

Claim # 010110496468MZ

JUDGMENT NOTE

05-376 CD
FILED
MAR 17 2005
William A. Shaw
Prothonotary/Clerk of Courts
Notice to Def.
Statement
biff
Piff pd. 20.00

Erie, Pennsylvania, June 15, 2004 \$ 2206.91
(place) (amount)

FOR VALUE RECEIVED, I/WE promise to pay to the order of _____
ERIE INSURANCE EXCHANGE

the sum of **Two thousand two hundred six and 91/100** dollars.
said sum to be payable as follows:

Seventy-five and 00/100 dollars (\$ 75.00)

on the 14th day of July 2 004, and

Seventy-five and 00/100 dollars (\$ 75.00)

on the 14th day of each and every _____ month

thereafter until the balance is PAID IN FULL.

UPON FAILURE to make any payments as herein agreed, this note shall, at the option of its holder, become immediately due and payable, without demand or notice.

AND FURTHER, I/we do hereby authorize and empower the Prothonotary or any attorney of any Court of Record of Pennsylvania or elsewhere, to appear for and confess judgment for the sum due and payable hereon, with or without declaration, with costs of suit, release of errors, without stay of execution; and also waived the right of inquisition on any real estate that may be levied upon to collect this note; and do hereby voluntarily condemn the same and authorize the Prothonotary to enter said voluntary condemnation upon any Fieri Facias that may be issued to collect said judgment; and further agree that said estate may be sold on a Fieri Facias, and do hereby waive and release all relief from any and all appraisalment, stay of execution, exemption or bankruptcy laws of this or any other state now in force or hereafter to be passed.

x [Signature] (I.s.)
Emory Wycoff

This note is given and executed without duress or coercion and with full and complete understanding that upon failure to make payment as agreed, that my operating privileges may be suspended.

Further, I do hereby acknowledge that the damages incurred in the accident of November 5, 2003 for which this note is given resulted from my negligence and fault, and I do hereby acknowledge and waive my right to any hearing or trial on that issue.

x [Signature] (I.s.)
Emory Wycoff

Driver date of birth x 7-12-82

Driver operator # x W 210-208-82-252-0

Driver Social Security # x 190-62-2599

(FL)

Claim # 010110496468

No. _____ 20 _____

This is to certify, in accordance with Act of Assembly,
that the precise residence of the creditor is:

3410 West 12th Street
(If in Borough or City, give Ward)

(Township or Borough)

ERIE Erie, PA 16505
(County) (State)


AND

That the precise residence address of the debtor is:

RR 3 Box 178
(If in Borough or City, give Ward)

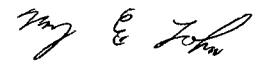
(Township or Borough)

Clearfield DuBois, PA 15801
(County) (State)

 (Plaintiff)

James Witkowsky
Claims Manager
Erie Insurance Exchange

MARCH 15, 2005



Mary E. [illegible] Public
City [illegible] County [illegible]
My Commission Expires Apr. 4, 2005

COPY

Claim # 010110496468

Erie Insurance Exchange and/or
Samuel F. Warrender, Jr.
Plaintiff

vs.

Emory Wycoff
Defendant

* In the Court of Common Pleas
*
* of Clearfield
*
* Civil Division
*
* No. 05-376-CD
*

TO: Above Defendant,

You are hereby notified as required by law that a judgment has been entered against you in the amount of \$ 2206.91 at the above term and number on March 17, 2005.

If a judgment has been entered by confession you will find enclosed copies of all documents filed in this office in support of the confession of judgment.

Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,
PENNSYLVANIA
STATEMENT OF JUDGMENT

COPIES

Erie Insurance Exchange
Plaintiff(s)

No.: 2005-00376-CD

Real Debt: \$2,206.91

Atty's Comm: \$

Vs.

Costs: \$

Int. From: \$

Emory Wycoff
Defendant(s)

Entry: \$20.00

Instrument: Judgment Note

Date of Entry: March 17, 2005

Expires: March 17, 2010

Certified from the record this 17th day of March, 2005.

William A. Shaw, Prothonotary

SIGN BELOW FOR SATISFACTION

Received on _____, _____, of defendant full satisfaction of this Judgment,
Debt, Interest and Costs and Prothonotary is authorized to enter Satisfaction on the same.

Plaintiff/Attorney

Bureau of Driver Licensing
P.O. Box 60037
Harrisburg, PA 17106-0037

CERTIFICATION OF MOTOR VEHICLE JUDGMENT

COURT INFORMATION	
COURT	
COUNTY	Clearfield County
NUMBER	DSB 376
YEAR	2005 <i>05-376-CD</i>

TO THE SECRETARY OF TRANSPORTATION

This is to certify that on March 17, 2005 a judgment for \$ 2206.91 plus \$ N/A
was entered against the following: (AMOUNT) (COST)

(Please use a separate form for each)

JUDGMENT DEBTOR

(Please Print or Type)

NAME				SEX	DATE OF BIRTH		
FIRST Emory	MIDDLE	LAST Wycoff		M	MONTH 7	DAY 12	YEAR 82
ADDRESS RR 3 Box 178							
CITY Dubois		STATE PA	ZIP CODE 15801	SOCIAL SECURITY NUMBER 1 9 0 - 6 2 - 2 5 9 9			
DRIVER NUMBER W210208822520		STATE FL	DATE OF ACCIDENT 11/05/03		CLAIM NUMBER 010110496468MZ		

☐ Check this block if defendant is a resident of another state

<p style="text-align: center;">JUDGMENT CREDITOR</p> <p>Erie Insurance Exchange (NAME)</p> <p>3410 West 12th Street (STREET ADDRESS)</p> <p>Erie, PA 16505 (CITY & STATE) (ZIP)</p> <p>814-451-5052 (TELEPHONE NUMBER)</p>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED <i>m/2:50/81</i> MAY 25 2005 <i>pd. 3.00</i> </div>	<p style="text-align: center;">ATTORNEY FOR THE JUDGMENT CREDITOR (If applicable)</p> <p>William A. Shaw (NAME)</p> <p>Prothonotary/Clerk of Courts <i>Mailed to Harrisburg 5/25/05</i> (STREET ADDRESS)</p> <p>(CITY & STATE) (ZIP)</p> <p>(TELEPHONE NUMBER)</p>
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THE ABOVE MENTIONED JUDGMENT AROSE FROM A MOTOR VEHICLE ACCIDENT. SIXTY DAYS HAVE ELAPSED SINCE THE ENTRY OF SAID JUDGMENT, AND THE SAME HAS NOT BEEN SATISFIED OF RECORD AND NO APPEAL HAS BEEN TAKEN THEREFROM.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal

of the court this Day of May 25, 2005

(SIGNATURE OF CLERK OR JUDGE OF THE
COURT IN WHICH THE JUDGMENT WAS RENDERED)

SEAL

(TYPE OR PRINT NAME)

SEND THIS Bureau of Driver Licensing, P.O. Box 60037,
FORM TO: Harrisburg, Pennsylvania 17106-0037



ERIE INSURANCE GROUP

Branch Office • 3410 West 12th Street • Erie, Pennsylvania 16505 • (814) 451-5000
Toll Free 1-877-771-3743 • Fax (814) 451-5060 • www.erieinsurance.com

JAMES J. WITKOWSKY, CPCU, AIC, AIM
Claims Manager

May 23, 2005

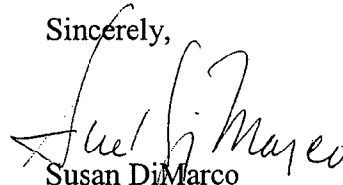
PENNDOT
Bureau of Driver Licensing
P.O. Box 68693
Harrisburg, PA 17105-8693

RE: ERIE Claim: 010110496468
Accident Date: 11/05/03
Defendant: Emory Wycoff
Operator #:
W210208822520
Docket #: CV-376-05
Date of Birth: 07/12/1982
Social Security #: 190622599

To Whom It May Concern:

The Defendant has failed to make payment on his Judgment Note as agreed. We request that you proceed with suspension of driving privileges in accordance with the Financial Responsibility Law.

Sincerely,


Susan DiMarco
Subrogation Specialist
(814)451-5052

cc: File

CL-96C
Enclosure

