INSURER: ST. PAUL FIRE & MARINE INSURANCE COMPANY
P.O. BOX 39600
PHOENIX, AZ 85069-9600
(602) 678-3400

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
P.O. Box 7238
Reno, NV 89510

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Claim No.: DM08900582-02A001 Date: DECEMBER 17, 1997

Date of Loss: 04/04/91 Date of Claim: 06/14/91
Date Suit Filed: Date Closed: 10/29/97

MLSP Complaint No.:
Findings:
Other Dispositions: $65,000

INSURED: FRANK SILVER, MD
Address: 2031 McDaniel St., Suite 210, North Las Vegas, NV 89030

Loss Description: Suit alleges insured negligently injured bowel of 44-year old woman during hysterectomy procedure.
Loss Location: Las Vegas, NV

CLAIMANT: BRENDA FAYE YOUNG
Patient: {*Same as Claimant*} DOB/Age: 44
Address: c/o Atty. Rick Petrone, 3900 Paradise Ln., #181, Las Vegas, NV 89109

Person Making Report: Connie Heinsohn - Claim Representative
Address: P.O. Box 39600, Phoenix, AZ 85069-9600
Phone: (602) 678-3400

☐ Summons & Complaint Attached. If Summons & Complaint not attached, Case No.: N/A

CH/tlj

Rev. 09/12/97

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