

GENERAL RELEASE OF CLAIMS

[Read carefully before signing]

040936

This document is a full, final and irrevocable release of claims by each of the persons signing this document below (who are referred to in this document as the "Undersigned").

I. DEFINITIONS

The "Settlement Amount" is Seven Thousand Four Hundred Thirty Dollars and ¹⁷/₁₀₀ Dollars (\$ 7430¹⁷), in the form of a check payable to the Undersigned and mailed to the Undersigned at the following address:

1803 W. FAIRMOUNT AVE, MILWAUKEE, WI 53209

If the Undersigned includes more than one person, a check jointly payable to all such persons will be issued.

"Event" means backup of sewage occurring on May 14, 2004 into the property at the address shown for the undersigned on the last page of this document.

"Released Damages" means any and all claims, demands, liabilities, lawsuits, causes of action and rights of action that the Undersigned may have now or in the future on account of all injuries, damages, losses, costs and expenses, both known and unknown, and both to person and to property, which have resulted or may in the future result from, in whole or in part, the Event.

"Released Parties" means United Water Services Milwaukee, LLC, and any parent, subsidiary or related corporation or business entity, the Milwaukee Metropolitan Sewerage District, the City of Milwaukee, Wisconsin, the insurers of any of such parties, the successors and assigns of any such parties, and the officers, agents and employees of any of the foregoing; and also, any and all other persons, firms, corporations and other entities of any kind who are or may be liable to the undersigned for any Released Damages.

II. RELEASE

In consideration of payment of the Settlement Amount, the Undersigned, for their heirs, personal representatives and assigns, hereby fully and forever release the Released Parties from the Released Damages. The Undersigned understand that the Released Parties includes not merely the parties directly named in this Release, but all other potentially liable parties, and that, except for payment of the Settlement Amount, the Undersigned will not be able to recover any additional compensation, from anyone, for the Released Damages. The Undersigned also understands that the Released Damages include all consequences of the Event, including consequences which may not arise or become known to the Undersigned until sometime in the future.

III. ADDITIONAL DECLARATIONS

The Undersigned understand and agree that payment of the Settlement Amount does not constitute an admission of fault or liability by any Released Party or any other person.

The Undersigned are executing this General Release of Claims based on their own evaluation of the damages they believe themselves to have suffered and have not executed this document in reliance on any promise or representation made by GAB Robins or any Released Party other than the agreement to pay the Settlement Amount as described above.

The Undersigned warrant that they have not received payment from any insurance company for any of the Released Damages, except for a payment of \$ N/A received from _____. The Undersigned warrant that they are the rightful owners of the claim for damages being made by them in relation to the Event, and that they have full authority to execute this General Release of Claims in consideration of the Settlement Amount.

If a claim ever is asserted against any of the Released Parties by the Undersigned or by anyone claiming an interest in the Released Damages under the Undersigned (except for a claim by an insurance company identified in Paragraph III.C. for the amount indicated in Paragraph III.C.), the Undersigned will indemnify, defend and hold harmless such Released Parties with respect to the claim.

Executed at Milwaukee, Wisconsin, this 30 day of NOVEMBER, 2004.

RELEASING PARTY(S)

x Oriel Wilder _____
(Signature) (Signature)

x Oriel Wilder _____
(Printed Name) (Printed Name)

WITNESS:

David A. Brown
(Signature)

DAVID A. BROWN
(Printed Name)

Address Where Property Damage Occurred:

1803 W. FAIRMOUNT AVE MILWAUKEE, WI 53209

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RMD