

08-1278-CD

Combined Life Ins. Vs Jesse Campbell et al

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY
PENNSYLVANIA

CIVIL ACTION - LAW

No.: 08-1278-CD

Type of Case: _____

COMBINED LIFE INSURANCE
COMPANY OF AMERICA,

Plaintiff

vs.

JESSE JAMES CAMPBELL and
KELLY ANN MCCOY, individually
and as Administratrix of the Estate of
Cindy Jo Coleman,

Type of Pleading: Interpleader Complaint

Filed on Behalf of:
Plaintiff, Combined Insurance Company
of America

Counsel of Record for this Party:
Joshua Bachrach, Esq.
Supreme Court No.: 68788
The Widener Building
One South Penn Square
Philadelphia, PA 19107
Tel: (215) 575-4200

Dated: 7-11-08

FILED *Att'y pd. 95.00*
m/jd:lw/21
JUL 14 2008
acc Att'y
William A. Shaw
Prothonotary/Clerk of Courts

RAWLE & HENDERSON, LLP

By: Joshua Bachrach, Esquire

Identification No. 68788

The Widener Building

One South Penn Square

Philadelphia, PA 19107

Tel: (215) 575-4200

Fax: (215) 563-2583

Attorneys for Plaintiff,

Combined Insurance Company
of America

COMBINED INSURANCE COMPANY
OF AMERICA

Plaintiff,

v.

JESSE JAMES CAMPBELL and
KELLY ANN MCCOY, individually
and as Administratrix of the Estate of
Cindy Jo Coleman,

Defendants.

COURT OF COMMON PLEAS
CLEARFIELD COUNTY

Civil No.:

NOTICE TO PLEAD

NOTICE

AVISO

"You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property of other rights important to you.

"YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

PHILADELPHIA BAR ASSOCIATION
Lawyer Referral and Information Service,
1101 Market Street, 11th Floor,
Philadelphia, PA 19107-2911
(215) 238-6333

"Le han demandado a usted en la corte. Si, usted quiere defenderse de estas demandas expuestas en las páginas siguientes, usted tiene veinte (20) días de plazo al partir de la fecha de la demanda y la notificación. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte tomará medidas y puede continuar la demanda en contra suya sin previo aviso o notificación. Además, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

"LLEVE ESTA DEMANDA A UN ABOGADO INMEDIATAMENTE. SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFICIENTE DE PAGAR TAL SERVICIO, VAYA EN PERSONA O LLAME POR TELÉFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL.

ASOCIACION DE LICENCIADOS DE FILADELFIA
Servicio De Referencia E Informacion Legal
1101 Market Street, 11th Floor
Filadelfia, Pennsylvania 19107-2911
(215) 238-6333

RAWLE & HENDERSON, LLP
By: Joshua Bachrach, Esquire
Identification No. 68788
The Widener Building
One South Penn Square
Philadelphia, PA 19107
Tel: (215) 575-4200
Fax: (215) 563-2583

Attorneys for Plaintiff,
Combined Insurance Company
of America

COMBINED INSURANCE COMPANY
OF AMERICA

Plaintiff,

v.

JESSE JAMES CAMPBELL and
KELLY ANN MCCOY, individually
and as Administratrix of the Estate of
Cindy Jo Coleman,

Defendants.

COURT OF COMMON PLEAS
CLEARFIELD COUNTY

Civil No.:

INTERPLEADER COMPLAINT

Plaintiff Combined Insurance Company of America ("Combined"), hereby files this action for equitable interpleader, and in support thereof, avers as follows:

1. Plaintiff Combined is an insurance company existing under the laws of Illinois and which is authorized to do business in the Commonwealth of Pennsylvania. Combined has its administrative office in Chicago, Illinois and its corporate office at 1000 N. Milwaukee Avenue, Glenview, IL 60025.

2. Defendant Jesse James Campbell is an individual and a citizen of the Commonwealth of Pennsylvania with a residence at Clearfield County Jail, 115 Twenty-First Street, Clearfield, PA 16830.

3. Defendant Kelly Ann McCoy is the Administratrix of the Estate of Cindy Jo Coleman. Ms. McCoy is an individual and a citizen of the Commonwealth of Pennsylvania with

a residence at P.O. Box 21, Smith Hill, Pennsylvania, 16680. Ms. McCoy has an address for service of process c/o Girard Kasubick, Esq., Lehman & Kasubick, 611 Brisbin Street, Houtzdale, PA 16651.

4. Cindy Jo Coleman died on March 13, 2008. See Local Registrar's Certification of Death, a true and correct copy of which is attached as Exhibit "A."

5. At the time of her death, Ms. Coleman was insured under Combined life insurance policy number T0499524 (the "Policy"). See Policy, a true and correct copy of which is attached as Exhibit "B."

6. As a result of Ms. Coelman's death, benefits totaling \$42,000 became payable. See Exhibit "B," Rider Schedule, and Claim Form, a true and correct copy of which is attached as Exhibit "C."

7. Defendant Campbell is the named beneficiary under the Policy. See Beneficiary Designation, a true and correct copy of which is attached as Exhibit "D."

8. Defendant Campbell has been charged with the murder of Ms. Coleman, his mother. See Police Report and Criminal Complaint, a true and correct copy of which is attached as Exhibit "E."

9. Defendant McCoy is the Administratrix of the Estate of Cindy Jo Coleman and has asserted a claim for benefits under the Policy. See Letters of Administration, a true and correct copy of which is attached as Exhibit "F."

10. As of the date this Complaint is filed, defendants Campbell and McCoy have asserted and are maintaining competing claims to the benefits due under the Policy.

11. As result of the multiple and competing claims, Combined is in doubt as to whom benefits are payable, cannot determine the proper beneficiary under the Policy and is at risk of

multiple liability due to defendants' competing claims. Plaintiff Combined does not contest that benefits are payable under the Policy and seeks to deposit the amount of its liability for benefits into the registry of this court so that the defendants may assert their claims and the court may determine the correct beneficiary.

12. Plaintiff Combined also seeks an order restraining and/or enjoining defendants from filing suits against plaintiff for said benefits, otherwise, plaintiff is subject to multiple claims, inconsistent judgments, the potential for multiple liability and the resulting prejudice.

13. Plaintiff Combined herewith pays into the registry of the court Forty-Two Thousand Dollars (\$42,000.00), the amount due under the terms of the Policy, together with any applicable interest, and agrees to abide by all orders of this court.

WHEREFORE, plaintiff Combined Insurance Company of America prays for judgment as follows:

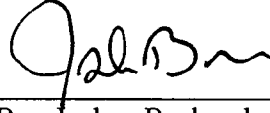
(a) That each of the defendants be ordered to settle among themselves their rights and claims to benefits due under the Policy, totaling \$42,000.00;

(b) That each of the defendants, and their agents, attorneys, representatives, assigns, and all persons claiming by, through, or under them, or any of them, be perpetually enjoined and restrained from instituting or prosecuting further any proceeding against the plaintiff on account of the above-mentioned Policy;

(c) That plaintiff be fully and finally discharged from all further liability and be relieved of its duty to defend by reason of payment of the proceeds of the insurance Policy into this Court;

(d) That plaintiff be awarded reasonable attorneys' fees and costs together with any other relief this Court deems fair and just.

RAWLE & HENDERSON, LLP

A handwritten signature in black ink, appearing to read 'Joshua Bachrach', written over a horizontal line.

By: Joshua Bachrach, Esquire

Identification No. 68788

The Widener Building

One South Penn Square

Philadelphia, PA 19107



LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 14438741

Certification Number

Local Registrar 3/16 ps Date Issued

14 Should read
Divorced

3/20/08

14

B. I. M. V. I. L. L. O. O. N.
 TYPE I PRINT ON
 PERMANENT
 IN THE AIR

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CORONER'S CERTIFICATE OF DEATH

(See instructions and examples on reverse)

STATE FILE NUMBER

[illegible]

DATE OF DEPOSIT _____ FILE NO. 65-10060-187-20 (Continued)

Disposal Permit No. 0184076

COMBINATION

This policy is issued in consideration of the statement contained in the application and payment of the first premium. Combined agrees to pay you, the insured, the amount stated in the application, subject to the terms and conditions of this policy. Benefits will be paid for the following losses resulting from accidental bodily injuries which are the direct and independent cause of death or dismemberment, or permanent and substantial disability (as defined in the policy). Combined will be paid in accordance with the Schedule of Premiums and Benefits (herein also referred to as "Schedule") of Combined Insurance Company of America. Policy Anniversary Year. Both premium and benefits will increase each year in accordance with the Schedule and subject to the Premium and Benefit Limit. (herein called Combined)

SECTION A

Home Office and Policyholder Service Center
DAILY 3550 Broadway • Chicago, Illinois 60640
1-800-225-4500

If because of injury and within 90 days of the accident that caused the injury, you are confined overnight in an inpatient in a Hospital, Combined will pay you the amount of the benefit for the first day and for up to your entire benefit amount for the remaining days of confinement.

SECTION B

**GUARANTEED RENEWABLE FOR LIFE ACCIDENT ONLY POLICY
WITH SCHEDULED ANNUAL INCREASES IN PREMIUMS AND BENEFITS**

If because of injury you are confined in a Hospital, Combined will pay you the amount of the benefit for the first day and for up to your entire benefit amount for the remaining days of confinement. **THIS IS A NON-PARTICIPATING POLICY** for which the benefits are payable under Section A. Combined Insurance Company of America. Policy Anniversary Year. Both premium and benefits will increase each year in accordance with the Schedule and subject to the Premium and Benefit Limit. (herein called Combined)

SECTION C

Premiums and benefits will increase each year, for the first ten years, as shown in the Schedule of Premiums and Benefits.

Following a period of confinement in a Hospital, you are eligible to receive the benefit for the first day and for up to your entire benefit amount for the remaining days of confinement. **READ YOUR POLICY CAREFULLY.**

This is a legal contract between the insured and Combined. **GUIDE TO YOUR POLICY**
The benefit is payable for a minimum of 10 days of confinement but not to exceed 180 days from the date of such Hospital confinement. You are continuously Totally Disabled to receive this benefit. Benefits: 0 days.

SECTION A	Daily Hospital Income	2	Consideration	2
	Daily Intensive Care Income	2	General Provisions	5
	Emergency Room	2	Payable in Addition to Other Insurance	3
	Physician's Care	2	Premium and Benefit Increases	2
	Recovery Income Following Hospital Confinement	2	Renewability	2
	Recovery Income Following Outpatient Surgery	2	Right to Examine Policy	2
	Claim Information	3	Schedule of Premiums and Benefits	6
	Emergency Room	2	Uniform Provisions	3/5
	What Certain Terms Mean	3		

If because of injury and within 48 hours of the accident that caused the injury, you require emergency treatment in a Hospital, Combined will pay you the amount of the benefit for the first day and for up to your entire benefit amount for the remaining days of confinement.

RIDER SCHEDULE

COPY

COPY

COPY

Policy Number		Issue Date		Interest	
POLICY		PREMIUM		ANNUAL INCREASE	
At Issue		Monthly		Principal Sum	
1		\$28.00		\$40,000.00	
2		\$27.30		\$45,000.00	
3		\$28.60		\$44,000.00	
4		\$28.90		\$48,000.00	
5		\$21.50		\$48,000.00	
6		\$25.20		\$50,000.00	
7		\$23.80		\$52,000.00	
8		\$23.10		\$54,000.00	
9		\$28.40		\$58,000.00	
10		\$27.70		\$60,000.00	
10 and over		\$29.00		\$60,000.00	

WITH SCHEDULED ANNUAL INCREASES IN PREMIUMS AND BENEFITS
ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

For the first 10 years the premiums and the benefits increase each policy anniversary year as shown in the rider schedule.

In consideration of the premium paid for this rider it is agreed that the following benefit is added to the policy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If you sustain an injury which is the cause of loss of your life, right or limb, or if you sustain an injury which is the cause of loss of multiple limbs or loss of sight in both eyes and one-half of the Principal Sum for loss of one limb or loss of sight in one eye. Loss due to dismemberment or loss of sight must occur within 180 days of the accident causing the injury.

Only one of the benefit amounts, the greater, will be paid for injury resulting from one accident. Loss of a limb shall mean the total loss of function. Loss of sight in an eye shall mean the loss of sight to the extent of total blindness as defined by IRG Standards.

This rider is part of the policy and is subject to all policy terms, limitations and provisions.

This rider takes effect and expires at the same time as the policy.

[Signature]
Corporate Secretary

[Signature]
Chief Executive Officer

COPY

Licensed Resident Agent

(Plan 10507-P)

Form No. 10183-P

COPY



Combined Insurance Company of America

(herein called Combined)
Home Office and Policyholder Service Center
5050 Broadway • Chicago, Illinois 60640
1-800-225-4500

THIS IS A NON-PARTICIPATING POLICY
GUARANTEED RENEWABLE FOR LIFE ACCIDENT ONLY POLICY
WITH SCHEDULED ANNUAL INCREASES IN PREMIUMS AND BENEFITS

THIS IS AN ACCIDENT ONLY POLICY
AND DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

Premiums and benefits will increase each year, for the first ten years, as shown in the Schedule of Premiums and Benefits.

This is a legal contract between the Insured and Combined. READ YOUR POLICY CAREFULLY.

GUIDE TO YOUR POLICY

	Page		Page
Benefits:			
Daily Hospital Income	2	Consideration	2
Daily Intensive Care Income	2	General Provisions	5
Emergency Room	2	Payable in Addition to Other Insurance	3
Physician's Care	2	Premium and Benefit Increases	2
Recovery Income Following		Renewability	1
Hospital Confinement	2	Right to Examine Policy	1
Recovery Income Following		Schedule of Premiums and Benefits	6
Outpatient Surgery	2	Uniform Provisions	3/5
Claim Information	4	What Certain Terms Mean	3

Optional Riders follow Page 6

30 DAY RIGHT TO EXAMINE POLICY

If this policy is not satisfactory for any reason, within 30 days of the issue date you can return it to Combined or its agent. Any premium paid will be refunded and this policy will be void from its beginning.

GUARANTEED RENEWABLE

Combined guarantees your right to renew this policy for your lifetime so long as the scheduled premium for the appropriate Policy Anniversary Year is paid on or before the due date or within the grace period. For the first ten years the policy is in force the premiums and benefits will increase each Policy Anniversary Year in accordance with the Schedule of Premiums and Benefits for the plan selected on the application. Combined will not change the premiums except as shown in the Schedule of Premiums and Benefits.

CONSIDERATION

This policy is issued in consideration of the statements contained in the application and payment of the first premium. Combined agrees to pay you, the Insured named in the application, subject to the terms and limitations of this policy. Benefits will be paid for the following losses resulting, from accidental bodily injuries which are the direct and independent cause of the loss and incurred while this policy is in force (herein referred to as "Injury"). **Benefits will be paid in accordance with the Schedule of Premiums and Benefits (herein also referred to as "Schedule") for the plan selected and the appropriate Policy Anniversary Year. Both premiums and benefits will increase each Policy Anniversary Year in accordance with the Schedule and subject to the Premium and Benefit Increases Section.**

SECTION A DAILY HOSPITAL INCOME - ACCIDENT

If because of Injury and within 90 days of the accident that caused the Injury, you are confined overnight as an Inpatient in a Hospital, Combined will pay for each day of such confinement, starting with the first day and for up to your lifetime, the benefit amount shown in the Schedule under Section A.

SECTION B DAILY INTENSIVE CARE INCOME - ACCIDENT

If because of Injury you are confined in an Intensive Care Unit during a period for which benefits are payable under Section A, Combined will pay for each day of such confinement, in addition to Section A, the benefit amount shown in the Schedule under Section B.

SECTION C RECOVERY INCOME FOLLOWING HOSPITAL CONFINEMENT - ACCIDENT

Following a period of confinement in a Hospital for which benefits are payable under Section A, Combined will pay the benefit amount shown in the Schedule under Section C.

This benefit is payable for a minimum of 10 days following such confinement but not to exceed three times the number of days of such Hospital confinement. You must be continuously Totally Disabled to receive this benefit after the first 10 days.

SECTION D RECOVERY INCOME FOLLOWING OUTPATIENT SURGERY - ACCIDENT

If because of Injury you are continuously Totally Disabled beginning within 30 days following Outpatient Surgery performed within 90 days of the accident, Combined will pay while you remain Totally Disabled and for up to a maximum of 6 months for any one accident, the benefit amount shown in the Schedule for this Section D.

SECTION E EMERGENCY ROOM - ACCIDENT

If because of Injury and within 48 hours of the accident that caused the Injury, you require emergency treatment at a Hospital emergency room, a Hospital affiliated Emergency Care Facility or 24 hour Emergency Care Facility, Combined will pay the benefit amount shown in the Schedule under Section E for any one accident.

SECTION F PHYSICIAN'S CARE - ACCIDENT

If because of Injury and within 90 days of the accident that caused the Injury, you require treatment from a Physician, Combined will pay the benefit amount shown in the Schedule under Section F for any one accident.

PREMIUM AND BENEFIT INCREASES

For the first ten years this policy is in force, the premiums and benefits will increase each Policy Anniversary Year shown in the Schedule of Premiums and Benefits for the plan selected. All benefits payable under this policy shall be calculated based on the scheduled benefits for the Policy Anniversary Year in which the accident occurred. Benefits are not payable based on any other date.

In the event your policy lapses due to non-payment of premium, you may reinstate your policy in accordance with the Reinstatement provision and the calculation of your Policy Anniversary Year will be subject to the definition of Policy Anniversary Year.

PAYABLE IN ADDITION TO OTHER INSURANCE

Benefits provided by this policy are payable in addition to those provided by any other insurance policy.

This policy pays in excess and not in duplication of first party benefits provided by the motor vehicle financial liability law and workers' compensation.

WHAT CERTAIN TERMS MEAN

"Emergency Care Facility" is an institution which meets the following requirements: (1) operates pursuant to law; (2) has a staff of at least one licensed Physician and one registered nurse available at all times; and (3) has facilities for diagnosis and treatment of Injury-related emergencies.

"Hospital" is an institution located in the United States or Canada which meets all of the following requirements: (a) operates pursuant to state or provincial law for Hospitals located in the United States or Canada; (b) operates primarily for the care and treatment of sick or injured persons as Inpatients; and (c) provides 24 hour nursing service.

"Hospital" does not include a nursing home or convalescent care facility, whether such facility is independent or associated with a Hospital.

"Inpatient" means Hospital confinement which the Hospital classifies as Inpatient. It does not mean confinement on an outpatient basis.

"Intensive Care Unit" means that part of a Hospital (other than a patient's room, operating room or recovery room) where patients receive continual nursing care and which is commonly known as the Intensive Care or cardiac care Unit.

"Outpatient Surgery" is the cutting of tissue or the repair or removal of bodily parts that have been damaged in an accident, followed by the suturing of the resulting wound performed in a Hospital operating room as an outpatient, an Ambulatory Surgical Center, Emergency Care Facility, emergency room, Physician's office or clinic. Outpatient Surgery must be performed by a Physician.

"Physician" means a licensed practitioner of the healing arts acting within the scope of his or her license in treating an Injury.

"Policy Anniversary Year" means each continuous 12 month period the policy is in force beginning from the issue date of the policy. Any amount of time accrued between the last Policy Anniversary Year and the reinstatement date which does not equal a continuous 12 month period the policy is in force will not be taken into account in the calculation of a Policy Anniversary Year.

"Totally Disabled" or "Total Disability" means the inability to perform all of the substantial and material duties of your business or occupation (usual activities if not employed). You must be under the care of a Physician other than yourself or a member of your immediate family, which includes the following relatives: spouse, parents, children, brothers, sisters, grandchildren, aunts and uncles.

UNIFORM PROVISIONS

(1) **ENTIRE CONTRACT; CHANGES:** This policy with the application and attached papers, if any, is the entire contract between the Insured and Combined. No change in this policy will be effective until approved by an executive officer of Combined. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

(2) **TIME LIMIT ON CERTAIN DEFENSES:** (a) After 2 years from the issue date, only fraudulent misstatements made by the applicant in the application may be used to void the policy or deny any claim for loss incurred or disability (as defined in the policy) that starts after the 2 year period. (b) No claim for loss incurred or disability (as defined in the policy) commencing after the issue date will be reduced or denied on the grounds that a disease or physical condition had existed prior to the effective date of coverage of this policy.

(3) GRACE PERIOD: This policy has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period, the policy will stay in force.

(4) REINSTATEMENT: If the renewal premium is not paid before the grace period ends, the policy will lapse. Later acceptance of the premium by Combined (or by an agent authorized to accept payment) without requiring an application for reinstatement will reinstate this policy.

If Combined or its agent requires an application, the Insured will be given a conditional receipt for the premium. If the application is approved, the policy will be reinstated as of the approval date. Lacking such approval, the policy will be reinstated on the 45th day after the date of the conditional receipt unless Combined has previously written the Insured of its disapproval.

The reinstated policy will cover only loss that results from an accident as may be sustained after the date of reinstatement. In all other respects the rights of the Insured and Combined will remain the same, subject to any provisions noted on or attached to the reinstated policy.

On your reinstatement date you will begin a new Policy Anniversary Year. Any amount of time accrued prior to reinstatement which does not equal a continuous 12 month period the policy is in force, will not be taken into account in the calculation of a Policy Anniversary Year.

(5) NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Combined at its Home Office, Chicago, Illinois or to Combined's agent. Notice should include the name of the Insured and the policy number.

(6) CLAIM FORMS: When Combined receives the notice of claim, it will send the claimant forms for filing proof of loss. If these forms are not given to the claimant within 15 days, the claimant will meet the proof of loss requirements by giving Combined a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss Section.

(7) PROOFS OF LOSS: If the policy provides for periodic payment for a continuing loss, written proof of loss must be given to Combined within 90 days after the end of each period for which Combined is liable. For any other loss, written proof must be given within 90 days after such loss.

If it was not reasonably possible to give written proof in the time required, Combined shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

(8) TIME OF PAYMENT OF CLAIMS: Benefits for any loss other than loss for which this policy provides periodic payment will be paid immediately upon Combined receiving proper written proof. Subject to Combined receiving proper written proof of loss, all accrued benefits for loss for which this policy provides periodic payment will be paid monthly. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of proper written proof.

(9) PAYMENT OF CLAIMS: Benefits will be paid to the Insured. Policy benefits shall be calculated based on the scheduled benefits for the Policy Anniversary Year in which the accident occurred. Policy benefits are not payable based on any other date. Loss of life benefits are payable in accordance with the beneficiary designation in effect at the time of payment. If none is then in effect, the benefits will be paid to the Insured's estate. Any other benefits unpaid at death may be paid, at Combined's option, either to the Insured's beneficiary or estate.

(10) PHYSICAL EXAMINATIONS AND AUTOPSY: Combined at its expense has the right to have the Insured examined as often as reasonably necessary while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

(11) LEGAL ACTIONS: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required by this policy. No such action may be brought after the expiration of 3 years from the time written proof of loss is required to be given.

(12) CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which the Insured resides on that date is amended to conform to the minimum requirements of such laws.

(13) CHANGE OF BENEFICIARY: The Insured can change the beneficiary at any time by giving Combined written notice satisfactory to Combined which is received by Combined at its home office during the Insured's lifetime. Unless irrevocably designated, the beneficiary's consent is not required.

GENERAL PROVISIONS

A. This policy becomes effective on the date issued. It begins and ends at 12:01 A.M., Standard Time, at the place where you reside. This policy is issued for your lifetime. It continues in force so long as the applicable scheduled premium is paid on or before the due date or within the grace period.

B. This policy is issued in consideration of the first premium paid in advance. If payment of the first premium is made by check or draft not honored, this policy shall be void.

C. Benefits for less than one month will be pro rated on a daily basis.

This policy is issued by COMBINED INSURANCE COMPANY OF AMERICA. It shall not be binding on Combined unless a copy of the application has been countersigned by our authorized agent.



Chairman and
Chief Executive Officer



Corporate Secretary

*Optional Accidental Death and Dismemberment Rider has been selected.

- Plan Selected

☐ ☐ ☐ ☐
 (10254) (10253) (10252) (10251)
 Plan II Plan I Plan I Plan I

SCHEDULE OF PREMIUMS AND BENEFITS

PLAN II

			SECTION A	SECTION B	SECTION C	SECTION D	SECTION E	SECTION F
Policy Anniversary Year	Semi-Annual Premium	Monthly Premium	Hospital Income (Daily Benefit)	Intensive Care Income (Daily Benefit)	Recovery Income Following Hospital Confinement (Daily Benefit)	Recovery Income Following Outpatient Surgery (Monthly Benefit)	Emergency Room (Per Accident)	Physician's Care (Per Accident)
At Issue	\$104.00	\$ 16.00	\$100.00	\$1,000.00	\$100.00	\$1,000.00	\$150.00	\$ 60.00
1	\$109.20	\$ 16.80	\$105.00	\$1,050.00	\$105.00	\$1,050.00	\$157.50	\$ 63.00
2	\$114.40	\$ 17.60	\$110.00	\$1,100.00	\$110.00	\$1,100.00	\$165.00	\$ 66.00
3	\$119.60	\$ 18.40	\$115.00	\$1,150.00	\$115.00	\$1,150.00	\$172.50	\$ 69.00
4	\$124.80	\$ 19.20	\$120.00	\$1,200.00	\$120.00	\$1,200.00	\$180.00	\$ 72.00
5	\$130.00	\$ 20.00	\$125.00	\$1,250.00	\$125.00	\$1,250.00	\$187.50	\$ 75.00
6	\$135.20	\$ 20.80	\$130.00	\$1,300.00	\$130.00	\$1,300.00	\$195.00	\$ 78.00
7	\$140.40	\$ 21.60	\$135.00	\$1,350.00	\$135.00	\$1,350.00	\$202.50	\$ 81.00
8	\$145.60	\$ 22.40	\$140.00	\$1,400.00	\$140.00	\$1,400.00	\$210.00	\$ 84.00
9	\$150.80	\$ 23.20	\$145.00	\$1,450.00	\$145.00	\$1,450.00	\$217.50	\$ 87.00
10 and over	\$156.00	\$ 24.00	\$150.00	\$1,500.00	\$150.00	\$1,500.00	\$225.00	\$ 90.00

PLAN I

			SECTION A	SECTION B	SECTION C	SECTION D	SECTION E	SECTION F
Policy Anniversary Year	Semi-Annual Premium	Monthly Premium	Hospital Income (Daily Benefit)	Intensive Care Income (Daily Benefit)	Recovery Income Following Hospital Confinement (Daily Benefit)	Recovery Income Following Outpatient Surgery (Monthly Benefit)	Emergency Room (Per Accident)	Physician's Care (Per Accident)
At Issue	\$52.00	\$ 8.00	\$ 50.00	\$ 500.00	\$ 50.00	\$ 500.00	\$ 75.00	\$ 30.00
1	\$54.60	\$ 8.40	\$ 52.50	\$ 525.00	\$ 52.50	\$ 525.00	\$ 78.75	\$ 31.50
2	\$57.20	\$ 8.80	\$ 55.00	\$ 550.00	\$ 55.00	\$ 550.00	\$ 82.50	\$ 33.00
3	\$59.80	\$ 9.20	\$ 57.50	\$ 575.00	\$ 57.50	\$ 575.00	\$ 86.25	\$ 34.50
4	\$62.40	\$ 9.60	\$ 60.00	\$ 600.00	\$ 60.00	\$ 600.00	\$ 90.00	\$ 36.00
5	\$65.00	\$10.00	\$ 62.50	\$ 625.00	\$ 62.50	\$ 625.00	\$ 93.75	\$ 37.50
6	\$67.60	\$10.40	\$ 65.00	\$ 650.00	\$ 65.00	\$ 650.00	\$ 97.50	\$ 39.00
7	\$70.20	\$10.80	\$ 67.50	\$ 675.00	\$ 67.50	\$ 675.00	\$101.25	\$ 40.50
8	\$72.80	\$11.20	\$ 70.00	\$ 700.00	\$ 70.00	\$ 700.00	\$105.00	\$ 42.00
9	\$75.40	\$11.60	\$ 72.50	\$ 725.00	\$ 72.50	\$ 725.00	\$108.75	\$ 43.50
10 and over	\$78.00	\$12.00	\$ 75.00	\$ 750.00	\$ 75.00	\$ 750.00	\$112.50	\$ 45.00

All benefits payable under this policy shall be calculated based on the scheduled benefits for the Policy Anniversary Year in which the accident occurred. Benefits are not payable based on any other date. In the event your policy lapses due to non-payment of premium, you may reinstate your policy in accordance with the Reinstatement provision and the calculation of your Policy Anniversary Year will be subject to the definition of Policy Anniversary Year.

(10198S)

COMBINED INSURANCE COMPANY OF AMERICA
5050 Broadway, Chicago, Illinois 60640

RIDER SCHEDULE

COPY

COPY

COPY

Insured

Issue Date

Policy Number

<u>POLICY</u> <u>ANNIVERSARY YEAR</u>	<u>PREMIUM</u>		<u>PRINCIPAL SUM</u>
	<u>Semi-Annual</u>	<u>Monthly</u>	
At Issue	\$26.00	\$4.00	\$40,000.00
1	\$27.30	\$4.20	\$42,000.00
2	\$28.60	\$4.40	\$44,000.00
3	\$29.90	\$4.60	\$46,000.00
4	\$31.20	\$4.80	\$48,000.00
5	\$32.50	\$5.00	\$50,000.00
6	\$33.80	\$5.20	\$52,000.00
7	\$35.10	\$5.40	\$54,000.00
8	\$36.40	\$5.60	\$56,000.00
9	\$37.70	\$5.80	\$58,000.00
10 and over	\$39.00	\$6.00	\$60,000.00

**ACCIDENTAL DEATH AND DISMEMBERMENT RIDER
WITH SCHEDULED ANNUAL INCREASES IN PREMIUMS AND BENEFITS**

For the first 10 years the premiums and the benefits increase each policy anniversary year as shown in the rider schedule.

In consideration of the premium paid for this rider, it is agreed that the following benefit is added to the policy:

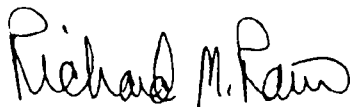
ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

If you sustain an Injury which is the cause of loss of your life, sight or limbs, Combined will pay the Principal Sum shown in the Rider Schedule for loss of life, loss of multiple limbs or loss of sight in both eyes and one-half of the Principal Sum for loss of one limb or loss of sight of one eye. Loss due to dismemberment or loss of sight must occur within 180 days of the accident causing the Injury.

Only one of the benefit amounts, the greater, will be paid for Injury resulting from one accident. Loss of a limb shall mean the total loss of function. Loss of sight of an eye shall mean the loss of sight to the extent of legal blindness as defined by IRS Standards.

This rider is part of the policy and is subject to all policy terms, limitations and provisions.

This rider takes effect and expires at the same time as the policy.



Chairman and
Chief Executive Officer



Corporate Secretary

COPY

Licensed Resident Agent

COMBINED INSURANCE COMPANY OF AMERICA

HOME OFFICE • 5050 BROADWAY, CHICAGO, ILLINOIS 60640

CLAIM
NUMBER

NAME
ADDRESS

MAIL DEPT. #9

348868 APR 25 08

- IMPORTANT INSTRUCTIONS FOR FILING CLAIM
1. ONLY THIS ONE FORM IS NECESSARY FOR ALL POLICIES.
 2. IF LOSS OF TIME IS CLAIMED, PLEASE HAVE YOUR EMPLOYER OR SCHOOL COMPLETE STATEMENT ON REVERSE SIDE.
 3. IF MEDICAL OR HOSPITAL BENEFITS ARE CLAIMED, ITEMIZED BILLS MUST BE ATTACHED.

PLEASE PRINT - DO NOT WRITE

CLAIMANT'S FULL NAME MR. MRS. MISS Cindy J. Coleman		SOCIAL SECURITY # [REDACTED]		E-MAIL ADDRESS N/A	
PLEASE LIST OTHER NAMES THAT YOU MAY USE SUCH AS MAIDEN NAME, NICKNAME, ETC. Cindy Jo Coleman		AREA CODE 814	HOME PHONE	BUSINESS PHONE	
ADDRESS (Street and No.) (City) (State) (Zip) [REDACTED]		POLICY NUMBER(S) a) T0499524	FORM NUMBER(S) a) 10254	LAST PAYMENT DATE a) MO 03 DAY 17 YR. 08	
BIRTH DATE MO. DAY YR. [REDACTED]	HEIGHT	WEIGHT			
Is claimant eligible for Medicaid or a similar state program? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b)	b)	b)	
OCCUPATION Cashier/retail sales		EMPLOYER'S NAME & ADDRESS Wal-Mart of State College, PA		ARE YOU ALSO FILING CLAIM UNDER WORKERS' COMP. ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

IF YOU HAVE OTHER ACCIDENT, SICKNESS OR HOSPITAL INSURANCE, GIVE COMPANY NAME

N/A

IF CLAIM IS FOR SICKNESS PLEASE COMPLETE	DATE OF FIRST SYMPTOMS MO. DAY YR. [REDACTED]	HAVE YOU EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MO. DAY YR. [REDACTED]
	NATURE OF SICKNESS		

IF CLAIM IS FOR ACCIDENT PLEASE COMPLETE	DATE OF ACCIDENT MO. DAY YR. 03 13 08	TIME OF ACCIDENT X AM PM	NATURE OF INJURIES Death - Criminal Homicide
	PLEASE STATE EXACTLY WHERE YOU WERE WHEN ACCIDENT OCCURRED		
	WHAT WERE YOU DOING WHEN ACCIDENT OCCURRED?		
	PLEASE DESCRIBE IN DETAIL HOW ACCIDENT OCCURRED See attached newspaper articles.		

PLEASE COMPLETE FOR BOTH ACCIDENT AND SICKNESS CLAIMS	HOSPITAL'S NAME AND ADDRESS AND CONFINEMENT DATES		MO. DAY YR.	MO. DAY YR.
	FROM		TO	
	ATTENDING PHYSICIANS' NAMES AND ADDRESSES		DATES OF TREATMENT	
A) TOTAL DISABILITY: BETWEEN WHAT DATES WERE YOU UNABLE TO PERFORM ANY DUTIES?		A) FROM THROUGH		
B) DATE RETURNED TO WORK		B) FROM THROUGH		
C) PARTIAL DISABILITY: BETWEEN WHAT DATES WERE YOU ABLE TO PERFORM ONLY PARTIAL DUTIES?		C) FROM THROUGH		

WOULD IT BE ALL RIGHT IF, DURING THE NEXT YEAR, WE MENTION YOUR CLAIM BENEFITS WHEN TALKING TO PROSPECTIVE POLICYHOLDERS ABOUT OUR CLAIM SERVICE? ☐ YES ☒ NO
IF YOU WISH TO DISCONTINUE THIS AUTHORIZATION AT ANY TIME, PLEASE CALL US AT 1-800-225-4500. THANK YOU.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

DATED: 04 17 08
000648-PA

SIGNED: x Kelly A. McLaughlin Admin
CLAIMANT'S SIGNATURE (If Minor, Parent's Signature) R 404

AUTHORIZATION TO RELEASE INFORMATION

I authorize any hospital, medical practitioner, medically related facility, insurance company, employer or consumer reporting agency to release to Combined Insurance Company of America any information concerning my health for the purpose of processing a claim. Combined is also authorized to disclose such information to any doctor. This authorization or photocopy shall be valid for the duration of the claim. A copy is available upon request.

DATED: 04 17 08

SIGNED: x Kelly A. McLaughlin Admin
CLAIMANT'S SIGNATURE (If Minor, Parent's Signature)

CF08042800200127



APPLICATION TO:
COMBINED INSURANCE COMPANY OF AMERICA
Chicago, IL 60640



Issue Ages 6 months-69 years
• ACCIDENT ONLY POLICY •

1 0 1

MR MS MRS ☒ INSURED'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)
Cindy J Coleman

Form No
10198-PA

FIRM NAME

POLICY NO T 0499524G

OCCUPATION

DATE OF BIRTH

PLAN NUMBER

BUSINESS ADDRESS (NO & STREET)

(10251) (10252) (10253) (10254)

CITY

STATE ZIP CODE + 4

RESIDENCE ADDRESS (NO & STREET)

RESIDENCE PHONE NUMBER

CITY

STATE ZIP CODE + 4

BENEFICIARY NAME

Jesse Campbell

BENEFICIARY RELATIONSHIP TO INSURED

Son

AGENT'S DIRECTIONS

E-MAIL ADDRESS FOR INSURED

@

ALTERNATE PHONE NUMBER

SF SM SH SW
BC HC SPANISH
PREFERRED

REFLINKAGE POLICY NO.

Is the insured covered by Medicaid?
(I understand that if my response
is yes, the insured is not eligible
for this coverage.)

YES

NO ☒

ISSUE DATE

05 17 2006

INITIAL PREMIUM

POLICY \$ 16 00

INITIAL
COLLECTION

CASH

CHECK ☒

ZERO DN

(If the insured is on, or goes on Medicaid,
some or all of the policy benefits may be
paid to the Medicaid agency.)

Permission to show your name/firm
name for marketing purposes only?

YES

NO ☒

RIDER \$ 4 00

RENEWAL
COLLECTION
METHOD

FIELD

APC ☒

OTHER

Is this policy intended to replace
any existing policy?

YES

NO ☒

TOTAL \$ 20 00

PAYMENT
MODE

S A

MO ☒

OTHER+

FIELD
USE
ONLY

SEL

☒ RT 5

* MODE

APC

I understand that the policy is an accident only policy and does not pay benefits for loss from sickness.

I also affirm that neither I nor the insured are on Medicaid.

Signature of Applicant ☒ Cindy J. Coleman

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FOR PERSONS ELIGIBLE FOR MEDICARE: I acknowledge receipt of the "Guide to Health Insurance for People with Medicare" and duplication notice
I acknowledge receipt of the policy and outline of coverage.

SIGNATURE OF APPLICANT

☒ Cindy J. Coleman

SOCIAL SECURITY NUMBER

SIGNATURE OF LICENSED RESIDENT AGENT

☒ [Signature]

AGENT CODE

ESPA

Signature of Manager

[Signature]

The answers to the above questions are true to the best of
my knowledge and belief

Form No 112820R-PA

© Combined Insurance Company of America - 2003

(SM)

TO: DJ FORD

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF: CLEARFIELD

Magisterial District # 48-3-04
 MDJ Hon James HAWKINS
 Address 251 Spring St
 Houtzdale PA 16651
 Telephone (814) 378 - 7130

POLICE CRIMINAL COMPLAINT COMMONWEALTH OF PENNSYLVANIA VS.

DEFENDANT

(NAME AND ADDRESS)

Jesse James CAMPBELL
 First Name Middle Name Last Name Gen.
 48 Terrace Drive, Apartment #104
 Houtzdale PA 16651

- ☐ 1-Felony Full ☐ 4-Felony No Ext. ☐ B-Misdemeanor Limited ☐ E-Misdemeanor Pending
☐ 2-Felony Ltd. ☐ 5-Felony Pend. ☐ C-Misdemeanor Surrounding States
☐ 3-Felony Surrounding States ☐ A-Misdemeanor Full ☐ D-Misdemeanor No Extradition
☐ Distance:

DEFENDANT IDENTIFICATION INFORMATION

RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Docket Number C-35-08	Date Filed 03 / 13 / 2008	OTN/LiveScan Number K 562609-5	Complaint/Incident Number C03-0937384
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB [REDACTED]	POB [REDACTED]	Add'l. SSN [REDACTED]	
AKA		First Name	Middle Name	Last Name	Gen.

SID 25967721	HAIR COLOR <input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> PLE (Purple) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> BLN (Blonde/Strawberry) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk/Bald)	EYE COLOR <input type="checkbox"/> BLK (Black) <input checked="" type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> HZL (Hazel) <input type="checkbox"/> MAR (Maroon)	<input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> UNK (Unknown)
-----------------	--	--	---	---	--	--

State PA	License Number 27908290	Expires 10 / 12 / 2005	Weight (Pounds) 145
DNA Location [REDACTED]		Height (Inches) 5	

DOB 648200HC8	Height (Inches) 5	Weight (Pounds) 145
------------------	----------------------	------------------------

Plate #	State	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY) /	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code
VIN	Year	Make	Model	Style	Color	

Office of the Attorney for the Commonwealth: ☒ Approved ☐ Disapproved because:

(The Attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the Attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507.)

William A. SHAW JR.
 (Name of the Attorney for the Commonwealth - Please Print or Type)
 (Signature of the Attorney for the Commonwealth)
 (Date) 3/13/08

I, Tpr. Kimberly J. RONAN
 (Name of the Affiant - Please Print or Type)
 Of (Identify Department or Agency Represented and Political Subdivision)
 do hereby state: (check appropriate box)
 PSP/Troop C 533455 & 6790
 (PSP/MP/OTC - Assigned Affiant ID Number & Badge #)
 PSPSP1300
 (Police Agency ORI Number)

1. ☒ I accuse the above-named defendant who lives at the address set forth above
☐ I accuse the defendant whose name is unknown to me but who is described as
☐ I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe

with violating the penal laws of the Commonwealth of Pennsylvania at [230] Woodward Twp.,
 In Clearfield County [17] on or about 03/12-13/08 (Subdivision Code) (Place-Political Subdivision)
 (County Code)

AOPC 412A-06

PAGE 1 OF 1

20070221-1

CF08042800200130

BEST COPY

POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed 03 / 13 / 2008	OTN/LiveScan Number	Complaint/Incident Number C03-0937384
Defendant Name	First Name Jesse	Middle Name James	Last Name CAMPBELL

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate: (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 76 Only) 75 1575 A
<input checked="" type="checkbox"/> 01	2501	(a)	of the	18	1	FI	01A
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code UCR/NIBRS Code
Point of Path / Incident (If applicable) Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense:

Criminal Homicide- The above named defendant on about the above mentioned date, intentionally, knowingly, recklessly or negligently caused the death of another human being. TO WIT: The defendant repeatedly struck the victim(Cindy Jo COLEMAN) in the face with a five pound weight then defendant choked the victim. Defendant then cut the victim's throat with a knife. Victim also sustained deep lacerations to her her left wrist. The defendants said actions caused the victim's death.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 76 Only) 76 1675 A
<input type="checkbox"/> 02	2702	(a)(1)	of the	18	1	FI	04B
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code UCR/NIBRS Code
Point of Path / Incident (If applicable) Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense:

Aggravated Assault- The above named defendant on about the above mentioned date, attempted to cause serious bodily injury to another or caused such injury intentionally knowingly or recklessly under the circumstances manifesting extreme indifference to the value of human life. TO WIT: The defendant repeatedly struck the victim(Cindy Jo COLEMAN) in the face with a five pound weight then defendant choked the victim. Defendant then cut the victim's throat with a knife causing her serious bodily injury. Victim also had deep lacerations to her her left wrist.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
<input type="checkbox"/>			of the				
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code UCR/NIBRS Code
Point of Path / Incident (If applicable) Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense:

CF08042800200131

BEST COPY

POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed 03 / 13 / 2008	OTN/LiveScan Number	Complaint/Incident Number C03-0837384
Defendant Name Jesse	First Name Jesse	Middle Name James	Last Name CAMPBELL

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate; (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1675 A
<input type="checkbox"/> 03	2705		of the	18	1	M2	04E
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
Permitting Date (If applicable) / Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense:

Recklessly Endangering Another Person- The above named defendant on the above mentioned date recklessly engaged in conduct which placed or may have placed another person in danger of death or serious bodily injury. TO WIT: The defendant repeatedly struck the victim(Cindy Jo COLEMAN) in the face with a five pound weight then defendant choked the victim. Defendant then cut the victim's throat with a knife causing her serious bodily injury. Victim also had deep lacerations to her her left wrist.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1675 A
<input type="checkbox"/> 04	2701	(a)(2)	of the	18	1		04E
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
Permitting Date (If applicable) / Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense:

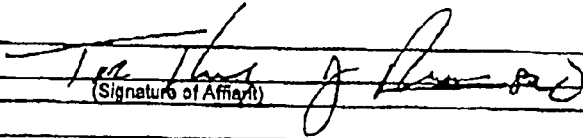
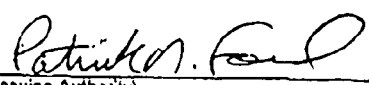
Simple Assault- The above name defendant on the above mentioned date negligently caused bodily injury to another with a deadly weapon. TO WIT: The defendant repeatedly struck the victim(Cindy Jo COLEMAN) in the face with a five pound weight then defendant choked the victim. Defendant then cut the victim's throat with a knife causing her serious bodily injury. Victim also had deep lacerations to her her left wrist.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1675 A
<input type="checkbox"/>			of the				
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
Permitting Date (If applicable) / Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense:

CF08042800200132

BEST COPY

POLICE CRIMINAL COMPLAINT			
Docket Number	Date Filed 03 / 13 / 2008	OTN/LiveScan Number	Complaint/Incident Number C03-0837384
Defendant Name	First Name Jesse	Middle Name James	Last Name CAMPBELL
<p>2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.</p> <p>3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 PA.C.S. §4904) relating to unsworn falsification to authorities.</p> <p>4. This complaint is comprised of the preceding page, as well as the attached pages that follow, numbered through specifying offenses and participants, if any.</p> <p>The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited. (Before a warrant or arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)</p>			
March 13, 2008		 (Signature of Affiant)	
Date (Month and Day)		(Year)	
<p>AND NOW, on this date 3/13/08 I certify that the complaint has been properly completed and verified.</p> <p>An affidavit of probable cause must be completed before a warrant can be issued.</p>			
46301		 (Issuing Authority)	
(Magisterial District Court Number)			

SEAL

CF08042800200133

BEST COPY

NO. 2902 1. 9



CRIMINAL COMPLAINT

Docket Number:	Date Filed: 03/13/08	OTN/LiveScan Number (LiveScan Number Preferred)	Complain/Incident Number C03-0937384
Defendant Name	First: Jesse	Middle: James	Last: CAMPBELL

AFFIDAVIT of PROBABLE CAUSE

CF08042800200134

5

Your Affiant is Trooper Kimberly J. RONAN of the Pa. State Police, Clearfield Station. I have been employed with the Pa. State Police since September 2002 and I am currently assigned to the Criminal Investigations Unit as a Detective.

1. On March 13, 2008 at approximately 0268 hours, Anglea Sue ACEY - W/N/F - DOB: [REDACTED] contacted PSP Clearfield and reported the following in substance: Jesse James CAMPBELL - W/N/M - DOB: [REDACTED] 48 Terrace Street, Woodward Terrace, Houtzdale, PA 16851 and Kasandra Elizabeth FISHER - W/N/F - DOB: [REDACTED] my place today and told me that they were going to kill Jesse's mother, Cindy Jo COLEMAN (victim), [REDACTED]
2. On March 13, 2008, at approximately 0430 hours Trooper Murray GRATTAN contacted Cindy Jo COLEMAN'S parents, William COLEMAN - W/N/M - DOB: [REDACTED], and Doris Ann COLEMAN - W/N/F - DOB: [REDACTED] same address as William COLEMAN, and inquired to them as to the whereabouts of Cindy Jo COLEMAN.
3. On March 13, 2008, at approximately 0510 hours William COLEMAN and Doris Ann COLEMAN, went to Cindy Jo COLEMAN'S above listed residence and found her to be deceased.
4. On March 13, 2008 at approximately 0531 hours, Troopers Murry GRATTAN and Douglas SIPLE arrived at Cindy Jo COLEMAN'S residence and confirmed the death of Cindy Jo COLEMAN. Troopers GRATTAN and SIPLE related that Cindy Jo COLEMAN had lacerations to both of her wrists and to her neck.
5. On March 13, 2008 at approximately 0760 hours, Trooper William MOSTYN and Cpl. Thomas JOSEPHSON interviewed ACEY and she reported the following in substance: FISHER was here at my place and blurted out that Jesse (CAMPBELL) went to kill his mother (Cathy Jo COLEMAN). I asked her if this was a joke and she said no, that she was being serious. She told me that Jesse was taking his mother's computer and that his mother was going to blame her for receiving it. She said that Jesse's mother was going to send him back to prison and he said that he wanted to kill her.
6. On March 13, 2008 at approximately 0839 hours, Trooper William MOSTYN and Cpl. Thomas JOSEPHSON interviewed James Paul HOOPSICK - W/N/M - DOB: [REDACTED] and he reported the following in substance: I was at Kasey's (FISHER'S) place watching her son. Kasey came back at approximately 0210 hours, and she was hysterical. When I asked her what was wrong, she said that she could not tell me. I asked her that if she told Angle (ACEY) what happened, Angle would tell me anyway. Kasey said that her boyfriend (Jesse) was going to do something bad. I asked what? Then she told me that her boyfriend was going to kill his mother. Kasey said that it was over a computer and that it was planned out. Kasey said that CAMPBELL took latex gloves and that CAMPBELL was going to make it look like a burglary. Kasey said that everything was going to be placed in a dumpster or buried out back.
7. On March 13, 2008 at approximately 1030 hours, Trooper William MOSTYN and Cpl. Charles DOMINICK interviewed FISHER at PSP Clearfield. She reported the following in substance: Jesse got a phone call from his mother (Cindy Jo COLEMAN). She was freaking out because he took the computer. She told him that he had to have the computer back in her apartment by 8:00AM or she was calling the cops. She hung up on him and Jesse started mumbling. He said he wanted to kill that bitch over and over. He sat down beside me and said he was going to kill her. Jesse went downtown to get cigarettes. He was gone over twenty five minutes and I freaked out and went over to Angle's house and told her. When Jesse came home he said it got messy. He went in and tried to wake her up. He said he went into another room and grabbed a five pound plastic weight and started hitting her in the face. He then said he started choking her. He said he then grabbed a steak knife from the kitchen. He said the last cut he could see white coming out of her throat. He told me he then grabbed the weight again and struck her in the face. He said he could hear her choking on her blood. He then said he read her the bible. He told me she was dead. He had the same clothes on that he had on when he left. Jesse was wearing a blue sweatshirt, sweatpants, and white sneakers. He took them off inside the door and put them in a white garbage bag. He then went up and got a shower. He told me that he was throwing his clothes away and when I asked why, he told me that it got messy. He said he went up to his mother's and it got real messy and that there was blood everywhere. He asked me to throw the bag in the dumpster and I threw it in the dumpster at the end of the parking lot.

CF08042800200135

I, Tpr. Kimberly J. RONAN, 8790, BEING DULY
SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING
AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

[Signature]
Signature of Affiant

Sworn to me and subscribed before me this 3-13-08 day of Patrick N. Ford, Magisterial District Judge.

My commission expires first Monday of January, 2012.



CF08042800200136

SHORT CERTIFICATE – Letters Of Administration

Certificate of Appointment of Administratrix

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF CLEARFIELD

} ss:

The undersigned, Register for the Probate of Wills and granting Letters of Administration in and for the County of Clearfield, in the Commonwealth of Pennsylvania.

DO HEREBY CERTIFY and made known, that on 8th day of April, 2008 Letters Of Administration on the Estate of CINDY JO COLEMAN, deceased, were granted unto KELLY ANN MCCOY, Administratrix having first given security well and truly to administer the same. I further certify that said letters are in full force and effect at the present time, and entitled to full faith and credit.

Date of Death: March 13, 2008
File #: 1708-0212
Social Security No.: [REDACTED]

Given under my hand and seal of office this 8th
day of April in the year of our Lord, 2008

Maureen E. Inlow

Register of Wills

MY COMMISSION EXPIRES
FIRST MONDAY IN JANUARY 2012

CF08042800200144

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

NO: 08-1278-CD

COMBINED LIFE INSURANCE COMPANY OF AMERICA

vs

SERVICE # 1 OF 2

JESSE JAMES CAMPBELL and KELLY ANN MCCOY ind. & as Administratrix of the Estate of
Cindy Jo Coleman

INTERPLEADER COMPLAINT

SERVE BY: 08/13/2008

HEARING:

PAGE: 104482

FILED

DEFENDANT:

JESSE JAMES CAMPBELL

ADDRESS:

CLEARFIELD COUNTY JAIL, 115 TWENTY-FIRST ST.

CLEARFIELD, PA 16830

ALTERNATE ADDRESS

AUG 04 2008

0/3:306
William A. Shaw
Prothonotary/Clerk of Courts

SERVE AND LEAVE WITH: DEFENDANT ONLY

CIRCLE IF THIS HIGHLIGHTED ADDRESS IS:

VACANT

OCCUPIED

ATTEMPTS

SHERIFF'S RETURN

NOW, 8/1/08 AT 1050 AM/PM SERVED THE WITHIN

INTERPLEADER COMPLAINT ON JESSE JAMES CAMPBELL, DEFENDANT

BY HANDING TO Jesse James Campbell, self

A TRUE AND ATTESTED COPY OF THE ORIGINAL DOCUMENT AND MADE KNOW TO HIM / HER THE CONTENTS THEREOF.

ADDRESS SERVED 115 21st st. Clearfield Pa

NOW _____ AT _____ AM / PM POSTED THE WITHIN

INTERPLEADER COMPLAINT FOR JESSE JAMES CAMPBELL

AT (ADDRESS) _____

NOW _____ AT _____ AM / PM AFTER DILIGENT SEARCH IN MY BAILIWICK,

I MAKE RETURN OF **NOT FOUND** AS TO JESSE JAMES CAMPBELL

REASON UNABLE TO LOCATE _____

SWORN TO BEFORE ME THIS

_____ DAY OF _____ 2008

So Answers: CHESTER A. HAWKINS, SHERIFF

BY:

[Signature]
Deputy Signature

S. Hunter
Print Deputy Name

FILED

AUG 04 2008

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

NO: 08-1278-CD

COMBINED LIFE INSURANCE COMPANY OF AMERICA

vs

SERVICE # 2 OF 2

JESSE JAMES CAMPBELL and KELLY ANN MCCOY ind. & as Administratrix of the Estate of
Cindy Jo Coleman

INTERPLEADER COMPLAINT

SERVE BY: 08/13/2008

HEARING:

PAGE: 104482

DEFENDANT:

KELLY ANN MCCOY

ADDRESS:

C/O GIRARD KASUBICK, ESQ., LEHMAN & KASUBICK,
611 BRISBIN ST., HOUTZDALE, PA 16651

ALTERNATE ADDRESS

SERVE AND LEAVE WITH: DEFENDANT/PIC

CIRCLE IF THIS HIGHLIGHTED ADDRESS IS:

VACANT

OCCUPIED

ATTEMPTS

FILED

0/8:30 AM

AUG 05 2008

William A. Shaw

Prothonotary/Clerk of Courts

SHERIFF'S RETURN

NOW, 8-4-08 AT 1:36 AM (PM) SERVED THE WITHIN

INTERPLEADER COMPLAINT ON KELLY ANN MCCOY, DEFENDANT

BY HANDING TO GIRARD KASUBICK ESQ. 1 Attorney for Def.

A TRUE AND ATTESTED COPY OF THE ORIGINAL DOCUMENT AND MADE KNOW TO HIM/HER THE CONTENTS THEREOF.

ADDRESS SERVED 611 Brisbin St.
Houtzdale, PA 16651

NOW _____ AT _____ AM / PM POSTED THE WITHIN

INTERPLEADER COMPLAINT FOR KELLY ANN MCCOY

AT (ADDRESS) _____

NOW _____ AT _____ AM / PM AFTER DILIGENT SEARCH IN MY BAILIWICK,

I MAKE RETURN OF **NOT FOUND** AS TO KELLY ANN MCCOY

REASON UNABLE TO LOCATE _____

SWORN TO BEFORE ME THIS

_____ DAY OF _____ 2008

So Answers: CHESTER A. HAWKINS, SHERIFF

BY:

James E. Davis
Deputy Signature

JAMES E. DAVIS
Print Deputy Name

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA
CIVIL DIVISION

COMBINED LIFE INSURANCE	:	No.: 2008-1278-CD
COMPANY OF AMERICA,	:	Type of Case: Civil
Plaintiff	:	Type of Pleading:
	:	Answer to Interpleader
	:	Complaint and
vs.	:	Cross-Claim against
	:	Jesse James Campbell
	:	Filed on behalf of:
JESSE JAMES CAMPBELL and	:	Kelly Ann McCoy,
KELLY ANN MCCOY, Individually	:	Individually and as
and as Administratrix of the	:	Administratrix of the
Estate of Cindy Jo Coleman,	:	Estate of Cindy Jo
Defendants	:	Coleman
	:	Counsel of Record for
	:	This Party:
	:	Girard Kasubick, Esq.
	:	Supreme Court No. 30109
	:	LEHMAN & KASUBICK
	:	611 Brisbin Street
	:	Houtzdale, PA 16651
	:	(814) 378-7840

FILED

01:15 P.M. EK
SEP 09 2008

3cc Atty

William A. Shaw
Prothonotary/Clerk of Courts

(610)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA
CIVIL DIVISION

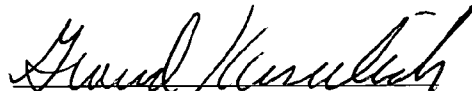
COMBINED LIFE INSURANCE :
COMPANY OF AMERICA, : No.: 2008-1278-CD
Plaintiff :
vs. :
JESSE JAMES CAMPBELL and :
KELLY ANN MCCOY, Individually :
and as Administratrix of the :
Estate of Cindy Jo Coleman :
Defendants :

NOTICE TO PLEAD

To: Jesse James Campbell

You are hereby notified to file a written response to
the Defendant, Kelly Ann McCoy's, Cross-Claim against
Jesse James Campbell within twenty (20) days from service
hereof or a default judgment may be entered against you.

LEHMAN & KASUBICK


Girard Kasubick, Esquire
Attorney for Defendant

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA
CIVIL DIVISION

COMBINED LIFE INSURANCE :
COMPANY OF AMERICA, : No.: 2008-1278-CD
Plaintiff :
vs. :
JESSE JAMES CAMPBELL and :
KELLY ANN MCCOY, Individually :
and as Administratrix of the :
Estate of Cindy Jo Coleman :
Defendants :

ANSWER TO INTERPLEADER COMPLAINT

AND NOW COMES, Kelly Ann McCoy, Individually and as Administratrix of the Estate of Cindy Jo Coleman, by and through her attorney, Girard Kasubick, Esq., and files the following Answer to the Interpleader Complaint.

1. Admitted.

2. Admitted.

3. Admitted in part and Denied in part. It is admitted, Kelly Ann McCoy, is the Administratrix of the Estate of Cindy Jo Coleman and that service of process can be made on the attorney for the estate, Girard Kasubick, Esq. The Administratrix address is incorrect and is P.O. Box 21, 787 28 Road, Smithmill, PA 16680.

4. Admitted.

5. Admitted.

6. Admitted.

7. Admitted.

8. Admitted.

9. Admitted.

10. Admitted in part and Denied in part. It is denied as to whether Defendant Campbell has made a claim because after reasonable investigation Defendant McCoy is without knowledge or information as to whether Defendant Campbell has made a claim to the benefits. It is admitted Defendant McCoy has made a claim to the benefits on behalf of the Estate of Cindy Jo Coleman as set forth on Exhibit "C" attached to the Interpleader Complaint. Defendant McCoy further asserts her claim to the benefits as set forth in the Cross-Claim paragraphs below and which are incorporated herein by reference thereto.

11. Admitted.

12. Admitted subject to the benefits being paid or held as directed by the Court.

13. Admitted.

WHEREFORE, Defendant, Kelly Ann McCoy, Individually and as Administratrix of the Estate of Cindy Jo Coleman, requests your Honorable Court to have the benefits of the Plaintiff's policy paid to the Estate of Cindy Jo Coleman for the benefit of the estate's creditors and legal heirs

as requested in the Cross-Claim set forth below and incorporated herein.

CROSS-CLAIM AGAINST JESSE JAMES CAMPBELL

14. Paragraphs 1 through 13 of Plaintiff's Interpleader Complaint and paragraphs 1 through 13 of Defendant, Kelly Ann McCoy's, Answer to Interpleader Complaint are incorporated herein by reference thereto.

15. The Cross-Claimant is Kelly Ann McCoy, Individually and as Administratrix of the Estate of Cindy Jo Coleman.

16. The Cross-Claim is directed against Jesse James Campbell who is currently incarcerated at the Clearfield County Jail at 115 Twenty-First Street, Clearfield, PA 16830.

17. Jesse James Campbell is incarcerated for criminal homicide and other charges resulting in the death of Cindy Jo Coleman, his mother, as set forth in the Criminal Complaint attached hereto and marked Exhibit "A".

18. The Criminal Complaint being Exhibit "A" attached hereto sets forth alleged facts that Jesse James Campbell willfully and unlawfully killed Cindy Jo Coleman.

19. If convicted, Jesse James Campbell is a slayer as defined under Pennsylvania Law in title 20 of the Pennsylvania Probates, Estates, and Fiduciaries Code in 20 Pa.C.S.A. § 8801.

20. If convicted, Jesse James Campbell is not entitled to the benefits of the Combined life insurance policy number T0499524 (Exhibit "B" attached to Interpleader Complaint) as set forth in 20 Pa.C.S.A. § 8811(a) which directs that benefits of life insurance payable to a slayer be paid to the estate of the decedent who was the insured if no other alternative beneficiary is designated.


21. The Combined life insurance policy number T0499524 did not designate any other beneficiaries than Jesse Campbell as shown on Exhibit "D" attached to the Interpleader Complaint.

22. If convicted, the proceeds of the Combined life insurance policy number T0499524 shall be paid to the

Estate of Cindy Jo Coleman for the benefit of her creditors and heirs.

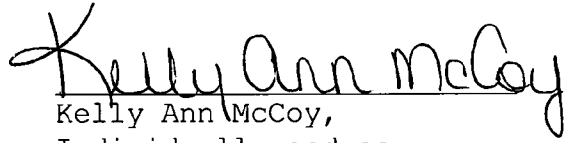
WHEREFORE, the Cross-Claimant, Kelly Ann McCoy, Individually and as Administratrix of the Estate of Cindy Jo Coleman, requests your honorable court to issue an Order that the Plaintiff or the escrow holder of the funds under the Plaintiff's policy number T0499524 be paid to the Estate of Cindy Jo Coleman under 20 Pa.C.S.A. § 8811.

RESPECTFULLY SUBMITTED:


Girard Kasubick, Esq.,
Attorney for Defendant and
Cross-Claimant,
Kelly Ann McCoy

VERIFICATION

I, the undersigned, verify that the statements made in the foregoing Answer to Interpleader Complaint and Cross-Claim against Jesse James Campbell is true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities.


Kelly Ann McCoy,
Individually and as
Administratrix of the
Estate of Cindy Jo Coleman

TO: DJ FORD COMMONWEALTH OF PENNSYLVANIA COUNTY OF: CLEARFIELD Magisterial District # 46-3-04 MDJ Hon James HAWKINS Address 251 Spring St. Houtzdale PA 16651 Telephone (814) 378-7130		 POLICE CRIMINAL COMPLAINT COMMONWEALTH OF PENNSYLVANIA VS. DEFENDANT (NAME AND ADDRESS) Jesse James CAMPBELL First Name Middle Name Last Name 48 Terrace Drive, Apartment #104 Houtzdale PA 16651	
<input type="checkbox"/> 1-Felony Full <input type="checkbox"/> 2-Felony Ltd. <input type="checkbox"/> 3-Felony Surrounding States <input type="checkbox"/> Distance:		<input type="checkbox"/> 4-Felony No Ext. <input type="checkbox"/> 5-Felony Pend. <input type="checkbox"/> A-Misdemeanor Full <input type="checkbox"/> B-Misdemeanor Limited <input type="checkbox"/> C-Misdemeanor Surrounding States <input type="checkbox"/> D-Misdemeanor No Extradition <input type="checkbox"/> E-Misdemeanor Pending	
DEFENDANT IDENTIFICATION INFORMATION			
RACE <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown	ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	Docket Number 05-35-08 DOB 08 / 14 / 87	Date Filed 03 / 13 / 2008 POB
		OTN/LiveScan Number K 562609-5	Complaint/Incident Number C03-0937384
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		Add'l. DOB / /	SSN 424 - 25 - 3771
		AKA	Add'l. SSN
		First Name	Middle Name
		Last Name	Gen.
SID 25967721	HAIR COLOR <input type="checkbox"/> BLK (Black) <input type="checkbox"/> BLU (Blue) <input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray) <input type="checkbox"/> ONG (Orange) <input type="checkbox"/> PLE (Purple) <input type="checkbox"/> PNK (Pink) <input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> RED (Red/Aubn.) <input type="checkbox"/> BLN (Blonde/Strawberry) <input type="checkbox"/> WHI (White) <input type="checkbox"/> XXX (Unk/Bald)
EYE COLOR <input type="checkbox"/> BLK (Black) <input checked="" type="checkbox"/> BLU (Blue) <input type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRN (Green) <input type="checkbox"/> GRY (Gray) <input type="checkbox"/> HZL (Hazel) <input type="checkbox"/> MAR (Maroon)	<input type="checkbox"/> PNK (Pink) <input type="checkbox"/> MUL (Multicolored) <input type="checkbox"/> UNK (Unknown)	
Request Lab Services? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver License <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	State PA	License Number 27908290
		Expires 10 / 12 / 2005	Weight (pounds) 145
DNA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DNA Location	Height (in) 5 06
FBI Number 646200HC8		MNI Number	Fingerprint Classification
DEFENDANT VEHICLE INFORMATION			
Plate #	State	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY) /
VIN	Year	Make	Model
		Style	Color
Comm'l Veh. Ind. <input type="checkbox"/> School Veh. <input type="checkbox"/> Oth. NCIC Veh. Code			
Office of the Attorney for the Commonwealth: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved because:			
(The Attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the Attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).			
William A. SHAW, JR. (Name of the Attorney for the Commonwealth - Please Print or Type)		 (Signature of the Attorney for the Commonwealth)	
		313108 (Date)	
I, Tpr. Kimberly J. RONAN (Name of the Affiant - Please Print or Type)		PSP/Troop C 533455 & 6790 (PSP/MP/OTC - Assigned Affiant ID Number & Badge #)	
Of (Identify Department or Agency Represented and Political Subdivision)		PSPSP1300 (Police Agency ORI Number)	
do hereby state: (check appropriate box)			
1. <input checked="" type="checkbox"/> I accuse the above-named defendant who lives at the address set forth above			
<input type="checkbox"/> I accuse the defendant whose name is unknown to me but who is described as			
<input type="checkbox"/> I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe			
with violating the penal laws of the Commonwealth of Pennsylvania at [230] Woodward Twp., (Subdivision Code) (Place-Political Subdivision)			
in Clearfield County [17] (County Code)		on or about 03/12-13/08	



POLICE CRIMINAL COMPLAINT

Docket Number	Date Filed 03 / 13 / 2008	OTN/LiveScan Number		Complaint/Incident Number C03-0937364
Defendant Name	First Name Jesse	Middle Name James	Last Name CAMPBELL	

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate: (Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A		
<input checked="" type="checkbox"/>	01	2501	(a)	of the	18	1	F!	01A	
Lead?	Offense #	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (If Applicable)	Accident Number					<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	
Acts of the accused associated with this Offense:									
Criminal Homicide- The above named defendant on about the above mentioned date, intentionally, knowingly, recklessly or negligently caused the death of another human being. TO WIT: The defendant repeatedly struck the victim(Cindy Jo COLEMAN) in the face with a five pound weight then defendant choked the victim. Defendant then cut the victim's throat with a knife. Victim also sustained deep lacerations to her her left wrist. The defendants said actions caused the victim's death.									
Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A		
<input type="checkbox"/>	02	2702	(a)(1)	of the	18	1	F!	04B	
Lead?	Offense #	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (If Applicable)	Accident Number					<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	
Acts of the accused associated with this Offense:									
Aggravated Assault- The above named defendant on about the above mentioned date, attempted to cause serious bodily injury to another or caused such injury intentionally knowingly or recklessly under the circumstances manifesting extreme indifference to the value of human life. TO WIT: The defendant repeatedly struck the victim(Cindy Jo COLEMAN) in the face with a five pound weight then defendant choked the victim. Defendant then cut the victim's throat with a knife causing her serious bodily injury. Victim also had deep lacerations to her her left wrist.									
Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A		
<input type="checkbox"/>				of the					
Lead?	Offense #	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (If Applicable)	Accident Number					<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	
Acts of the accused associated with this Offense:									



POLICE CRIMINAL COMPLAINT

Docket Number		Date Filed 03 / 13 / 2008	OTN/LiveScan Number		Complaint/Incident Number C03-0937384
Defendant Name	First Name Jesse	Middle Name James	Last Name CAMPBELL		

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate: (Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
<input type="checkbox"/>	03	2705		of the 18	1	M2	04E
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
PennDOT Data (if applicable)	Accident Number			<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense:

Recklessly Endangering Another Person- The above named defendant on the above mentioned date recklessly engaged in conduct which placed or may have placed another person in danger of death or serious bodily injury. TO WIT: The defendant repeatedly struck the victim(Cindy Jo COLEMAN) in the face with a five pound weight then defendant choked the victim. Defendant then cut the victim's throat with a knife causing her serious bodily injury. Victim also had deep lacerations to her her left wrist.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
<input type="checkbox"/>	04	2701	(a)(2)	of the 18	1		04E
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
PennDOT Data (if applicable)	Accident Number			<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense:

Simple Assault- The above name defendant on the above mentioned date negligently caused bodily injury to another with a deadly weapon. TO WIT: The defendant repeatedly struck the victim(Cindy Jo COLEMAN) in the face with a five pound weight then defendant choked the victim. Defendant then cut the victim's throat with a knife causing her serious bodily injury. Victim also had deep lacerations to her her left wrist.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
<input type="checkbox"/>				of the			
Lead?	Offense #	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code
PennDOT Data (if applicable)	Accident Number			<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense:

POLICE CRIMINAL COMPLAINT			
Docket Number	Date Filed 03 / 13 / 2008	OTN/LiveScan Number	Complaint/Incident Number C03-0937384
Defendant Name	First Name Jesse	Middle Name James	Last Name CAMPBELL
<p>2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.</p> <p>3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 P.A.C.S. §4904) relating to unsworn falsification to authorities.</p> <p>4. This complaint is comprised of the preceding page, as well as the attached pages that follow, numbered _____ through _____, specifying offenses and participants, if any.</p> <p>The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited. (Before a warrant or arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)</p>			
March 13,		2008	
Date (Month and Day)		(Year)	
 (Signature of Affiant)			
<p>AND NOW, on this date <u>3/13/08</u> I certify that the complaint has been properly completed and verified.</p> <p>An affidavit of probable cause must be completed before a warrant can be issued.</p>			
<u>463-01</u> (Magisterial District Court Number)		 (Issuing Authority)	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> SEAL </div>			



CRIMINAL COMPLAINT

Docket Number:	Date Filed: 03/13/08	OTN/LiveScan Number (LiveScan Number Preferred)	Complaint/Incident Number C03-0937384
Defendant Name	First: Jesse	Middle: James	Last: CAMPBELL

AFFIDAVIT of PROBABLE CAUSE

10-1-2008

1. Your Affiant is Trooper Kimberly J. RONAN of the Pa. State Police, Clearfield Station. I have been employed with the Pa. State Police since September 2002 and I am currently assigned to the Criminal Investigations Unit as a Detective.

2. On March 13, 2008 at approximately 0268 hours, Anglea Sue ACEY - W/N/F - DOB: [REDACTED] contacted PSP Clearfield and reported the following in substance: Jesse James CAMPBELL - W/N/M - DOB: [REDACTED] 48 Terrace Street, Woodward Terrace, Houltzdale, PA 16651 and Kasandra Elizabeth FISHER - W/N/F - DOB: [REDACTED] my place today and told me that they were going to kill Jesse's mother, Cindy Jo COLEMAN (victim), [REDACTED]

3. On March 13, 2008, at approximately 0430 hours Trooper Murray GRATTAN contacted Cindy Jo COLEMAN's parents, William COLEMAN - W/N/M - DOB: [REDACTED] and Doris Ann COLEMAN - W/N/F - DOB: [REDACTED] same address as William COLEMAN, and inquired to them as to the whereabouts of Cindy Jo COLEMAN.

4. On March 13, 2008, at approximately 0510 hours William COLEMAN and Doris Ann COLEMAN, went to Cindy Jo COLEMAN'S above listed residence and found her to be deceased.

5. On March 13, 2008 at approximately 0531 hours, Troopers Murry GRATTAN and Douglas SIPLE arrived at Cindy Jo COLEMAN'S residence and confirmed the death of Cindy Jo COLEMAN. Troopers GRATTAN and SIPLE related that Cindy Jo COLEMAN had lacerations to both of her wrists and to her neck.

6. On March 13, 2008 at approximately 0760 hours, Trooper William MOSTYN and Cpl. Thomas JOSEPHSON interviewed ACEY and she reported the following in substance: FISHER was here at my place and blurted out that Jesse (CAMPBELL) went to kill his mother (Cathy Jo COLEMAN). I asked her if this was a joke and she said no, that she was being serious. She told me that Jesse was taking his mother's computer and that his mother was going to blame her for receiving it. She said that Jesse's mother was going to send him back to prison and he said that he wanted to kill her.

7. On March 13, 2008 at approximately 0839 hours, Trooper William MOSTYN and Cpl. Thomas JOSEPHSON interviewed James Paul HOOPSICK - W/N/M - DOB: [REDACTED] and he reported the following in substance: I was at Kasey's (FISHER'S) place watching her son. Kasey came back at approximately 0210 hours, and she was hysterical. When I asked her what was wrong, she said that she could not tell me. I asked her that if she told Angle (ACEY) what happened, Angle would tell me anyway. Kasey said that her boyfriend (Jesse) was going to do something bad. I asked what? Then she told me that her boyfriend was going to kill his mother. Kasey said that it was over a computer and that it was planned out. Kasey said that CAMPBELL took latex gloves and that CAMPBELL was going to make it look like a burglary. Kasey said that everything was going to be placed in a dumpster or buried out back.

8. On March 13, 2008 at approximately 1030 hours, Trooper William MOSTYN and Cpl. Charles DOMINICK interviewed FISHER at PSP Clearfield. She reported the following in substance: Jesse got a phone call from his mother (Cindy Jo COLEMAN). She was freaking out because he took the computer. She told him that he had to have the computer back in her apartment by 8:00AM or she was calling the cops. She hung up on him and Jesse started mumbling. He said he wanted to kill that bitch over and over. He sat down beside me and said he was going to kill her. Jesse went downtown to get cigarettes. He was gone over twenty five minutes and I freaked out and went over to Angle's house and told her. When Jesse came home he said it got messy. He went in and tried to wake her up. He said he went into another room and grabbed a five pound plastic weight and started hitting her in the face. He then said he started choking her. He said he then grabbed a steak knife from the kitchen. He said the last cut he could see white coming out of her throat. He told me he then grabbed the weight again and struck her in the face. He said he could hear her choking on her blood. He then said he read her the bible. He told me she was dead. He had the same clothes on that he had on when he left. Jesse was wearing a blue sweatshirt, sweatpants, and white sneakers. He took them off inside the door and put them in a white garbage bag. He then went up and got a shower. He told me that he was throwing his clothes away and when I asked why, he told me that it got messy. He said he went up to his mother's and it got real messy and that there was blood everywhere. He asked me to throw the bag in the dumpster and I threw it in the dumpster at the end of the parking lot.

CF08042800200135

I, Tpr. Kimberly J. RONAN, 8790

Kim, BEING DULY
SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING
AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Terrell J. Howard
Signature of Affiant

Sworn to me and subscribed before me this _____ day of _____

3-13-08

Patrick N. Ford

, Magisterial District Judge.

My commission expires first Monday of January, 2012

SEAL

AOPC 411C-06

PAGE 7 OF _____

20070221-1

EXHIBIT "A"

7 of 7

FILED

SEP 09 2003

William A. Shaw
Prothonotary/Clerk of Court

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA
CIVIL DIVISION

COMBINED LIFE INSURANCE	:	No.: 2008-1278-CD
COMPANY OF AMERICA,	:	Type of Case: Civil
Plaintiff	:	Type of Pleading:
	:	Certificate of
vs.	:	Service
	:	Filed on behalf of:
JESSE JAMES CAMPBELL and	:	Kelly Ann McCoy,
KELLY ANN MCCOY, Individually	:	Individually and as
and as Administratrix of the	:	Administratrix of the
Estate of Cindy Jo Coleman,	:	Estate of Cindy Jo
Defendants	:	Coleman
	:	Counsel of Record for
	:	This Party:
	:	Girard Kasubick, Esq.
	:	Supreme Court No. 30109
	:	LEHMAN & KASUBICK
	:	611 Brisbin Street
	:	Houtzdale, PA 16651
	:	(814) 378-7840

FILED ^{icc}
01:44:30
SEP 11 2008 ^{Any}
(L) Kasubick
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA
CIVIL DIVISION

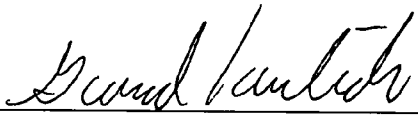
COMBINED LIFE INSURANCE :
COMPANY OF AMERICA, : No.: 2008-1278-CD
Plaintiff :
vs. :
JESSE JAMES CAMPBELL and :
KELLY ANN MCCOY, Individually :
and as Administratrix of the :
Estate of Cindy Jo Coleman :
Defendants :

CERTIFICATE OF SERVICE

I hereby certify that I, Girard Kasubick, Esq., served a copy of the Answer to Interpleader Complaint and Cross-Claim against Jesse James Campbell by regular United States mail, postage pre-paid, mailed on September 10, 2008 upon the attorney for the Plaintiff, Combined Life Insurance Company of America, at the following address:

Joshua Bachrach, Esq.
The Widener Building
One South Penn Square
Philadelphia, PA 19107

Date: September 10, 2008


Girard Kasubick, Esquire,
Attorney for Defendant,
Kelly Ann McCoy

FILED

SEP 11 2008

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 104482
NO: 08-1278-CD
SERVICES 2
INTERPLEADER COMPLAINT

PLAINTIFF: COMBINED LIFE INSURANCE COMPANY OF AMERICA

vs.

DEFENDANT: JESSE JAMES CAMPBELL and KELLY ANN MCCOY ind. & as Administratrix of the Estate of
Cindy Jo Coleman

SHERIFF RETURN

RETURN COSTS

Description	Paid By	CHECK #	AMOUNT
SURCHARGE	RAWLE	4891	20.00
SHERIFF HAWKINS	RAWLE	4891	47.48

3
FILED
019.05.61
DEC 31 2008
William A. Shaw
Prothonotary/Clerk of Courts

Sworn to Before Me This

_____ Day of _____ 2008

So Answers,



Chester A. Hawkins
Sheriff

FILED

DEC 31 2008

William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 104617
NO: 08-1278-CD
SERVICES 1
ANSWER TO INTERPLEADER COMPLAINT

PLAINTIFF: COMBINED LIFE INSURANCE COMPANY OF AMERICA
vs.
DEFENDANT: JESSE JAMES CAMPBELL et al

SHERIFF RETURN

RETURN COSTS

Description	Paid By	CHECK #	AMOUNT
SURCHARGE	KASUBICK	13542	10.00
SHERIFF HAWKINS	KASUBICK	13542	20.42

^SFILED
01/3:45 PM
JAN 08 2009
William A. Shaw
Prothonotary/Clerk of Courts

Sworn to Before Me This

_____ Day of _____ 2008

So Answers,



Chester A. Hawkins
Sheriff

FILED

JAN 08 2009

William A. Shaw
Prothonotary/Clerk of Courts

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION


COMBINED LIFE INSURANCE COMPANY OF AMERICA	*	NO. 2008-1278-CD
Plaintiff	*	
	*	
vs.	*	
JESSE JAMES CAMPBELL	*	
KELLY ANN MCCOY	*	
Defendants	*	

ORDER

NOW, this 15th day of May, 2013, it is the ORDER of this Court that a **status conference** be and is hereby scheduled for the **27th day of June, 2013 at 1:30 p.m.** in Courtroom No. 1, Clearfield County Courthouse, Clearfield, Pennsylvania.

If this case has been concluded, the moving party is directed to file the appropriate Praeipe with the Prothonotary of Clearfield County to finalize that status of the case.

BY THE COURT,



FREDRIC J. AMMERMAN
President Judge

FILED 1CC Attys:
019:26cm J. Bachrach
MAY 16 2013 Kasubick
William A. Shaw
Prothonotary/Clerk of Courts
1CC doct
J. Campbell
68

DATE: 5-16-13

☐ You are responsible for serving all appropriate parties.

☒ The Prothonotary's office has provided service to the following parties:

☐ Plaintiff(s) ☒ Plaintiff(s) Attorney ☐ Other

☒ Defendant(s) ☒ Defendant(s) Attorney

☐ Special Instructions:

FILED

MAY 16 2013

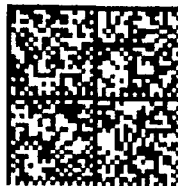
William A. Shaw
Prothonotary/Clerk of Courts

deft -Campbell
115 Twenty-first St
Charlotte NC 28203

William A. Shaw
Prothonotary/Clerk of Courts
Po Box 549
Clearfield, PA 16830.

FILED (16)
0/8:30am
MAY 24 2013
William A. Shaw
Prothonotary/Clerk of Courts

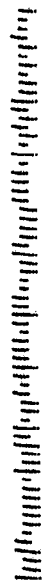
Jesse James Campbell
115 21st Street
Clearfield PA 16830



Hasler

016H26524836
\$00.460
05/17/2013
Mailed From 16830
US POSTAGE

168303216 R002



5/16/13/18

OFFICE OF THE PROTHONOTARY AND CLERK OF COURTS
CLEARFIELD COUNTY

WILLIAM A. SHAW
PROTHONOTARY
AND
CLERK OF COURTS

JACKI KENDRICK
DEPUTY PROTHONOTARY



PO BOX 549
CLEARFIELD, PENNSYLVANIA 16830
(814) 765-2641 Ext. 5013
FAX (814) 765-2641

JOHN SUGHRUE
SOLICITOR

LYNN MILLER
ADMINISTRATIVE ASSISTANT

dat
J. Campbell
115 21st St
Clearfield

To: All Concerned Parties

It has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 2136 Thank you.

William A. Shaw, Prothonotary

DATE: 5-16-13

 You are responsible for serving all appropriate parties.

 X The Prothonotary's office has provided service to the following parties:

 Plaintiff(s) X Plaintiff(s) Attorney Other

 X Defendant(s) X Defendant(s) Attorney

**IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION**

COMBINED LIFE INSURANCE COMPANY OF AMERICA *
Plaintiff *

NO. 2008-1278-CD

vs. *

JESSE JAMES CAMPBELL *
KELLY ANN MCCOY *
Defendants *

ORDER

NOW, this 15th day of May, 2013, it is the ORDER of this Court that a **status conference** be and is hereby scheduled for the **27th day of June, 2013 at 1:30 p.m.** in Courtroom No. 1, Clearfield County Courthouse, Clearfield, Pennsylvania.

If this case has been concluded, the moving party is directed to file the appropriate Praecipe with the Prothonotary of Clearfield County to finalize that status of the case.

BY THE COURT,

/S/ Fredric J Ammerman

FREDRIC J. AMMERMAN
President Judge

I hereby certify this to be a true
and attested copy of the original
statement filed in this case.

MAY 16 2013

Attest.

William L. Brown
Prothonotary/
Clerk of Courts

WILSON, ELSER, MOSKOWITZ,
EDELMAN & DICKER LLP
By: Joshua Bachrach, Esquire
Pa ID No.: 68788
The Curtis Center, Suite 1130 East
Independence Square West
Philadelphia, PA 19106
215.627.6900 / 215.627.2665 (f)
joshua.bachrach@wilsonelser.com

COMBINED LIFE INSURANCE
COMPANY OF AMERICA,
Plaintiff,

v.

JESSE JAMES CAMPBELL and
KELLY ANN MCCOY, individually and
as Administratrix of the Estate of Cindy
Jo Coleman,
Defendants.

Attorneys for Plaintiff
Combined Life Insurance
Company of America

:
:
: COURT OF COMMON PLEAS
: CLEARFIELD COUNTY
:
: **ACTION IN EQUITY FOR**
: **INTERPLEADER RELIEF AND**
: **DECLARATORY JUDGMENT**
:
: Civil Action No.: 08-1278-CD
:
:

PRAECIPE TO SETTLE, DISCONTINUE AND END

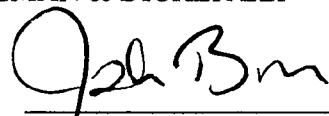
TO THE PROTHONOTARY:

Please mark the above captioned action SETTLED, DISCONTINUED AND
ENDED as to all claims asserted against any and all defendants.

Respectfully submitted

WILSON, ELSER, MOSKOWITZ,
EDELMAN & DICKER LLP

By:



Joshua Bachrach, Esquire
Pa ID No.: 68788
The Curtis Center, Suite 1130 East
Independence Square West
Philadelphia, PA 19106
215.627.6900 / 215.627.2665
joshua.bachrach@wilsonelser.com

Date: May 23, 2013

4
2
FILED

MAY 28 2013

William A. Shaw
Prothonotary/Clerk of Courts

Court to

ATTN

CERTIFICATE OF SERVICE

The undersigned counsel for Plaintiff, Combined Life Insurance Company of America hereby certifies that a true and correct copy of the foregoing PRAECIPE TO SETTLE, DISCONTINUE AND END was served on the following counsel of record on the date set forth below, *via* electronic mail and U.S. Mail, postage prepaid, addressed as follows:

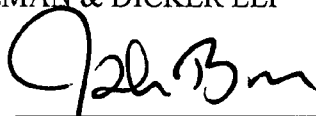
Girard Kasubick, Esquire
Law Offices of Lehman & Kasubick
611 Brisbin Street
Houtzdale, PA 16651

Email: attorney@lehkas.com

Respectfully submitted

WILSON, ELSER, MOSKOWITZ,
EDELMAN & DICKER LLP

By:



Joshua Bachrach, Esquire
Pa ID No.: 68788
The Curtis Center, Suite 1130 East
Independence Square West
Philadelphia, PA 19106
215.627.6900 / 215.627.2665
joshua.bachrach@wilsonelser.com

Date: May 23, 2013

FILED
MAY 28 2013
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

COMBINED LIFE INSURANCE COMPANY OF AMERICA
Plaintiff

vs.

JESSE JAMES CAMPBELL
KELLY ANN MCCOY
Defendants

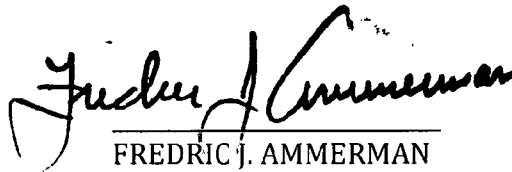
*
*
*
*
*
*
*

NO. 2008-1278-CD

ORDER

NOW, this 20th day of June, 2013, the Court notes that a Praecipe to Discontinue in the above-captioned case was filed on May 28, 2013 by Joshua Bachrach, Esquire. Therefore, it is the ORDER of this Court that the **status conference** in the above-captioned case scheduled for the 27th day of June, 2013 is **canceled**.

BY THE COURT,



FREDRIC J. AMMERMAN
President Judge

2CC ATT Bachrach
G. Kasubick
013:200m
JUN 20 2013
William A. Shaw
Prothonotary Clerk of Courts
J. Campbell
6/16

FILED

JUN 20 2013

William A. Shaw
Prothonotary/Clerk of Courts

deft J. Campbell
HU 3831
SCI Dallas
1000 Folkes Rd
Dallas PA 18012