

# D.B. Solomon Public Adjusters, Inc.

## NOTICE OF CLAIM AND NOTICE OF REPRESENTATION

To: STATE FARM INS.

Attention: MARTIN MORSE ROGAS

Type of Loss: FIRE

Insured: CAROLYN WILLIAMS

Loss Location: 940 N ECHO SUMMIT RD.

KYBURZ, CA 95720

Date of Loss: 9/31/2021

Please be advised that D.B. SOLOMON PUBLIC ADJUSTERS, INC. has been retained to advise and assist (me, us) in the measurement and documentation of (my, our) loss and claim. You are hereby authorized and directed to name D.B. SOLOMON PUBLIC ADJUSTERS as an additional payee on all drafts or checks issued by you. All verbal and/or written communication should be with D.B. SOLOMON PUBLIC ADJUSTERS, INC.

Dated this 11<sup>TH</sup> day of OCTOBER, 2023.

Insured: Carolyn Williams