

**IN THE PROBATE COURT OF CUYAHOGA COUNTY, OHIO
ANTHONY J. RUSSO, PRESIDING JUDGE**

IN RE: ESTATE OF TAMIR RICE

Decedent.

Case No. 2014-EST-203019

Judge Laura J. Gallagher

**CREDITOR'S CLAIM FOR
DECEDENT'S LAST DYING EXPENSE
PURSUANT TO OHIO REVISED CODE
§2117.25(A)(5)**

PLEASE TAKE NOTICE that the City of Cleveland ("Creditor"), located at 601 Lakeside Avenue, Room 122, Cleveland, Ohio 44114, has a claim against the Estate of Tamir Rice in the amount of Five Hundred Dollars (\$500.00), *see Exhibit A*, which is past due and owing for emergency medical services rendered as the decedent's last dying expense under Ohio Revised Code §2117.25(A)(5). This notice constitutes a presentation of a creditor's claim pursuant to Ohio Revised Code §2117.06.

Respectfully submitted,

**BARBARA A. LANGHENRY (0038838)
DIRECTOR OF LAW**

/s/ Carl E. Meyer

Carl E. Meyer (0089329)
Assistant Director of Law
601 Lakeside Avenue, Room 106
Cleveland, Ohio 44114-1015
(216) 420-7610
(216) 664-4592 facsimile
cmeyer@city.cleveland.oh.us
Attorney for Creditor City of Cleveland

CERTIFICATE OF SERVICE

Pursuant to Civ. Pro. R. 5(B)(2)(f), I hereby certify that a true and accurate copy of this **Creditor's Claim for Decedent's Last Dying Expense Pursuant to Ohio Revised Code §2117.25(A)(5)** was served via electronic mail this February 10, 2016, upon the following counsel herein:

Elizabeth A. Goodwin, Esq.
egoodwin@gbs-llp.com
Attorney for Estate Applicant

Adam M. Fried, Esq.
afried@reminger.com
Attorney for Samaria Rice

Diana M. Feitl, Esq.
dfeitl@ralaw.com
Attorney for Leonard Warner

Timothy B. Pettorini, Esq.
tpettorini@ralaw.com
Attorney for Leonard Warner

Douglass L. Winston, Esq.
dwinston99@earthlink.net
Attorney for Fiduciary

BARBARA A. LANGHENRY (0038838)
DIRECTOR OF LAW

/s/ Carl E. Meyer

Carl E. Meyer (0089329)
Attorney for Creditor

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**AFFIDAVIT OF BECKY-LEE
CARABALLO**

State of Ohio)
)
County of Cuyahoga) ss:

Becky-Lee Caraballo (“Affiant”), EMS Billing Manager of the City of Cleveland (“Creditor”), first being duly sworn according to law, deposes and states that Affiant has personal knowledge of the matters set forth herein except as specifically noted otherwise, and further states as follows:

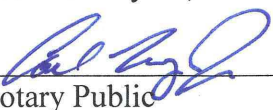
1. Affiant is at least eighteen (18) years old and has personal knowledge of the matters set forth in this Affidavit;
2. That Affiant is the authorized representative of Creditor;
3. Affiant states that Creditor provided goods and/or services to the above-named Decedent pursuant to the terms of the parties’ agreement;
4. Affiant states that the invoices, accounting statements and/or ledgers attached to the Creditor’s Claim as Exhibit A are true and accurate;
5. Affiant states that Creditor keeps invoices, accounting, and/or ledger statements in the ordinary and normal course of business.
6. Affiant states that to date Decedent has failed to pay for the goods and/or services as agreed upon delineated in the invoices, accounting, and/or ledger statements.
7. Affiant states the amount owed by Decedent is \$500.00.

Further affiant sayeth not.



Becky-Lee Caraballo

Sworn to before me and subscribed in my presence by the above-named Becky-Lee Caraballo this February 10, 2016.

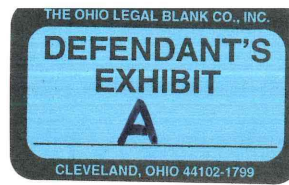


Notary Public

CARLE E. MEYER, JR.
Attorney At Law
Notary Public - State Of Ohio
My commission has no expiration date
Sec. 147.03 R.C.



CITY OF CLEVELAND
Frank G. Jackson, Mayor



Cleveland EMS
601 LAKESIDE AVE ROOM 127
CLEVELAND, OHIO 44114-1015
(216) 664-2598

Ambulance Transportation Invoice
Invoice Date: 02/10/2016

Patient name: TAMIR RICE

TAMIR RICE
2006 W 100TH ST
CLEVELAND, OH 44102

From: 1910 WEST BLVD CLEVELAND, OH 44102
To: METROHEALTH MEDICAL CENTER

Patient SSN: XXX-XX-0000
Run number: 14-95624
Date of call: 11/22/2014
Time of call: 15:40

Primary payor: Molina Healthcare of Ohio, Inc

Secondary payor: Bill Patient

Description	Check #	Quantity	Unit price	Payment date	Amount
Ambulance Advance Life Support		1.0	450.00		450.00
Mileage		5.0	10.00		50.00
Contractual Allow-Contract		1.0		1/21/2015	(284.45)
Contractual Allow-Contract		1.0		1/21/2015	(42.65)
Payment-Check		1.0		2/12/2015	(172.90)
Revenue Adjustment		1.0		2/10/2016	500.00

\$500.00

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

Patient name: TAMIR RICE
Remit to: Cleveland EMS
601 LAKESIDE AVE ROOM 127
CLEVELAND, OHIO 44114-1015
(216) 664-2598

Run number: 14-95624

Amount enclosed: \$

Due on: 03/11/2016

Medicare #:	Medicaid #:
Guarantor Name & Address:	
Insurance Name & Address:	
Insurance Policy #:	Insurance Group #:
Workers Comp. Claim#/Employee	Date of Injury:
I AUTHORIZE THE CITY OF CLEVELAND EMS TO FILE A CLAIM WITH MY INSURANCE COMPANY. MEDICAL OR INFORMATION MAY BE RELEASED TO THE CARRIER UPON REQUEST. THIS BOX MUST BE SIGNED.	
SIGNATURE:	DATE: