

# SCHEDULE "B" OF PROOF OF LOSS

Insured (Insured's Name)

Date of Loss APRIL 30-2017

Our File No.

Room 30x50 Garage

Page 1 of \_\_\_\_\_

Policy No. \_\_\_\_\_

\*Bills or Canceled Checks to support claim should be attached.

(1) Quantity	(2) Description of Item (Include manufacturer, brand name, model, year, serial numbers.)	(3) Purchased or Obtained From (Include Address)	(4) Date Purchased or Acquired (Mo.-Yr.)	(5) New (N) Used (U)	(6) Amount Paid	(7) Current Replacement Cost	(8) Amount of Loss	
- 1	RF303 PK KAL Whirlpool Range	Lowes KC MO	6-2006	New	350.00	473.94		R
- 1	JES1351WB004 GE microwave	Lowes KC MO	9-2003	New	150.00	235.00		R
- 1	Toaster Kitchen Aid	Ross-Osage Beach	6-2016	New	20.00	38.00		R
- 1	Coke Cola Clock Vintage	Antique mall	1-2000	Used	50.00	100.00		EBAY
- 2	5' Shop Lights	Lowes KC MO	6-2009	New	100.00	175.00 (I)		R
- 1	DRYER ESTATE	Cherry's Hermitage	3-2005	New	320.60	432.50 (I)		R
- 2	HAIR 19" TV	NFM	12-2008	New	350.00	400.00		R
- 1	HAIR DRYER	WAL-MART	12-2005	New	30.00	30.00		R
- 1	Curling IRON	WAL-MART	12-2014	New	25.00	25.00		R
* 1	CROCK POT Hamilton	NFM	6-2015	New	35.00	40.00		R
* 1	Bissell Vacuum	NFM	12-2014	New	100.00	100.00		R

I/WE, THE UNDERSIGNED, HEREBY STATE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR, PERSONAL KNOWLEDGE AND BELIEF AND THAT NO MATERIAL INFORMATION HAS BEEN WITHHELD.

Date: MAY 1ST 2017

LINDA F. Lober  
Insured

Linda F. Lober  
Insured

# SCHEDULE "B" OF PROOF OF LOSS

Insured (Insured's Name),

Date of Loss

Our File No.

 Room GARAGE-TRAILER

 Page 2 of \_\_\_\_\_

Policy No. \_\_\_\_\_

\*Bills or Canceled Checks to support claim should be attached.

(1) Quantity	(2) Description of item (Include manufacturer, brand name, model, year, serial numbers.)	(3) Purchased or Obtained From (Include Address)	(4) Date Purchased or Acquired (Mo.-Yr.)	(5) New (N) Used (U)	(6) Amount Paid	(7) Current Replacement Cost	(8) Amount of Loss	
- 1	LONE RANGER III Remote Surge FCC ID LQTR C001	Woodcrafters	6-2014	NEW	125 <sup>00</sup>	125 <sup>00</sup>		EBM
- 1	3 PC PANASONIC PHONE	BEST BUY	6-2011	NEW	85 <sup>00</sup>	100 <sup>00</sup>		NFM
- 1	REFRIGERATOR FRIGWARE	Cherry's	10-2004	NEW	427.83	450 <sup>00</sup>		NFM
- 1	A/C FRIGWARE 12,000 BTU	LOWES	7-2014	NEW	480.00	600.00 <sup>(I)</sup>		MENARDS
- 1	GE AC 5,000 BTU	LOWE'S	6-2013	NEW	200.00	300.00 <sup>(I)</sup>		MENARDS
* 1	HAIER 5000 BTU	LOWE'S	6-2011	NEW	200 <sup>00</sup>	200 <sup>00</sup> <sup>(I)</sup>		MENARDS
4	PHONE JACKS	CENTURY LINK	2014	NEW	100 <sup>00</sup>	100 <sup>00</sup>		CK
1	SONY AM/FM RECEIVER	BEST BUY	5-2004	NEW	425 <sup>00</sup>	650 <sup>00</sup> - pd 500 <sup>00</sup> of ups.		NFM
1	DUSK to DAWN-TRAILER	MENARDS	6-2010	NEW	42.99	50 <sup>00</sup> <sup>(I)</sup>		MENARDS
1	RENTAL APPLIANCEKITLY	GLASSPORT KCMO	6-2017	RENTAL	50.00	50.00		CASH
1	POWER ANTENNA + I	RADIO SHACK	5-2016	NEW	125 <sup>00</sup>	185 <sup>00</sup> <sup>(I)</sup>		R

I/WE, THE UNDERSIGNED, HEREBY STATE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR, PERSONAL KNOWLEDGE AND BELIEF AND THAT NO MATERIAL INFORMATION HAS BEEN WITHHELD.

 Date JUNE 15 2017
LINDA F. LOBER

Insured

Linda J. Lober

Insured

# SCHEDULE "B" OF PROOF OF LOSS

Insured (Insured's Name)

Date of Loss APRIL 30, 2017

Our File No.

Room TRAILER

Page 3 of \_\_\_\_\_

Policy No. \_\_\_\_\_

\*Bills or Canceled Checks to support claim should be attached.

(1) Quantity	(2) Description of Item (Include manufacturer, brand name, model, year, serial numbers.)	(3) Purchased or Obtained From (Include Address)	(4) Date Purchased or Acquired (Mo.-Yr.)	(5) New (N) Used (U)	(6) Amount Paid	(7) Current Replacement Cost	(8) Amount of Loss	
1	FINEPIX BATTERY CHARGER	E-BAY/WALMART	2012	NEW	25 <sup>00</sup>	25 <sup>00</sup>		EBA
1	32" Coby TV	NFM	2012	NEW	400 <sup>00</sup>	337.65		NFM
1	OLYMPIC PAINT	MENARDS	2016	NEW	40 <sup>00</sup>	40 <sup>00</sup>		MENARDS
1	PEGASUS- ??	SERVICE CALL	2017	—	385 <sup>00</sup>	385 <sup>00</sup>		
1	LABOR - JASKE	REMOVAL-INSTALL	2017	—	130 <sup>00</sup>	130 <sup>00</sup>		CK
1	LABOR - JENKINS	REMOVAL-INSTALL	2017		200 <sup>00</sup>	200 <sup>00</sup>		CK
1	LABOR - LINDA	PAINTING-KITCHEN	2017		50 <sup>00</sup>	50 <sup>00</sup>		
1	SWELECTRIC	NEW BOX	2017		179 <sup>00</sup>	179 <sup>00</sup>	NA	CC
* 1	DEPRECIATION CREDIT	INSURANCE	2017	PHIL	500 <sup>00</sup>	500 <sup>00</sup>		
* 1	INS. ERROR - CREDIT	INSURANCE	2017	PHIL	500 <sup>00</sup>	500 <sup>00</sup>		

I/WE, THE UNDERSIGNED, HEREBY STATE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR, PERSONAL KNOWLEDGE AND BELIEF AND THAT NO MATERIAL INFORMATION HAS BEEN WITHHELD.

Date: JUNE 15 2017

LINDA F. LOBER

Insured

Linda F. Lober

Insured

# SCHEDULE "B" O. PROOF OF LOSS

Insured (Insured's Name) LINDA F. LOBER

Date of Loss 4-30-2017

Our File No. \_\_\_\_\_

Room GARAGE KITCHEN

Page \_\_\_\_\_ of \_\_\_\_\_

Policy No. \_\_\_\_\_

\*Bills or Canceled Checks to support claim should be attached.

(1) Quantity	(2) Description of item (Include manufacturer, brand name, model, year, serial numbers.)	(3) Purchased or Obtained From (Include Address)	(4) Date Purchased or Acquired (Mo.-Yr.)	(5) New (N) Used (U)	(6) Amount Paid	(7) Current Replacement Cost	(8) Amount of Loss
1	WHIRLPOOL RANGE RF303PXK01	Lowes - KCMO	6-2006	NEW	350 <sup>00</sup>	350 <sup>00</sup>	
1	GE MICROWAVE JES1351WB004	Lowes - KCMO	9-2003	NEW	150 <sup>00</sup>	150 <sup>00</sup>	
1	TOASTER KITCHENAID	ROSS - OSAGE Beach	6-2016	NEW	20 <sup>00</sup>	20 <sup>00</sup>	
1	COKE COLA CLOCK	ANTIQUE MALL <sup>WBT #1</sup>	1-2000	USED	50 <sup>00</sup>	50 <sup>00</sup>	
2	5' SHELF LIGHTS	Lowes - KCMO	6-2009	NEW	100 <sup>00</sup>	100 <sup>00</sup>	
1	DRYER	Cherry's - NEMAH	2008	NEW	400 <sup>00</sup>	600 <sup>00</sup>	
1	SONY RECEIVER	BEST BUY	5-2004	NEW	425 <sup>00</sup>	425 <sup>00</sup>	
3	DIGITAL PANASONIC PHONES	BEST BUY	1-2014	NEW			
2	HAIER TELEVISION	NEBETHA FURNITURE	12-2008	NEW	350 <sup>00</sup>	400 <sup>00</sup>	
1	HAIR DRYER	WAL-MART	12-2015	NEW	30 <sup>00</sup>	30 <sup>00</sup>	
1	CLIPPING IRON	WALMART	12-2014	NEW	25 <sup>00</sup>	25 <sup>00</sup>	

I/WE, THE UNDERSIGNED, HEREBY STATE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR, PERSONAL KNOWLEDGE AND BELIEF AND THAT NO MATERIAL INFORMATION HAS BEEN WITHHELD.

Date: MAY 1ST 2017

Linda F. Lober

Insured

Linda F. Lober

Insured