

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et. al.	Case Numbers 02-B02474 through 02-B02498	This Space is for Court Use Only
Name of Debtor: (see attached for complete list of debtors) KMart of North Carolina, LLC	Case Number: 02-B02465	
<small>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.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Linda P. Fountain, by and through her attorney Richard A. Mu Post Office Box 1088 Jacksonville, NC 28541-1088	<input type="checkbox"/> 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. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
If address differs from above, please complete the following: Creditor Name _____ Telephone # _____ Address _____ City/St/Zip _____		
Account or other number by which creditor identifies debtor _____	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> </div>		
2. Date debt was incurred: 12/26/00	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 24,000.00 <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below</small> <input type="checkbox"/> 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. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral. \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any. \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)()	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only <div style="font-size: 1.5em; font-weight: bold;">860 SM</div> RECEIVED TRUMBULL SERVICES COMPANY <div style="font-size: 1.2em; font-weight: bold;">3-26-02</div> 2002 MAR 26 PM 2:51
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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 03/21/02	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) <div style="text-align: center;"> Richard A. Mu, attorney for Linda Fountain </div>	
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571</small>		

Law Offices
BRUMBAUGH, MU & KING, P.A.

Clay A. Brumbaugh
Richard A. Mu
Kenneth W. King, Jr.*
Leah L. King*

112 Old Bridge Street
Post Office Box 1088
Jacksonville, NC 28541-1088

Offices in: Elizabethtown
Fayetteville, Havelock
Jacksonville, New Bern
Shallotte & Wilmington

Nicole D. Wray
Angela D. Vandivier

Telephone: (910) 455-4065
Facsimile: (910) 455-5539

*Board Certified Workers' Compensation Specialist

November 19, 2001

Ms. Linda Phillippie
Cambridge Integrated Services Group, Inc.
Post Office Box 3970
Bristol, TN 37625

Re:	Claimant:	Linda Fountain
	Insured:	K-Mart #7090 - Jacksonville, NC
	Claim No.:	KT1-NC-00-264589
	DOL:	12/26/00

Dear Ms. Phillippie:

Mrs. Fountain has completed medical treatment and been released by her physicians. I previously offered my contentions regarding liability. I offer the following with respect to Mrs. Fountain's injuries.

Immediately following Mrs. Fountain's fall, she was seen at Family Urgent Care with complaints of right ankle and foot pain with significant swelling. Her right foot and ankle were ace wrapped and she was instructed to elevate it, apply ice and to return the next day for x-rays. Review of x-rays the following day revealed a right ankle avulsion fracture. Mrs. Fountain was given a referral to an orthopedic, placed on crutches and instructed to continue with elevation and remain off of her feet..

Mrs. Fountain treated with Dr. Valentine Hamilton of Coastal Foot Center from January 1, 2001 to July 12, 2001. Dr. Hamilton diagnosed a fracture of the calcaneouse and a lateral ankle sprain, grade I of the right foot. Treatment consisted of the application of a boot for the right foot and ankle which she wore until March 29, 2001. On May 26, 2001 Dr. Hamilton ordered a functional orthotic insert which Mrs. Fountain is required to wear inside her shoes. Mrs. Fountain began wearing this device on July 12, 2001. She must wear it constantly and replace it every three years. The cost is \$266.00. Mrs. Fountain is 44 years old and has a life expectancy of 34.7 years. (See mortality table attached) She will need to replace the insert twelve times at a cost of \$3,192.00 during her lifetime. Dr. Hamilton also stated that is Mrs. Fountain is symptomatic in the future she will require a surgical release of the plantar fascia

Page 2 of 2

November 19, 2001

To: Ms. Linda Phillipie

Re: Settlement Package

which will cost approximately \$2,000.00. She will also need anti-inflammatory medication depending upon her progress. She should avoid prolonged standing and walking. (See Dr. Hamilton's report attached)

Initially after the fall, Mrs. Fountain required assistance from her husband, Rex, with simple tasks such as getting to the bathroom, preparing food or doing anything which required movement. The Fountain's have a special needs child, Alan, who must be supervised 24 hours per day, 7 days per week. He has severe cases of Attention Deficit Hyperactivity Disorder, Oppositional Defiance Disorder and mild mental retardation. These conditions were caused by a brain hemorrhage when their child was a baby. He often has severe explosive outbursts, will run out of the house and pose a danger to himself and others. A letter from Alan's physician Dr. Milton Kale is attached and states that Mrs. Fountain needs to be present at all times to supervise his behavior. Mrs. Fountain is the primary supervisor. However, her foot injury and resulting lack of mobility rendered her unable to care for this child. As a result, Alan's father, Rex Fountain had to take ten days off from work to supervise his son, a job which Mrs. Fountain would normally do. The missed time from work resulted in lost income of \$4,000.00, as indicated on the attached report from his employer.

Mrs. Fountain has been advised by Dr. Hamilton to walk with the orthotic insert at all times. Mrs. Fountain works seasonally at the beach cleaning condominiums. Previously she did this in flip flops to avoid carrying sand into the condos she was cleaning. She now has to wear tennis shoes with the inserts. There are many other recreational occasions where the insert requirement is very inconvenient.

In summary, due to K-Mart's negligence in placing twine that was not readily apparent and their failure to warn of its presence, Mrs. Fountain has suffered painful injuries. She has medical bills of \$1,205.32 and will have future expenses of \$3,192.00 for the orthotic insert and the possibility of surgery costing approximately \$2,000.00. Rex Fountain has lost wages of \$4,000.00. I demand settlement of this claim in the amount of \$24,000.00 if an agreement can be promptly reached.

I look forward to your response.

Very Truly Yours,

BRUMBAUGH, MU & KING, P.A.

FILE COPY

Richard A. Mu

RAM:TDT:crs

cc: Client

enclosures as listed

[bro]

BROCHURE SETTLEMENT INDEX

FOR

LINDA FOUNTAIN

PAGE	DESCRIPTION
1	KMART Customer Incident Information
4	Summary of Special Damages
5	Family Urgent Care Records
7	Family Urgent Care Bill
8	Coastal Diagnostic Imaging Records
10	Coastal Diagnostic Imaging Bill
12	Coastal Foot Clinic Records
15	Coastal Foot Clinic Bill
16	Prescriptions
17	Dr. Hamilton Report
18	Dr. Kale Report
19	Mortality Table
22	Lost Wage Statement



Kmart Customer Incident Information

7090 Big Kmart

7090 NEW MARKET SQ. MALL
JACKSONVILLE, NC 28540

Store Stamp

Dear Kmart Customer,

We want you to have a positive experience every time you visit our store. If you have experienced an accident or loss of any kind while visiting us, please provide the information requested below. This information will help us meet our goal of continuous improvement in the operation of our store. It will also help us in contacting you to make sure we are providing the service you expect.

Please take the white copy of this document for your records. If after leaving the store you wish to provide further information or have any questions about your incident, please call our Store Team Manager.

We are sorry you had an unpleasant experience while our guest. We look forward to serving you better in the future.

Sincerely,

Your Kmart Store Management

Store Phone Number: 455-4894

TO BE COMPLETED BY CUSTOMER:

Customer name: Linda Fountain Customer's Street Address: 679 Five Mile Rd
City: Richlands State: NC Zip: 28374 Phone: 910-3247574

Customer's employer: _____ Customer's sex: _____

Customer's Date of Birth: 11-03-57 Customer's Social Security Number: 245-11-6303

If injury to a child: Child's name: _____ Child's age: _____ Parent's name: _____

Customer's Description of Incident:

Date of incident: 12-26-00 Location of incident: Service Des
Time of incident: 4:20 pm What happened? String (white) across blocks in front
see tripped on string and fell on floor. I lost cable & hit
knives right cable (no yellow ribbon across blocks others had
yellow ribbon). No warning of string and didn't see

Do you wish to be contacted? _____ Date reported: 12-26-00 Signature of Customer: Linda Fountain

White copy - for Customer

**Integrated Health CARE Delivery Services
STATEMENT OF INJURED**

NAME Linda Pierce Fountain		AGE 43	MARRIED/SINGLE m	TELEPHONE # 910 324 7574
ADDRESS 679 Five mile Rd Richlands NC.		OCCUPATION Housewife/sec.		AVERAGE WEEKLY WAGE
EMPLOYER'S NAME AND ADDRESS				LENGTH OF EMPLOYMENT
HEIGHT 5'7"	WEIGHT 220	COLOR OF EYES Blue	COLOR OF HAIR Brown	RIGHT OR LEFT HANDED Right
WIFE/HUSBAND'S NAME Rex Alan Fountain				
DESCRIBE IN DETAIL HOW YOU WERE INJURED IN OUR STORE. tripped on white string that was strung from cement blocks but walk space between them no yellow tape or warning of string tripped fell on face <small>(continue on separate sheet if necessary)</small>				
DATE OF ACCIDENT 12-26-00	TIME OF ACCIDENT 4:20 pm	PLACE OF ACCIDENT. DEPT. INSIDE STORE OR LOCATION OUTSIDE STORE at service desk		
WHAT CAUSED YOUR ACCIDENT white string that was ran from 1 set of blocks to another walk space between them no warning <small>(continue on separate sheet if necessary)</small>				
HOW COULD YOUR ACCIDENT HAVE BEEN AVOIDED. if warning signs were posted if yellow caution tape was across the ones I tripped on (they were at other) <small>(continue on separate sheet if necessary)</small>				
NAMES AND ADDRESS OF ALL WITNESSES HAVING KNOWLEDGE OF YOUR ACCIDENT:				RELATIONSHIP/Relative, Friend, etc
Donna Pierce 717 Five mile Rd Richlands NC.				friend
Elizabeth Pierce 685 Five mile Rd. Richlands NC.				mother
PLEASE INDICATE THE TOTAL NUMBER OF EMPLOYEES WITH WHOM YOU HAVE DISCUSSED THIS ACCIDENT. 2				
PLEASE IDENTIFY EACH EMPLOYEE BY NAME OR JOB:				
Emma (from office filled papers out)		Margaret (service desk)		
Debbie (from office filled papers out)		just commented that people had been breaking string all day.		
DESCRIBE YOUR INJURY. right ankle				
NAME, ADDRESS & PHONE OF TREATING PHYSICIAN OR HOSPITAL.				
Family Urgent Care Dr. Lovato P.A.C. 3080 Henderson Dr. Ext Jacksonville				
Coastal Foot Clinic Dr Hamilton 3221 Henderson Dr Ext Jacksonville 2855				
DATE OF FIRST VISIT 12-26-00		NUMBER OF TIMES SEEN BY PHYSICIAN 5 times at different doctors		
ARE YOU STILL RECEIVING TREATMENT? Yes (Dr Hamilton)		WERE YOU COMPELLED TO STOP WORK BECAUSE OF THIS INJURY? self employed husband had to stay home		
IF SO, WHEN?		HAVE YOU RETURNED TO WORK?		IF SO, WHAT DATE to care for my son & m
IF STILL DISABLED, STATE PRESENT CONDITION Had to stay off foot 12-26-1-4 doc appt 1-4-01 @ 2:45 pm Dr. Hamilton		WHEN DO YOU EXPECT TO RETURN TO WORK? 1-5-01		
PLEASE LIST ALL PREVIOUS AND SUBSEQUENT ACCIDENTS AND INJURIES.				

TO BE COMPLETED BY STORE PERSONNEL

STORE AUTHORIZATION FOR FIRST AID

STORE STAMP

To: Urgent Care Clinic
Name of Doctor, Clinic or HospitalAuthorized By: Mr. T. Jones

We will pay the reasonable and ordinary charges for one time emergency first aid treatment of the patient described below, administered within 24 hours of the incident described below, if this form is completed in its entirety, including the Medical Report section below, and this completed form is returned to the store with an itemized bill and a copy of the admitting notes. This authorization is for first aid only, and does not extend to follow-up care and is not an admission of liability.

Patient Name Andre Fontaine Incident Date 12-21-00 Incident Time 4:20 PMAddress 279 Five Mile Rd DOB 1-13-57 Soc. Sec. No. 245-11-6303
Riverside NC 27574 Height 5'7" Weight 270
 (City) (State) (Zip Code)

Patient's Employer _____

TO BE COMPLETED BY PATIENT

PATIENT AUTHORIZATION TO RELEASE INFORMATION

To: Any and all providers of medical services: This authorization or a copy of this authorization will allow you to give to the above-described store or its representative any information you have regarding my medical history, physical, clinical or laboratory findings, diagnosis, treatment, prognosis and related information.

 Patient Signature Andre Fontaine Date 12-21-00
 (Parent should sign for patient under age 18 and print child's name next to parent's signature.)

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN'S MEDICAL REPORT

Date of examination / treatment 26 Dec 2000History of incident given by patient fell in K-martPatient's complaints swollen @ foot/ankleClinical findings ⊕ Swelling, tenderness, ⊕ Guarded ambulationHas patient ever had same or similar condition no If yes, when? _____Diagnosis Ⓡ foot - "A small avulsion FX of lateral calcaneus."Treatment rendered crutches, pain meds, referral to orthopedics

Prognosis: Is patient disabled? _____ If yes, how long is disability expected? _____

Have you treated this patient before? no Approximate date of last treatment _____Signature of physician Frank Lovato Date 27 Dec 2000
F. Lovato PA-CName of physician 516-78-2220 Fed ID _____Office address Family Urgent Care
3080 Henderson Dr Ext
JACKSONVILLE, FL 32216

SPECIAL DAMAGES

FOR

LINDA FOUNTAIN

DESCRIPTION	COST
Family Urgent Care	\$ 171.00
Coastal Diagnostic	\$ 199.52
Coastal Foot Clinic	\$ 756.00
Prescriptions	\$ 78.80
MEDICAL BILLS TOTAL	\$1,205.32
LOST WAGES	\$4,000.00
TOTAL	\$5,205.32

3080 HENDERSON DRIVE EXT.
JACKSONVILLE, NORTH CAROLINA 28...
DR. EARLIE T. JOHNSON
P.A. ASSISTANT: DANNY MINGUS

171⁰⁰

DATE: 12/26/00 Stromper TIME: 4:45 INSURANCE: SP
NAME: LINDA FOUNTAIN DOB: 11/03/57 TELEPHONE: 324-7594
SOCIAL SECURITY: 245-11-6303 HT: WT: 220[#]
MEDICATIONS: AGE: 43

DRUG ALLERGIES: NKDA

LMP: Hyster 1995

LAST PAP: 1999

TPR: 98[°]-74-18

LAST COMPLETE PHYSICAL:

MAMMO:

TETANUS:

B/P

118/82

Ace wrap

L 503

tipped while at ~~work~~ KMart while shopping
sprained (R) ankle

pt denies any sound being heard
Ø ROM pain
burning sensation

S: 43 y/o w/f in for (R) ankle
pain 20 to falling today (2hrs ago).

O: (R) foot - 1 ⊕ swelling of lateral
malleolus, ⊖ ecchymosis. good distal
pulses & capillary refill. ⊕ guarded
ambulation: weight bearing, grossly N-V
intact.

A: 1. (R) ankle sprain

P: 1. Ace wrap 2. elevate 3. ice

4. F/u in 24 hrs for X-ray. 5. Percocet 5/321; 1246^A
6. phenegon 375 mg in 6

F. Lovato PA-C
546-78-2220

PHYSICIAN'S SIGNATURE

324-4247

DATE: 12-27-02 TIME: INSURANCE: SP
NAME: Sandra Stanton DOB: 11-03-57 TELEPHONE: 324-7574
SOCIAL SECURITY: 24511 6323 HT: WT: 220#
MEDICATIONS: Percocet 5/325 44.6 PRN AGE: 43

DRUG ALLERGIES: DXDA

LMP: hysto

LAST PAP: 99

TPR: 712-68-76

LAST COMPLETE PHYSICAL: 9/99

MAMMO:

TETANUS: ?

B/P

104/72

Pl here for rev. @ ankle sprain

S. 43yo w/in for @ foot pain
swelling 20 to full

U. @ foot - 10 swelling of dorsal
foot, @ lateral malleolus i swelling
at medial malleolus ligament. Grossly N-V
intact

A. ① @ foot - Calcaneal Avulsion Fr.

P. ①. consult to orthopedics

② use crutches.

③ elevate foot.

④ Oxycodone 5/325 44.6 PRN

F. Lovato P.A.C.
546-78-2220

As
referred to
orthopedics

PHYSICIAN'S SIGNATURE

FAMILY URGENT CARE OF AMERICA

3080 HENDERSON DRIVE EXT
JACKSONVILLE, NC 28546

(910)346-1188

FED ID #: 56-2021764

BCBS #: 0154H

```
=====
PATIENT#   !   PATIENT NAME       !   RESPONSIBLE PARTY
18798      ! FOUNTAIN, LINDA         ! LINDA FOUNTAIN
=====
                ADDRESS           !               PHONE(S)
679 FIVE MILE ROAD           !               (910)324-7574 (***)***-****
                !               !
RICHLANDS, NC                !               DATE OF BIRTH
28574                        !               11/03/1957
=====
INSURANCE COMPANIES  POLICY #      GROUP #      POLICY HOLDER
-----
KMART                -----
                                -----
                                FOUNTAIN, LINDA
=====
```

```
=====
BALANCE !   CURRENT !   30 DAYS !   60 DAYS !   90 DAYS !   120 DAYS+ !   ASSIGNED
171.00 !     0.00 !     0.00 !     0.00 !     0.00 !     0.00 !     171.00
=====
LEDGER CARD FOR THE PERIOD 12/26/00 TO 07/18/01      ACCOUNT STATUS: CO
SERVICE ENTRY
DATE      DATE      DIAG    PROC    DESCRIPTION      AMOUNT  BALANCE
-----
12/26/00  12/28/00  845.00  99213  OV-EP INTERMEDIATE      80.00   80.00
12/26/00  12/28/00  845.00  99070  ACE BANDAGE 4 IN        11.00   91.00
12/26/00  12/29/00          FLD 12/26-12/27/2000 (9523)    0.00   91.00
12/27/00  12/28/00  845.00  99213  OV-EP INTERMEDIATE      80.00  171.00
=====
```

12/27/00

Linda, Fountain,
679 Five Mile Rd
Richlands NC 28574
(910)324-7574
Earlie Johnson M.D.

009995

11/03/57, 43

0

Radxam Ankle 3 View

RIGHT ANKLE; THREE VIEWS: There are posterior and plantar calcaneal spurs present. There is soft tissue swelling subjacent to the lateral malleolus. There appears to be an avulsion fracture off of the anterior inferior aspect of the calcaneus. Configuration of the ankle mortise is intact.

Kenneth M. Lury, M.D.
RADIOLOGIST

KL/jag

Date Transcribed: 12/27/00

- ** electronically signed by Dr. KENNETH M. LURY M.D. **

Mag 10 01 08:13a CBI
Fountain, Linda,
679 Five Mile Rd
Richlands NC 28574
(910)324-7574 (910)000-0000
Valentine Hamilton M.D.

009995

11/03/57, 43

4/26/01

0

Xr Ankle/Complete - Min 3 Vws

RIGHT ANKLE; THREE VIEWS; Previous films are unavailable for comparison.
Calcaneal spurs are present.

Kenneth M. Lury, M.D.
RADIOLOGIST

KL/jag

Date Transcribed: 4/26/01

** electronically signed by Dr. KENNETH M. LURY M.D. **

009995 FOUNTAIN LINDA

F 11/03/57 245-11-6303 12/27/00

OUNTAIN LINDA

(910)324-7574

00016 JOHNSON M.D., EARLI
3080 HENDERSON DR.

11:30a 73610 Service
RADXAM ANKLE 3 VIEW

Charge
99.76

PAIN-JOINT-ANKLE/FOOT

99.76
PAID — 79.96
Discount — 19.8
WAVE. 5.0

-0-

Balance

h?Shu

Coastal Diagnostic Imaging
3603 Henderson Dr Jacksonville
910 ~~304~~ 937-7226

DR. Kenneth Lury
M.D.



Coastal Foot Center

Dr. Valentine Hamilton, D.P.M.

3221 Henderson Drive • Jacksonville, N.C.

INITIAL OFFICE VISIT

NAME Fountain, Linda DATE 1/4/01
THIS 43 YEAR OLD WELL DEVELOPED, WELL NOURISHED C 1 0

COMES TO OUR OFFICE WITH COMPLAINT(S) OF tripped on string @ K-Mart 12/26
injured Rt. - Excr. Edema, pain, to Rt foot & ankle
limited ROM of foot & ankle 2nd day Pain
mainly on palpation & wt on heel heel plantar aspect
of foot, mild ecchymosis no heel c; 0 swelling
X-rays: (Distraction Ex anterop - plant of calcaneus
NVS to foot WNL

Hypertension 20 to edema

BP: 110/70 PULSE: 72 WEIGHT: 220 HEIGHT: 5'7" SHOE SIZE: 9-9 1/2

DIAGNOSIS: 1. Fx Calcaneus Rt foot
2.
3.
4.

PLAN OF TREATMENT: 1. Excr - X-rays
2. Immobilized heel
3.
4.
5.

FOLLOW-UP VISIT: _____

SAMPLE(S)/RX 1.
2.
3.

COMMENTS: 1-5-01 Dis p. walking boot

COASTAL FOOT CENTER

PROGRESS NOTES

PATIENT: Fountain, Linda

CHART: 6762

OFFICE VISIT DATES: 02/15/01 - F/up (D) ankle - Xray -

better, less pain, some edema.

X-Ray → Not completely healed

HbA1c in WB x 4 weeks

Pt not wear Wboot consistently

03/13/01 - 1mo. F/up (>2mo. in boot) (D) ankle

Cont to improve

in p. & edema

HbA1c start alkaline & ref

glu

HbA1c x glucose

3/27/01 - N/S

3/28/01 - Called left mess for pt. to call ofc + R/S

3/29/01 - 2wk F/up (D) ankle - improved - some edema -

Cont to improve

activities gradually

HbA1c & multiple for final eval & X-rays

Private Pay

STATEMENT

COASTAL FOOT CLINIC
Podiatric Medicine & Surgery of the Foot and Ankle
Dr. Valentine Hamilton, D.P.M.
3608-B Medical Park Court
Morehead City, NC 28557
(252) 726-8040

3221 Henderson Drive
Jacksonville, NC 28540
(910) 838-8000

Fountain Linda
679 Five Mile RD
Richlands NC 28574

H-324-7574

6762

DATE	FAMILY MEMBER	PROFESSIONAL SERVICE	CHARGE	CREDITS		BALANCE
				PMTS.	ADJ.	
				BALANCE FORWARD ▶		
1-4-01		EOV	46.00	46.00		-0-
1-5-01		Disp Wale	114	-	120	54
		Boof				
1-8-01		Private Fair				
2-10-01		Pt. Billed				
2-15-01		OV	46.00			100.00
2-15-01		Pt. Billed				
3-15-01		OV	46.00			146.00
3-19-01		Pro Filled				
3/29/01		OV pt	41.00			187.00
3/29/01		Pt. Paid on acct		100		87.00
4/26/01		OV	41.00			128.00
5/26/01		OV & ortho	266.00	120.00		274.00
7/11/01		Pt. billed				

1625

PAY LAST AMOUNT IN THIS COLUMN ▲

IOV - INITIAL OFFICE VISIT
IFU - OFFICE FOLLOW UP
C - CONSULTATION
HV - HOSPITAL VISIT
HS - HOSPITAL SURGERY
OS - OFFICE SURGERY

DR - DRESSING
AN - ANESTHESIA
IN - INJECTIONS
OP - ORTHOPAEDIC PADS
PI - PLASTER IMPRESSIONS
OR - ORTHOTICS

CA - CAST APPLICATION
F - FRACTURE
H - HYPERFICATIONS
X - X RAYS
NC - NO CHARGE
ROA - RECEIVED ON ACCOUNT

THIS IS A COPY OF YOUR ACCOUNT AS IT APPEARS ON YOUR LEDGER CARD

Patient paid

Balance

Private Pay

STATEMENT

COASTAL FOOT CLINIC
Podiatric Medicine & Surgery of the Foot and Ankle
Dr. Valentine Hamilton, D.P.M.
3608-B Medical Park Court Morehead City, NC 28557 (252) 726-8040
3221 Henderson Drive Jacksonville, NC 28540 (910) 838-8000

Fountain Linda
679 Five Mile RD
Richlands NC 28574

H-324-7574

6
7
6
2

DATE	FAMILY MEMBER	PROFESSIONAL SERVICE	CHARGE	CREDITS		BALANCE
				PMTS	ADJ.	
			BALANCE FORWARD ►			
1-4-01		EOV	76.00	76.00		-0-
1-5-01		Disp Walk Boof	174 -	120 -		54 -
1-8-01		Private Pay				
2-10-01		Pt. Billed				
2-15-01		OV	46.00			100.00
2-15-01		Pt. Billed				
3-15-01		OV	46.00			146.00
3-19-01		Unsubscribed				
3/29/01		OV pt	41.00			187.00
3/29/01		Pt. Paid on acct		100 -		87.00
4/26/01		OV	41.00			128.00
5/26/01		OV: E. ortho	266.00	120.00		274.00
7/11/01		Pt. billed				
9-10-01		ROA		100.00		174.00
10-2-01		OV	55.00			229.00
12/18/01		OV	41.00			270.00

1625

PAY LAST AMOUNT IN THIS COLUMN ▲

IOV INITIAL OFFICE VISIT
IFU OFFICE FOLLOW UP
C CONSULTATION
HV HOSPITAL VISIT
HS HOSPITAL SURGERY
OS OFFICE SURGERY

DR DRESSING
AN ANESTHESIA
IN INJECTIONS
OP ORTHOPAEDIC PADS
PI PLASTER IMPRESSIONS
OR ORTHOTICS

CA CAST APPLICATION
F FRACTURE
H HYPERCATIONS
X X RAYS
NC NO CHARGE
ROA RECEIVED ON ACCOUNT

THIS IS A COPY OF YOUR ACCOUNT AS IT APPEARS ON YOUR LEDGER CARD

Usual cost for processing, copying +
etc. records is \$12.00.

Thank You,
D. Longmire

JOHNSON DRUG WILLIAMSBURG
Phone: (910) 938-0582
2200 Gum Branch Road Jacksonville, N.C. 28540

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

RX # 22001949 DR. LOVATO, F. 12/26/00
FOUNTAIN, LINDA
679 FIVE MILE ROAD
RICHLANDS, NC 28574
PERCOCET 5/325 TAB
TOTAL 16.24*
10 TAB
ORG DT- 12/26/00
63481-0623-70
9J
REFILL

JOHNSON DRUG WILLIAMSBURG
Phone: (910) 938-0582
2200 Gum Branch Road Jacksonville, N.C. 28540

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

RX # 22001950 DR. LOVATO, F. 12/27/00
FOUNTAIN, LINDA
679 FIVE MILE ROAD
RICHLANDS, NC 28574
OXYCONTIN 20MG TABLET SA
TOTAL 62.56
20 TAB
ORG DT- 12/27/00
59011-0103-10
F
REFILL

Law Offices
BRUMBAUGH, MU & KING, P.A.

Clay A. Brumbaugh
Richard A. Mu
Kenneth W. King, Jr.*
Leah L. King*

112 Old Bridge Street
Post Office Box 1088
Jacksonville, NC 28541-1088

Offices in: Elizabethtown
Fayetteville, Havelock
Jacksonville, New Bern
Shallotte & Wilmington

Nicole D. Wray
Angela D. Vandivier

Telephone: (910) 455-4065
Facsimile: (910) 455-5539

*Board Certified Workers' Compensation Specialist

September 28, 2001

Dr. Valentine Hamilton
Coastal Foot Clinic
3221 Henderson Drive Ext.
Jacksonville, NC 28540

Re: Claimant: Linda Fountain
DOL: 04/07/01

Dear Dr. Hamilton:

I represent Linda Fountain for injuries sustained on April 7, 2001. I have been informed that Ms. Fountain has reached maximum medical improvement and has been released by you. I will submit an offer of settlement to the insurance company which will require a statement from you addressing the following:

1. What is your diagnosis of Ms. Fountain's injuries caused by the incident referred to above? *1. Frx, calcaneuse Rt FOOT*
2. Lateral Ankle Sprain - Grade I, Rt foot
2. What is your prognosis for total recovery? *good*
3. Does Ms. Fountain have a permanent injury? If so, what problems do you anticipate she will experience in the future? *NOT*
4. Please state that you have prescribed an orthotic shoe insert and recommended Ms. Fountain wear it constantly. Please give the cost of this device, how long Ms. Fountain will have to wear it and how often it will have to be replaced in the future.
1. Prescribed FUNCTIONAL ORTHOTICS - must wear constantly
2. cost \$366.00; 3. Replaced once about three years.
5. If Ms. Fountain is symptomatic from injuries in the future, what medical treatment would be necessary or helpful? *- SURGICAL Release of Plantar Fascia*
6. What would be the frequency and cost of such medical treatment? *about 2,000.00*
7. What medications will be helpful or required in the future and with what frequency? *Anti-inflammatory medication - frequency depends on progne*
8. What physical limitations for employment, routine activities and/or recreational activities do you recommend as a result of Ms. Fountain's injuries? *lead*
prolonged standing and prolonged walking



MILTON P. KALE MD FAAP
DEVELOPMENTAL
and
BEHAVIORAL
PEDIATRICIAN

ONSLOW PEDIATRIC ASSOCIATES
51 OFFICE PARK DRIVE
JACKSONVILLE, NC 28539
910-577-5199
910-577-3424 FAX

Dear Sirs,

Alan Fountain is a patient of mine who has Mild Mental retardation, severe hyperactivity, Attention Deficit Disorder and Oppositional Defiant Disorder. He presently takes several medications in order to control his behavior. He also requires constant supervision because he can become suddenly violent and become a danger to himself and others. Therefore, Mrs. Fountain needs to be present at all times to supervise his behavior.

If there are any questions about his behavior, please do not hesitate to contact me.


MILTON P. KALE MD

Editor's Note. — Session Laws 1995, c. 379, s. 3, amended this section effective July 6, 1995, but not affecting pending litigation, by adding the subsection

(a) designation; adding the last sentence of subsection (a); and adding subsection (b).

ARTICLE 4.

Other Writings in Evidence.

§ 8-39. Parol evidence to identify land described.

CASE NOTES

Stated in *Chappell v. Donnelly*, 113 N.C. App. 626, 439 S.E.2d 802 (1994).

§ 8-44.1. Hospital medical records.

CASE NOTES

Admissibility of Hospital Records, etc. — In *re Parker*, 90 N.C. App. 423, 368 S.E.2d 879 (1988).
In accord with the main volume. See

§ 8-45. Itemized and verified accounts.

CASE NOTES

I. In General.

I. IN GENERAL.

Cited in *Forsyth County Hosp. Auth. v. Sales*, 82 N.C. App. 265, 346 S.E.2d

212 (1986); *Roy Burt Enters., Inc. v. Marsh*, 328 N.C. 262, 400 S.E.2d 425 (1991).

ARTICLE 5.

Life Tables.

§ 8-46. Mortality tables as evidence.

Whenever it is necessary to establish the expectancy of continued life of any person from any period of the person's life, whether the person is living at the time or not, the table hereto appended shall be received in all courts and by all persons having power to determine litigation, as evidence, with other evidence as to the health, constitution and habits of the person, of such expectancy represented by the figures in the columns headed by the words "completed age" and "expectation" respectively:

<i>Completed Age</i>	<i>Expectation</i>
0	75.8
1	75.4

<i>Completed Age</i>	<i>Expectation</i>
2	74.5
3	73.5
4	72.5
5	71.6
6	70.6
7	69.6
8	68.6
9	67.6
10	66.6
11	65.6
12	64.6
13	63.7
14	62.7
15	61.7
16	60.7
17	59.8
18	58.8
19	57.9
20	56.9
21	56.0
22	55.1
23	54.1
24	53.2
25	52.2
26	51.3
27	50.4
28	49.4
29	48.5
30	47.5
31	46.6
32	45.7
33	44.7
34	43.8
35	42.9
36	42.0
37	41.0
38	40.1
39	39.2
40	38.3
41	37.4
42	36.5
43	35.6
44	34.7
45	33.8
46	32.9
47	32.0
48	31.1
49	30.2
50	29.3
51	28.5

<i>Completed Age</i>	<i>Expectation</i>
52	27.6
53	26.8
54	25.9
55	25.1
56	24.3
57	23.5
58	22.7
59	21.9
60	21.1
61	20.4
62	19.7
63	18.9
64	18.2
65	17.5
66	16.8
67	16.1
68	15.5
69	14.8
70	14.2
71	13.5
72	12.9
73	12.3
74	11.7
75	11.2
76	10.6
77	10.0
78	9.5
79	9.0
80	8.5
81	8.0
82	7.5
83	7.1
84	6.6
85 and over	6.6

(1883, c. 225; Code, s. 1352; Rev., s. 1626; C.S., s. 1790; 1955, c. 870; 1971, c. 968; 1997-133, s. 1.)

Effect of Amendments. — The 1997 amendment, effective June 4, 1997, substituted "the person's" for "such person's", "the person is living" for "he be living", and "the person" for "such person" in the introductory language; rewrote the figures in the column headed

"Expectation", added "and over" following "85", and deleted entries for ages 86 through 109 in both columns.

Legal Periodicals. —

For 1997 Legislative Survey, see 20 Campbell L. Rev. 389.

CASE NOTES

Tables Need Not Be Specially Put in Evidence. —

In accord with third paragraph in the main volume. See *Thomas v. Dixon*, 88 N.C. App. 337, 363 S.E.2d 209 (1988).

Applied in *Livingston v. United*

States, 817 F. Supp. 601 (E.D.N.C. 1993).

Quoted in *Wooten v. Warren ex rel. Gilmer*, 117 N.C. App. 350, 451 S.E.2d 342 (1994).

Cited in *Fortune v. First Union Nat'l Bank*, 323 N.C. 146, 371 S.E.2d 483

LUNSFORDS LOGGING
MIKE LUNSFORD
910-604-0740

September 07, 2001

DEAR SIRs:

TO WHOM IT MAY CONCERN REX FOUNTAIN WAS WORKING FOR ME IN DECEMBER 2000
AND JANURARY 2001 BUT HAD TO TAKE OFF DUE TO WIFE HAD AN ACCIDENT THAT
REQUIRED HER TO STAY OFF HER FEET. SHE COULD NOT WALK. HE LOST TEN (10) DAYS OF
WORK. HIS LOST INCOME WOULD HAVE BEEN AROUND \$4000.00 (FOUR THOUSDAND
DOLLARDS) FOR 10 (TEN) DAYS. YOU CAN CONTACT ME AT 910-604-0740.

Sincerely,

A handwritten signature in black ink that reads "Mike Lunsford". The signature is written in a cursive, slightly slanted style.

MIKE LUNSFORD