

IN THE CIRCUIT COURT FOR THE TWENTY-SECOND JUDICIAL CIRCUIT  
McHENRY COUNTY, ILLINOIS

**COPY**

PAUL DULBERG,

Plaintiff,

vs.

No. 12 LA 178

DAVID GAGNON, Individually, and as  
Agent of CAROLINE McGUIRE and BILL  
McGUIRE and CAROLINE McGUIRE  
and BILL McGUIRE, Individually,

Defendants.

**FILED**

**AUG 22 2012**

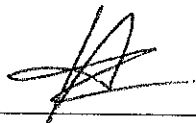
KATHERINE M. KEEFE  
McHENRY CTY. CIR. CLK.

**PROOF OF SERVICE**

The undersigned, being first duly sworn on oath, deposes and states that on the 21<sup>st</sup> day of August, 2012, the following described documents were served by mailing true and correct copies thereof in an envelope, addressed as is shown below, that said envelope was sealed, that sufficient U.S. postage for first-class mail was placed thereon, and the same was deposited in the U.S. Mail in McHenry, Illinois, at or about the hour of 5:00 p.m.

DOCUMENT DESCRIPTION: **PLAINTIFF'S ANSWERS TO DEFENDANTS'  
SUPPLEMENTAL INTERROGATORIES**

ADDRESSED TO: Ronald A. Barch  
Cicero, France, Barch & Alexander, PC  
6323 E. Riverside Blvd.  
Rockford, IL 61114



HANS A. MAST, Attorney for Plaintiff

**LAW OFFICES OF THOMAS J. POPOVICH**

3416 West Elm Street

McHenry, IL 60050

815-344-3797

Attorney No. 6203684

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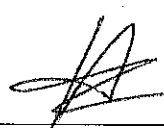
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Defendants.

**PLAINTIFF'S ANSWERS TO  
DEFENDANT'S SUPPLEMENTAL INTERROGATORIES**

1. Please provide the following information about yourself.

- a. Date of Birth;
- b. Social Security Number or Health Insurance Claim Number ("HICN").

ANSWER: DOB: 3-19-70  
SS: 323-76-4001

2. Are you currently a Medicare beneficiary? If so, please identify any and all amounts that have been paid by Medicare in satisfaction of medical expenses from any healthcare provider involved in the treat of the injuries you are claiming in connection with the above-captioned lawsuit. Please also outline any communications that you have had regarding with Medicare and/or any Medicare Secondary Payer Recovery Center "(MRPRC)" regarding Medicare liens, if any.

ANSWER: No

3. Describe in detail all injuries you have sustained as a result of the occurrence alleged in your Complaint.

ANSWER: Right arm/elbow

4. Do you have any documentation in your possession and/or control regarding Medicare payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit. If yes, please provide copies of all documentation responsive to this interrogatory.

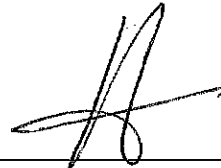
ANSWER: No

5. Do you have any documentation in your possession and/or control regarding Medicare's right to recover payments made to you or on your behalf in connection with the injuries you are claiming in connection with the above-captioned lawsuit, including but not limited to Medicare conditional payment letters, lien notices from Medicare and/or lien notices from a MSPRC.

ANSWER: No

6. State all healthcare benefits you have received or will eligible to receive as a result of injuries you attribute to the occurrence alleged in your Complaint.

ANSWER: None



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HANS A. MAST, Attorney for Plaintiff

**LAW OFFICES OF THOMAS J. POPOVICH**

3416 West Elm Street

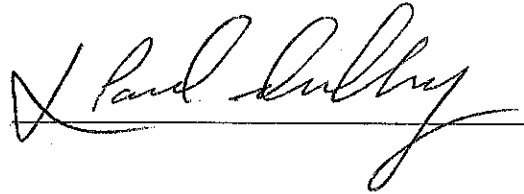
McHenry, IL 60050

815-344-3797

Attorney Registration No. 06203684

**Verification by Certification**

**Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.**

A handwritten signature in cursive script, appearing to read "Paul D. Sullivan", is written over a horizontal line.

DATE: \_\_\_\_\_