PROPERTY DAMAGE RELEASE

Under the Equitable Rights of Subrogation

KNOW ALL MEN BY THESE PRESENTS:

That the Undersigned Webb County Risk Management Individually, for sole consideration of five thousand one hundred four Dollars and 55/100 ($5,104.55) to be paid to Webb County Risk Management **do/does hereby and for my/our/its heirs, executors, administrators, successors and assigns release, acquit and forever discharge *HOME STATE COUNTY MUTUAL INSURANCE COMPANY, SNAP Insurance Service LLC, and Graciela Paz De Gonzalez, Daniel Morales*- and his, her, their, or its agents, servants, successors, heirs, executors, administrators and all other persons, firms, corporations, associations or partnerships of and from this action, or claim, which the Undersigned Webb County Risk Management now has/have or which may hereafter accrue on account of or in any way growing out of this property damage and the consequences thereof from the occurrence on or about the 24 day of June 2025**, at or near Laredo, TX.

It is understood and agreed that this settlement is the compromise of a doubtful and disputed claim, and that the payment made is not to be construed as an admission of liability on the part of the party or parties hereby released, and that said releases deny liability therefore and intend merely to avoid litigation and buy their peace.

The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that this Release contains the entire agreement between the parties hereto, and that terms of this Release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Signed, sealed and delivered this _____ day of _____, 20____.

_____ _____ _____

Printed Name Title Signature

Authorized Agent by and for _____

STATE OF _____

COUNTY OF _____

On the _____ day of _____, 20__ before me personally appeared _____

_____ to me known to be the person(s) named herein and who executed the foregoing Release and _____ acknowledged to me that _____ voluntarily executed the same.

My term expires _____, _____

_____

Claim No.: 2025-HSTX04003 **Your claim # Unit 27-443**