

**In Re: Ryan Sinclair  
2006-89-CD**

**06-89-CD  
In Re: Ryan Sinclair**

IN RE: RYAN SINCLAIR, a minor

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY,  
: PENNSYLVANIA

: NO. 2006 - 89 - CD

: PETITION FOR APPROVAL OF  
: MINORS' SETTLEMENT

: Filed on behalf of Petitioners:  
: **STEPHEN E. SINCLAIR** and  
: **CECELIA J. SINCLAIR**

: Counsel of Record for this Party:  
: **FREDERICK B. GIEG, JR., ESQUIRE**  
: **PA I.D. #09965**  
: GIEG AND GIEG  
: 401 North Logan Boulevard  
: Altoona PA 16602  
: 814-946-1606

**FILED**

**JAN 19 2006**

*m11301w*  
William A. Shaw  
Prothonotary/Clerk of Courts  
*no c/c*

*Original  
to  
C/A*

CA

IN RE: RYAN SINCLAIR, a minor

: IN THE COURT OF COMMON PLEAS  
: OF CLEARFIELD COUNTY,  
: PENNSYLVANIA

:  
: NO. 2006 - 89 - CV  
:

: **PETITION FOR APPROVAL OF**  
: **MINORS' SETTLEMENT**  
:

: Filed on behalf of Petitioners:  
: **STEPHEN E. SINCLAIR and**  
: **CECELIA J. SINCLAIR**  
:

: Counsel of Record for this Party:  
: **FREDERICK B. GIEG, JR., ESQUIRE**  
: **PA I.D. #09965**  
: GIEG AND GIEG  
: 401 North Logan Boulevard  
: Altoona PA 16602  
: 814-946-1606

**FILED**

**JAN 19 2006**

m/11:30/w  
William A. Shaw

Prothonotary/Clerk of Courts

no C/L

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

IN RE: RYAN SINCLAIR, a minor : No. 2006 - 89-CD  
Date of birth: March 26, 2003 :

ORDER OF COURT

AND NOW, this 20<sup>th</sup> day of January, 2006, upon consideration of the foregoing Petition, it is hereby ORDERED, ADJUDGED AND DECREED as follows:

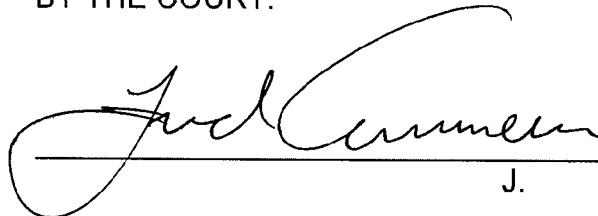
1. Harleysville Insurance, on behalf of the Defendant, C P S Cable Vision, Inc., shall pay to Stephen E. Sinclair and Cecelia J. Sinclair, parents and natural guardians of the minor child, Ryan Sinclair, the sum of \$1,000.00 as final settlement of all claims relating to the injuries of Ryan Sinclair sustained on January 10, 2004.

2. Frederick B. Gieg, Jr., Esquire, is herewith permitted to charge the fee of \$150.00 for his services in connection with this matter.

3. The remaining monies of \$850.00 shall be paid to Stephen E. Sinclair and Cecelia J. Sinclair, as parents and natural guardians for Ryan Sinclair, said sum to be placed in a Certificate of Deposit in the minor child's name and to be paid to said child upon his attaining his 18<sup>th</sup> birthday on March 26, 2021.

4. The release as marked as Exhibit "C" is herewith approved and shall be binding upon said minor child, Ryan Sinclair, his heirs, successors and assigns.

BY THE COURT:

  
J.

**FILED** ice  
019:53/Bd Amy Gieg  
JAN 24 2006 @

William A. Shaw  
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

IN RE: RYAN SINCLAIR, a minor : No. 2006 -  
Date of birth: March 26, 2003 :

**PETITION FOR APPROVAL OF MINORS' SETTLEMENT**

NOW THIS 11<sup>th</sup> day of January, 2006, comes Stephen E. Sinclair and Cecelia J. Sinclair, parents and natural guardians of Ryan Sinclair, and request Court approval for settlement of the Minor's claim against C P S Cable Vision, Inc. and in support thereof alleges:

1. The Petitioners are Stephen E. Sinclair and Cecelia J. Sinclair, adult individuals residing at 165 Flinton Road, P.O. Box 224, Flinton, Cambria County, Pennsylvania 16640.
2. The Petitioners are the parents and natural guardians of the minor child, Ryan Sinclair.
3. Under date of January 10, 2004, one Petitioner, Cecelia J. Sinclair, was descending from the second floor apartment at 326 Railroad Street, Coalport, Clearfield County, Pennsylvania, on a set of stairs that were unsafe for residential use.
4. Petitioner, Cecelia J. Sinclair, slipped on said stairs and fell to the bottom while the minor child, Ryan Sinclair, was being held by his mother, Cecelia J. Sinclair.
5. Petitioner, Cecelia J. Sinclair, was severely injured but the minor child, Ryan Sinclair, the subject of this Petition, suffered a contusion of the head.
6. The minor child, Ryan Sinclair, fortunately was not injured badly and was released from care within approximately one month.

7. The minor child, Ryan Sinclair, suffered no permanent injury and the medical bills were paid by Stephen E. Sinclair's Blue Cross/Blue Shield and they have made no subrogation demand, those bills being:

Pediatric Healthcare Associates	\$241.00
Bon Secours Holy Family Hospital	\$337.69
AMED Ambulance Services	\$537.50

Copies of said bills are attached and marked as Exhibit "A".

8. Although a Contingent Fee Agreement has been signed at one-third, Petitioner's Attorney is only charging \$150.00 as simply the cost of preparation of the Petition as Attorney's fees, with the remaining \$850.00 to be paid to Stephen E. Sinclair and Cecelia J. Sinclair as parents and natural guardians of the minor child, Ryan Sinclair. A copy of the settlement sheet is attached and marked as Exhibit "B".

9. No suit has been filed in this matter and this Petition has been filed in light of the fact that any settlement for a minor requires Court approval, see P.R.C.P. §2039.

10. In that the amount of money is less than \$25,000.00, the money can be made payable to Stephen E. Sinclair and Cecelia J. Sinclair as parents and natural guardians of Ryan Sinclair.

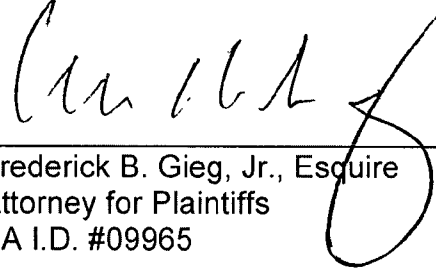
11. The Insurance Carrier in this matter, Harleysville Insurance, has tendered a release and this Petition is also to approve said release, a copy of which is attached and marked as Exhibit "C".

WHEREFORE, Petitioners request the Court approve the settlement of \$1,000.00 with disbursement of the monies as heretofore set forth and that

the Court approve the release as set forth in Exhibit "C", the same to be legally binding upon said minor child, Ryan Sinclair.

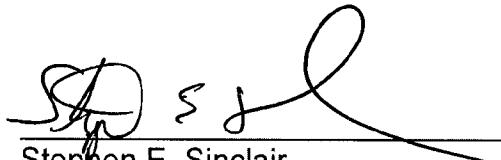
Respectfully submitted,

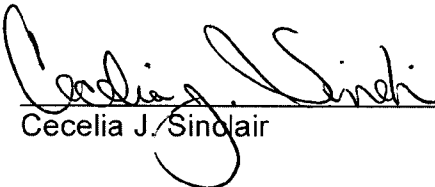
GIEG AND GIEG

A handwritten signature in black ink, appearing to read "Frederick B. Gieg, Jr.", is written over a horizontal line. The signature is stylized and cursive.

Frederick B. Gieg, Jr., Esquire  
Attorney for Plaintiffs  
PA I.D. #09965

WE, STEPHEN E. SINCLAIR AND CECELIA J. SINCLAIR, verify that the statements made in the foregoing pleading are true and correct to the best of our knowledge, information and belief. I understand that any false statements made herein are subject to the penalties of 18 PA. C.S.A. §4904, relating to unsworn falsification to authorities.

  
\_\_\_\_\_  
Stephen E. Sinclair

  
\_\_\_\_\_  
Cecelia J. Sinclair

Date: 1-13-06



**Pediatric Healthcare Associates, Inc.**  
615 Sixth Avenue  
Altoona PA 16602

**Itemized Statement**

Tax ID : 251778730  
Phone # : (814)944-7383

Date : 07/09/2004

Page : 2

STEPHEN SINCLAIR  
165 FLINTON ROAD  
FLINTON, PA 16640

Patient : RYAN S SINCLAIR  
Account # : 13832-1

Insurance 1 : BLUE SHIELD

Date	Code	Description	Provider	Diagnosis	Location	Qty	Amount	Insurance Balance	Patient Balance
04/23/04	BSWO	BC/BS Write Off					-35.00		
06/01/04	99213	ESTABLISHED PATIENT LEVEL 3 SIAY		462	OF	1	58.00		
06/01/04	CASH	Cash					-15.00		
06/04/04	BSCK	BC/BS Check					0.00		
06/04/04	BSWO	BC/BS Write Off					-43.00		
07/09/04	99392	WELL VISIT EARLY CHILDHOOD 1--AY	AY	V20.2	OF	1	65.00	50.00	
07/09/04	90707	MMR IMMUNIZATION	AY	V06.4	OF	1	65.00	65.00	
07/09/04	90471	ADMIN OF INJECTION	AY	V20.2	OF	1	10.00	10.00	
07/09/04	90748	COMVAX IMMUNIZATON	AY	V20.2	OF	1	63.00	63.00	
07/09/04	90472	ADMIN OF 2+ INJECTON	AY	V20.2	OF	1	10.00	10.00	
07/09/04	CASH	Cash					-15.00		
Total Amount from 01/13/2004 through 07/09/2004 :							\$136.00	\$198.00	\$0.00

Providers : YOUSSEF, ADNAN MD

**EXHIBIT**

A

Pediatric Healthcare Associates, Inc.  
615 Sixth Avenue  
Altoona PA 16602

## Itemized Statement

Tax ID : 251778730  
Phone # : (814)944-7383

STEPHEN SINCLAIR  
326 RAILROAD STREET  
COALPORT, PA 16627

Date : 01/14/2004 Page : 1

Patient : RYAN S SINCLAIR  
Account # : 13832-1

Insurance 1 : BLUE SHIELD

Date	Code	Description	Provider	Diagnosis	Location	Qty	Amount	Insurance Balance	Patient Balance
01/13/04 <del>01/13/04</del>	99213 CASH	ESTABLISHED PATIENT LEVEL 3 SIA <del>Cash</del>		959.01	OF	1	58.00 <del>(75.00)</del>	43.00	
Total Amount from 01/13/2004 through 01/13/2004 :							\$43.00	\$43.00	\$0.00
Providers : ASWATHAPPA, SATHYA MD									

**HIGHMARK**  
**BLUE SHIELD**  
 120 Fifth Avenue, Pittsburgh, PA 15222-3099  
 www.highmark.com

THIS IS  
 NOT A BILL

**S SINCLAIR**  
**326 RAILROAD STREET**  
**COALPORT PA 16627**

PAYMENT HAS BEEN SENT TO  
**AMED AMBULANCE SVCS**  
**PO BOX 1951**  
**ALTONA PA 16603**

**EXPLANATION OF BENEFITS**

PROVIDER	DATES OF SERVICE		DESCRIPTION OF SERVICE	PROCEDURE	NO SVCS	TOTAL EXPENSE	LESS INELIGIBLE EXPENSES		DEDUCTIBLE	ALLOWABLE EXPENSES			
	FROM	TO					AMOUNT	C O D E		AMOUNT	%	AMOUNT	%
AMED AMBU	01/01/04	01/04/04	9AMBULNC	A0429	1	32500				32500			
	01/01/04	01/04/04	9AMBULNC	A0425	25	21250				21250			
						EXPENSE SUMMARY	53750			53750			
						BALANCE							
						LESS COINSURANCE							
						BENEFITS PAYABLE	53750						
						TOTAL BENEFITS PAYABLE...							
						MEMBER RESPONSIBILITY...							
						2004 DEDUCTIBLE MAX	\$0.00			\$537.50			
						2004 DEDUCTIBLE IS	\$0.00			\$0.00			
						OUT OF POCKET MAX	\$0.00			\$0.00			
						OUT OF POCKET IS	\$0.00			\$0.00			

REMARKS:

PATIENT NAME: **SINCLAIR**  
 RYAN  
 5



THIS IS  
NOT A BILL  
7

PAYMENT HAS BEEN SENT TO  
BON SECOURS HOLY FAMILY REG HL  
2500 SEVENTH AVE  
ALTOONA PA 16603

## CF-44 (R6-03) 1541

IF POCKET MAX	\$0.00	\$1,500.00	\$3,000.00
IF POCKET IS	\$0.00	\$0.00	\$0.00

PAT ACCT#24134546  
PATIENT NAME SINCLAIR  
K [5]

\$50.00 THE ALLOWANCE FOR THIS EXPENSE HAS BEEN REDUCED BY THE HOSPITAL CO-PAYMENT AMOUNT. YOU ARE FINANCIALLY RESPONSIBLE FOR THIS AMOUNT.

\*\*\*\*\* A \*\*\*\*\*  
\*\*\*\*\* BUREAU OF THE CHIEF PARTICIPATING PROVIDER.

IKS:

		EXPENSE SUMMARY		BALANCE	
		102952	76059	26893	
				LESS COINSURANCE	
				BENEFITS PAYABLE	
				26893	
				TOTAL BENEFITS PAYABLE...	
				\$268.93	
				MEMBER RESPONSIBILITY...	
				\$50.00	

2004  
DEDUCTIBLE MAX  
INDIV. \$0.00  
FAMILY \$0.00  
SELF REFERRED  
INDIV. \$400.00  
FAMILY \$1,200.00  
OUT OF POCKET MAX \$0.00  
OUT OF POCKET IS \$0.00

REMARKS:

492 \$50.00 THE ALLOWANCE FOR THIS EXPENSE HAS BEEN REDUCED BY THE HOSPITAL CO-PAYMENT AMOUNT. YOU ARE FINANCIALLY RESPONSIBLE FOR THIS AMOUNT.

A77 SERVICES WERE RENDERED BY A HIGHMARK BLUE SHIELD PARTICIPATING PROVIDER. THE HIGHMARK BLUE SHIELD ALLOWANCE WILL BE ACCEPTED BY THE PROVIDER AS PAYMENT IN FULL. YOUR DEDUCTIBLE AND COINSURANCE ARE BASED ON THE ALLOWANCE

PAT ACCT#24134546

PATIENT NAME	SINCLAIR
DATE OF SERVICE	01/10/04 TO 01/10/04
SUBSCRIBER	SINCLAIR
IDENTIFICATION NUMBER	161685700
GROUP INFORMATION	365
DATE	02/07/04
CHECK NUMBER	40202033810
IF YOU HAVE QUESTIONS CONCERNING THIS CLAIM PLEASE CALL.	
TOLL FREE 1-800-386-4944	
M-F 8AM - 5PM EST	

HIGHMARK BLUE SHIELD PROVIDES ADMINISTRATIVE CLAIMS PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS.

**HIGHMARK.**  
**BLUE SHIELD**  
 120 Fifth Avenue, Pittsburgh, PA 15222-3099  
 www.highmark.com

THIS IS  
 NOT A BILL

☒ **SINCLAIR**  
**326 RAILROAD STREET**  
**COALPORT PA**  
**PA 16627**

**PAYMENT HAS BEEN SENT TO**  
**BON SECOURS HOLY FAMILY REG HL**  
**2500 SEVENTH AVE**  
**ALTOONA PA**  
**16603**

**EXPLANATION OF BENEFITS**

PROVIDER	DATES OF SERVICE		DESCRIPTION OF SERVICE	TOTAL EXPENSE		LESS INELIGIBLE EXPENSES	LESS DEDUCTIBLE	ALLOWABLE EXPENSES			
	FROM	TO	POS. TYPE OF SERVICE	PROCEDURE	NO SVCS	AMOUNT	AMOUNT	AMOUNT	%	AMOUNT	%
BON SECOURS	10104010104	10104010104	25MER RM 2RX	23	10	16600 620	9724492 620A77			6876	
				EXPENSE SUMMARY		17220	10344	BALANCE		6876	
				2004 DEDUCTIBLE				LESS COINSURANCE		6876	
				INDIV. MAX		\$0.00		LESS COINSURANCE			
				FAMILY MAX		\$0.00		LESS COINSURANCE			
				OUT OF POCKET MAX		\$0.00		LESS COINSURANCE			
				OUT OF POCKET IS		\$0.00		LESS COINSURANCE			
				COORDINATED				LESS COINSURANCE			
				INDIV. MAX		\$0.00		LESS COINSURANCE			
				FAMILY MAX		\$0.00		LESS COINSURANCE			
				SELF REFERRED				LESS COINSURANCE			
				INDIV. MAX		\$0.00		LESS COINSURANCE			
				FAMILY MAX		\$0.00		LESS COINSURANCE			
				TOTAL BENEFITS PAYABLE...				TOTAL BENEFITS PAYABLE...			
				MEMBER RESPONSIBILITY...				MEMBER RESPONSIBILITY...			
										\$68.76	
										\$50.00	

REMARKS:

492 HOSPITAL CO-PAYMENT AMOUNT. \$50.00 THE ALLOWANCE FOR THIS EXPENSE HAS BEEN REDUCED BY THE AMOUNT. YOU ARE FINANCIALLY RESPONSIBLE FOR THIS

PAT ACCT#24130437  
 PATIENT NAME: SINCLAIR

		EXPENSE SUMMARY		17220	10344	BALANCE	6876		
2004	DEDUCTIBLE	MAX	INDIV.	SELF REFERRED	FAMILY	LESS COINSURANCE			
	DEDUCTIBLE	IS	\$0.00	\$400.00	\$1,200.00	BENEFITS PAYABLE	6876		
	OUT OF POCKET	MAX	\$0.00	\$1,500.00	\$3,000.00	TOTAL BENEFITS PAYABLE...			\$68.76
	OUT OF POCKET	IS	\$0.00	\$0.00	\$0.00	MEMBER RESPONSIBILITY...			\$50.00

REMARKS:

492 \$50.00 THE ALLOWANCE FOR THIS EXPENSE HAS BEEN REDUCED BY THE HOSPITAL CO-PAYMENT AMOUNT. YOU ARE FINANCIALLY RESPONSIBLE FOR THIS AMOUNT.

A77 SERVICES WERE RENDERED BY A HIGHMARK BLUE SHIELD PARTICIPATING PROVIDER. THE HIGHMARK BLUE SHIELD ALLOWANCE WILL BE ACCEPTED BY THE PROVIDER AS PAYMENT IN FULL.YOUR DEDUCTIBLE AND COINSURANCE ARE BASED ON THE ALLOWANCE

HIGHMARK BLUE SHIELD PROVIDES ADMINISTRATIVE CLAIMS PAYMENT SERVICES ONLY AND DOES NOT ASSUME ANY FINANCIAL RISK OR OBLIGATION WITH RESPECT TO CLAIMS.

PLEASE KEEP THIS STATEMENT FOR YOUR RECORDS

PAT ACCT#24130437

PATIENT NAME: SINCLAIR

4

DATES OF SERVICE: 01/01/04 TO 01/01/04

SUBSCRIBER: SINCLAIR

IDENTIFICATION NUMBER: 161685700

GROUP INFORMATION: 365

DATE: 01/27/04

CHECK NUMBER: 40082068470

IF YOU HAVE QUESTIONS CONCERNING THIS CLAIM PLEASE CALL:

TOLL FREE 1-800-386-4944

M-F 8AM - 5PM EST



## CONTINGENT FEE AGREEMENT

Provision of Rule 2 of Rules of Court governing the business of courts adopted by the Supreme Court of Pennsylvania for all non-appellate civil courts of record of the Commonwealth of Pennsylvania, effective March 20, 1939:

"Agreements between attorney and client relating to compensation wholly or partly on a contingent basis shall be in writing, executed in duplicate. One executed copy shall be delivered to the client at the time of the making of the agreement, and the other shall be preserved by the attorney for at least two years after final judgment or settlement of the case. Such agreements shall be subject to inspection by the Court, by the appropriate committee of the Bar Association of the County or of the Court, and by the Board of Coverage of the Supreme Court."

I, **CECELIA SINCLAIR** hereby employ **FREDERICK B. GIEG, JR. ESQUIRE**, of **GIEG and GIEG**, Altoona, Pennsylvania, as attorney to negotiate a settlement, institute, conduct, superintend and prosecute to final determination by suit or action, if necessary, **a claim arising out of a fall down stairs at Apartment #1, Laurel & Railroad Streets, Coalport, on January 10, 2004 against CPS Cable Vision, Inc.**

### EXPENSES OF LITIGATION:

Actual expenses incurred on the business of the Client shall be borne by the Client.

### ATTORNEY FEES:

The fees of the attorney shall be contingent as follows:

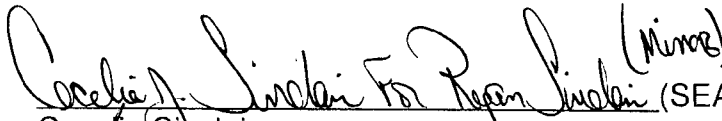
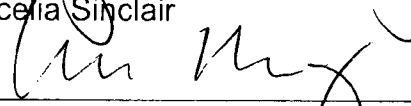
(a) 33 1/3 per cent, of gross recovery if case is settled before trial. The swearing of the jury, if a jury trial, of the calling of a witness or introduction of evidence, if a trial without jury, shall constitute the dividing line between settlement before and after trial. Appearance for argument or submission of a brief before the court in reference to a Question of Law raised on the pleadings shall be equivalent to trial.

(b) 33 1/3 per cent, of the gross amount recovered if tried.

(c) 33 1/3 per cent, of gross amount recovered if case is appealed beyond the local county or district court.

Should client decide to seek out new counsel prior to conclusion of this case, she agrees to pay Frederick B. Gieg, Jr. at the rate of \$140.00 an hour for all work done plus out of pocket expenses.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals, the       day  
of    March   , 2004.

 (Mime)  
Cecelia Sinclair (SEAL)  
 (SEAL)  
Frederick B. Gieg, Jr., Esquire

**EXHIBIT**

**B**

**GENERAL RELEASE**

**(PLEASE READ CAREFULLY)**

KNOW ALL MEN BY THESE PRESENTS, that I, RYAN SINCLAIR, a minor by STEPHEN & CECELIA SINCLAIR, as parents and natural guardians and individually, for the sole consideration of ONE THOUSAND DOLLARS (\$1,000.00), lawful money of the United States to me in hand paid by CPS CABLE VISION INC./RICHARD GINTER & THE HARLEYSVILLE MUTUAL INSURANCE COMPANY, receipt of which is hereby acknowledged, have remised, released and forever discharged CPS CABLE VISION INC./RICHARD GINTER AND THE HARLEYSVILLE MUTUAL INSURANCE COMPANY, their heirs, executors, administrators, successors and assigns and any and all other persons and entities (whether herein named or not) of and from all claims, demands, damages, actions, causes of action, or suits at law or in equity, of whatsoever kind or nature, for or because of any matter or thing done, omitted or suffered to be done by the said CPS CABLE VISION INC./RICHARD GINTER AND THE HARLEYSVILLE MUTUAL INSURANCE COMPANY prior to and including the date hereof, and particularly on account of all injuries both to person or property resulting or to result from an incident which occurred on or about the 10<sup>th</sup> day of January, 2004 at or near the property located at 326 Railroad Street, Coalport, PA 16627.

**EXHIBIT**

**PAGE 1 OF 3**

---

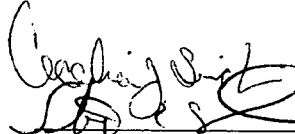


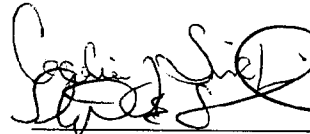
It is understood and agreed that STEPHEN & CECELIA SINCLAIR, as parents and natural guardians of RYAN SINCLAIR, expressly stipulates and agrees to indemnify and hold forever harmless the said CPS CABLE VISION INC./ RICHARD GINTER AND THE HARLEYSVILLE MUTUAL INSURANCE COMPANY against any and all claims and actions which hereafter at any time may be made or instituted against the said CPS CABLE VISION INC. /RICHARD GINTER AND THE HARLEYSVILLE MUTUAL INSURANCE COMPANY by STEPHEN & CECELIA SINCLAIR or the said minor by his guardian(s) or legal representative(s) or anyone on his behalf for the purpose of enforcing a claim for damages resulting from the aforementioned incident.

It is further understood and agreed that this settlement is not to be construed as an admission of liability on the part of CPS CABLE VISION INC./RICHARD GINTER AND THE HARLEYSVILLE MUTUAL INSURANCE COMPANY and that this release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof, and I sign the same as my own free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 13<sup>th</sup>  
day of January A.D., ~~1999~~ 2006

 (SEAL)  
Ryan Sinclair, a minor by  
Stephen & Cecelia Sinclair, as parents and  
natural guardians

 (SEAL)  
Stephen & Cecelia Sinclair, individually

IN THE PRESENCE OF:

County of Blair

ON THE 13<sup>th</sup> DAY OF January A.D., ~~1999~~ 2006, BEFORE ME, THE  
SUBSCRIBER, Cecelia Sinclair Stephen Sinclair PERSONALLY APPEARED THE ABOVE-NAMED  
WHO IN DUE FORM OF LAW ACKNOWLEDGED THE FOREGOING RELEASE  
TO BE AN ACT AND DEED AND DESIRED THE SAME BE RECORDED AS SUCH.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND  
AND SEAL THE DAY AND YEAR AFORESAID.

  
Notary Public

