheryl Cole

VS.

Ruben Benitez and
Madrid Gonzalo

ACTION REQUESTED:

- ☒ File Original Petition/Amended Petition
- ☒ Issue Citations (per petition)
- _____ Reissue Citation (copy of petition attached)
- _____ Issue Abstract of Judgment
- _____ Certified Copy of Judgment for SR-42 attached

☒ PLEASE PLACE IN OUR BOX FOR PICKUP.

COMMENTS: _____

REQUESTED BY: LAW OFFICE OF PAT MULLEN
812 San Antonio, Ste. G-12
Austin, Texas 78701
512/499-8800

Fee: \$90.00

Our File NO.: 2532

93 FEB 26 PM 4:01
JANA H. HEAVY
COUNTY CLERK
TRAVIS COUNTY, TEXAS

No. 216,051

SHERYL COLE

VS.

RUBEN BENITEZ AND
MADRID GONZALO

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IN THE COUNTY COURT

AT LAW NUMBER TWO

TRAVIS COUNTY, TEXAS

ORDER

On this day, came on to be heard the application of Plaintiff in the above styled and numbered cause of action for authority to serve the Defendant, Madrid Gonzalo, by substituted service as provided by Rule 106 of the Texas Rules of Civil Procedure,

It appears to the Court from the Motion for Alternative Service of Citation that it is impractical to secure personal service of citation on Madrid Gonzalo, and that the motion should be granted.

IT IS THEREFORE ORDERED that service of citation on Defendant, Madrid Gonzalo, will be made by:

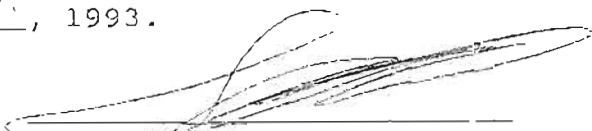
Serving anyone over 16 years of age at the address
of 5608 Woodrow, Apt. #107, Austin, Texas 78756.

or

Affixing citation to the door of

5608 Woodrow, Apt. #107, Austin, Texas 78756.

SIGNED this the 31 day of Mar, 1993.


JUDGE PRESIDING

No. 216,051

SHERYL COLE

VS.

RUBEN BENITEZ AND
MADRID GONZALO

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IN THE COUNTY COURT

AT LAW NUMBER TWO

TRAVIS COUNTY, TEXAS

MOTION FOR ALTERNATIVE SERVICE OF CITATION

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, Sheryl Cole, Plaintiff, by and through his attorney of record, Pat Mullen, and moves the Court for an order authorizing service of citation on Defendant, Madrid Gonzalo, in the above styled and numbered cause, in accordance with the attached affidavit of the private process server in the following manner:

Serving anyone over 16 years of age at the address
of 5608 Woodrow, Apt. #107, Austin, Texas 78756.

or

Affixing citation to the door of
5608 Woodrow, Apt. #107, Austin, Texas 78756

I.

As grounds therefore, attorney for Plaintiff respectfully show the Court that the affidavit it is the opinion of the private process server that personal service cannot be obtained on the Defendant.

II.

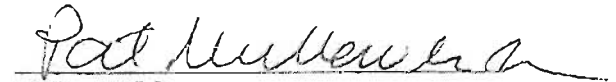
The supporting affidavit is attached hereto on the Defendant, showing sufficient grounds for this motion to be granted.

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays that the Court issue its order to authorize substituted service of citation as requested above.

Respectfully submitted,

LAW OFFICE OF PAT MULLEN
812 San Antonio, Suite G-12
Austin, Texas 78701
512/499-8800

BY:



Pat Mullen
State Bar No. 14640500

ATTORNEY FOR PLAINTIFF

RETURN TO

PAT MULLEN
812 SAN ANTONIO, G-12
AUSTIN TX 78701-

> > > ABSTRACT OF JUDGMENT < < <

THE STATE OF TEXAS
COUNTY OF TRAVIS

I, Dana DeBeauvoir, Clerk of the County Court-at-Law No.2 of Travis County, Texas, do hereby certify that in Cause No. 216051 pending in said Court, SHERYL COLE,

Plaintiff recovered judgment on MAY 5, 1993 against Defendants
RUBEN BENITEZ

(DOB-03/04/74/TDL-unknown/address-5608 WOODROW APT 107, AUSTIN, TX 78752)
AND

MADRID GONZALO
(DOB-unknown/TDL-unknown/address-5608 WOODROW APT 107, AUSTIN, TX 78752)

for the sum of \$ 13,233.16 with interest on said amount from the date of judgment at the maximum rate allowable by law. (Sum includes principal prejudgment interest, & costs of suit)

Credits to judgment: NONE

There is now still due on said judgment the amount hereinabove set out, less any stated credits.

Issued and given under my hand and seal of said court at Austin, Texas, on
JULY 15, 1993

DANA DeBEAUVOIR, County Clerk
Travis County, Texas

G Hicks
G HICKS,
Deputy



Old Abstract

10
Date: 11/13/03

2352 NOV 14 PM 3:13

To: TRAVIS COUNT CLERK

Cause No. 216051

SHERYL R. COLE VS. RUBEN BENITEZ

Action Requested:

☒ Issue Writ of Execution (\$5.00 issue)

☒ ASAP 10 years runs 05/05/03

☐ Issue Abstract of Judgment (\$5.00 issue)

RUBEN BENITEZ, DOB: 03/04/74 DL: 11708090 AND THE LAST
KNOWN ADDRESS FOR THE DEFENDANT IS 8885 RESEARCH.
BLVD., #1367, AUSTIN, TX 78758.

Comments: PUT IN OUR BOX AND WE WILL PICK IT UP

Requested By: Law Office of Pat Mullen
108 W. 38th Street
Austin, Tx 78705
512/499-8800 or 512/322-0616

Fee: \$10.00

Our File No. 2532

Vehicle number 53-K054-1163 Policy number K207-811-53A Unit number C1 Date of loss 4-1-91

Balance due \$ 12737.54 Amount of loss \$ 1737.54 Company portion \$ 12537.54 Insured's portion (deductible) \$ 200.00

Agent Mgr. Code _____ Claim unit code 419 Company code A
Company codes: A - State Farm Mutual Automobile Ins. Co. G - State Farm General Ins. Co.
F - State Farm Fire and Casualty Company M - State Farm County Mutual Ins. Co. of Texas
L - State Farm Lloyds

Insured's name(s) business name Cole Sheryl R. Mrs.
Last First Middle Initial Title

Insured's address 7309 Inspiration Bustin Tx 78724
Number and Street Apt./Suite City State/Province ZIP/Postal Code

Loss location Bustin Tx

Claimant owner/tenant/lessor/business name Benitez Ruben Travis
Last First Middle Initial Title

Address 5608 Woodrow #107 Bustin Tx 7875
Number and Street Apt./Suite City State/Province ZIP/Postal Code

Other carrier name _____ Attention _____

Address _____
Number and Street Apt./Suite City State/Province ZIP/Postal Code

File number _____ Policy number _____

At driver/additional or business name _____
Last First Middle Initial Title
Number and Street Apt./Suite City State/Province ZIP/Postal Code

In of Payments:	Repairs Paid by Company	\$	<u>8287.80</u>
	Rental Paid by Company	+	\$ <u>439.90</u>
	UM-PD	+	\$ _____
	UM-BI	+	\$ <u>5000.</u>
	Other (explain in Comments)	+	\$ _____
	Less Salvage	-	\$ <u>1190.16</u>
	*Total Company Portion	\$	<u>12537.54</u>
	Insured's Deductible	+	\$ <u>200.00</u>
	Rental Paid by Insured	+	\$ _____
	**Total Amount of Loss	=	\$ <u>12737.54</u>

12527.700 +
1190.160 -
12737.540 *

Comments from referring office (facts split handling - MPC, PIP, etc) _____

Letter type to be sent: ☒ S ☐ O ☐ Other DC Claim representative PC
Letter calendar date _____ File calendar date _____ Operator [Signature] Date 8-11

HAVE YOU RECEIVED, OR ARE YOU ELIGIBLE FOR, PAYMENTS UNDER ANY WORKERS' COMPENSATION, UNEMPLOYMENT LAW, MEDICAID OR MILITARY BENEFITS FOR THIS ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, SHOW AMOUNT \$ _____		PER WEEK <input type="checkbox"/>
				PER MONTH <input type="checkbox"/>
LIST NAME AND ADDRESS OF YOUR PRESENT EMPLOYER(S) AND GIVE YOUR OCCUPATION AND DATES OF EMPLOYMENT FOR EACH:				
<i>Bankston, Wright & Greenhill</i> <small>EMPLOYER AND ADDRESS</small>		<i>Law Clerk</i> <small>OCCUPATION</small>		<i>1-1-91</i> <i>Present</i> <small>FROM TO</small>
_____ <small>EMPLOYER AND ADDRESS</small>		_____ <small>OCCUPATION</small>		_____ <small>FROM TO</small>
_____ <small>EMPLOYER AND ADDRESS</small>		_____ <small>OCCUPATION</small>		_____ <small>FROM TO</small>
AS A RESULT OF YOUR INJURY HAVE YOU HAD ANY OTHER EXPENSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:				
<i>2 pair of shoes in car were ruined by bleach - Replacement value \$90</i>				
<small>NOTE: For your protection, the law of your state requires the following to appear on this form: Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company or other person, files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a felony and subject to criminal and civil penalties. California only: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison. Florida only: Violation of this provision is a felony of the third degree.</small>				
SIGNATURE <i>Sheril Nelson Cole</i> <small>(INJURED PERSON OR REPRESENTATIVE)</small>		<i>4-22-91</i> <small>DATE</small>		

IMPORTANT:

1. TO BE ELIGIBLE FOR BENEFITS YOU MUST COMPLETE AND SIGN THIS APPLICATION.
2. YOU MUST ALSO SIGN THE ATTACHED AUTHORIZATION(S).
3. RETURN PROMPTLY WITH ANY MEDICAL BILLS YOU HAVE RECEIVED TO DATE.

- AUTHORIZATION -

I authorize any doctor, hospital, employer, or other person to whom a signed or photocopy of this authorization is delivered, to furnish any information, reports or copies of records which may be requested by the State Farm Insurance Companies.

SIGNATURE *Sheril Nelson Cole*
(INJURED PERSON OR REPRESENTATIVE)

4-22-91
DATE

460-41-3610
SOCIAL SECURITY NUMBER

APPLICATION FOR BENEFITS

DATE 4-17-91	POLICYHOLDER'S NAME Cole	DATE OF AC. 4-1-91	CLAIM NUMBER 53-K059-763
-----------------	-----------------------------	-----------------------	-----------------------------

THE INFORMATION PROVIDED WILL ENABLE US TO DETERMINE IF YOU ARE ENTITLED TO BENEFITS UNDER THE POLICYHOLDER'S INSURANCE CONTRACT.

Sheryl Cole
7309 Inspiration
Austin, TX 78724

STATE FARM INSURANCE CLAIM OFFICE

12205 Hunters Chase
Austin, TX 78729-7692

Ludy Canales

CLAIM REPRESENTATIVE

Thank you for your cooperation.



1. FOLD

YOUR NAME Sheryl Nelson Cole		SEX F	PHONE NUMBER (512) 929-0051	BUSINESS HOME
YOUR ADDRESS (NO. STREET, CITY OR TOWN, STATE AND ZIP CODE) 7309 Inspiration				DATE OF BIRTH E 1/6 1964
YOUR PERMANENT ADDRESS IF DIFFERENT FROM ABOVE ENTRY - HOW LONG HAVE YOU LIVED IN THIS STATE? DRIKE				SOCIAL SECURITY NUMBER 460-41-3610
DATE AND TIME OF ACCIDENT 4/10/91 1:25 PM		PLACE OF ACCIDENT (STREET, CITY OR TOWN AND STATE) Koenig + Woodrow		
BRIEF DESCRIPTION OF ACCIDENT AND VEHICLES INVOLVED I was proceeding west on Koenig lane in a silver '87 Acura Integra. The other vehicle was headed east on Koenig and made a left turn into the side-front of my car pushing me into a signal light transformer at the intersection of Koenig + Woodrow. My light was green. I am unsure whether the colliding vehicle had a green light, but if so, it is not protected at that intersection. I do not know the make or model of the truck.				
LIST ALL AUTOMOBILES OWNED BY YOU OR ANY MEMBER OF YOUR FAMILY, LIVING WITH YOU ON THE DATE OF THIS ACCIDENT.				
AUTOMOBILE	OWNER	INSURER	POLICY NUMBER	
Acura-Integra '87	Sheryl Nelson-Cole	State Farm		
Jeep-Cherokee '85	Kevin W. Cole	State Farm		
AS A RESULT OF THIS ACCIDENT WERE YOU INJURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YOUR ANSWER IS YES, COMPLETE THE REST OF THIS FORM. IF NO, SIGN HERE AND RETURN THIS FORM TO US.				
SIGNATURE			DATE	
DESCRIBE YOUR INJURY Upper back and neck sprain and spasms. Minor cuts and abrasions on left knee and right thigh. Soreness - especially in arms + legs + back				
WERE YOU TREATED BY A DOCTOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DOCTOR'S NAME AND ADDRESS Sofon - Dr. Roberts		
IF YOU WERE TREATED IN A HOSPITAL, WERE YOU AN <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT		HOSPITAL'S NAME AND ADDRESS Sofon		
AMOUNT OF MEDICAL BILLS TO DATE \$ 1201	WILL YOU HAVE MEDICAL EXPENSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	WHERE WERE YOU ON THE JOB AT TIME OF YOUR ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAVE YOU BEEN ABLE TO CARRY OUT YOUR USUAL HOUSEHOLD TASKS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DID YOU LOSE WAGES OR SALARY AS RESULT OF YOUR INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMOUNT LOST TO DATE \$ 16 x 16 = 16 x 15 = 16 x 10 = 160 / 656	WHAT IS YOUR AVERAGE WEEKLY (GROSS) WAGE OR SALARY? \$ 320 (16 x 20)		
IF YOU LOST WAGES		C@80% = \$256 (partime) - 5 hours a week @ \$16/hr 4-9-91		

Physicians Clinic

Austin Family Medical Center
Medical Office Division
2200 East Martin Luther King, Jr. Blvd.
Austin, Texas 78702
Office 476-4874

Tax ID: 74-247003

Hotline
TDR

After hours emergencies: 476-4874

ACCOUNT NO.

Baldemar Covarrubias, M.D.
Patsy Jones, M.D.

Ira Bell, III, M.D.
Paul Bristol, M.D.

DATE

TICKET NO.

NAME	CHIEF COMPLAINT	REFERRED BY
EMPLOYER	INSURANCE	PHYSICIAN
ADDRESS		

DATE OF BIRTH	SOCIAL SECURITY NO.	CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS
---------------	---------------------	---------	------------	------------	-------------	---------------

DIAGNOSES		Contraceptive Management	V25.9	Hyperglycemia	790.6	Renal failure	586
Acne	706.1	Contusion	924.9	Hypertension	401.9	Scabies	133.0
Abdominal Pain	789.0	COPD	496	Hypertension, Accelerated	401.0	Seizure	780.3
Alcohol Dependence	303.9	Coronary Artery Disease	414.0	Hypoglycemia	251.2	Sickle Cell	282.63
Allergy	995.1	Costochondritis	733.69	Hypothyroidism	244.9	Sinusitis, Acute	461.9
Amenorrhea	626.0	Cough	780.2	Immeligo	634	Sleep Disturbance	780.50
Anemia	285.9	Depression	311	Influenza	487.1	Sprain, Ankle NOS	845.00
Angina	413.6	Dermatitis-Atopic	691.8	Irritable bowel syndrome	564.1	Sprain, Knee NOS	844.9
Anorexia	783.0	Dermatitis-Contact	692.9	Laceration	879.8	Sprain, Wrist NOS	842.00
Anxiety State	300.00	Dermatitis-Exzema	692.9	Laryngitis	464	Strain, Muscle	848.8
Arrhythmia	427.9	Dermatitis-Seborrheic	690	Low Back Pain	724.2	Strep Throat	034.0
Asthma	716.9	Diabetes Mellitus (uncomp)	250.00	Lung Cancer	162.9	Stress	306.9
Arthritis	715.9	Diarrhea	558.9	Malnutrition	263.9	Syphilis, Primary	091.0
Arthritis, Degenerative	714.0	Diverticulitis	562.11	Measles (rubella)	055.9	Tachycardia	785.0
Arthritis, Rheumatoid	714.30	Drug Dependence	304.9	Menopausal Symptoms	627.2	Thrush, Adult	112.0
Arthritis, Juvenile	493.90	Dysmenorrhea	625.3	Menstrual Disorders	626.9	Thrush, NB	771.7
Asthma	724.3	Edema	782.3	Muscle Pain	729.1	Tendinitis	726.90
Back Pain	626.6	Fever	780.6	Myocardial Infarction	410.9	Tonsillitis	463
Bleeding, Dysfunctional Uterine	627.1	Ganglion	727.43	Obesity	273.0	Ulcer, Peptic	533.9
Bleeding, Post-menopausal	680.9	Gastritis	535.5	Oligomenorrhea	626.1	Urethritis, Non Spec.	597.80
Boil & Carbuncle	174.9	Gastroenteritis-Cold	558.9	Oncocarcinoma	110.1	URI	465.9
Breast Cancer	610.0	Gastrointestinal Bleeding	578.9	Otitis Media	382.9	UTI	599.0
Breast Cyst	611.72	General Exam, Well Child	V20.2	Otitis Externa	380.10	Vaginal Bleeding	623.8
Breast Mass	466.0	General Exam, Well Adult	V70.0	Parotitis	765.1	Vaginitis, Monilial	112.1
Bronchitis, Acute	491.9	Gonorrhea, Acute Lower GU	098.0	Pap, Abnormal	795.0	Vaginitis, Non Spec	616.10
Bronchitis, Chronic	727.3	Hay Fever, Allergic Rhinitis	477.9	Peivic Inflammatory Disease	614.9	Vaginitis, Trichomonal	131.01
Bursitis	562.9	Headache, Tension	307.81	Pharyngitis (Streptococci)	034.0	Vertigo	780.4
Cellulitis	434.0	Headache, Migraine, NOS	346.9	Pharyngitis (Viral Acute)	462	Viral Infection	079.9
Cerebral Thrombosis (CVA)	380.4	Headache	784.0	Phlebitis	451.9	Vomiting	787.0
Cerumen Impaction	847.0	Hematemesis	578.0	Pneumonia, Unspec	466	Warts	078.1
Cervical Strain	780.50	Hemorrhoids	455.6	Pneumonia, Broncho	485	Weakness, Malaise/Fatigue	780.7
Chest Pain	052.9	Liver Disorder	573.2	Pregnancy	V22.2	Weight loss	783.2
Chicken Pox	078.1	Hepatitis	573.3	Premsensual Syndrome	625.4	Other	
Condyloma Acuminatum	428.0	Hernia	553.9	Prostatitis	601.9		
Congestive Heart Failure	372.30	Herpes Simplex	054.9	Psoriasis	695.1		
Conjunctivitis & Ophthalmia	564.00	Herpes Zoster	053.5	Rectal bleeding	569.3		
Constipation							

OFFICE MEDICAL SERVICES

NEW PATIENTS	\$
Limited Service	90010
Intermediate Service	90015
Extended Service	90017
Comprehensive Service	90020

ESTABLISHED PATIENTS

Minimal Service	\$ 90030
Limited Service	90050
Intermediate Service	90060
Extended Service	90070
Comprehensive Service	90080

SURG. & DIAG. SERV.

Destruction of Lesion	\$ 17100
Electrocardiogram-1&Rw12 leads	83300
Excision, (biop.X) Lesions	11100
Excision of Nail	11750
1/2" Small Abscess	10050
1 1/2" Small Abscess Comp.	10061
Laceration Repair	
Plating of Laceration	10050
of Biopsy Lesion	
Second Lesion	17101
Three to 15 Lesions	17102

TRAVELERS GYN EXAM

Signs/Specimens-Rigid	\$ 50330
Removal Impacted Cerumen	69210

MEDICATION

Adrenalin, Epinephrine	\$ 10170
Ampicillin	30290
Aristocort D-Forte, 40 mg/1cc	21015
Benadryl HCL up to 50 mg.	30480
Benemid up to 1 gram	90070
Bicilin (1/4) up to 12	10540
Bicilin (1/4) up to 2.4	10550
DT-Adult	90718
Gamma Globulin	11480
Intramuscular Injection	10730
of Antibiotic	
Insulin 1-100 Units	11640
HIS Vials	90737
MMH	90767
Nebulizer Treatment	94640
Nubain	01450
OPV	10712
Prevalone	50732

TETANUS/TOXOID/DIPHTHERIA (DT)

Therapeutic Injection	\$ 90702
Subcutaneous or Intramuscular	50732
Vaccine-Flu	90724
Wycilin (1/4) up to 2.4	22850
Xylocaine	J3480
Measles	90705
Diphtheria	90701
Toxoids/Pertussis (DPT)	

LAB SERVICE

GC Culture	\$ 87061
Glucoscan-FBS	82948
HCT	85014
HGB	85018
Hemoglobin	82270
Lab Handling	99900
Pap Test	88150
Pregnancy Test, Pos	84703
Strep Screen	87062
TB Tine Skin Test	80499
Throat Culture	87065
Urinalysis	81000

VENIPUNCTURE

Wet Mount	\$ 36415
	87210

X-RAY

Ankle	\$ 73610
Chest	71020
Foot	73620
Hand	73120
Knee	73560
LS Spine	72100
Wrist	73110
Arm	73050
Elbow	73160

SUPPLIES/MATERIALS

Acet Wrap	\$ 99070
Cast	
Sling	
Splint	
Trays, End Eye	99070
Sutures 3/0	
Una Boot	29560

SPECIAL INSTRUCTIONS:

TOTAL CHARGE

430

ACCT# 81*0180384
AUSTIN RADIOLOGICAL . SOC.
PO BOX 4099
AUSTIN, TX 78765

P0412 21-421

YL COLE

DATE	ACCOUNT NUMBER
04/11/91	81*018038457

BALANCE	AMOUNT PAID
\$78.00	

(512) 458-9291 GOLDBLATT MD, DAVID

MAKE CHECKS PAYABLE TO:

AUSTIN RADIOLOGICAL ASSOC.
PO BOX 4099
AUSTIN, TX 78765

SHERYL COLE
7309 INSPIRATION
AUSTIN TX 78724-3334

EASE DETACH AND RETURN TOP PORTION WITH PAYMENT
AUSTIN RADIOLOGICAL ASSOCIATION 4212 MEDICAL PARKWAY

DATE	CODE	DESCRIPTION	SUMMARY	AMOUNT
04/01/91	72040	3 CERVICAL SPINE AP & LAT	1 @ 42.00	42.00
04/01/91	71020	3 CHEST 2 VIEWS	1 @ 36.00	36.00

Diagnosis: 959.0

PATIENT	ACCOUNT NUMBER/PLEASE PRINT ON ALL PAYMENTS AND CORRESPONDENCE	AMOUNT DUE
SHERYL COLE SETON MEDICAL CENTER-ER	81*018038457 741597116 SAM S ROBERTS, MD	\$78.00

PLACE OF SERVICE	TAX ID NO.	REFERRING PHYSICIAN

ACCT#: 81*018038457 PATIENT NAME: SHERYL COLE
INSURANCE INFORMATION SHEET DATE OF BIRTH SEX
EMPLOYER: INSURED'S NAME
INSURED'S SOCIAL SEC.# RELATIONSHIP
INSURANCE CO. NAME

INSURANCE CO. ADDRESS:
STREET CITY STATE ZIP
GROUP# POLICY/ID#

**SPECIAL INSTRUCTIONS:
WE HAVE NO INSURANCE INFO ON YOUR ACCOUNT. AS A COURTESY & CONVENIENCE TO
YOU, INSURANCE WILL BE FILED UPON RECEIPT OF ABOVE COMPLETED FORM. WE WOULD
APPRECIATE YOUR FULL PAYMENT. WE ACCEPT VISA, MC, OR DISCOVER. THANK YOU!
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

SEYON MEDICAL CENTER
P.O. BOX 49568
AUSTIN, TX
512 323-1125
FBI # 741109643

276

78765

BIRTH-DATE
08/16/64

HMC

CYCLE 04/07/91
OUTP.

COLE, SHERYL N 8036457 F. 26 04/01/91

SHERYL N COLE
7309 INSPIRATION
AUSTIN, TX 78724

ROBERTS, SAM

AMOUNT OF
PAYMENT \$

RECEIVED

DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS

/01 0018/ROOM-II MAJ 3780005	44.00	44
/01 001COMB-IN STRIP-9 4060025	14.00	14
/01 001KETOPOLAC-60 I 0164925	14.00	14
/01 001SPINE C-2V 0033580	48.00	48
/01 001CHEST-2-VIEWS 0030520	55.50	55

BALANCE FORWARD 0.00

SUMMARY OF CURRENT CHARGES

EMERGENCY ROOM	44.00	44
X-RAY DIAGNOSTIC	103.50	103
MEDICINE/IV SOL.	14.00	14
LABORATORY	14.00	14

SUB-TOTAL OF CURR. CHARGES 175.50 175

CHARGES ARE FOR SERVICES PERFORMED AT EITHER SEYON MEDICAL CENTER OR SEYON NORTHWEST. PLEASE DIRECT QUESTIONS TO THE BUSINESS OFFICE LOCATED AT 1005 WEST 38TH STREET, AUSTIN, TEXAS 78705. (512) 323-5150/323-1125. NOTE: "DATE OF SERVICE" ON THE BILL IS THE DATE OF ACTUAL CHARGE INPUT.

TOTAL 175.50

8036457

PAY THIS AMOUNT 175

DATE:

WALKER'S Prescription Center
6729 AIRPORT RD
AUSTIN TX 78745-4263
PATIENT SHERYL COLE
7309 INSPIRATION
N AUSTIN TX 78745-4263
RX NO U198088 DR ROBERTS
MEDICATION ROTILIN 60000 TABS
DEJUN 00009-0742-02
POTENTIAL SAVINGS: 2.10
QTY 30 REFILLS CALL RPH JNH/ CHN
DATE 04/01/97 PRICE 8.29 BBA

WALKER'S Prescription Center
6729 AIRPORT RD
AUSTIN TX 78745-4263
PATIENT SHERYL COLE
7309 INSPIRATION
N AUSTIN TX 78745-4263
RX NO U198087 DR ROBERTS
MEDICATION FLEXERIL 10MG TABS
M S D 00006-0931-68
POTENTIAL SAVINGS: 8.60
QTY 30 REFILLS CALL RPH JNH/ RCR
DATE 04/01/97 PRICE 28.27 BBA

WALKER'S Prescription Center
6729 AIRPORT RD
AUSTIN TX 78745-4263
PATIENT SHERYL COLE
7309 INSPIRATION
N AUSTIN TX 78745-4263
RX NO U198090 DR ROBERTS
MEDICATION VICOUIN TABLETS
KNOLL 00044-0727-02
POTENTIAL SAVINGS: 3.80
QTY 20 REFILLS CALL RPH JNH/ CSL
DATE 04/01/97 PRICE 11.19 BBA

HEALTH INSURANCE CLAIM FORM

FORM
Hunter's Chase
BELLOW 410

CHECK APPLICABLE PROGRAM BLOCK BELOW

[illegible]

IMPORTANT: YOU MUST MAIL THIS FORM TO YOUR INSURANCE COMPANY.

THIRD COAST EMERGENCY PHYSICIANS
#585 PO BOX 9802
AUSTIN, TX 78766
512-459-5928

*** STATEMENT ***
Hunter's Check OF ***
11-11-11 *** ACCOUNT ***

AUG 09 1991

PHYSICIAN : SAM S ROBERIS, M.D.

INVOICE DATE : 07/22/91

ACCOUNT #: 8038457

TAX ID. #: 74-2501542

=====

SHERYL COLE
7309 INSPIRATION
AUSTIN, TX 78724

=====

DATES		PROCEDURE	DESCRIPTION OF TRANSACTION	DIAGNOSIS	AMOUNT
FROM	THRU	DAYS CODE		CODE	

Patient : *** SHERYL N COLE ***					
04/01/91	1	9051552	NEW PT INTER REDUCED	847.0	77.00

77.00

DIAGNOSIS CODE DESCRIPTION(S)
847.0 SPRAIN OF NECK

Your insurance carrier denied your claim.
Balance is due and payable upon receipt.
Seton E/R Physicians charge.

YOUR ACCOUNT IS PAST DUE. PLEASE REMIT.

STATE FARM INSURANCE COMPANIES
BLOOMINGTON, ILLINOIS

RECEIVED

AUG 11 1992

RELEASE AND TRUST AGREEMENT

HUNTERS CHASE

POLICYHOLDER Sheryl Cole

CLAIM NO. 53-K039-763

POLICY NO. R207-817-53A001

RECEIVED OF STATE FARM Mutual Auto Ins. Co. HEREINAFTER CALLED THE COMPANY, THE SUM OF

Five thousand dollars----- (\$ 5000.00)

IN FULL SETTLEMENT AND FINAL DISCHARGE OF ALL CLAIMS UNDER THE UNINSURED/UNDERINSURED MOTORIST COVERAGE OF THE ABOVE
NUMBERED POLICY BECAUSE OF BODILY INJURIES KNOWN AND UNKNOWN AND WHICH HAVE RESULTED OR MAY IN THE FUTURE DEVELOP,
SUSTAINED BY

Sheryl Cole

BY REASON OF AN ACCIDENT OR OCCURRENCE ARISING OUT OF THE OWNERSHIP OR OPERATION OF AN UNINSURED/UNDERINSURED
AUTOMOBILE BY

Ruben Benitez

WHICH OCCURRED ON OR ABOUT THE 1st DAY OF April (YEAR) 1991 AT Austin, Tx.

For the consideration aforesaid, and to the extent of any payment made thereunder, the undersigned agrees to hold in trust for the benefit of the
Company all rights of recovery which he/she shall have against any person or organization legally liable for such bodily injuries; and assigns to the Company
the proceeds of any settlement with or judgment against such person or organization.

The Company is hereby authorized to take any action which may be necessary either in law or in equity in the name of the undersigned against any such
person or organization, and the undersigned covenants and agrees to cooperate fully with the Company in the presentation of such claims and to furnish all
papers and documents necessary in such proceedings and to attend court and testify if the Company deems such to be necessary.

The undersigned further warrants that he/she has made no settlement with, has given no release to nor prosecuted any claim to judgment against any
person or organization legally liable for such bodily injuries, and that no such settlement will be made, no such release will be given, and no such claim will be
prosecuted to judgment without the written consent of the Company.

IN WITNESS WHEREOF, We have hereunto set our hand s and seal ed

this 4th day of August, (year) 1992.

X _____
WITNESS

ADDRESS

X _____
WITNESS

SIGNED

Sheryl A. Cole

1309 Inspiration

Austin, TX ADDRESS 78724

SIGNED

Kim W. Cole

1309 Inspiration

Austin, TX 78724



AUSTIN TEXAS 78723
(512) 476-3519

105-138900-2

FEATURING QUALITY-P

MAY 03 1991
PRODUCTS OF CHRYSLER CORPORATION

Gray Dynasty

RENTER (LAST NAME, FIRST)
Chle, Kevin Wayne

LICENSE ADDRESS
1309 Inspiration

CITY
Austin STATE/ZIP
TX 78724

DRIVER'S LICENSE #
DR74 7085 STATE
TX

EXP. DATE
12/85

HEIGHT
6'2" WT
160 DOB
3/9/63 AGE
28

CO. NAME
Gray Dynasty

EXCH. #
5513856 EXCH. LIC.
DBN-510

EXCHANGE DATE
4/16/91 TIME
8:38 AM

ORIGINAL
91707 EXCHANGE
9233

TIME IN
'91 APR 23 15:54

TIME OUT
15 DAYS
15 HOURS

MILES DRIVEN/LOWES
50 CHARGED MILES
100

MILES PER DAY
100 CHARGED DAYS
15

MILES PER WEEK
100 CHARGED WEEKS
15

MILES PER
100 CHARGED
15

NO ADDITIONAL RENTERS UNLESS ADDENDUM SIGNED & FEES PAID

LOSS DAMAGE WAIVER NOTICE

1. The Texas personal automobile insurance policy provides coverage for the legal liabilities of the policyholder in connection with the loss of or damage to a rented vehicle except for damages caused intentionally. Therefore, it may not be necessary for the renter to purchase the loss damage waiver.

2. The purchase of a loss damage waiver is not mandatory.

3. The loss damage waiver is not insurance coverage.

Sack Farm Insurance AD0781204324

INSURANCE CARRIER POLICY #

MIN. CHARGE * DAY
UNLESS NOTED HERE

RATES BASED ON
DAY UNLESS NOTED HERE

RENTER CERTIFIES EXEMPTION FROM
AIRPORT FEES PER RULES FOR THIS A/D

LOSS DAMAGE WAIVER (LDW)
per paragraph 5

TOTAL TAXABLE
283.05

SALES TAX
6.00% 16.98

PAC
AS DEFINED IN
PARAGRAPHS

VEHICLE CONDITION AT TIME OF RENTAL

CHECK OUT BY
10/1

CHECK IN BY
X

REFUELING SERVICE CHARGE
per paragraph 22

DEPOSIT
Cash 10.80

CREDITS
10.80

BALANCE DUE
300.03

CREDIT CARD/BILLING INFORMATION

Sack Farm Insurance

Arthur Lundy Canales

CL# 53-R059-763

Self

AMEX
VISA/MC
DISC.
CB/DC

DIRECT BILL
CASH
CHK.
T.C.

EXT.
BY
APP.

EXT.
BY
APP.

EXT.
BY
APP.

EXT.
BY
APP.

SOURCE/COMM
2

CHECKED IN BY
10/1

AUDITED BY

AUTH. #
100-209

DATE
4/16/91

CUSTOMER LIABLE FOR ALL PARKING AND TRAFFIC VIOLATIONS

AUTHORIZATION TO DRIVE IN ORIGINATING STATE ONLY UNLESS NOTED HERE

FINAL CHARGES SUBJECT TO AUDIT OF CONTRACT

RENTER'S SIGNATURE
Kevin Wayne Chle

APPROVED BY
Blane Godfrey

ADVANTAGE

INVOICE

Hunted - 0.000

MENTAL AGREEMENT

NO. D 409181

7801 N. LAMAR--SUITE A128
AUSTIN TX 78752

FED TAX ID# 35-3544373

BILLING INQUIRIES CALL 512-459-8100

SILL
TO

ST FARM INS
12205 HUNTERS CHASE
AUSTIN TX

72729

DATE OUT 4/02/91		DATE IN 4/08/91	
RENTER SHERYL COLE		HOME PHONE 512-929-0051	
ADDRESS 7309 INSPIRATION		OFFICE PHONE 512-476-4600	
CITY AUSTIN		STATE TX	ZIP 78724
DRIVER'S LICENSE 05042801		STATE TX	EXP. RES. 8/16/94
DOB 8/16/64	HEIGHT	WEIGHT	SOCIAL SECURITY # 450-41-3610
RENTER HAS READ, UNDERSTANDS AND AGREES TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. ORIGINAL DOCUMENT WITH RENTER'S SIGNATURE IS ON FILE. RENTAL AGREEMENT CLOSED SUBJECT TO FINAL AUDIT.			
RENTER X SIGNATURE ON FILE			
REQUEST FOR PERMISSION FOR RENTAL OTHER THAN RENTER TO DRIVE.			
NAME KEVIN COLE			
AGE	LICENSE NO.	STATE	EXP.
25			
BILLING INFORMATION: TOTAL CHARGES			
RENTAL VEHICLES		CLAIM INFORMATION	
COLOR MED BLUE	LICENSE NO. BH642G	CLAIM # (POLICY #) / P.C.# 53K059763	
MAKE 90 CHEV	UNIT # E40804	INSURED COLE* S	
COLOR	LICENSE NO.	DATE OF LOSS 4/01/91	
MAKE	UNIT #	TYPE CLAIM ACURA	REPAIR SHOP POSSIBLE TO

DESCRIPTION	RATE	AMOUNT
7 DAYS @	18.85	131.95
DAMAGE WAIVER		
PAI		
SALES TAX%	6.00	7.92
LESS AMOUNT RECEIVED		.00
AMOUNT DUE		139.87

THANK YOU FOR YOUR BUSINESS

ENTERPRISE RENT A CAR
SPECIAL DELIVERY!
BECAUSE YOU ARE
A SPECIAL CUSTOMER!

CLAIM COLLECTION MEMO

CLAIM NUMBER 53 KCDI-743	POLICY NUMBER PZ17-17	STATE CODE 53	CHANGE CODE A	CAR NO. 1	UNIT NO. 419	LOSS DATE 4-1-91
NAME OF REMITTER L. C. ...					INSURED L. C. ...	
NAME OF ATTORNEYS					STATE CODE	EXPENSE TAX ID CODE ...
WITHHELD	81	INDEMNITY *	\$	82	ADJUSTMENT EXPENSE *	\$
					PMT CODE	84
						SUBROGATION EXPENSE *
						\$

FOR AL OR CA, SEE FILE MANUAL 3000-50 IF SALVAGE INVOLVED AND BUYER IS NOT RE-ENTERED.
 IN MN, DIVISIONS SEE FILE MANUAL 3000-50 IF SALVAGE INVOLVED.

STAT TRANS CODE	RECOVERY TO BE RECORDED AS FOLLOWS					
	TYPE OF RECOVERY	LOSS CODE	PMT CODE	AMOUNT	LOSS CODE	PMT CODE
81	INDEMNITY 100% OF TOTAL PAYMENT		PMT CODE 1			PMT CODE 1
	RECOVERY PARTIAL		PMT CODE 2			PMT CODE 2
82	ADJUSTMENT EXPENSE *		PMT CODE			PMT CODE
83	SALVAGE NET COLLECTION	4.1		1000 14		
84	SUBROGATION EXPENSE *					
85	SUBROGATION REIMBURSEMENT		PMT CODE			PMT CODE
	INDEMNITY RECOVERY					
	UNALLOCATED CLAIM EXPENSE					
				1000 14		

IF ENTRY IS SHOWN YOU MUST
 GIVE NAME OF ATTORNEYS
 AND EXPENSE TAX IS CODE

DIVISION NAME CLAIM OFFICE NAME	DATE	BY
	4-1-91	... / K.C.
MISCELLANEOUS CASH NO. OR JOURNAL ENTRY NO. 1	DATE ENTERED	AMOUNT



COMBINED VEHICLE
INSPECTION/TOTAL
LOSS SETTLEMENT REPORT

DATE OF INSPECTION 4-9-91

INSURED	OWNER	NUMBER
CLAIMANT	Sheryl Cole	53-K059-763
YEAR	MAKE	MODEL
87	Acura	Integra
EX	STYL	VIN
		JH4DA335X1A5022948
CAUSE OF LOSS	<input checked="" type="checkbox"/> COLLISION	<input type="checkbox"/> THEFT/STRIP
	<input type="checkbox"/> FIRE	<input type="checkbox"/> FLOOD/WATER
	<input type="checkbox"/> VANDALISM	<input type="checkbox"/> OTHER
PURCHASED FROM	<input type="checkbox"/> NEW	DATE
	<input type="checkbox"/> USED	LICENSE NO
		MILEAGE

EQUIPMENT & ACCESSORIES

POWER <input type="checkbox"/> Seats <input checked="" type="checkbox"/> Brakes <input type="checkbox"/> Locks <input type="checkbox"/> Windows <input type="checkbox"/> Steering <input type="checkbox"/> Other (remarks) GLASS <input type="checkbox"/> Tinted <input type="checkbox"/> Slide rear <input checked="" type="checkbox"/> Rear defogger <input type="checkbox"/> Moon roof <input type="checkbox"/> Other (remarks) WHEELS <input type="checkbox"/> Chrome <input type="checkbox"/> Mag <input type="checkbox"/> Split rims <input type="checkbox"/> Other (remarks)	EXTERIOR <input type="checkbox"/> Vinyl top <input type="checkbox"/> Luggage rack <input type="checkbox"/> Roll bar <input type="checkbox"/> Flared fenders <input type="checkbox"/> Spoiler <input type="checkbox"/> Sun roof <input type="checkbox"/> Oversize mirrors <input type="checkbox"/> Trailer hitch <input type="checkbox"/> Push bumper <input type="checkbox"/> Winch <input type="checkbox"/> Custom paint (remarks) <input type="checkbox"/> Other (remarks) INTERIOR <input checked="" type="checkbox"/> Air cond. (factory-other) <input type="checkbox"/> Alarm system <input type="checkbox"/> Bucket seats <input type="checkbox"/> CB radio (in dash/other)	<input checked="" type="checkbox"/> Cruise control <input checked="" type="checkbox"/> Deluxe trim pkg <input checked="" type="checkbox"/> Radio (AM-FM comb) <input checked="" type="checkbox"/> Tape player <input type="checkbox"/> Tilt steering <input type="checkbox"/> Other (remarks) ENGINE <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Fuel inj <input type="checkbox"/> Other (remarks) No. Cylinders Displacement TRANSMISSION <input type="checkbox"/> Standard <input type="checkbox"/> 4 Spd. w/overdrive <input type="checkbox"/> Automatic	RV/MOTOR HOME/ CAMPER/TRAILER <input type="checkbox"/> Auxiliary heater <input type="checkbox"/> Auxiliary A/C <input type="checkbox"/> Awnings <input type="checkbox"/> Built-in cabinets <input type="checkbox"/> Carpeting <input type="checkbox"/> Gas detector <input type="checkbox"/> Overhead Console <input type="checkbox"/> Refrigerator <input type="checkbox"/> Shower/tub <input type="checkbox"/> Stove (oven) <input type="checkbox"/> Swivel seats <input type="checkbox"/> Television <input type="checkbox"/> Tip-out room <input type="checkbox"/> Toilet <input type="checkbox"/> Watercooler <input type="checkbox"/> Water heater <input type="checkbox"/> Other (remarks)	MOTORCYCLE <input type="checkbox"/> Faring <input type="checkbox"/> Saddlebags <input type="checkbox"/> Trailer <input type="checkbox"/> Sidecar PU TRUCK Cab type Bed type Fuel pkg GVW Wheelbase Good Fair Poor Mechanical Sheet Metal Interior Paint Other
---	--	---	---	---

% OF TIRE WEAR LF RF LR RR Spare W/W Radial S/Belted

COMPARABLE VEHICLES

SOURCE & TELEPHONE NO	QUOTE BY	DATE	MAKE & MODEL	AVAILABLE YES NO	PRICE QUOTE
1					
2					
3					

BOOK VALUE	Retail \$	Book used	ACTIVITY DATES	SUBROGATION
			4-5-91	<input type="checkbox"/> YES <input type="checkbox"/> NO
Explain adjustments for mileage, equipment, prior damage, etc.			FIRST CONTACT	4-5-91
7275 - 7950			SETTLED	4-23-91
			TITLE REC'D	4-23-91
			TITLE SENT	5-9-91 to book
Explain method used to arrive at base price			REMITTANCE REC'D	
			CCM PROCESSED	

BASE PRICE \$	17950	TAXES \$	477	FEES \$	60.80	ACV \$	8487
SALVAGE DISPOSITION							
LOCATION OF CAR	Austin Salv Pool		POOL INV NO	66508			
BUYER'S NAME AND ADDRESS	Capital City Imports 7905 Congress Austin TX 78745						
DAMAGE LOCATION	F	S	R	A			
DATE SOLD	5-14-91						
HIGH BID	1450						
TOWING CHARGES	55.00						
STORAGE CHARGES	105.84						
POOL/MISC CHARGES	99.00						
OTHER							
NET SALVAGE RETURN	1190.16						
DATE SALVAGE BIDS REQUESTED			NUMBER OF SALVAGE BIDS RECEIVED				
NUMBER OF SALVAGE BIDS REQUESTED			DATE HIGHER BIDDER NOTIFIED				
DISPOSITION OF TITLE			DATE				
REMARKS: Sheryl Cole							



on/View

Location/View

Location

Identification

Owner

Date/

Time:

Owner



on/View

Location/View

Location

Identification

Owner

Date/

Time:

Owner

COLLISION REPORT -- OFFENSE : 00911375 OC AGENCY: AP

HIT A TRAFFIC CONTROL BOX WITH ITS FRONT CENTER, 393

DAMAGE TO ANY PERSON'S PROPERTY \$250 OR MORE? YES

-- CONTRIBUTING FACTORS (OFFICER'S OPINION) --

DRIVER NO. 1

VIOLATION (1) FAILED TO YIELD ROW - TURNING LEFT

-- ENVIRONMENT --

LIGHT CONDITION: DAYLIGHT

WEATHER: CLEAR/LOUDY

SURFACE CONDITION: DRY

ROAD TYPE: BLACKTOP

ROAD CONDITION DESCRIPTION:

TRAFFIC CONTROL TYPE: STOP AND GO SIGNAL

-- AREA OF IMPACT --

4' S OF N C/L W KOENIG

3' E OF W C/L WOODROW

P O L I C E A C T I V I T Y :

-- CHARGES FILED --

NONE

-- OFFICER INFORMATION --

OFFICER: BUYLER

Y.

EMPLOYEE NO.: 1462

NOTIFIED: 4/01/91

6:34 PM

HOW: RADIO

ARRIVED: 4/01/91

6:36 PM

COLLISION REPORT --- OFFENSE NO.: 91 00211375 00 AGENCY: AF

(RESC- 7309 INSPIR- C-
 AUSTIN TX HOME PHONE: 512/929-0051
 LICENSE: TX05042801 C DOB: 0716/64 SEX: F RACE: B
 ICE OR FIREFIGHTER ON EMERGENCY: N
 OCCUPATION: LAW CLERK BUSINESS:
 BUSINESS ADDRESS:
 BUSINESS PHONE:
 POL. NO.: R207217C0450A
 CO.: STATE FARM
 DRIVER'S NAME: SAME AS DRIVER
 ADDRESS:

DISPOSITION OF VEHICLE ---

MOVED TO: 4826 E 1ST BY: JIMMIES TOWING
 TIRE/ROTATION: SLIP SIGNED:

CASUALTIES IN THIS UNIT ---

AT POS. LEFT FRONT NAME: SAME AS DRIVER
 DOB: 26 SEX: F ADDRESS:
 STRAINT: SEATBELT AND SHOULDER STRAP INJURY: C - POSSIBLE INJURY
 SPE SPECIMEN: NONE RESULT: 0.00
 POSITION --- TAKEN TO: SETON ER BY: EMS A14
 AMBULANCE INFORMATION ---

BE NOTIFIED: 6:34 PM TIME ARRIVED: 6:37 PM NO. OF ATTENDANTS 2

DAMAGE TO OTHER PROPERTY

OBJECT: TRAFFIC CONTROL BOX HOW DAMAGED:
 HIT FROM: 4 DOLLAR ESTIMATE: \$2000
 DRIVER'S NAME: CITY OF AUSTIN

OBJECT: FIRE HYDRANT HOW DAMAGED:
 HIT FROM: 3 DOLLAR ESTIMATE:
 DRIVER'S NAME: CITY OF AUSTIN

OFFICER'S OBSERVATIONS

DESCRIPTION OF WHAT HAPPENED ---

HIT #1 WAS EASTBOUND IN THE LEFT LANE OF WEST KOENIG AT WOODROW
 TURNING NORTHBOUND ON WOODROW ON AN UNPROTECTED GREEN LIGHT. UNIT
 #2 WAS WESTBOUND ON WEST KOENIG IN THE RIGHT LANE AT WOODROW. UNIT
 #1 FAILED TO YIELD RIGHT OF WAY TO UNIT #2. THE FRONT CORNER OF
 HIT #2 HIT THE RIGHT FRONT OF UNIT #1.

HIT #1 THEN HIT A FIRE PLUG WITH ITS RIGHT FRONT AND UNIT #2

1/09/91 AUSTIN POLICE DEPARTMENT
COLLISION REPORT OFFENSE NO. 91 00911375 00 AGENCY

EXHIBIT

A

COLLISION DATE: 4/04/91 MON. TIME: 6:31 PM

TYPE OF COLLISION: VEHICLE/VEHICLE MAJOR MAX. INJURY: C - POSSIBLE INJURY

INCIDENT TYPE: 3600 ACCIDENT

COUNTY: TRAVIS COUNTY CITY: AUSTIN

LOCATION: W KOENIG LA UNDER CONST SPEED LMT
AND WOODROW AV NO NO 35
30

UNITS INVOLVED: 2

UNIT NO.: 1 UNIT TYPE: VEHICLE DAMAGE RATING(S): FR 3
YEAR: 85 COLOR: / BRO MAKE: NISS MODEL: STYLE: PICKUP
LICENSE PLATE: TX 91 4891FU VEHICLE IDENT. NO.: 1N6ND01S6GC325803
DRIVER'S NAME: BENITEZ RUBEN
ADDRESS: 5608 WOODROW APT: 107
AUSTIN TX HOME PHONE: 512/454-7059
DL LICENSE: DOB: 3/04/74 SEX: M RACE: R
POLICE OR FIREFIGHTER ON EMERGENCY: N
OCCUPATION: BUSINESS:
BUSINESS ADDRESS: BUSINESS PHONE:
POL. NO.:
INS. CO.:
OWNER'S NAME: MADRID GONZALO
ADDRESS: 5608 WOODROW APT: 107
AUSTIN TX

-- DISPOSITION OF VEHICLE --
REMOVED TO: 1111 PM 2222 BY: PRO TOWING
REQUEST/ROTATION: SLIP SIGNED:

-- CASUALTIES IN THIS UNIT --
SEAT POS: LEFT FRONT NAME: SAME AS DRIVER
AGE: 17 SEX: M ADDRESS:
RESTRAINT: SEATBELT AND SHOULDER STRAP INJURY: C - POSSIBLE INJURY
TYPE SPECIMEN: NONE RESULT: 0.00
DISPOSITION -- TAKEN TO: T&R BY: EMS A14
AMBULANCE INFORMATION --
TIME NOTIFIED: 6:34 PM TIME ARRIVED: 6:37 PM NO. OF ATTENDANTS: 2

UNIT NO.: 2 UNIT TYPE: VEHICLE DAMAGE RATING(S): FC 3
YEAR: 87 COLOR: / SIL MAKE: ACUR MODEL: INTE STYLE: 2 DOOR
LICENSE PLATE: TX 91 357RK VEHICLE IDENT. NO.: JH4DA335XJH022948
DRIVER'S NAME: COLE SHERYL NELSON

RETURN TO:

PAT MULLEN
912 SAN ANTONIO, G-12
AUSTIN TX 78701-

> > > ABSTRACT OF JUDGMENT < < <

THE STATE OF TEXAS
COUNTY OF TRAVIS

I, Dana DeBeauvoir, Clerk of the County Court-at-Law No.2 of Travis County, Texas, do hereby certify that in Cause No. 216051 pending in said Court, SHERYL COLE,

Plaintiff recovered judgment on MAY 5, 1993 against Defendants

RUBEN BENITEZ

(DOB-03/04/74/TDL-unknown/address-5608 WOODROW APT 107, AUSTIN, TX 78752)

AND

MADRID GONZALO

(DOB-unknown/TDL-unknown/address-5608 WOODROW APT 107, AUSTIN, TX 78752)

for the sum of \$ 13,233.16 with interest on said amount from the date of judgment at the maximun rate allowable by law. (Sum includes principal prejudgment interest, & costs of suit)

Credits to judgment: NONE

There is now still due on said judgment the amount hereinabove set out, less any stated credits.

Issued and given under my hand and seal of said court at Austin, Texas, on JULY 15, 1993 .

DANA DeBEAUVOIR, County Clerk
Travis County, Texas

Copy
G HICKS,
Deputy


IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that Plaintiff, Sheryl Cole, do have and recover from Defendants, Ruben Benitez and Madrid Gonzalo, the following:

- | | | |
|----|---|------------------|
| 1. | Vehicle Damages | \$ 7,736.74 |
| 2. | Bodily Injury (Sheryl) | \$ 5,000.00 |
| 3. | Pre-Judgment Interest at
the rate of 10% per annum
from <u>02/26/93</u> | \$ <u>318.42</u> |
| | total | \$13,055.16 |

IT IS FURTHER Ordered, Adjudged and Decreed that Plaintiff have all costs of court and post-judgment interest at the maximum amount allowable by law.

Plaintiff is further hereby allowed all such writs and processes that may be necessary, including execution, garnishment and all such other writs and processes to collect this judgment.

SIGNED this 5 day of May, 1993.


JUDGE PRESIDING

CAUSE NO. 216051

SHERYL COLE

VS.

RUBEN BENITEZ AND
MADRID GONZALO

*
*
*
*
*
*

93111-5 PM 4:28
IN THE COUNTY COURT

AT LAW NUMBER ONE

TRAVIS COUNTY, TEXAS

DEFAULT JUDGMENT

On this day the above entitled and numbered cause, wherein Sheryl Cole, is Plaintiff, and Ruben Benitez and Madrid Gonzalo, are Defendants was heard by the Court. Plaintiff, Sheryl Cole, appeared through attorney of record, Jennifer Mellett. Defendants, Ruben Benitez and Madrid Gonzalo, though duly, legally and regularly cited according to law, failed to appear and wholly made default. The Court finds that every process of law was duly and legally performed and every notice was duly given to Defendants as required by law; Defendants nevertheless made default. Jury was waived and matters of law and things in controversy were submitted to the Court in a due and regular order. The Court finds, upon good and sufficient evidence, that Plaintiff, Sheryl Cole, is entitled to recover from Ruben Benitez and Madrid Gonzalo, Defendants, the sum of \$7,736.74, for vehicle damages sustained and Plaintiff, Sheryl Cole, is entitled to recover from Ruben Benitez and Madrid Gonzalo, Defendants, the sum of \$5,000.00 for bodily injury sustained for a total of \$12,736.74, arising out of an accident on a public highway in Travis County, Texas;

TO: COUNTY CLERK, TRAVIS COUNTY

DATE: 5/4/93

ATTN: CLERK

RE: CAUSE NO. 216051

Sheryl Cole

vs.

Ruben Benitez and
Madrid Gonzalo

ACTION REQUESTED:

- ☐ File Original Petition/Amended Petition
- ☐ Issue Citations (per petition)
- ☐ Reissue Citation (copy of petition attached)
- ☐ Issue Abstract of Judgment
- ☐ Certified Copy of Judgment for SR-42 attached

X PLEASE PLACE IN OUR BOX FOR PICKUP.

COMMENTS: Please file this Default for
the Defendants. Thank You!

REQUESTED BY: LAW OFFICE OF PAT MULLEN
812 San Antonio, Ste. G-12
Austin, Texas 78701
512/469-8800

53 MAY -4 PM 3:08
LAW DEPARTMENT
COUNTY CLERK
TRAVIS COUNTY, TEXAS

Fee: - 0 -

Our File NO.: 2532

~ ~ ~ ~ NOTICE OF DEFAULT JUDG. ENT ~ ~ ~ ~

DANA DEBEAUVOIR
COUNTY CLERK

P.O. Box 1748, Austin, TX 78767
1000 Guadalupe, Austin, TX 78701

MAY 6, 1993

216051

To: BENITEZ, RUBEN ET AL
5608 WOODROW APT 107
AUSTIN, TX 78752

In accordance with the provisions of Rule 239a of the Texas
Rules of Civil Procedure, you are hereby notified that in
Cause No. 216051 in the County Court at Law No. 2, Travis
County, Texas, COLE, SHERYL recovered a default judgment
against the above said Defendant and said judgment was
signed on MAY - 5 1993

DANA DEBEAUVOIR

COPY

By Deputy: D. GOODLETT
County Court at Law No. 2

CAUSE NO. 216061

SHERYL COLE	*	IN THE COUNTY COURT
	*	
VS.	*	AT LAW NUMBER ONE
	*	
RUBEN BENITEZ AND	*	
MADRID GONZALO	*	TRAVIS COUNTY, TEXAS


NOTICE OF DEFAULT

COMES now Sheryl Cole, Plaintiff in the above styled and numbered cause, and states that the last known mailing address of Defendant, Ruben Benitez and Madrid Gonzalo, is 5608 Woodrow, Apt. #107, Austin, Texas 78756. Defendant's, Ruben Benitez, date of birth is March 4, 1974.

Respectfully submitted,

LAW OFFICE OF PAT MULLEN
812 San Antonio, Suite G-12
Austin, Texas 78701

BY:


Jennifer Mellett
State Bar No. 15116825

ATTORNEY FOR PLAINTIFF

93 MAY -1 PM 3:00
JENNIFER MELLETT
COUNTY CLERK
TRAVIS COUNTY, TEXAS

CAUSE NO. 216051

SHERYL COLE	*	IN THE COUNTY COURT
	*	
VS.	*	AT LAW NUMBER ONE
	*	
RUBEN BENITEZ AND	*	
MADRID GONZALO	*	TRAVIS COUNTY, TEXAS

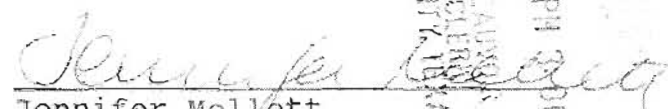
MOTION FOR DEFAULT JUDGMENT

COMES now Sheryl Cole, Plaintiff in the above styled and numbered cause, and moves this Court for a judgment for the reason that the time provided by law for filing an answer in this cause has passed and Ruben Benitez and Madrid Gonzalo, Defendants, though duly served with process and notified of their obligation to file answers in this cause, filed no answer in their behalf and wholly made default.

Respectfully submitted,

LAW OFFICES OF PAT MULLEN
812 San Antonio, Suite G-12
Austin, Texas 78701

BY:


Jennifer Mellett
State Bar No. 15116825

ATTORNEY FOR PLAINTIFF

CLERK OF DISTRICT COURT
TRAVIS COUNTY, TEXAS
JAN 14 2010
1:16 PM

AFFIDAVIT OF SERVICE

Came to hand on the 5th day of March , 1993, at 10:30 o'clock am.
Cause No. 216051

Executed at 5608 Woodrow, Apt #107 Austin, Texas 78756
within the County of Travis at 8:30 o'clock pm on the 31st day
of March , 1993, by delivering to the within named: Gonzalo Madrid,
by attaching a copy of the order for substitute service under Rule 106 and by
attaching to the door of the defendant's usual place of abode, a true copy of
this citation together with the accompanying copy of the petition having first
attached such copy of such petition to such copy of citation and endorsed on
such copy of citation.

I am not a party to or interested in the outcome of the suit referenced above.
I am authorized by written order to serve citation and other notices. I am not
less than eighteen (18) years of age.

Service Fee \$40.00

SHERYL COLE

Plaintiff

V.

RUBEN BENITEZ, ET AL

Defendant

By: 

Scott Thomas
(Authorized Person)

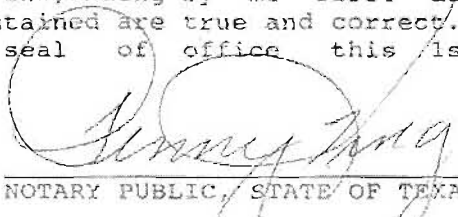
US LEGAL SUPPORT
812 San Antonio Street
Suite 101
Austin, Texas 78701
(512) 320-8757

VERIFICATION

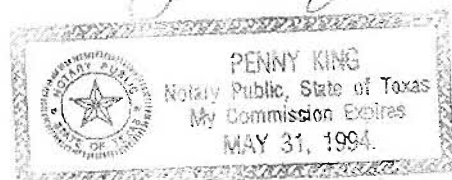
STATE OF TEXAS §
COUNTY OF TRAVIS §

BEFORE ME, A NOTARY PUBLIC, on this day personally appeared
Scott Thomas , known to me to be the person whose name
is subscribed to the foregoing document and, being by me first duly sworn,
declared that the statements therein contained are true and correct.

Given under my hand and seal of office this 1st day of
April , A.D., 1993.


NOTARY PUBLIC, STATE OF TEXAS

114863/25170



> > > > > CITATION < < < < <



THE STATE OF TEXAS

To: GONZALO, MADRID
5608 WOODROW APT 107
AUSTIN, TX 78752

Defendant, in the hereinafter styled and numbered cause:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. A copy of the petition accompanies this citation, in cause number 216051, styled

COLE, SHERYL, Plaintiff vs.
BENITEZ, RUBEN ET AL, Defendant
filed in County Court-At-Law No. 2 on FEBRUARY 26, 1993 .

Given under my hand and seal of Dana DeBeauvoir, County Clerk on
MARCH 1, 1993 .

County Clerk, Travis County, Texas
P.O. Box 1748, Austin, Texas 78767

By Deputy:

A handwritten signature in dark ink, likely belonging to the County Clerk's Deputy, is written over a vertical stamp that reads "CLERK OF COURT" and "TRAVIS COUNTY, TEXAS".

Plaintiff Attorney:
PAT MULLEN
812 SAN ANTONIO, G-12
AUSTIN TX 78701-

----- OFFICER'S RETURN -----

Came to the hand on the _____ day of _____, 19____ at _____ o'clock _____ M
Executed at _____ within County of _____ at _____ o'clock _____ M
on the _____ day of _____, 19____, by delivering to the within named

a true copy of this citation together with the accompanying copy of the petition having first attached such copy of such petition to such copy of citation and endorsed on such copy of citation the date of delivery.

To certify which witness my hand officially. _____

Const. Precinct 5 of _____ County, Texas
By Deputy _____

FEES PAID \$ _____

AFFIDAVIT OF SERVICE

Came to hand on the 5th day of March , 1993, at 10:30 o'clock am.
Cause No. 216051

Executed at 5608 Woodrow, Apt #107 Austin, Texas 78756
within the County of Travis at 8:30 o'clock pm on the 31st day
of March , 1993, by delivering to the within named: Ruben Benitez,
in person, a true copy of this citation together with the accompanying copy of
the petition, having first attached such copy of such petition to such copy of
citation and endorsed on such copy of citation the date of delivery.

I am not a party to or interested in the outcome of the suit referenced above.
I am authorized by written order to serve citation and other notices. I am not
less than eighteen (18) years of age.

Service Fee \$40.00

SHERYL COLE

Plaintiff

V.

RUBEN BENITEZ, ET AL

Defendant

By: 

Scott Thomas
(Authorized Person)

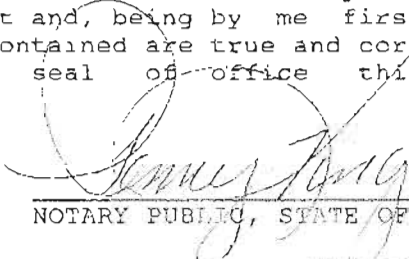
US LEGAL SUPPORT
812 San Antonio Street
Suite 101
Austin, Texas 78701
(512) 320-8757

VERIFICATION

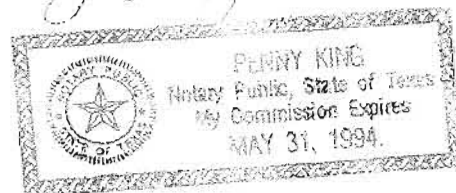
STATE OF TEXAS §
COUNTY OF TRAVIS §

BEFORE ME, A NOTARY PUBLIC, on this day personally appeared
Scott Thomas , known to me to be the person whose name
is subscribed to the foregoing document and, being by me first duly sworn,
declared that the statements therein contained are true and correct.

Given under my hand and seal of office this 1st day of
April , A.D., 1993.


NOTARY PUBLIC, STATE OF TEXAS

114862/2432-E



> > > > > CITATION < < < < <

THE STATE OF TEXAS

To: BENITEZ, RUBEN ET AL
5608 WOODROW APT 107
AUSTIN, TX 78752

Defendant, in the hereinafter styled and numbered cause:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. A copy of the petition accompanies this citation, in cause number 216051, styled

COLE, SHERYL, Plaintiff vs.
BENITEZ, RUBEN ET AL, Defendant
filed in County Court-At-Law No. 2 on FEBRUARY 26, 1993.

Given under my hand and seal of Dana DeBeauvoir, County Clerk on
MARCH 1, 1993.

County Clerk, Travis County, Texas
P.O. Box 1748, Austin, Texas 78767

By Deputy:

Plaintiff Attorney:
PAT MULLEN
812 SAN ANTONIO, G-12
AUSTIN TX 78701-

----- OFFICER'S RETURN -----

Came to the hand on the _____ day of _____, 19____ at _____ o'clock _____ M
Executed at _____ within County of _____ at _____ o'clock _____ M
on the _____ day of _____, 19____, by delivering to the within named

a true copy of this citation together with the accompanying copy of the petition having first attached such copy of such petition to such copy of citation and endorsed on such copy of citation the date of delivery.

To certify which witness my hand officially. _____

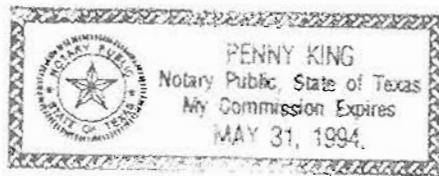
Const. Precinct 5 of _____ County, Texas
By Deputy _____

FEES PAID \$ _____

PAGE TWO
106 AFFIDAVIT
RUBEN BENITEZ

THE STATE OF TEXAS)
COUNTY OF TRAVIS)

SWORN TO AND SUBSCRIBED before me on the 16TH day of
March, 1993.



Penny King

NOTARY PUBLIC, STATE OF TEXAS

NO. 216,051

SHERYL COLE, (IN THE COUNTY COURT
(
(Plaintiff (AT LAW NUMBER TWO OF
(
(RUBEN BENITEZ AND
(MADRID GONZALO,
(Defendant (TRAVIS COUNTY, TEXAS


AFFIDAVIT OF AUTHORIZED PERSON

THE STATE OF TEXAS (
COUNTY OF TRAVIS (

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, who, being first duly sworn, stated upon his oath that affiant has attempted service of process on the following dates and times to no avail upon Defendant, Ruben Benitez.

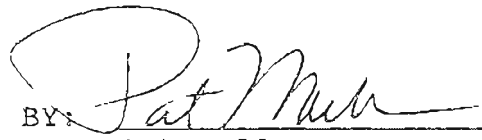
<u>DATE</u> <u>ATTEMPTED</u>	<u>TIME</u> <u>ATTEMPTED</u>	<u>ADDRESS</u> <u>ATTEMPTED</u>	<u>REASON FOR</u> <u>NON-SERVICE</u>
03-08-93	2:22 pm	5608 Woodrow, Apt. 107 Austin, Texas 78756	No one home.
03-09-93	8:25 pm	5608 Woodrow, Apt. 107 Austin, Texas 78756	Not home. Works late.
03-10-93	8:10 am	5608 Woodrow, Apt. 107 Austin, Texas 78756	Not home. Gone to work.
03-15-93	6:55 am	5608 Woodrow, Apt. 107 Austin, Texas 78756	Girl at door does not speak English. No one else awake.

Based upon my experience in the service of process and with the facts as shown above, it is the opinion of Affiant that personal service upon the Defendant will be impractical and the Defendant will be given reasonable notice of this suit by delivering said citation, with copy of petition attached, to anyone over sixteen years of age or by attaching to the front door of the Defendant's usual place of abode. Said usual place of abode being located at 5608 Woodrow, Apt. 107, Austin, Texas 78756.



Scott Thomas
(Affiant/Authorized Person)

AUSTIN, Texas 78701
512/499-8800

BY: 
Pat Mullen
State Bar No. 14640500

ATTORNEY FOR PLAINTIFF

No. 216,051

SHERYL COLE

VS.

RUBEN BENITEZ AND
MADRID GONZALO

*
*
*
*
*
*

IN THE COUNTY COURT

AT LAW NUMBER TWO

TRAVIS COUNTY, TEXAS

MOTION FOR ALTERNATIVE SERVICE OF CITATION

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, Sheryl Cole, Plaintiff, by and through his attorney of record, Pat Mullen, and moves the Court for an order authorizing service of citation on Defendant, Ruben Benitez, in the above styled and numbered cause, in accordance with the attached affidavit of the private process server in the following manner:

Serving anyone over 16 years of age at the address
of 5608 Woodrow, Apt. #107, Austin, Texas 78756.

or

Affixing citation to the door of
5608 Woodrow, Apt. #107, Austin, Texas 78756.

I.

As grounds therefore, attorney for Plaintiff respectfully show the Court that the affidavit it is the opinion of the private process server that personal service cannot be obtained on the Defendant.

service or citation that it is impractical to secure personal service of citation on Ruben Benitez, and that the motion should be granted.

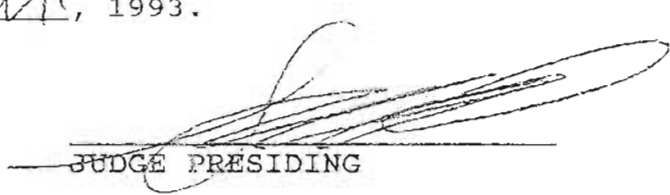
IT IS THEREFORE ORDERED that service of citation on Defendant, Ruben Benitez, will be made by:

Serving anyone over 16 years of age at the address of 5608 Woodrow, Apt. #107, Austin, Texas 78756.

or

Affixing citation to the door of 5608 Woodrow, Apt. #107, Austin, Texas 78756.

SIGNED this the 31 day of Mar, 1993.


JUDGE PRESIDING

NO. 216,051

SHERYL COLE,	(	IN	THE	COUNTY	COURT	
	(
Plaintiff	(
VS.	(	AT	LAW	NUMBER	TWO	OF
	(
RUBEN BENITEZ AND	(
MADRID GONZALO,	(
Defendant	(	TRAVIS		COUNTY,		TEXAS

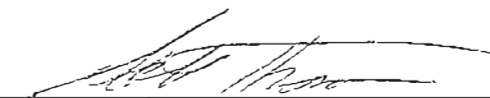
AFFIDAVIT OF AUTHORIZED PERSON

THE STATE OF TEXAS (
COUNTY OF TRAVIS (

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, who, being first duly sworn, stated upon his oath that affiant has attempted service of process on the following dates and times to no avail upon Defendant, Gonzalo Madrid.

<u>DATE</u> <u>ATTEMPTED</u>	<u>TIME</u> <u>ATTEMPTED</u>	<u>ADDRESS</u> <u>ATTEMPTED</u>	<u>REASON FOR</u> <u>NON-SERVICE</u>
03-08-93	2:22 pm	5608 Woodrow, Apt. 107 Austin, Texas 78756	No one home.
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Based upon my experience in the service of process and with the facts as shown above, it is the opinion of Affiant that personal service upon the Defendant will be impractical and the Defendant will be given reasonable notice of this suit by delivering said citation, with copy of petition attached, to anyone over sixteen years of age or by attaching to the front door of the Defendant's usual place of abode. Said usual place of abode being located at 5608 Woodrow, Apt. 107, Austin, Texas 78756.



Scott Thomas
(Affiant/Authorized Person)