



Bob Ferguson

ATTORNEY GENERAL OF WASHINGTON

Torts Division

800 Fifth Avenue • Suite 2000 • MS TB-14 • Seattle, WA 98104-3188 • (206) 464-7352

MEMORANDUM

DATE: July 23, 2014

TO: Department of Enterprise Services
Office of Risk Management
P.O. Box 41466
RiskLitigation@des.wa.gov

FROM: Susan Edison, Assistant Attorney General
Tort Claims Division

SUBJECT: *Claim of Baily Stober (OMWBE)*
ORM FILE NO. 14770004

Enclosed please find the following documents:

- Certificate of Tort Claim Settlement (original)
- Settlement Agreement and Release (copy)

These documents are forwarded to you to be processed for payment per instructions on the Certificate, as permitted under RCW 4.92.

Insurance available or paid by or on behalf of State: YES NO

Amount: \$
Insurer:
Insured:

Thank you.

SE/jkd

Attachments

cc w/ attachments:

Charlynn Hull (via email)
Gina Comeau (via email)
Teri Metcalf (via email)

CERTIFICATE OF TORT CLAIM SETTLEMENT

(For payments where a suit has not been filed)

Bailey Stober Claim (OMWBE)

TO THE RISK MANAGER OF THE DEPARTMENT OF ENTERPRISE SERVICES,
OFFICE OF RISK MANAGEMENT:

Lucy Isaki of the Department of Enterprise Services as designee for the Office of Minority and Women Business Enterprises certifies as follows:

A claim based on the claimed tortious conduct of the State of Washington has been settled and should be paid from the Liability Self Insurance Fund pursuant to RCW 4.92.160.

For payments made as a result of Bodily Injury: N/A

Claimant Full Name:
Claimant SSN:
Claimant HICN:
Claimant Date of Birth:
Claimant Gender:
Law Firm Tax ID No: OR
Attorney SSN:

(Risk Management must have the Social Security number and Medicare Health Insurance Claim Number for each claimant and will report the entire amount for Medicare Secondary Payor purposes unless the distribution amount, including the attorney's payment, has been confirmed in writing by claimant's attorney. Office of Risk Management must also have the Tax Identification Number for the law firm or Social Security number for the attorney.)

Date Claim Filed: February 20, 2014

Occurrence Date: Approximately November 1, 2013 until February 28, 2014

Location: Washington State Office of Minority & Women's Business Enterprises
(OMWBE),

Total Settlement Amount: \$125,000.00

Payable to: The Trust Account for HKM Employment Attorneys LLP for the benefit of
claimant Bailey Stober

Send Payment to: LISA A. BURKE
HKM Employment Attorneys LLP
Puget Sound Plaza
1325 Fourth Avenue, Suite 540
Seattle, WA 98101

Amount to Be Paid to Annuity Company, If Applicable N/A

1099-MISC REPORTING

- A. Is payment (\$600 or more) to be issued as a result of a
NON-PHYSICAL INJURY? YES NO

*If "Yes", a 1099-MISC is to be reported against the claimant in the entire amount even if the payment is made directly to the **claimant and their attorney**. The Office of Risk Management will only split 1099 reporting between the claimant and an attorney when the amount of the distribution has been confirmed by claimant's attorney. Payments made for the purchase of annuities do not require 1099 reporting.*

Non-Physical Payment Made to Claimant: (Entire amount of payment must be made to claimant unless there is a split with the attorney as described above.)

Amount to Claimant: \$125,000
Claimant (payee) Name: The Trust Account for HKM Employment Attorneys LLP for the benefit of claimant
Bailey Stober
Last Known Address: c/o LISA A. BURKE,
HKM Employment Attorneys LLP
Puget Sound Plaza
1325 Fourth Avenue, Suite 540
City/State/Zip: Seattle, WA 98101
Social Security Number:

Non-Physical Share of Payment Made to Attorney: (Only to be made when claimant's attorney has confirmed the dollar split between the parties.)

Amount to Attorney:
Attorney Name:
Address:
City/State/Zip:

Social Security or
Tax I.D. Number:

B. Is payment (\$600 or more) issued directly to an attorney for
PHYSICAL INJURIES? YES NO

If "Yes", the entire payment is to be reported against the attorney. Physical Injury payments made to other parties, to include the claimant, do not require 1099 reporting. Payments made for the purchase of annuities do not require 1099 reporting.

Physical Injury Payment Made Directly to Attorney:

Amount to Attorney:

Attorney Name:

Address:

City/State/Zip:

Social Security or

Tax I.D. Number:

DATED this _____ day of July, 2014.

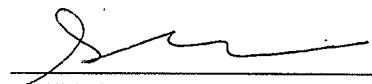
Approved by:

LUCY ISAKI
State Risk Manager

Approved by:

ROBERT W. FERGUSON
Attorney General

Department of Enterprise Services
Office of Risk Management



SUSAN EDISON, WSBA #18293
Assistant Attorney General

SE/jkd
Enclosure

**SETTLEMENT AGREEMENT
AND RELEASE OF CLAIM**

Tort Claim of Bailey Stober (Washington State Office of Minority &
Women's Business Enterprises (OMWBE))

FOR AND IN CONSIDERATION of the sum of One Hundred Twenty Five Thousand and 00/100 DOLLARS (\$125,000.00), Bailey Stober, his heirs, assigns, community, family, and other successors in interest (hereinafter, "claimant"), do hereby release and forever discharge State of Washington and the Washington State Office of Minority & Women's Business Enterprises (OMWBE) and its officers, agents, employees, agencies and departments, (hereinafter, "Defendant"), from any and all existing claims, damages and causes of action arising out of Stober's employment at OMWBE (hereinafter, "Subject Incident") from approximately November 1, 2013 until February 28, 2014, including but not limited to all claims for personal injuries to Bailey Stober in the tort claim for damages filed by the claimant with the Office of Risk Management of the STATE OF WASHINGTON on February 20, 2014 as ORM # 14770004. This release is intended to settle and compromise all actual, alleged, and potential claims, damages or causes of action which arise from or relate to the subject incident, and specifically contemplates the following non-exclusive damage issues that exist as of the date of this release: past and future pain and suffering, past wage loss, and any future wage loss related to the subject injury of this tort claim.

FURTHER, the undersigned claimant represents warrants and agrees that:

1. This is a final, conclusive and complete release of all unknown and unanticipated damages arising out of the above-stated accident, occurrence/ event as well as those now known, disclosed or anticipated.
2. The undersigned claimant will indemnify and save harmless the parties herein released from all loss, damage and expense incurred directly or indirectly by reason of the falsity or inaccuracy of any future representation by the undersigned claimant with respect to the terms and conditions of this settlement.
3. This settlement agreement and release does not constitute any admission of fault or liability on the part of the parties released herein; nor should it be construed as recognition of claimant's theories of liability, which are disputed.
4. As the provider of human resource services for OMWBE, Terry Wilson, the HR Director at the Department of Enterprise Services (or current incumbent), will provide employment references for Baily Stober. The references will include a letter thanking Bailey Stober for his service to OMWBE with the dates of his service and job titles and a verbal reference that includes Bailey Stober's dates of his service and job titles.
5. Bailey Stober and the attorneys for the parties agree that they will not initiate contact with the media regarding this settlement. Additionally, if the media contacts the claimant or his representatives, they (claimant or his representatives) will contact the assigned Assistant Attorney General, Susan Edison, regarding the media's interest. If any statement is made, it is to be a joint statement by both parties.
6. The State of Washington agrees to pay the entire cost of mediation in this matter.

SETTLEMENT AGREEMENT AND RELEASE

Bailey Stober / ORM # 14770004

Page 1 of 3

7. The settlement amount of One Hundred Twenty Five Thousand and 00/100 DOLLARS (\$125,000.00) is not considered to be lost wages because Bailey Stober left OMWBE for a position at DSHS.

8. The following payment will be made in full and final settlement of all claims arising out of the subject incident in the total settlement amount of One Hundred Twenty Five Thousand and 00/100 DOLLARS (\$125,000.00). This settlement includes any attorney fees, costs and any adverse tax consequences.

9. Pursuant to the provisions of RCW 4.92.160 the defendant shall issue the following State warrant (check) made payable to: The Trust Account for HKM Employment Attorneys LLP for the benefit of claimant Bailey Stober and in the amount of One Hundred Twenty Five Thousand and 00/100 DOLLARS (\$125,000.00)

10. The undersigned claimant hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted, for the purpose of making full and final compromise, adjustment and settlement of any and all claims disputed or otherwise (except as alternatively provided herein) relative to the subject incident.

11. This release contains the entire agreement of the parties, but it shall not be binding upon the State until approved and accepted by a duly authorized representative of the State in accordance with RCW 4.92.160.

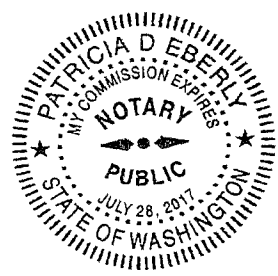
DATED this 16th day of July, 2014.

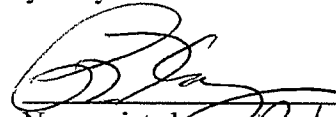

CLAIMANT BAILEY STOBER

STATE OF WASHINGTON)
) ss.
COUNTY OF King)

I, Patricia D. Eberly the undersigned, a notary public in and for the State of Washington, hereby certify that on this 16th day of July, 2014 personally appeared before me, BAILEY STOBER, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that he signed and sealed the same as a free and voluntary act and deed, for the uses and purposes therein mentioned.

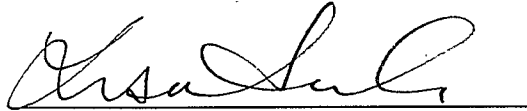
Given under my hand and official seal the day and year last written.




Name printed: Patricia D. Eberly
Notary Public in and for the
State of Washington
My Commission Expires: 07/28/2017

By signature below, claimant's attorney acknowledges that the Office of Women and Minority Business Enterprises ("OMWBE") has no payment or other obligations to claimant's attorney or HKM Employment Attorneys' LLP, and that upon OMWBE making the payment specified in the foregoing agreement, OMWBE will be released from any and all attorney fee liens in connection with the settlement.

DATED this 18 day of July, 2014.



LISA A. BURKE
HKM Employment Attorneys LLP
Claimant's Attorney

APPROVED and ACCEPTED:

DEPARTMENT OF ENTERPRISE
MANAGEMENT

LUCY ISAKI
STATE RISK MANAGER

APPROVED and ACCEPTED:

ATTORNEY GENERAL OF WASHINGTON



SUSAN EDISON
ASSISTANT ATTORNEY GENERAL