

Oliver H. Goe
BROWNING, KALECZYC, BERRY & HOVEN, P.C.
800 North Last Chance Gulch, Suite 101
P.O. Box 1697
Helena, MT 59624-1697
Telephone: (406) 443-6820
Facsimile: (406) 443-6883

ATTORNEYS FOR RESPONDENT/INSURER

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

CASSANDRA SCHMILL,

Petitioner,

v.

LIBERTY NW INS. CORP.,

Respondent/Insurer,

and

MONTANA STATE FUND,

Intervenor.

**AFFIDAVIT OF JENNIFER HERTZFELD ON BEHALF OF
AMERICAN HARDWARE MUTUAL INS. CO.**

I, Jennifer Hertzfeld, being first duly sworn, depose and say:

1. I am an Assistant Vice President, Workers Compensation Claims for Motorists Mutual Insurance Company.

2. I am authorized to make statements on behalf of the Motorists Mutual Insurance Company.

FILED: 07/258/16

Docket Item No. 667

3. The Motorists Mutual Insurance Company purchased the American Hardware Mutual Insurance Company in 1993 and assumed liability for all workers compensation and occupational disease claims of the American Hardware Mutual Insurance Company.

4. After a review of records, I swear under oath that the American Hardware Insurance Company should be dismissed from the above-entitled action as it had no occupational disease claims with a date of loss between July 1, 1987 and June 22, 2001 for which benefits were being paid after June 22, 2001.

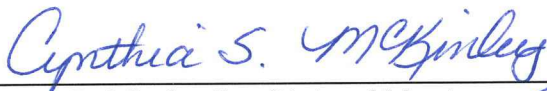
5. I understand that the Montana Workers' Compensation Court may allow up to 90 days from the date of filing of this affidavit within which Petitioner's counsel may conduct discovery and investigate for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of Northwestern Healthcare Corporation. After such 90 days, if no objection is lodged by the Petitioner's counsel, the Court will dismiss the insurer/self-insurer from this action based upon the sworn statements made by me in this affidavit.

6. I declare under penalty of perjury that the foregoing is correct.

Dated this 26th day of July, 2016.


Jennifer Hertzfeld

SUBSCRIBED AND SWORN TO before me this 26th day of July, 2016.


Notary Public for the State of ~~Montana~~ Ohio
Cynthia S. McKinley
(Typed or printed name of Notary)
Residing at State of Ohio
My Commission expires: 9/17/2016

(Notarial Seal)

Cynthia S McKinley
Notary Public, State of Ohio
My Commission Expires 09-17-2016

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of July, 2016, a true and correct copy of the foregoing was deposited in the United States mail, postage prepaid, and addressed as follows:

Laurie Wallace
Bothe & Lauridsen, P.C.
P.O. Box 2020
Columbia Falls, MT 59912

Todd Hammer
Hammer & Quinn, PLLC
P.O. Box 7310
Kalispell, MT 59904-0310

Mr. Ronald Atwood
333 SW 5th Avenue, Suite 200
Portland, OR 97204-1748

Mr. Steve Jennings
Crowley Fleck, PLLP
P.O. Box 2529
Billings, MT 59103-2529

BROWNING, KALECZYC, BERRY & HOVEN, P.C.