383.57

and

The Commonwealth of Massachusetts

Department of Industrial Accidents
600 Washington Street
Boston, MA 02111

AGREEMENT FOR REDEEMING LIABILITY BY LUMP SUM UNDER G.L. CH. 152, SEC. 48

RD NUMBER 08481087 WIDOW Alice L. Warren

RER OR SELF-INSURER Travelers Insurance EMPLOYER Monsanto

c/o Joseph Leary Assistant Manager

RER'S ADDRESS P.O. Box 9049 TOTAL DEDUCTIONS $35,584.00

Boston, MA 02205

UNT OF LUMP SUM $192,500.00 NET TO CLAIMANT $156,916.00

L PAYMENTS $192,500.00 INSURER'S CLAIM # 192CBAN33829T

d of Waiver and Monsanto and Travelers a §15 the LUMP SUM of One Hundred Ninety-two

sand Five Hundred dollars and no cents ($192,500.00) making with weekly payments already received by me,

sum of One Hundred Ninety-two Thousand Five Hundred dollars and no cents ($192,500.00)

rer's waiver of its right under G.L.CH.152§15 to any recovery against any legally liable person

ments are received in redemption of the liability for all weekly payments now or in the future due me under the Workmen's Compensation Act, for all

eceived by my husband John Warren on or about 1948 to 1975 inclusive

he employ of Monsanto subject to approval of the Department of Industrial Accidents.

[signature] Witness's Signature

VALW Alice L. Warren Claimant's Signature

Witness's Address

40 Midway St. Indian Orchard, MA 01151 Claimant's Address

11/4/88 Date of Agreement

Travelers Insurance Insurer or Self-Insurer

BY: Philip A. Brooks its attorney One Monarch Place Springfield, Mass 01144

STRIKE OUT IF NOT APPLICABLE

erstand that from the LUMP SUM amount stated above, the amounts listed below will be deducted and paid to the following parties:

Lawyer's Fee	Name	Address
584.00	James H. Tourtelotte	1500 Main Street Springfield, M 01115
Liens		

DEPARTMENT OF INDUSTRIAL ACCIDENTS
DIVISION OF DISPUTE RESOLUTION
APPROVED
REVIEWING 4 1988 BOARD
by [signature]
Administrative Law Judge
in Accordance with Mass. G.L.c. 152 § 48

STRIKE OUT IF NOT APPLICABLE

~~I understand that in addition to the LUMP SUM amount stated above the insurer or self-insurer will pay...~~

fter all of the above deductions, including lawyers' fees and other liens, I will receive the net amount of $156,916.00. I further understand

ete and final settlement of my claim and that I will not be able to reopen my claim or seek further benefits because of this injury. I am fully

settlement.

[signature] Witness's Signature

VALW Alice L. Warren Claimant's Signature

Alice L. Warren

(Over)

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UCC 085816