

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



497526

Bar Date Ref # 2-N 298

In re
Fleming Companies, Inc

Case Number
03-10945

FILED
SEP 04 2003
BMC

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court in this case

Check box if this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

Name of Creditor and Address
Deanna Stout c/o Sheldon Hadley, attorney
230 Fifth St
PO Box 1308
Marysville CA 95901

0354652497526

Creditor Telephone Number *530 743-4455*

CREDITOR TAX I D #
SS# 560-31-3506

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated

1 BASIS FOR CLAIM
 Goods sold
 Personal injury/wrongful death
 Services performed
 Money loaned
 Taxes
 Other (describe briefly)
 Retiree benefits as defined in 11 U S C § 1114(a)
 Wages salaries and compensation (Fill out below)
 Your social security number _____
 Unpaid compensation for services performed from _____ to _____
 (date) (date)

2 DATE DEBT WAS INCURRED *8/2/01*

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE
 \$ *36,000.00* (unsecured)
 \$ _____ (secured)
 \$ _____ (unsecured priority)
 \$ *36,000.00* (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM
 Check this box if your claim is secured by collateral (including a right of setoff)
 Brief description of collateral
 Real Estate
 Motor Vehicle
 Other
 Value of collateral \$ _____
 Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____

6 UNSECURED PRIORITY CLAIM
 Check this box if you have an unsecured priority claim
 Specify the priority of the claim
 Wages salaries or commissions (up to \$4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U S C § 507(a)(3)
 Contributions to an employee benefit plan 11 U S C § 507(a)(4)
 Up to \$2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
 Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
 Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
 Other Specify applicable paragraph of 11 U S C § 507(a) _____
Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

FILED
SEP 05 2003
BMC

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 p m , September 15, 2003, Pacific Daylight Time

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY
~~FILED~~
~~SEP 11 2003~~
~~BMC~~
Fleming Companies Claim
08386

DATE SIGNED
9.4.03

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Deanna Stout

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

See Other Side For Instructions

On August 2, 2001, the claimant Deanna Stout slipped and fell sustaining injury to her left knee at a retail grocery store located at 6000 Lindenhurst Ave , Marysville, Yuba County, California and owned by the debtor Fleming companies, Inc The injury to the claimant s knee required surgery The debtor was at fault for the injury The debtor failed to clean the floor, and as a result, the claimant slipped in liquid on the floor Claimant believes her medical bills exceed \$10,000 In addition, claimant has lost earnings of approximately \$5,000 Climate was employed at the time of the injury earnings \$420 a month The claimant was out of work for one year as a result of the injury returning to work August 15, 2002 Attached are copies of the relevant medical bills and Medi-Cal billing Also attached is a copy of the claimant's W-2 for the year 2001 for earnings prior to the injury of August 2, 2001

Claimant's claim against the debtor is in litigation However of course the litigation is not moving forward because of the automatic stay of the bankruptcy court action The case is # YCSCCVPO 02-0000555 Yuba County Superior Court, California An endorsed-filed copy of the complaint is attached

State of California-Health and Human Services Agency Gray Davis, Governor
=====
Department of Health Services
Recovery Section
P O Box 2471
Sacramento, CA 95812-9851
(916) 327-0514
December 09, 2002

MR SHELDON HADLEY
ATTORNEY AT LAW
PO BOX 1308
MARYSVILLE, CA 95901

RE DEANNA L STOUT
Case Number 560313506001
Injury Date August 02, 2001

The Medi-Cal program has advanced the sum of \$2,185 97 for medical services This person has been a Medi-Cal recipient and the State has the right of reimbursement pursuant to Welfare and Institutions Code, Sections 14124 70 through 14124 79, or Section 14024

Reimbursement in the amount of \$1,639 47 will satisfy our lien

Please make your check payable to "DHS/Personal Injury" and send to

Department of Health Services
Recovery Section/Personal Injury Unit
P O Box 2946
Sacramento, CA 95812-2946

If you have any questions, please contact the undersigned

ROBERT COTTER
Collection Representative

Enclosure
CAS3050 (8/02)

current as of 2/24/03

RE STOUT, DEANNA L
CASE NUMBER 560313506 001
INJURY DATE AUGUST 02, 2001

PAGE 1

INJURY-RELATED SERVICES PAID BY THE MEDI-CAL PROGRAM

ADVANCED BIO MECHANICS

08/22/01 SPRAIN OF KNEE & LEG NOS \$80 69

BI COUNTY RAD MED GRP IN

08/02/01 JOINT PAIN-L/LEG \$8 18

06/02/02 JOINT PAIN-ANKLE \$8 30

COUNTY OF YUBA

08/22/01 JOINT PAIN-L/LEG \$80 48

09/19/01 JOINT PAIN-L/LEG \$80 48

10/17/01 TEAR MENISCUS NEC-CURREN \$80 48

11/28/01 TEAR MENISCUS NEC-CURREN \$80 48

12/17/01 TEAR MENISCUS NEC-CURREN \$80 48

02/27/02 TEAR MENISCUS NEC-CURREN \$0 00

02/27/02 ADJUSTMENT \$84 11

04/17/02 TEAR MENISCUS NEC-CURREN \$84 11

DEL NORTE CLINICS INC

08/06/01 LOWER LEG INJURY NOS \$82 00

08/13/01 SPRAIN OF KNEE & LEG NEC \$82 00

08/28/01 TEAR MENISCUS NEC-CURREN \$82 00

OLIVEHURST DRUG STORE

08/22/01 PRESCRIPTION DRUGS \$11 20

08/28/01 PRESCRIPTION DRUGS \$8 40

RIDEOUT MEM HOSPITAL

08/02/01 SPRAIN OF KNEE & LEG NOS \$55 62

SUTTER BUTTES MRI MED GP

10/09/01 JOINT PAIN-L/LEG \$390 48

U C DAVIS MEDICAL CENTER

01/31/02 TEAR LAT MENISC KNEE-CUR \$0 00

01/31/02 ADJUSTMENT \$31 80

05/06/02 DERANGEMENT MENISCUS NEC \$31 80

05/28/02 JOINT PAIN-L/LEG \$316 99

RE STOUT, DEANNA L
CASE NUMBER 560313506 001
INJURY DATE AUGUST 02, 2001

INJURY-RELATED SERVICES PAID BY THE MEDI-CAL PROGRAM

UCD PROF BILG GRP - ANES

05/28/02 JOINT PAIN-L/LEG \$80 00

UCD PROF BILG GRP ORTH-

05/28/02 JOINT PAIN-L/LEG \$278 48

UCD PROF BILG GRP PHYSI-

01/31/02 TEAR LAT MENISC KNEE-CUR \$55 12

WALGREEN #2277

08/02/01 PRESCRIPTION DRUGS \$5 28

08/02/01 PRESCRIPTION DRUGS \$7 01

TOTAL -----
\$2,185 97

THIS IS THE FINAL LIEN AMOUNT

AMERICAN DATAMED

AFFIDAVIT - (Pursuant to Cal Evidence Code 1561)

581396-K

I hereby declare under penalty of perjury that the following statements are true to the best of my knowledge and belief. I am over the age of 18 and the duly authorized custodian of records for

**PROFESSIONAL BILLING GROUP, SACRAMENTO
4900 BROADWAY, #2600, SACRAMENTO, CA 95820**

and have the authority to certify that the records made available to AMERICAN DATAMED for reproducing are all of the records under my custody and control described and called for in the SUBPOENA Authorization served with this declaration in the matter relating to said individual or thing pertaining to

RECORDS OF STOUT, DEANNA

AKA

DATE OF BIRTH 04/28/67

SOCIAL SECURITY # 560-31-3506

HOW ORIGINAL RECORDS WERE PREPARED			
<input type="checkbox"/>	HANDWRITTEN NOTES	<input type="checkbox"/>	TYPED DATA ENTERED
<input type="checkbox"/>	TRANSCRIBED	<input type="checkbox"/>	OTHER _____

TYPE OF RECORDS PRODUCED							
<input type="checkbox"/>	MEDICAL	<input checked="" type="checkbox"/>	BILLING	<input type="checkbox"/>	FILMS	<input type="checkbox"/>	INSURANCE
<input type="checkbox"/>	EMPLOYMENT	<input type="checkbox"/>	PAYROLL	<input type="checkbox"/>	SCHOLASTIC		
<input type="checkbox"/>	OTHER _____						

Said records were prepared by personnel of the business in the ordinary course of business at or near the time of the act, condition, or event. I have delivered all of the records/items requested with the following exception(s):

Rosa Aguilar
CUSTODIAN NAME (PLEASE PRINT)

Rosa Aguilar
SIGNATURE OF CUSTODIAN

Patient Financial Source
DEPARTMENT

1/22/03
DATE

I AM THE ATTORNEY'S REPRESENTATIVE AND I STATE THAT I MADE TRUE COPIES OF ALL THE ORIGINAL RECORDS DELIVERED TO ME BY THE CUSTODIAN OF RECORDS OF THE ABOVE LOCATION

I DECLARE UNDER PENALTY OF PERJURY & UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT

1/23/03 [Signature] D. VANG
DATE SIGNATURE PRINT NAME

STOUT, DEANNA

FIN CLASS A

PAGE 1

39-273204-01

07539

ADMIT

DISCHARGE

PRI.PPC:20

PT CODE	REV	SRV	DT	DESCRIPTION	QUANTITY	AMOUNT
9202	510	013102	NP	LEV L USE OF FAC 757-01102	1	67.00
SUB-TOTAL FOR 01-31-02						67.00
TOTAL FOR PROVIDER					07539	67.00

STOUT, DEANNA

IN CLASS A

PAGE 1

39-273204-01 4 07539

ADMIT

DISCHARGE

PPI.PPC.20

PT CODE REV SRV DT DESCRIPTION

QUANTITY

AMOUNT

510

CLINIC

57.00

TOTAL

57.00

UC DAVIS MEDICAL CTR

ITEMIZED LISTING

REPORT FMS3029 (PDFM+805)

OF AKA

STOUT, DEANNA

FIN CLASS A

PAGE 1

39-273204-05 5

06921

ADMIT

DISCHARGE

PRI-PPC-20

T CODE	REV	SRV	DT	DESCRIPTION	QUANTITY	AMOUNT
211	510	050602	LST	LEVL USE OF FAC 757-01144	10	55.00
SUB-TOTAL FOR 05-06-02						55.00
TOTAL FOR PROVIDER					06921	55.00

STOUT ,DEANNA

3927320405 5

012003

2000003

UC DAVIS MEDICAL CLINIC

ITEMIZED LISTING

REPORT FM55029 (PDFM4805) CPARA

STOUT, DEANNA
700000

FIN CLASS A

PAGE 2

39-273204-05 5

06921

ADMIT

DISCHARGE

PRI.FPC:2

PT CODE	REV	SRV	DT	DESCRIPTION	QUANTITY	AMOUNT
	510			CLINIC		55.0
				TOTAL		55.0

UC DAVIS MEDICAL CTR

ITEMIZED LISTING

REPORT FM55029 (PDFM4800) JARA

~~STOUT~~ DEANNA

FIN CLASS A

PAGE 2

39-273204-06 3

06921

ADMIT

DISCHARGE

PRI-PPC:20

T CODE REV SRV DT DESCRIPTION

QUANTITY

AMOUNT

510

CLINIC

57.00

TOTAL

57.00

STOUT ,DEANNA

3927320406 3

012003

~~206~~0006

UC DAVIS MEDICAL CTR

ITEMIZED LISTING

REPORT F155029 (PDFM480S)

3PARA

~~STOUT~~ STOUT, DEANNA

FIN CLASS A

PAGE 1

39-273204-06 3

06921

ADMIT

DISCHARGE

PRI-PPC:2

PT CODE	REV	SRV	DT	DESCRIPTION	QUANTITY	AMOUNT
9212	010	062402	EST	LEVL USE OF FAC	757-01151 1w	67.00 67.
SUB-TOTAL FOR 06-24-02						67.0
TOTAL FOR PROVIDER					06921	67.00

STOUT, DEANNA

3927320406 3

012003

2050005

STOUT, DEANNA FIN CLASS A PAGE 1
 50-003065-66 6 02495 ADMIT DISCHARGE PRI-PPC:20

PT CODE	REV	SRV DT	DESCRIPTION	QUANTITY	AMOUNT
	250	052802	ANES MEJSETUP BASE	735-00704 1d	352.00 352.00
3490	250	052802	ANES MEJS <2:00 HRS	735-00712 1d	459.00 459.00
3490	250	052802	ROPIVACAINE 0.5% BPI	735-04623 1d	41.00 41.00
885	250	052802	KETOROLAC 30MG 1	735-04748 1d	54.00 54.00
1690	250	052802	CLEFAZOLIN IV 1601 1	735-04797 1d	151.00 151.00
1070	258	052802	IRRIGATION 1000ML 3	735-01065 1d	120.00 120.00
3490	258	052802	IV SOLUTION 1000ML 1	735-01116 5d*	120.00 600.00
	270	052802	SUTURE-5STRANDS/ATRO	570-08987 1d	47.00 47.00
2870	360	052802	LAPROSCOPIC GR UP TO 1	570-41236 1d	4500.00 4500.00
	370	052802	GEN ANES UP TO 4HR	711-11009 1d	1600.00 1600.00
	710	052802	OUTPATIENT CLASS I	720-11182 1d	701.50 701.50

SUB-TOTAL FOR 05-28-02 8,405.50

TOTAL FOR PROVIDER 02496 8,405.50

STCUT ,DEANNA
800000

FIN CLASS A

PAGE 2

50-003065-66 0 02496

ADMIT

DISCHARGE

PRI.PPC.2

PT CODE	REV	SRV DT	DESCRIPTION	QUANTITY	AMOUNT
	250		PHARMACY		1,077.0
	258		IV SOLUTIONS		430.0
	270		LD-SUR SUPPLIES		47.0
	350		UR SERVICES		4,500.0
	370		ANESTHESIA		1,600.0
	710		RECOVERY ROOM		701.5
			TOTAL		3,405.5

1 Wages tips other compensation 2178.50		2 Federal income tax withheld 0.00	
3 Social security wages 2178.50		4 Social security tax withheld 135.08	
5 Medicare wages and tips 2178.50		6 Medicare tax withheld 31.58	
9 Advance EIC payment 0.00		10 Dependent care benefits	
c Employer's name address and ZIP code STOUT, GWENDOLYN PO BOX 700 RANCHO CORDOVA, CA 95741-0700			
b Employer identification number 94 2629822		d Employee's social security number 560-31-3506	
e Employee's name address and ZIP code STOUT, DEANNA L 4786 OLIVEHURST AVE OLIVEHURST, CA 95961-4224			
15 State Employer's state ID number CA 78612512		16 State wages tips etc 2178.50	
17 State income tax 0.00		18 Local wages tips etc	
19 Local income tax 19.60		20 Locality name SDI	

Form W-2 2001 Wage and Tax Statement
THIS COPY TO BE FILED WITH EMPLOYEE'S LOCAL OR STATE TAX RETURN WHEN REQUIRED
16 0331690 Department of the Treasury—Internal Revenue Service

a Control number A011180		1 Wages tips other compensation 1397.4	
7 Social security tips		3 Social security wages 1397.4	
8 Allocated tips		5 Medicare wages and tips 1397.4	
9 Advance EIC payment 0.00		10 Dependent care benefits	
c Employer's name address and ZIP code STOUT, ROBERT PO BOX 700 RANCHO CORDOVA, CA 95741-0700			
b Employer identification number 94 2629822		d Employee's social security number 560-31-3506	
e Employee's name address and ZIP code STOUT, DEANNA L 4786 OLIVEHURST AVE OLIVEHURST, CA 95961-4224			
15 State Employer's state ID number CA		16 State wages tips etc 1	
17 State income tax		18 Local wages tips etc	
19 Local income tax		20 Locality name	

Form W-2 2001 Wage and Tax Statement
Copy C for EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)
16 0331690 Department of the Treasury—Internal Revenue Service

OMB No 1545 0008 This information is being furnished to the Internal Revenue Service if you are required to file a tax return a negligence penalty or other sanction may be imposed on you if in a income is taxable and you fail to report it

a Control number A011179		1 Wages tips other compensation 2178.50		2 Federal income tax withheld 0.00	
7 Social security tips		3 Social security wages 2178.50		4 Social security tax withheld 135.08	
8 Allocated tips		5 Medicare wages and tips 2178.50		6 Medicare tax withheld 31.58	
9 Advance EIC payment 0.00		10 Dependent care benefits		11 Nonqualified plans	
c Employer's name address and ZIP code STOUT, GWENDOLYN PO BOX 700 RANCHO CORDOVA, CA 95741-0700					
b Employer identification number 94 2629822		d Employee's social security number 560-31-3506		12d	
e Employee's name address and ZIP code STOUT, DEANNA L 4786 OLIVEHURST AVE OLIVEHURST, CA 95961-4224					
15 State Employer's state ID number CA 78612512		16 State wages tips etc 2178.50		17 State income tax 0.00	
18 Local wages tips etc		19 Local income tax 19.60		20 Locality name SDI	

Form W-2 2001 Wage and Tax Statement
Copy C for EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)
16 0331690 Department of the Treasury—Internal Revenue Service

OMB No 1545 0008

a Control number A011180		1 Wages tips other compensation 1397.4	
7 Social security tips		3 Social security wages 1397.4	
8 Allocated tips		5 Medicare wages and tips 1397.4	
9 Advance EIC payment 0.00		10 Dependent care benefits	
c Employer's name address and ZIP code STOUT, ROBERT PO BOX 700 RANCHO CORDOVA, CA 95741-0700			
b Employer identification number 94 2629822		d Employee's social security number 560-31-3506	
e Employee's name address and ZIP code STOUT, DEANNA L 4786 OLIVEHURST AVE OLIVEHURST, CA 95961-4224			
15 State Employer's state ID number CA		16 State wages tips etc 1	
17 State income tax		18 Local wages tips etc	
19 Local income tax		20 Locality name	

Form W-2 2001 Wage and Tax Statement
THIS COPY TO BE FILED WITH EMPLOYEE'S LOCAL OR STATE TAX RETURN WHEN REQUIRED
16 0331690 Department of the Treasury—Internal Revenue Service

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address)
 Sheldon C Hadley (Bar # 103188)
 Law Office of Sheldon C Hadley
 P O Box 1308 230 Fifth Street
 Marysville, California 95901

TELEPHONE NO (530) 743-4455 FAX NO (Optional) (530) 741-8263
 E MAIL ADDRESS (Optional)

ATTORNEY FOR (Name) Deanna Stout Plaintiff

NAME OF COURT YUBA COUNTY SUPERIOR COURT
 STREET ADDRESS 215 Fifth Street
 MAILING ADDRESS
 CITY AND ZIP CODE Marysville 95901
 BRANCH NAME

PLAINTIFF Deanna Stout

DEFENDANT Food 4 Less and Fleming

DOES 1 TO 50

COMPLAINT—Personal Injury, Property Damage, Wrongful Death
 AMENDED (Number)
 Type (check all that apply)
 MOTOR VEHICLE OTHER (specify) Slip & Fall
 Property Damage Wrongful Death
 Personal Injury Other Damages (specify) General Negligence, Premises Liability

Jurisdiction (check all that apply)
 ACTION IS A LIMITED CIVIL CASE
 Amount demanded does not exceed \$10,000
 exceeds \$10,000, but does not exceed \$25,000
 ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000)
 ACTION IS RECLASSIFIED by this amended complaint
 from limited to unlimited
 from unlimited to limited

FOR COURT USE ONLY

ENDORSED-FILED
 YUBA COUNTY
 SUPERIOR COURT

2002 JUL 24 AM 11 42

H ST ... ONISHII
 CLERK OF THE COURT
 BY B. FOLEY

CASE NUMBER
 YCSCCVPO
 02-0000555

1 PLAINTIFF (name) Deanna Stout

alleges causes of action against DEFENDANT (name) Food 4 Less and Fleming

2 This pleading including attachments and exhibits, consists of the following number of pages 6

3 Each plaintiff named above is a competent adult

a except plaintiff (name)

- (1) a corporation qualified to do business in California
- (2) an unincorporated entity (describe)
- (3) a public entity (describe)
- (4) a minor an adult
 - (a) for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - (b) other (specify)
- (5) other (specify)

b except plaintiff (name)

- (1) a corporation qualified to do business in California
- (2) an unincorporated entity (describe)
- (3) a public entity (describe)
- (4) a minor an adult
 - (a) for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - (b) other (specify)
- (5) other (specify)

Information about additional plaintiffs who are not competent adults is shown in Complaint—Attachment 3

SHORT TITLE Stout v Food 4 Less et al	CASE NUMBER
------------------------------------------	-------------

4 Plaintiff (name)
is doing business under the fictitious name (specify)

and has complied with the fictitious business name laws

5 Each defendant named above is a natural person

a except defendant (name) Food 4 Less
 (1) a business organization form unknown
 (2) a corporation
 (3) an unincorporated entity (describe)
 (4) a public entity (describe)
 (5) other (specify)

c except defendant (name) Fleming
 (1) a business organization, form unknown
 (2) a corporation
 (3) an unincorporated entity (describe)
 (4) a public entity (describe)
 (5) other (specify)

b except defendant (name)
 (1) a business organization form unknown
 (2) a corporation
 (3) an unincorporated entity (describe)
 (4) a public entity (describe)
 (5) other (specify)

d except defendant (name)
 (1) a business organization form unknown
 (2) a corporation
 (3) an unincorporated entity (describe)
 (4) a public entity (describe)
 (5) other (specify)

Information about additional defendants who are not natural persons is contained in Complaint—Attachment 5

6 The true names and capacities of defendants sued as Does are unknown to plaintiff See Attachment 6

7 Defendants who are joined pursuant to Code of Civil Procedure section 382 are (names)

8 This court is the proper court because

a at least one defendant now resides in its jurisdictional area
 b the principal place of business of a defendant corporation or unincorporated association is in its jurisdictional area
 c injury to person or damage to personal property occurred in its jurisdictional area
 d other (specify)

9 Plaintiff is required to comply with a claims statute and

a plaintiff has complied with applicable claims statutes, or
 b plaintiff is excused from complying because (specify)


Stout v Food 4 Less et al

- 10 The following causes of action are attached and the statements above apply to each (*each complaint must have one or more causes of action attached*)
- a Motor Vehicle
 b General Negligence
 c Intentional Tort
 d Products Liability
 e Premises Liability
 f Other (*specify*)
- 11 Plaintiff has suffered
- a wage loss
 b loss of use of property
 c hospital and medical expenses
 d general damage
 e property damage
 f loss of earning capacity
 g other damage (*specify*)
- 12 The damages claimed for wrongful death and the relationships of plaintiff to the deceased are
- a listed in Complaint—Attachment 12
 b as follows
- 13 The relief sought in this complaint is within the jurisdiction of this court
- 14 **PLAINTIFF PRAYS** for judgment for costs of suit for such relief as is fair, just and equitable, and for
- a (1) compensatory damages
 (2) punitive damages
 b The amount of damages is (*you must check (1) in cases for personal injury or wrongful death*)
 (1) according to proof
 (2) in the amount of \$
- 15 The paragraphs of this complaint alleged on information and belief are as follows (*specify paragraph numbers*)

Date July 23, 2002

Sheldon C Hadley

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY)

First
(number)

CAUSE OF ACTION—General Negligence

Page 4

ATTACHMENT TO Complaint Cross-Complaint

(Use a separate cause of action form for each cause of action.)

GN-1 Plaintiff (name) Deanna Stout

alleges that defendant (name) Food 4 Less and Fleming

 Does 1 to 50

was the legal (proximate) cause of damages to plaintiff By the following acts or omissions to act defendant negligently caused the damage to plaintiff

on (date) August 2, 2001

at (place) Marysville Food 4 Less, 6000 Lindhurst Avenue, Marysville, Yuba County, California

(description of reasons for liability)

On or about August 2, 2001, defendants, and each of them, were the designers, owners, managers, lessees, supervisors, lessors, maintainers, and/or repairers of the floor located at the Marysville Food 4 Less, on that certain real property located at 6000 Lindhurst Avenue, Marysville, Yuba County, California and known as the store

At said time and place, defendants, and each of them, did negligently and carelessly manage, inspect, supervise, maintain, prepare, clean, repair, construct and/or design said premises so as to create a dangerous and defective condition on or about the floor at the premises. As a result of said negligence and carelessness, and said dangerous and defective condition, plaintiff slipped and fell in a liquid on the floor causing plaintiff to sustain injuries

Defendants, and each of them, knew or should have known of such dangerous and defective conditions prior to plaintiff's injury, and negligently and carelessly failed to correct or warn plaintiff of the same

As a result of said carelessness and negligence, and such dangerous and defective conditions, plaintiff sustained injuries to her body according to proof

Second
(number)

CAUSE OF ACTION—Premises Liability

Page 5

ATTACHMENT TO Complaint Cross-Complaint

(Use a separate cause of action form for each cause of action)

Prem L-1 Plaintiff (name) Deanna Stout
alleges the acts of defendants were the legal (proximate) cause of damages to plaintiff
On (date) August 2, 2001 plaintiff was injured on the following premises in the following

fashion (description of premises and circumstances of injury)

Marysville Food 4 Less, 6000 Lindhurst Avenue, Marysville, Yuba County, California - On or about August 2, 2001, defendants, and each of them were the designers, owners, managers, lessees, supervisors, lessors, maintainers, and/or repairers of that certain real property located at Marysville Food 4 Less, 6000 Lindhurst Avenue, Marysville, Yuba County California and known as the store At said time and place, defendants, and each of them, did negligently and carelessly manage, inspect, supervise, maintain, prepare, clean, repair, construct and/or design said premises so as to create a dangerous and defective condition on or about the floor at the premises As a result of said negligence and carelessness, and said dangerous and defective condition, the plaintiff slipped and fell in a liquid on the floor, causing plaintiff to sustain injuries Defendants, and each of them, knew or should have known of such dangerous and defective conditions prior to plaintiff's injury, and negligently and carelessly failed to correct or warn plaintiff of the same As a result of said carelessness and negligence, and such dangerous and defective conditions, plaintiff sustained injuries to her body according to proof

Prem L-2 Count One—Negligence The defendants who negligently owned maintained managed and operated the described premises were (names) Food 4 Less and Fleming

Does 1 to 50

Prem L-3 Count Two—Willful Failure to Warn [Civil Code section 846] The defendant owners who willfully or maliciously failed to guard or warn against a dangerous condition use, structure, or activity were (names)

Does _____ to _____

Plaintiff, a recreational user, was an invited guest a paying guest

Prem L-4 Count Three—Dangerous Condition of Public Property The defendants who owned public property on which a dangerous condition existed were (names)

Does _____ to _____

a The defendant public entity had actual constructive notice of the existence of the dangerous condition in sufficient time prior to the injury to have corrected it

b The condition was created by employees of the defendant public entity

Prem L-5 a Allegations about Other Defendants The defendants who were the agents and employees of the other defendants and acted within the scope of the agency were (names) Food 4 Less and Fleming

Does 1 to 50

b The defendants who are liable to plaintiffs for other reasons and the reasons for their liability are described in attachment Prem L 5 b as follows (names)

Stout vs Food 4 Less, et al
Yuba County Superior Court

Case No

Attachment 6.

Plaintiff is ignorant of the true names and capacities of defendants sued herein as DOES 1-50, inclusive, and therefore sues these defendants by such fictitious names under the provisions of Section 474 of the Code of Civil Procedure. Plaintiff will amend this complaint to allege their true names and capacities when ascertained. Plaintiff is informed and believes and thereon alleges that each of the fictitiously named defendants is responsible in some manner for the occurrences herein alleged, and that plaintiff's damages as herein alleged were proximately caused by such defendants.