

April 05, 2018

Alice L Mitchell and James C Mitchell 319 Hot Springs Rd Santa Barbara CA 93108-2009 State Farm Claims PO Box 106169 Atlanta GA 30348-6169

RE:

Claim Number:

75-2621-B21

Date of Loss:

January 09, 2018

Dear Alice L Mitchell and James C Mitchell:

Enclosed please find a drafts in the amount of \$1,152,660.73 representing payment for your loss.

Thank you for your cooperation in this matter.

If you have any questions or need further assistance, please call us at (844) 458-4300 Ext. 2533305677.

Sincerely,

Dennis P Fryer External Claim Resource - Renfroe (844) 458-4300 Ext. 2533305677

State Farm General Insurance Company



Summary of Loss

Named Insured:	MITCHELL, JAMES C & ALICE L				
Claim Number:	75-2621-B21				
Coverage A - Dwelling Coverage A - Dwelling Extension		Limit of Liability: \$ 1,158,948.00 Limit of Liability: \$ 115,895.00			
Description		Amount			
Dwelling Extension		\$\$\$\$			
Dwelling Coverage		\$_948,360.74			
		Total Coverage A: \$1,210,102	.16		
Coverage B - Pe Description Personal Property 3	• •	Limit of Liability: \$ 869,211.00 Amount \$ 260,763.30			
		Total Coverage B: \$ 260,763.	<u>30</u>		
Coverage C - Lo	ss of Use	Limit of Liability: \$ Actual			
		Total Coverage C: \$0.	00		
Other Coverages	s (if applicable)	·			
Description	-	Limit of Liability Amount			
Landscape Coverage		\$ 57.947.40 \$ 57.947.40			
Option OL - Building	g Ordinance or Law (10% of C				
	overage 5% of DE limit	\$ 5,794.75 \$ 5,794.75			
Option ID 10% Appl	ied to Dwelling Extension*	\$ 2,719.32 \$ 2,719.32			
	Total Oti	ner Coverages (if applicable): \$ 77,641.	<u>69</u>		
Payments Made Date Amo 3/16/2018 \$ 250,	•	CY SETTLEMENT			
Comments / Suppl	ements	Coverage A+B+C Total: \$	1,470,865.46		
Coverage A Initial S	ettlement.	Other Coverages (if applicable): \$	77,641.69		
•	•	Total All Coverages &	1,548,507.15		
of this amount but ju	.andscape damages likely in e ist wrote to policy limit.	excess Subtotal: \$	1,548,507.15		
	_	Less Deductible: \$	0.00		
•	e on Personal Property.	Less Amounts Over Limit(s): \$	145,846.42		
Deductible was appl	ied to the amounts over Dwell	ing Total Payable: \$	1,402,660.73		

Extension limit.		Less Total Payments Made: \$	250,000.00
Thank you for being a State Farm Customer!		Net Payment: \$	
Dennis P Fryer Signature	3/23/2018 Date		

^{*} Your policy may provide for additional payments on a replacement cost basis for the Recoverable Depreciation listed above for Cov.A and Cov. B. for your Building and Personal Property.

Please refer to your policy for specific time limits and additional settlement provisions.

Please contact your claim representative if you have any questions.