

**FILED**

NOV 30 2016

OFFICE OF  
**WORKERS' COMPENSATION JUDGE**  
**HELENA, MONTANA**

Todd A. Hammer  
Hammer, Quinn & Shaw, PLLC  
100 Financial Drive, Suite 100  
P.O. Box 7310  
Kalispell, MT 59904-0310  
Telephone: (406) 755-2225  
Facsimile: (406) 755-5155

Attorneys for Safeway Stores, Inc. and Safeway, Inc.

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

<p>CASSANDRA SCHMILL,  vs. LIBERTY NORTHWEST INSURANCE CORPORATION,  vs. MONTANA STATE FUND,</p>	<p style="text-align: right;">Petitioner,</p> <p style="text-align: right;">Respondent/Insurer,</p> <p style="text-align: right;">Intervenor.</p>	<p>WCC No. 2001-0300</p> <p style="text-align: center;">AFFIDAVIT</p>
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STATE OF California )  
County of Alameda )

I, Kelly Webb, being first duly sworn upon oath, depose and say:

1. I am the Senior Manager, Corporate Workers' Compensation, Corporate Risk Management Department of Albertsons, and I am familiar with the workers' compensation claims of Safeway Inc. and Safeway Stores, Inc. which was purchased by Albertsons several years ago;

2. I am authorized to make statements on behalf of Albertsons as the purchaser of Safeway Stores, Inc. and Safeway, Inc.;

3. After a review of records, I swear under oath Safeway Stores, Inc. and Safeway, Inc. should be dismissed from the above-and title action for the following reason:

Safeway Stores, Inc. and Safeway, Inc. has no claimants meeting the court's criteria in this matter is set forth in the summons or amended summons.

4. I understand the Montana Worker's 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 Golden Sunlight Mines. 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.

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

Dated this 16<sup>th</sup> day of November, 2016.

*Kelly J Webb*  
\_\_\_\_\_  
Kelly Webb

Subscribed and sworn to me upon oath this \_\_\_ day of November, 2016.

(Seal)

\_\_\_\_\_  
\_\_\_\_\_  
[Type, Stamp or Print Name]  
Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_,  
My commission expires \_\_\_\_\_, 20\_\_.

*See Attached*

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**RECEIVED**

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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5 \_\_\_\_\_

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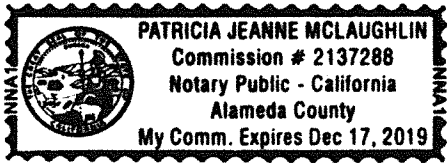
Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California \_\_\_\_\_  
 County of Alameda

Subscribed and sworn to (or affirmed) before me  
 on this 16 day of November, 2016,  
 by Date Month Year  
 (1) Kelly Webb  
 (and (2) \_\_\_\_\_),  
*Name(s) of Signer(s)*



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.  
 Signature Patricia Jeanne McLaughlin  
*Signature of Notary Public*

*Seal*  
 Place Notary Seal Above

**OPTIONAL**


*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**  
 Title or Type of Document: WC-St. Montana - Affidavit Document Date: \_\_\_\_\_  
 Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

CERTIFICATE OF SERVICE

I do hereby certify that on the 28<sup>th</sup> day of November, 2016, I served a copy of the foregoing in the above matter by mailing a copy thereof, first class postage prepaid to:

Laurie Wallace  
Bothe & Lauridsen, PC  
Attorney at Law  
P.O. Box 2020  
Columbia Falls, MT 59912

  
\_\_\_\_\_  
Todd A. Hammer