



Respectfully submitted,

**BAKER BOTTS L.L.P.**

By: /s/ Kevin M. Sadler

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Kevin M. Sadler  
Texas Bar No. 17512450  
kevin.sadler@bakerbotts.com  
Robert I. Howell  
Texas Bar No. 10107300  
robert.howell@bakerbotts.com  
David T. Arlington  
Texas Bar No. 00790238  
david.arlington@bakerbotts.com  
1500 San Jacinto Center  
98 San Jacinto Blvd.  
Austin, TX 78701-4039  
(512) 322-2500  
(512) 322-2501 (Facsimile)

Timothy S. Durst  
Texas Bar No. 00786924  
tim.durst@bakerbotts.com  
2001 Ross Avenue  
Dallas, TX 75201  
(214) 953-6500  
(214) 953-6503 (Facsimile)

**ATTORNEYS FOR RECEIVER  
RALPH S. JANVEY**

**CERTIFICATE OF SERVICE**

On June 9, 2010, I electronically submitted the foregoing document with the clerk of the court of the U.S. District Court, Northern District of Texas, using the electronic case filing system of the court. I hereby certify that I have served the Court-appointed Examiner John J. Little and all counsel and/or pro se parties of record electronically or by another means authorized by Federal Rule of Civil Procedure 5(b)(2).

/s/ Kevin M. Sadler

Kevin M. Sadler

Harrison Central Appraisal District information updated 6/7/2010



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Identification

**Owner Name:** ADAMS JOHN G DR & REBECCA N  
**Property ID:** R000000181  
**Geographic ID:** 00755.00430.00000.000000  
**Property Address:** FERN LAKE RD 463  
**Legal Description:** Acres: 5.000, Abst: 755 J E WHITE & 274 T GRAY, H  
**Map Number:** 23

Property Tax Bills

View Bill Details

**Proposed payment date:** 06/07/2010

**RECALCULATE PAYMENT**   
 (with different proposed payment date)

Year	Taxing Detail	Base Tax	Paid Tax	Tax Due	Additional Fees*	Late Fees	Amount Due
2009	All applicable taxing entities	\$1,940.39	\$0.00	\$1,940.39	\$291.06	\$0.00	\$2,231.45
2008	All applicable taxing entities	\$1,940.39	\$1,940.39	\$0.00	\$0.00	\$0.00	\$0.00
2007	All applicable taxing entities	\$1,940.39	\$1,940.39	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Amount Due:</b>				\$1,940.39	\$291.06	\$0.00	<b>\$2,231.45</b>

\* Additional Fees include any applicable penalties and interest, attorney and/or late fees.

Ownership/Exemption Information

**Name:** ADAMS JOHN G DR & REBECCA N  
**Mailing Address:** 711 E END BLVD S  
 MARSHALL, TX 75670-5615

**Ownership Interest :** 1.0000000  
**Exemptions Granted:** Homestead, Over-65

Property Valuation History

Values by Year		2009	2008	2007	2006	2005	n/a
Improvements	+	\$271,530	\$275,050	\$275,930	\$255,640	\$256,220	\$0
Land	+	\$7,850	\$6,750	\$8,910	\$8,250	\$8,250	\$0
Production Market	+	\$0	\$0	\$0	\$0	\$0	\$0
Personal	+	\$0	\$0	\$0	\$0	\$0	\$0
Mineral	+	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total Market</b>	<b>=</b>	<b>\$279,380</b>	<b>\$281,800</b>	<b>\$284,840</b>	<b>\$263,890</b>	<b>\$264,470</b>	<b>\$0</b>

Values by Year		2009	2008	2007	2006	2005	n/a
Agricultural Loss	-	\$0	\$0	\$0	\$0	\$0	\$0
Homestead Cap Loss	-	\$0	\$0	\$0	\$0	\$0	\$0
Total Assessed	=	\$279,380	\$281,800	\$284,840	\$263,890	\$264,470	\$0

Improvement / Buildings					
<b>Improvement Market Value:</b>					\$275,050
Group Sequence	Code	Building Description	Year Built	Square Footage	Perimeter Footage
101	R145	RESF A-	1978	2,907	318
102	UPST	UPSTAIRS	1978	468	98
103	P111	PATIOS A FR	1978	210	58
104	P116	PORCHES A FR	1978	120	46
105	so39	EQUIP SHEDALL	1978	800	120
201	B022	BARN D2	2001	10,000	

Land Details								
<b>Land Market Value:</b>		\$6,750	<b>Production Market Value:</b>		\$0	<b>Production Value:</b>		\$0
Land Code	Acres	Sq. Ft.	Front Ft.	Rear Ft.	Depth	Mkt. Value	Prd. Value	
RC0020	5.000	217,800	0	0		7,850	0	

Deed History				
Sold By	Volume	Page	Deed Date	Instrument

Taxing Entities / Jurisdictions				
Code	Description	Taxable Value	Tax Rate per \$100	Tax
04	HARRISON CAD	279,380	0.00000000	\$0.00
05	HARRISON COUNTY	216,004	0.00316900	\$684.52
36	MARSHALL ISD	198,504	0.01040000	\$1,940.39
70	HARR CO ESD #3	216,004	0.00065390	\$141.25
	<b>Total Estimation</b>		<b>0.014222900</b>	<b>\$2,766.16</b>

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 Southwest Data Solutions is not responsible for any errors or omissions.



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN

**NAME:** JOHN GRAMLING ADAMS MD

**DATE:** 06/07/2010

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED  
BY THE TEXAS MEDICAL BOARD**

**Date of Birth:** 1939

**License Number:** E6704 - Physician License

**Issuance Date:** 08/29/1976

**Expiration Date of Physician's Annual Registration Permit:** 02/28/2012

**Registration Status:** ACTIVE

**Registration Date:** 01/01/1978

**Disciplinary Status:** NONE

**Disciplinary Date:** NONE

**Licensure Status:** NONE

**Licensure Date:** NONE

#### **Medical School of Graduation:**

At the time of licensure, TMB verified the physician's graduation from medical school as follows:  
UNIV OF ALABAMA SCH OF MED, BIRMINGHAM

**Medical School Graduation Year:** 1966

#### **TMB Actions and License Restrictions**

The Texas Medical Board has taken the following board actions against this physician. (Also included are any formal complaints filed by TMB that are currently pending before the State Office of Administrative Hearings).

NONE

#### **Investigations by TMB of Medical Malpractice**

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

## Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or [verificic@tmb.state.tx.us](mailto:verificic@tmb.state.tx.us)

**Status Code:** AC

**Effective Date:** 01/01/1978

**Description:** ACTIVE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND  
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

**Gender:** MALE

**Primary Practice Address:**

711 EAST END BLVD SOUTH  
MARSHALL , TX 75670

**Years of Active Practice in the U.S. or Canada:**

The physician reports that he/she has actively practiced medicine in the United States or Canada for **42** year(s).

**Years of Active Practice in Texas:**

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **31** year(s).

## Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

NONE

## Primary Specialty

The physician reports his/her primary practice is in the area of FAMILY PRACTICE.

## Secondary Specialty

The physician did not report a secondary practice area.

## Name, Location and Graduation Date of All Medical Schools Attended

**Name:** UNIVERSITY OF ALABAMA SCHOOL OF MED

**Location:** BIRMINGHAM AL

**Graduation Date:** 1966

### Graduate Medical Education In The United States Or Canada

**Program Name:** NONE

**Location:** CHARLESTON, SC

**Begin Date:** 07/01/1996

**Type:** INTERNSHIP

**End Date:** 06/30/1967

**Specialty:** FP

### Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

**Hospital:** GOOD SHEPHERD MEDICAL CENTER

**Location:** MARSHALL TX

### Patient Services

**Accessibility:** The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

**Language Translation Services:** The physician did not report whether he/she provided any language translation services for patients.

**Medicaid Participant:** The physician reports that he/she **does not** participate in the Medicaid program.

### Awards, Honors, Publications and Academic Appointments

#### Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

NONE

### Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

**Description:** NONE

### Criminal History

**Self-Reported Criminal Offenses:**The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

**Description:** NONE

**Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.**

### Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

**Description:** NONE

### Physician Assistant Supervision

To obtain primary source verifications, click name

**Description:** NONE

### Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

**Description:** None

## WhitePages

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### John Adams

W

711 E End Blvd S  
Marshall, TX 75670-5615

(903) 938-4363

**Job:** [Med Tex Minor Medical Center](#), President

Know me? [Ask me to update my listing.](#) 



Listing date: Aug. 2009

Name popularity and name meaning for first name [John](#) and last name [Adams](#).