

IN THE SUPREME COURT FOR THE STATE OF NEVADA

Electronically Filed
Jan 10 2022 06:35 a.m.
Elizabeth A. Brown
Clerk of Supreme Court

Jeffrey Reed, Petitioner, vs. Alecia Reed nka Draper and Alicia Draper, as Conservator for Emily Reed, Respondent.	Supreme Court #: 82575 (Appeal) District Court Case #: 05D338668
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VOLUME 11 of 11 - RESPONDENT'S APPENDIX

BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN

Nevada Bar No. 7286

7340 Eastgate Road, Suite 170

Henderson, Nevada 89011

Phone: (702) 419-2133

Attorney for Respondent Emily Reed

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Respectfully Submitted on this 10th day of January, 2022.

BRENNAN LAW FIRM

/s/ Elizabeth Brennan

ELIZABETH BRENNAN

Nevada Bar No. 7286

7340 Eastgate Road, Suite 170

Henderson, Nevada 89011

Phone: (702) 419-2133

Attorney for Respondent Emily Reed

CERTIFICATE OF SERVICE

The foregoing **Respondent's Appendix** in the above-captioned case was served this date by mailing a true and correct copy thereof, via first class, postage prepaid and addressed as follows **and** by electronic service through the Court's electronic filing system:

Amanda M. Roberts, Esq.
Roberts Stoffel Family Law Group
Attorney for Appellant
4411 S. Pecos Road
Las Vegas, Nevada 89121

Clerk, Nevada Supreme Court
201 S. Carson Street, Suite 201
Carson City, Nevada 89701

Dated this 10th day of January, 2022.

/s/ Elizabeth Brennan
an employee of Brennan Law Firm

2018 in Detail

Dates: 01/01/2018 - 12/31/2018

Purchases

Automotive Related

Transaction Date	Post Date	Merchant	Amount
Automotive Service Shops			
08/29/2018	08/30/2018	US SMOG TEST ONLY INC	\$20.00
Subtotal			\$20.00

Clothing and Personal Goods

Transaction Date	Post Date	Merchant	Amount
Family Clothing Stores			
06/11/2018	06/12/2018	HOMEGOODS # 0593	\$238.00
Subtotal			\$238.00

Durable Goods

Transaction Date	Post Date	Merchant	Amount
Office And Commercial Furniture			
05/21/2018	05/23/2018	IN *JONATHON'S COASTAL	\$625.20
Subtotal			\$625.20

Entertainment, Amusement, and Recreation

Transaction Date	Post Date	Merchant	Amount
Sporting Goods Stores			
11/23/2018	11/26/2018	JACKS SURFBOARDS HB	\$192.18
11/23/2018	11/26/2018	JACK'S SURFBOARDS HB -	\$65.51
Subtotal			\$257.69

Food and Drink

Transaction Date	Post Date	Merchant	Amount
Candy Nut Confectionery Stores			
08/28/2018	08/30/2018	0158/1CA058 SEES CANDY	\$4.72
Subtotal			\$4.72

Eating Places Restaurants

Transaction Date	Post Date	Merchant	Amount
07/25/2018	07/27/2018	HO SUM BISTRO	\$75.61
Subtotal			\$75.61

Fast Food Restaurants (Quick Pay Service Pilot)

Transaction Date	Post Date	Merchant	Amount
06/30/2018	07/02/2018	HB YOGURTLAND	\$5.36
06/30/2018	07/02/2018	HB YOGURTLAND	\$15.30
Subtotal			\$20.66

Misc Food Stores Specialty Markets Convenience

Transaction Date	Post Date	Merchant	Amount
08/24/2018	08/27/2018	CLASSIC CAKE DECORATIO	\$40.09
Subtotal			\$40.09

2018 in Detail**Dates: 01/01/2018 - 12/31/2018**

Healthcare Services & Supplies

Transaction Date	Post Date	Merchant	Amount
Doctors (Not Elsewhere Classified)			
06/28/2018	06/29/2018	ISLAND DERMATOLOGY	\$660.00
Subtotal			\$660.00

Household Goods & Services

Transaction Date	Post Date	Merchant	Amount
Home Supply Warehouse			
06/10/2018	06/11/2018	ORCHARD SUPPLY #331	\$80.75
Subtotal			\$80.75

Retail - General Merchandise

Transaction Date	Post Date	Merchant	Amount
Book Stores			
09/11/2018	09/11/2018	AMZN Mktp US	\$140.00
09/11/2018	09/12/2018	AMZN Mktp US	\$17.21
Subtotal			\$157.21

Wholesale Clubs

Transaction Date	Post Date	Merchant	Amount
08/28/2018	08/29/2018	COSTCO WHSE #1110	\$153.79
Subtotal			\$153.79

Services - Personal

Transaction Date	Post Date	Merchant	Amount
Other Services (Not Elsewhere Classified)			
08/23/2018	08/24/2018	SQ *GOSQ.COM JANAE	\$66.00
11/27/2018	11/28/2018	ANC*ANCESTRY DNA	\$177.00
Subtotal			\$243.00

Total Purchases	\$2,576.72
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2018 in Detail

Dates: 01/01/2018 - 12/31/2018

Returns**Household Goods & Services**

Transaction Date	Post Date	Merchant	Amount
Home Supply Warehouse			
06/11/2018	06/12/2018	ORCHARD SUPPLY #331	-\$18.31
Subtotal			-\$18.31
Total Returns			-\$18.31

Fees**FEE**

Transaction Date	Post Date	Merchant	Amount
INTEREST			
10/25/2018	10/25/2018	INTEREST	\$22.87
Subtotal			\$22.87
Total Fees			\$22.87

Payments**PAYMENT**

Transaction Date	Post Date	Merchant	Amount
PAYMENTS			
06/04/2018	06/04/2018	PAYMENT	-\$100.00
06/22/2018	06/22/2018	PAYMENT	-\$100.00
06/28/2018	06/28/2018	PAYMENT	-\$100.00
07/25/2018	07/25/2018	CREDIT CARD PAYMENT	-\$100.00
09/05/2018	09/05/2018	PAYMENT	-\$100.00
10/03/2018	10/03/2018	CREDIT CARD PAYMENT	-\$100.00
11/09/2018	11/09/2018	CREDIT CARD PAYMENT	-\$1,546.59
12/18/2018	12/18/2018	CREDIT CARD PAYMENT	-\$434.69
Subtotal			-\$2,581.28
Total Payments			-\$2,581.28

EXHIBIT 73

EXHIBIT 73

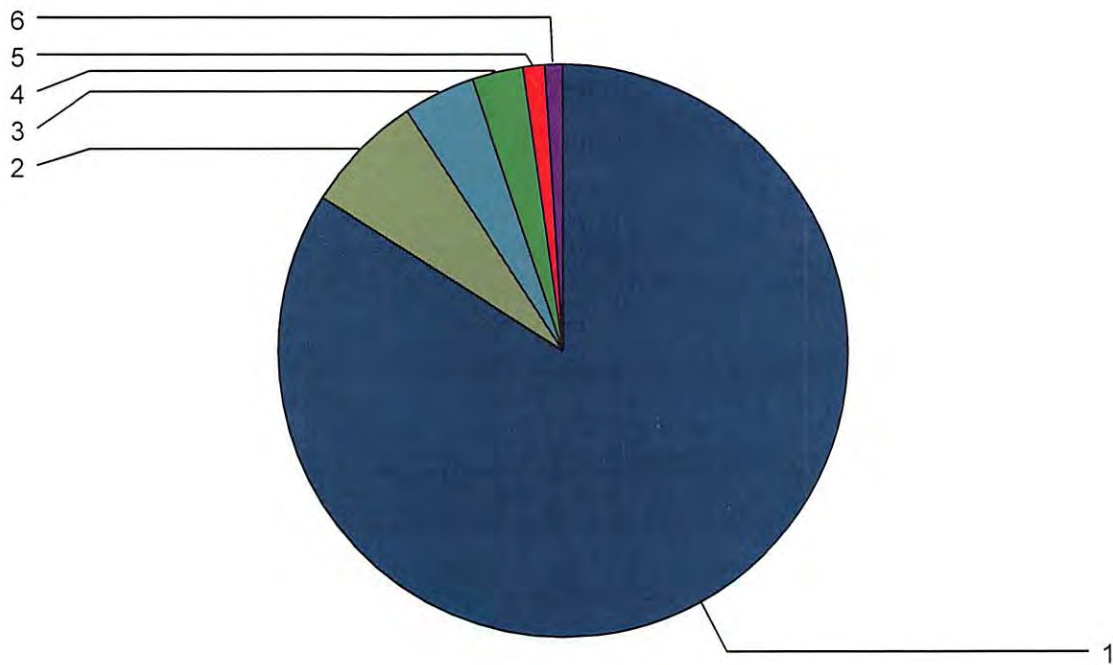
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RESP'T APP 2404

2019 Annual Account Summary

Data Available as of 06/14/2019

U.S. Bank Cash+ Visa Signature(R) Card

Account ending in 8121



1	Food and Drink	84%	\$4,120.94
2	Healthcare Services & Supplies	7%	\$334.18
3	Education, Government, and Related Services	4%	\$200.00
4	FEE	3%	\$142.94
5	Services - Other	1%	\$59.00
6	Services - Personal	1%	\$50.00

Education, Government, and Related Services

Colleges Univ Pro Schools Junior Colleges	\$200.00
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Subtotal Education, Government, and Related Services	\$200.00
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FEE

INTEREST	\$115.94
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LATE PAYMENT FEE	\$27.00
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Subtotal FEE	\$142.94
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Food and Drink

Fast Food Restaurants (Quick Pay Service Pilot)	\$4.85
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Grocery Stores / Supermarkets	\$152.65
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Misc Food Stores Specialty Markets Convenience	\$3,963.44
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Subtotal Food and Drink	\$4,120.94
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Healthcare Services & Supplies

Dentists Orthodontists	\$334.18
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Subtotal Healthcare Services & Supplies	\$334.18
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Services - Other

Religious Organizations	\$59.00
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Subtotal Services - Other	\$59.00
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Services - Personal

Massage Parlors	\$50.00
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Subtotal Services - Personal	\$50.00
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TOTAL	\$4,907.06
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2019 Annual Summary

Data Available as of 06/14/2019

	January	February	March	Quarter 1
Purchases	NO DATA	\$4,116.09	\$648.03	\$4,764.12
Cash Advances	NO DATA			
Adjustments	NO DATA			
Miscellaneous	NO DATA			
Fees	NO DATA		\$84.42	\$84.42
Payments	NO DATA	-\$500.00		-\$500.00
Credits/Returns	NO DATA			
Total	NO DATA	\$3,616.09	\$732.45	\$4,348.54

	April	May	June	Quarter 2
Purchases			NO DATA	
Cash Advances			NO DATA	
Adjustments			NO DATA	
Miscellaneous			NO DATA	
Fees	\$58.52		NO DATA	\$58.52
Payments	-\$1,000.00	-\$3,257.06	NO DATA	-\$4,257.06
Credits/Returns		-\$150.00	NO DATA	-\$150.00
Total	-\$941.48	-\$3,407.06	NO DATA	-\$4,348.54

2019 Annual Summary

Data Available as of 06/14/2019

	July	August	September	Quarter 3
Purchases	NO DATA	NO DATA	NO DATA	\$0.00
Cash Advances	NO DATA	NO DATA	NO DATA	\$0.00
Adjustments	NO DATA	NO DATA	NO DATA	\$0.00
Miscellaneous	NO DATA	NO DATA	NO DATA	\$0.00
Fees	NO DATA	NO DATA	NO DATA	\$0.00
Payments	NO DATA	NO DATA	NO DATA	\$0.00
Credits/Returns	NO DATA	NO DATA	NO DATA	\$0.00
Total	NO DATA	NO DATA	NO DATA	\$0.00

	October	November	December	Quarter 4
Purchases	NO DATA	NO DATA	NO DATA	\$0.00
Cash Advances	NO DATA	NO DATA	NO DATA	\$0.00
Adjustments	NO DATA	NO DATA	NO DATA	\$0.00
Miscellaneous	NO DATA	NO DATA	NO DATA	\$0.00
Fees	NO DATA	NO DATA	NO DATA	\$0.00
Payments	NO DATA	NO DATA	NO DATA	\$0.00
Credits/Returns	NO DATA	NO DATA	NO DATA	\$0.00
Total	NO DATA	NO DATA	NO DATA	\$0.00

Annual Totals

Purchases	\$4,764.12
Cash Advances	\$0.00
Adjustments	\$0.00
Miscellaneous	\$0.00
Fees	\$142.94
Payments	-\$4,757.06
Credits/Returns	-\$150.00
Balance	<u>\$0.00</u>

Purchases

Education, Government, and Related Services

Transaction Date	Post Date	Merchant	Amount
Colleges Univ Pro Schools Junior Colleges			
03/18/2019	03/20/2019	BSU UPAY COMBINED	\$200.00
Subtotal			\$200.00

Food and Drink

Transaction Date	Post Date	Merchant	Amount
Fast Food Restaurants (Quick Pay Service Pilot)			
03/24/2019	03/25/2019	GOLDEN SPOON FROZEN	\$4.85
Subtotal			\$4.85

Grocery Stores / Supermarkets

02/07/2019	02/08/2019	SMART AND FINAL 423	\$152.65
Subtotal			\$152.65

Misc Food Stores Specialty Markets Convenience

02/05/2019	02/06/2019	SQ *PAPA MURPHYS TA	\$3,963.44
Subtotal			\$3,963.44

Healthcare Services & Supplies

Transaction Date	Post Date	Merchant	Amount
Dentists Orthodontists			
03/06/2019	03/08/2019	KENNETH A TJON DDS APD	\$334.18
Subtotal			\$334.18

Services - Other

Transaction Date	Post Date	Merchant	Amount
Religious Organizations			
03/22/2019	03/25/2019	LOVE AND RESPECT LLC	\$59.00
Subtotal			\$59.00

2019 in Detail

Data Available as of 06/14/2019

Services - Personal

Transaction Date	Post Date	Merchant	Amount
Massage Parlors			
03/23/2019	03/25/2019	BODY AND SOLE CORPORAT	\$50.00
Subtotal			\$50.00

Total Purchases \$4,764.12

Returns

Education, Government, and Related Services

Transaction Date	Post Date	Merchant	Amount
Colleges Univ Pro Schools Junior Colleges			
05/16/2019	05/20/2019	BSU UPAY COMBINED	-\$150.00
Subtotal			-\$150.00

Total Returns -\$150.00

Fees

FEE

Transaction Date	Post Date	Merchant	Amount
INTEREST			
03/27/2019	03/27/2019	INTEREST	\$57.42
04/25/2019	04/25/2019	INTEREST	\$58.52
Subtotal			\$115.94

LATE PAYMENT FEE

03/23/2019	03/25/2019	LATE PAYMENT FEE	\$27.00
Subtotal			\$27.00

Total Fees \$142.94

Payments

PAYMENT

Transaction Date	Post Date	Merchant	Amount
PAYMENTS			
02/23/2019	02/25/2019	CREDIT CARD PAYMENT	-\$500.00
04/17/2019	04/17/2019	CREDIT CARD PAYMENT	-\$1,000.00

2019 in Detail**Data Available as of 06/14/2019**

Transaction Date	Post Date	Merchant	Amount
PAYMENTS Continued			
05/23/2019	05/23/2019	CREDIT CARD PAYMENT	-\$3,257.06
Subtotal			-\$4,757.06
Total Payments			-\$4,757.06

EXHIBIT 74

EXHIBIT 74

EXHIBIT 74
RESP'T APP 2413

Phone # [REDACTED]

(405) to HARBOR
(B) ADAMS
(L) BSHARD

Dog Training Services Contract/Agreement - OCK-9Services

This Agreement between ALICIA - Emily

(hereinafter referred to as "Client") and OCK-9Services

(hereinafter known as "Trainer") pertains to the following: Client's Dog (Name):

MONARCH Breed: GOLDEN DOODLE Age: 3 1/2 yrs

Color: _____ (Dog's name, hereinafter referred to as "Dog") For good and valuable consideration, the parties agree as follows:

Training Fees:

A. Client agrees to pay Trainer a nonrefundable fee in the amount of \$ \$525 for a package of 3 sessions (approximate length 1 HR each) to be paid at first session. PD check 5/1/19
All sessions must be completed within 130 days from the date of commencement of contract or they will be forfeited.

Services:

Trainer agrees to provide private lessons for Client and Dog on a lesson-by-lesson basis, the goal being to teach Client how to train and work with Dog. These lessons will take place at Client's home or in any park chosen by Trainer. Trainer will make every reasonable effort to help Client achieve training and behavior modification goals but makes no guarantee of Dog's performance or behavior as a result of providing professional animal behavior consultation. Client understands that he/she and members of the household must follow Trainer's instructions without modification, work with dog daily as recommended, and constantly reinforce training being given to Dog.

Cancellation Policy:

If Client fails to give at least 24 hours cancellation notice, or is not present at time of scheduled appointment, session fees are still due. For a package deal, the session will still be counted as one session.

There will be no refunds for any reason. The only exception is if I become unable to finish your training package for health issues. If I can not resume your training sessions within 3 weeks of the last appointment set for training, (not the last session performed), you will receive the per session price for the remaining sessions.

Liability:

Phone # [REDACTED]

X. AD

[REDACTED]

SP

[REDACTED]

If Dog causes property damage, or bites or injures any dog, animal or person (including but not limited to Trainer and Trainer's agents), during or after the term of this Agreement, then Client agrees to pay all resulting losses and damages suffered or incurred, and to defend and indemnify Trainer and Trainer's agents from any resulting claims, demands, lawsuits, losses, costs or expenses, including attorney fees. If Dog is injured in a fight or in any other manner during or after the term of the Agreement, Client assumes the risk and agrees that Trainer should not be held responsible for any resulting injuries, losses, damages, costs or expenses. At Trainer's sole election, Trainer's duties hereunder shall terminate if (a) in Trainer's sole judgment Dog is dangerous or vicious to Trainer or any other person or animal, or interferes with the training of other dogs, or (b) Client breaches any term or condition of this Agreement. Upon termination in accordance with the foregoing, Trainer's duties shall terminate but all other provisions of this Agreement shall continue in full force and effect. This Agreement is binding upon Client, spouse of Client, and children of Client. This Agreement supersedes all prior discussions, representations, warranties and agreements of the parties, and expresses the entire agreement between Client and Trainer regarding the matters described above.

The parties confirm that, except for that which is specifically written in this Agreement, no promises, representations or oral understandings have been made with regard to Dog or anything else. Without limiting the generality of the foregoing, Client acknowledges that Trainer has not represented, promised, guaranteed or warranted that Dog will never bite, that Dog will not be dangerous or vicious in the future, that Dog will not exhibit other behavioral problems, or that the results of the training will last for any particular amount of time. This Agreement may be amended only by a written instrument signed by both Client and Trainer.

I understand that my participation in any of OCK-9Services dog training classes or private training (hereby referred to as training) includes an element of risk for me, attending family members/guests and my dog, which includes, without limitation, risk of illness, falls, bites and injury through contact with other people or dogs who may or may not be participants in training, or interior/exterior surroundings of any facility or public place where training takes place. I understand that participation in training by me, attending family members/guests, and my dog is voluntary. I, and attending family members/guests, individual, and on behalf of their respective heirs, assigns or successors, hereby expressly waives, releases and discharges Daniel Ross dba OCK-9Services from any claims, demands, injuries, damages or causes of action that are in any way related to participation in the training, even though such liability may arise out of negligence or carelessness on the part of the persons named in this Waiver and Release.

I am willing to accept assumption of the risk of participation in training and the risk of illness, bodily injury, death or property damage while under the supervision of Daniel Ross dba OCK-9Services in my own home or a public space. Daniel Ross dba OCK-9Services make no

XAD

representations, guarantees, promises, implied or expressed, that any training received from Daniel Ross dba OCK-9Services will cure a dog of any dangerous propensities. It is fully understood that regardless of the training received by the animal, any dog is always capable of biting. I here by agree to indemnify and hold harmless Daniel Ross dba OCK-9Services from any and all claims, or claims by any member of my family or any other person while on the grounds of any facility where training takes place, the surrounding area thereto, on my own property, or in a public area as a result of any action by any dog, including my own. I expressly agree that the foregoing release and waiver, and assumption of risk are intended to be as expansive, broad and inclusive as permitted by California law. I affirm and have proof that my dog is current on all vaccinations appropriate to my dog. I also understand that Daniel Ross dba OCK-9Services may use for publicity pictures of my dog or me for promotional purposes without liability or obligation to me. Further, by signing below I understand that, if I am enrolling in a class that does not require my puppy's vaccinations to be completed prior to coming to class, there is still inherent risk of illness, injury, disease, or death due exposure to other dogs and elements of this public facility. Vaccination requirements are waived for socialization purposes, but this does not imply a lowered health risk, and I understand that I am participating in public classes with other dogs and people prior to completing my puppy's vaccinations with full knowledge of this risk associated with doing so and agree to indemnify and hold harmless Daniel Ross dba OCK-9Services as well as any facility or owner of a facility where classes are held. The risk is mine and only mine, and I understand that I am taking full responsibility for said risk. I understand that printing my name on the line below means I agree to all of the terms of this document and that the information I have provided is true and correct.

Scheduling: I assume responsibility to confirm any appointment set by myself and OCK-9Services. The confirmation must be made no closer than 24 hours before the appointment. The appointment confirmation will be sent via text, email, and or phone message. A return confirmation needs to be received by client to establish the appointment. Most appointments are set for training sessions.

Executed on this 1st day of MAY, 2018 2019

OCK-9Services Representative or Trainer:

(print name)

Daniel Ross

(signature)

Dan Ross

X **Client: (print name)** Alecia Draper

X (signature) Alecia Draper



Alecia Draper <aleciadraper@gmail.com>

Emily, Monarch, 2nd session

1 message

Daniel Ross Professional Trainer <ock9services@gmail.com>
To: Alecia Draper <aleciadraper@gmail.com>

Thu, May 9, 2019 at 7:17 PM

Recap of the session. For my notes also
Worked with personalities Emma-perfectionist-runs program, Jaime-15 yrs old-
not verbal, and Heidi-7years old- not familiar with dogs- afraid of the barking.

We had all the personalities engage with Monarch after they fed him for
positive association. The engagement was very basic, sit lay down commands,
and fetch.

Emma should have gloves available for her to feel comfortable engaging with
Monarch, fetch and feeding.

She does not like Monarch because he is dirty. Ask Emma how many baths
would it take to make him clean? Daily-weekly? Looking for solutions to make
it easier for Emma to at least be more at ease with Monarch.

Jaime did pretty good. She really tried to focus and do the hand signals
correctly, sit, down, stay. We rewarded Monarch for doing a few commands by
playing fetch. She can look at the video and work on the things we did in the
video as homework. Same homework for Emma. As with any person or dog
some repetition is critical to learn. We need to be as consistent as possible
with Monarch. Same hand signals and verbal commands.

Heidi played fetch and fed Monarch. She did not do any sit , down, or stay
commands I think? Check video

We need to teach, remind, Heidi to not get too excited when she is very close
to Monarch because the barking is pretty loud. This is normal excited barking.
He is feeding off of Heidi's energy. You should correct the barking when this
happens to Heidi. It must be done within 1 or 2 seconds

Let me know if you want to do this same training for more personalities next
session, go out in public with these personalities, or meet other dogs. We can
evaluate each session and decide priorities as we go.

Let me know if you have any? and if you received this please
Thank you

RESP'T APP 2417

ER 001286

Daniel Ross, Certified Dog Trainer

Trust & Loyalty

<https://www.facebook.com/OCK9Services>

<http://ock-9services.com/>Website

949-351-2572

4 attachments



OCK-9ServicesSITsit.rtf
1K



OCK9ServicesDOWN.rtf
4K



-OCK-9Services-Barking.rtf
9K



OCk-9Stay.rtf
3K

RESP'T APP 2418

ER 001287

EXHIBIT 75

EXHIBIT 75

EXHIBIT 75
RESP'T APP 2419

Good afternoon,

Thank you for your payment. I have attached your receipt. Please let me know if you have any questions.

Thank you,

Jacqueline Guillen
Client Services Coordinator
Pasadena Villa Residential Psychiatric Services
Smoky Mountain Lodge
3889 Wonderland Lane
Sevierville, TN 37862
Phone: (865) 366-0285
Fax: (865) 366-6107
Jacqueline.guillen@pasadenavilla.com
Pasadena Villa Network of Services

Bill To:

Alecia Draper


Ship To:

Alecia Draper


Account : XXXXXXXXXX2019

Trx Type : Sale

Order : Alecia Draper (Admission Payment)

Auth : APPROVED 166143

Amount : \$8,500.00

Tax : \$0.00

Total : \$8,500.00

Cardmember Acknowledges Receipt Of
Goods and/or Services In The Amount Of
The Total Shown Hereon And Agrees To
Perform The Obligations Set Forth By The
Cardmember's Agreement With The Issuer

X_____

ER 001449

RESP'T APP 2420

EXHIBIT 76

EXHIBIT 76

EXHIBIT 76
RESP'T APP 2421

Center for Christian Counseling & Training

Roger J. Boehm, Ph.D., cPsy

P.O. Box 2630, Dallas, GA 30132

Office 321-269-0404; E-mail: DrRogerBoehm@gmail.com

March 20, 2020

RE: Emily C. Reed

D.O.B. 11/16/1996

To Whom It May Concern:

Emily Reed began weekly counseling with this writer on April 19, 2018 with the sessions increased to twice weekly on April 15, 2019. To date there have been a total of 100 sessions. This included 1 ½ days of concentrated counseling at our location in Dallas, Georgia on August 26th and 27th 2019.

Diagnosis:

Dissociative Identity Disorder 300.14 (F44.81)

Posttraumatic Stress Disorder 309.81 (F44.10)

Treatment Plan:

Continue therapy sessions twice weekly.

Financial:

To date the cost for counseling has totaled \$6,250.00. Payment was made at the conclusion of each session.

Total Amount Due: 0

CENTER FOR CHRISTIAN COUNSELING



Roger J. Boehm, Ph.D., cPsy.

RESP'T APP 2422

ER 002346

EXHIBIT 77

EXHIBIT 77

EXHIBIT 77
RESP'T APP 2423

usbank

CASHIER'S CHECK

No. 5222512166

90-3582
1222

PAY

TEN THOUSAND DOLLARS AND 00 CENTS

\$ 10,000.00

DATE: JANUARY 22, 2020

**TO THE
ORDER OF: THE AMEN CLINICS**

PURPOSE/REMITTER: EXPERT TESTIMONY FOR EMILY REED

Location: 5222 Huntington Beach Brookhurst

**U.S. Bank National Association
Minneapolis, MN 55480**

AUTHORIZED SIGNATURE

⑈ 5 2 2 2 5 1 2 1 6 6 ⑈ ⑆ 1 2 2 2 3 5 8 2 1 ⑆ 1 5 3 4 1 0 0 2 3 9 5 3 ⑈

PURPOSE/REMITTER: EXPERT TESTIMONY FOR EMILY REED

usbank

CASHIER'S CHECK

No. 5222512166

90-3582
1222

PAY

TEN THOUSAND DOLLARS AND 00 CENTS

\$ 10,000.00

DATE: JANUARY 22, 2020

**TO THE
ORDER OF: THE AMEN CLINICS**

Location: 5222 Huntington Beach Brookhurst

**U.S. Bank National Association
Minneapolis, MN 55480**

NON NEGOTIABLE

AUTHORIZED SIGNATURE

EXHIBIT 78

EXHIBIT 78

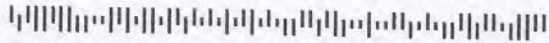
EXHIBIT 78
RESP'T APP 2425



PO BOX 11192
KNOXVILLE TN 37939



15590469 - 0610



EMILY REED
20762 CRESTVIEW LN
HUNTINGTN BCH, CA 92646-5929

IF PAYING BY CREDIT CARD, FILL OUT BELOW			
<input checked="" type="checkbox"/> MasterCard	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER		CVV2 CODE	AMOUNT
SIGNATURE		EXP. DATE	
Account #	Statement Date	PAY THIS AMOUNT	Show Amount Paid
S1927410070	10/17/2019	\$ 431.33	

☐ PLEASE CHECK BOX FOR ADDRESS CHANGE. (INDICATE NEW ADDRESS ON REVERSE SIDE.)

LECONTE MEDICAL CENTER
PO BOX 888542
KNOXVILLE, TN 37995-0001



B1505 5175946 2300

DUE FROM PATIENT ON 11/3/2019 \$431.33

1 / 1

Please return top portion with your payment

Statement Date	Patient Name	Account Number	Date(s) of Service
10/17/2019	EMILY REED	S1927410070	10/03/2019

MESSAGES

Thank you for choosing us for your healthcare needs.

Our records indicate that the current account balance is your responsibility. Please remit payment in full with the attached coupon in the enclosed envelope. If you are unable to pay the balance in full, please contact us at 866-672-1210 to establish suitable payment arrangements.

You can make a payment by calling us at **866-672-1210** using **PIN: 5175946**.

If you have other balances outstanding that are on a current payment arrangement, this amount will not automatically be included with those accounts. You **must** contact us to include this balance with a current payment arrangement.

Financial Assistance

Please contact our office if you are unable to pay your balance due and have exhausted all sources of payment assistance. Financial assistance provided by Covenant Health may be available to you dependent upon a completion of a financial assistance application and an income/ asset evaluation.

You may now pay your bill...

- Online at www.medicalpayments.org/covenant
- By Phone at **866-672-1210**
M-Th: 8:30 am - 6 pm and Friday 8:30 am - 4:30 pm
- By Mail at the remit address



DESCRIPTION

EMERGENCY ROOM	\$688.00
GENERAL LABORATORY	\$754.00
PHARMACY	\$45.33
Total Charges	\$1487.33

TOTAL CHARGES	\$ 1,487.33
TOTAL PAYMENTS	\$ 0.00
TOTAL ADJUSTMENTS	\$ -1,056.00
DUE FROM PATIENT	\$ 431.33

Please write your account number on your check. Make checks payable to:
LECONTE MEDICAL CENTER
PO BOX 888542
KNOXVILLE, TN 37995-0001

Please Pay This Amount

\$ 431.33

ER 002387

2300

TID101 - 15590469-000610-01/01-0-0-0

ALCOA BILLING CENTER
3429 REGAL DR
ALCOA TN 37701-3265

**DETACH AND RETURN THIS COUPON WITH
THE REVERSE SIDE COMPLETED TO PAY BY
CREDIT CARD, TO PROVIDE INSURANCE
INFORMATION OR FOR CHANGE OF ADDRESS.**

Patient
Name: EMILY REED

PHYSICIAN SERVICES RENDERED AT: LECONTE MEDICAL CENTER



79581165-400-4510
PS ▲ 0 0 7 4 8 6
EMILY REED
20762 CRESTVIEW LN
HUNTINGTON BEACH CA 92646-5929

SOUTHEASTERN EMERGENCY PHYSICI

DEPT: A ☐ B ☐ C ☐ (check one - see reverse) 400

3429 REGAL DR

ALCOA TN 37701-3265



018000795811652034400615990451050015370003

↑ Detach Here ↑
FOR CREDIT CARD OR INSURANCE UPDATES

DATE	INVOICE#	DESCRIPTION	PROVIDER	DEBITS	CREDITS
10/01/19	249317410	EMERGENCY DEPT VISIT	LANGFORD MD,JOSEPH SCOTT	\$1,537.00	

THIS IS YOUR PHYSICIAN SERVICES BILL AND IS SEPARATE FROM THE HOSPITAL BILL

ACCOUNT NUMBER: 79581165-400-4510 STATEMENT DATE: 10/20/19 TOTAL NOW DUE: \$1,537.00

PLEASE REMIT BALANCE DUE. IF YOU HAVE INSURANCE COVERAGE OR WANT TO PAY BY CREDIT CARD, VISIT OUR WEBSITE AT WWW.THBILLPAY.COM OR COMPLETE THE BACK OF THIS STATEMENT OR SEND A COPY (FRONT AND BACK) OF YOUR INS CARD.

» VISIT WWW.THBILLPAY.COM TO MAKE PAYMENTS OR UPDATE INFORMATION «
CALL 1-888-952-6772 TO SPEAK TO A REPRESENTATIVE MONDAY - FRIDAY, 8AM - 8PM, SATURDAY 10AM-3PM EST

↓ Detach Here ↓
TO PAY BY CHECK

PAYMENT COUPON - RETURN WHEN PAYING BY CHECK OR MONEY ORDER

PATIENT NAME: EMILY REED ACCT#: 79581165-400-4510 CHECK#: _____ AMT PAID: _____

PHYSICIAN SERVICES RENDERED AT: LECONTE MEDICAL CENTER

DO NOT STAPLE OR TAPE YOUR CHECK
OR MONEY ORDER TO THIS COUPON

☐ CHECK HERE FOR CHANGE OF ADDRESS

MAKE CHECKS PAYABLE TO:

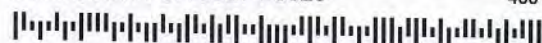
79581165-400-4510
Emily Reed
20762 Crestview Ln
Huntington Beach CA 92646-5929

SOUTHEASTERN EMERGENCY PHYSICI

PO BOX 740023

CINCINNATI OH 45274-0023

400



RESP'T APP 2427

0180007958116520344006159904510ER002388003



Ridgeview Institute
3995 South Cobb Drive
Smyrna, GA 30080

www.ridgeviewinstitute.com

Ph: 770-434-4568 ext. 1169



REED EMILY
20762 CRESTVIEW LN
HUNTINGTON BEACH, CA 92646-5929

REMIT TO: Ridgeview Institute
3995 South Cobb Drive
Smyrna, GA 30080

☐ Please check this box if your address is incorrect
and indicate any change(s) on the reverse side

STATEMENT

MAKE CHECK PAYABLE TO: Rv Behavioral Llc
RETURN TOP PORTION WITH PAYMENT

IF PAYING BY CREDIT CARD PLEASE COMPLETE THIS FORM				
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> Discover	Patient Statement PCYC
CARD NUMBER		EXP DATE		
CARDHOLDER NAME		CCV CODE		
CARDHOLDER SIGNATURE				
STMT DATE	STMT DUE DATE	ACCOUNT NUMBER		
10-15-19	10-25-19	2019260		
PLEASE PAY THIS AMOUNT		AMOUNT ENCLOSED		
\$438.34		\$		

DATE	ACCOUNT #	DESCRIPTION	ACCOUNT BALANCE	PAY / ADJ	AMOUNT DUE
	2019260	BALANCE LAST STATEMENT	3,800.00		
09-08-19	2019260	A BLUECROSS ADJ		-2,338.86	
09-24-19	2019260	P BLUE CROSS PAYMENT		-1,022.80	
		*** TOTAL DUE ***			438.34

STATEMENT DATE	DATE OF SERVICE	ACCOUNT NUMBER	POLICY NUMBER	AMOUNT DUE
10-15-19	08-28-19 TO 08-30-19	2019260	XEA908826036	\$438.34
PATIENT NAME			PRIMARY INSURANCE	
REED EMILY			BCBS OF GEORGIA	

RESP'T APP 2428



PO BOX 11192
KNOXVILLE TN 37939



15644638 - 1096



EMILY REED
20762 CRESTVIEW LN
HUNTINGTN BCH, CA 92646-5929

IF PAYING BY CREDIT CARD, FILL OUT BELOW			
<input checked="" type="checkbox"/> MasterCard		<input type="checkbox"/> DISCOVER	
CARD NUMBER		CW2 CODE	AMOUNT
SIGNATURE		EXP. DATE	
Account #	Statement Date	PAY THIS AMOUNT	Show Amount Paid
S1928001957	10/21/2019	\$ 290.87	

☐ PLEASE CHECK BOX FOR ADDRESS CHANGE (INDICATE NEW ADDRESS ON REVERSE SIDE)

LECONTE MEDICAL CENTER
PO BOX 888542
KNOXVILLE, TN 37995-0001



B1505 5180626 2300

DUE FROM PATIENT ON 11/7/2019 \$290.87

1 / 1

Please return top portion with your payment

Statement Date	Patient Name	Account Number	Date(s) of Service
10/21/2019	EMILY REED	S1928001957	10/07/2019

MESSAGES	DESCRIPTION
<p>Thank you for choosing us for your healthcare needs.</p> <p>Our records indicate that the current account balance is your responsibility. Please remit payment in full with the attached coupon in the enclosed envelope. If you are unable to pay the balance in full, please contact us at 866-672-1210 to establish suitable payment arrangements.</p> <p>You can make a payment by calling us at 866-672-1210 using PIN: 5180626.</p> <p>If you have other balances outstanding that are on a current payment arrangement, this amount will not automatically be included with those accounts. You must contact us to include this balance with a current payment arrangement.</p>	<p>GENERAL LABORATORY \$1003.00 Total Charges \$1003.00</p>
<p>Financial Assistance</p> <p>Please contact our office if you are unable to pay your balance due and have exhausted all sources of payment assistance. Financial assistance provided by Covenant Health may be available to you dependent upon a completion of a financial assistance application and an income/ asset evaluation.</p> <p>You may now pay your bill...</p> <p>Online at www.medicalpayments.org/covenant</p> <p>By Phone at 866-672-1210 M-Th: 8:30 am - 6 pm and Friday 8:30 am - 4:30 pm</p> <p>By Mail at the remit address</p>	<p>TOTAL CHARGES \$ 1,003.00 TOTAL PAYMENTS \$ 0.00 TOTAL ADJUSTMENTS \$ -712.13</p> <p>DUE FROM PATIENT \$ 290.87</p> <p>Please write your account number on your check. Make checks payable to: LECONTE MEDICAL CENTER PO BOX 888542 KNOXVILLE, TN 37995-0001</p>
	<p>Please Pay This Amount</p> <p>\$ 290.87</p>

RESP'T APP 2429

ER 002390

2300

TID101 - 15644638-001096-01/01-0-0-0

EXHIBIT 82

EXHIBIT 82

EXHIBIT 82
RESP'T APP 2430

EMILY REED'S MEDICAL AND COST OF LIVING EXPENSES FOR 2017, 2018 AND 2019 FROM JANUARY 2017 THRU DECEMBER 2019

	2019		2018		2017
NOTE: SEE BACKUP DETAIL FOR SPECIFICS					
MEDICAL * DR. ROUANZOIN, EMDR SPECIALIST/THERAPIST ACCOUNTED FOR WITH A. GORREY'S TRIAL TO SHOW ACTUAL COSTS FOR A YEAR - STOPPED SEEING DR. ROUANZOIN IN 2018 DUE TO LACK OF FINANCES EVEN THOUGH HE WAS HELPING EMILY	0		\$1,250.00		\$9,500.00
MEDICAL * DR. FARRELL (PSYCHIATRIST WHO ADMINISTERS HER MEDS AND DOES THERAPY.	\$5,000.00		\$2,600.00		\$4,000.00
Roger Boehm, PHD, CPSY THERAPY	\$4,045.00		\$2,025.00		
OTHER MEDICAL	\$13,624.85		\$4,978.50		\$6,871.99
COST OF LIVING	\$17,176.26		\$13,289.43		\$11,101.69
THERAPY DOG EXP	\$2,652.81		\$1,349.72		\$2,278.42
CONSERVATORSHIP	\$7,558.14		\$15,130.90		\$0.00
TOTAL EXPENSES	\$50,057.06		\$40,623.55		\$33,752.10
TOTAL MONTHLY EXP	\$4,171.42		\$3,385.30		\$2,812.68
MONTHLY SSI	678.24		664.24		654.24
MONTHLY DIFFERENCE FROM SSI INCOME AND MONTHLY EXPENSES	\$3,493.18		\$2,721.06		\$2,158.44
MONIES ALECIA DRAPER AND JEFF REED EACH SHOULD PAY ON BEHALF OF EMILY REED'S MONTHLY EXPENSES	\$1,746.59		\$1,360.53		\$1,079.22

AVERAGE OVER THREE (3) YEARS EQUALS: \$1,395.45

RESP'T APP 2431

EXHIBIT 83

EXHIBIT 83

EXHIBIT 83
RESP'T APP 2432

H&R Block ADVANTAGE®



H&R BLOCK

Prepared For:

JEFFREY A. REED

02/19/2018

Today's Savings

- * By participating in a qualified retirement plan through your employer this year and making your contributions with pretax dollars, you reduced your taxes by: \$725.00
- * In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2017, your Marginal Tax Rate is 25% and your Effective Tax Rate is 16%.

Total Savings **\$725.00**

Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary	Message
Federal	Yes	\$1,232.00	Refund	\$1,232.00 See the Filing Checklist for instructions.

This H&R Block Advantage document provides information that could help you improve your tax and financial situation. Its contents should be considered in conjunction with information you receive from other sources that are familiar with your specific circumstances. Tax services offered through subsidiaries of HRB Tax Group, Inc.

Advantage (2017) FDADVICE-1WV 1.0
Form Software Copyright 1996 - 2018 HRB Tax Group, Inc.

RESP'T APP 2433

JR0047

H&R Block ADVANTAGE®

2017 Tax Return Summary

Federal Year over Year Comparison

INCOME	Year 2017	Year 2016	Change(\$)
Wages, salaries, tips	\$78,564	\$0	\$78,564
Total income	\$78,564	\$0	\$78,564
ADJUSTED GROSS INCOME			
Total income less total adjustments	\$78,564	\$0	\$78,564
TAXABLE INCOME			
Standard deductions	\$6,350	\$0	\$6,350
Exemptions	\$4,050	\$0	\$4,050
Taxable income	\$68,164	\$0	\$68,164
TAX COMPUTATION			
Income tax	\$12,783	\$0	\$12,783
Tax before credits	\$12,783	\$0	\$12,783
OTHER TAXES			
Total tax	\$12,783	\$0	\$12,783
PAYMENTS			
Federal withholding	\$14,015	\$0	\$14,015
Total payments	\$14,015	\$0	\$14,015
REFUND			
Overpayment	\$1,232	\$0	\$1,232
Refund due	\$1,232	\$0	\$1,232
OTHER COMPUTATIONS			
Alternative minimum taxable income	\$78,564	\$0	\$78,564
Marginal tax bracket	25%		
Effective tax bracket	16%		
Filing status	Single		

JEFFREY A REED

**Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit**

Perjury Statement

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

Taxpayer's PIN: 12345 Date: 02/06/2018
Taxpayer's Date of Birth: 12/23/1968
Taxpayer's Prior Year Adjusted Gross Income: 95,256.
Taxpayer's Prior year PIN
Taxpayer's Electronic Filing PIN
Spouse's PIN:
Spouse's Date of Birth:
Spouse's Prior Year Adjusted Gross Income:
Spouse's Prior year PIN
Spouse's Electronic Filing PIN

FILE

**H&R BLOCK****2017 Federal Tax Return Filing Instructions****FOR THE YEAR ENDING****December 31, 2017**

Prepared for	JEFFREY A REED																								
Tax Summary	<table><tr><td>Gross Income</td><td>\$</td><td>78,564</td></tr><tr><td>Adjusted Gross Income</td><td>\$</td><td>78,564</td></tr><tr><td>Total Deductions</td><td>\$</td><td>10,400</td></tr><tr><td>Total Taxable Income</td><td>\$</td><td>68,164</td></tr><tr><td>Total Tax</td><td>\$</td><td>12,783</td></tr><tr><td>Total Payments</td><td>\$</td><td>14,015</td></tr><tr><td>Refund Amount</td><td>\$</td><td>1,232</td></tr><tr><td>Amount You Owe</td><td>\$</td><td>0</td></tr></table>	Gross Income	\$	78,564	Adjusted Gross Income	\$	78,564	Total Deductions	\$	10,400	Total Taxable Income	\$	68,164	Total Tax	\$	12,783	Total Payments	\$	14,015	Refund Amount	\$	1,232	Amount You Owe	\$	0
Gross Income	\$	78,564																							
Adjusted Gross Income	\$	78,564																							
Total Deductions	\$	10,400																							
Total Taxable Income	\$	68,164																							
Total Tax	\$	12,783																							
Total Payments	\$	14,015																							
Refund Amount	\$	1,232																							
Amount You Owe	\$	0																							
Make check payable to	United States Treasury																								
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																								

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

JEFFREY A REED
9024 TONY RIDGE AVE
LAS VEGAS, NV 89148Your social security number
Redacted 8590

Spouse's social security number

▲ Make sure the SSN(s)
above are correct.

Presidential Election Campaign

Check here if you, or your spouse if filing
jointly, want \$3 to go to this fund. Checking
a box below will not change your tax or
refund.☐ You ☐ Spouse

Foreign country name

Foreign province/state/
county

Foreign postal code

Income

Attach
Form(s) W-2
here.Enclose, but
do not attach,
any payment.

1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2.

Attach your Form(s) W-2.

1 78,564.

2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.

2

3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).

3

4 Add lines 1, 2, and 3. This is your **adjusted gross income**.

4 78,564.

5 If someone can claim you (or your spouse if a joint return) as a dependent, check the
applicable box(es) below and enter the amount from the worksheet on page 2.☐ You☐ SpouseIf no one can claim you (or your spouse if a joint return), enter \$10,400 if **single**;
\$20,800 if **married filing jointly**. See page 2 for explanation.

5 10,400.

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter - 0-.

This is your **taxable income**.

6 68,164.

Payments,
Credits,
and Tax

7 Federal income tax withheld from Form(s) W-2 and 1099.

7 14,015.

8a **Earned income credit (EIC)** (see instructions)

8a

b Nontaxable combat pay election.

8b

9 Add lines 7 and 8a. These are your **total payments and credits**.

9 14,015.

10 **Tax**. Use the amount on **line 6 above** to find your tax in the tax table in the
instructions. Then, enter the tax from the table on this line.

10 12,783.

11 Health care: individual responsibility (see instructions) Full-year coverage ☒

11

12 Add lines 10 and 11. This is your **total tax**.

12 12,783.

Refund

Have it directly
deposited! See
instructions and
fill in 13b, 13c,
and 13d, or
Form 8888.13a If line 9 is larger than line 12, subtract line 12 from line 9. This is your **refund**.If Form 8888 is attached, check here ☐

13a 1,232.

b Routing number Redacted 1627 c Type: ☒ Checking ☐ Savings

d Account number Redacted 4443

Amount
You Owe14 If line 12 is larger than line 9, subtract line 9 from line 12. This is
the **amount you owe**. For details on how to pay, see instructions.

14

Third Party
DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name

Phone no.

Personal ID number

(PIN) Sign
HereJoint return?
See
instructions.Keep a copy for
your records.

Your signature

Date

Your occupation

Daytime phone number

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an ID Protec-
tion PIN, enter it here (see inst.)Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040EZ (2017)

EXHIBIT 84

EXHIBIT 84

EXHIBIT 84
RESP'T APP 2438

Form 1040	Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return	2018	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)				
Your first name and initial JEFFREY A		Last name REED		Your social security number <div style="background-color: black; color: white; padding: 2px; display: inline-block;">Redacted</div> 8590
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind				
If joint return, spouse's first name and initial		Last name		Spouse's social security number
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.) <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien				
Home address (number and street). If you have a P.O. box, see instructions. 9024 TONY RIDGE AVE			Apt. no.	Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. LAS VEGAS NV 89148				If more than four dependents, see inst. and / here <input type="checkbox"/>
Dependents (see instructions):		(2) Social security no.	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.): Child tax credit <input type="checkbox"/> Credit for other dependents
(1) First name	Last name			

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	Date	Your occupation <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px; text-align: center;">SALES</div>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>

Preparer's name JOHN HANSON	Preparer's signature <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	PTIN P01641252	Firm's EIN 7431871840	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ HRB TAX GROUP INC		Phone no. 702-316-1983		
Firm's address ▶ 7345 S DURANGO DR LAS VEGAS NV 89113				

RESP'T APP 2439

JR0284

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	80,301
2a Tax-exempt interest	2a	2b Taxable interest	2b
3a Qualified dividends	3a	3b Ordinary dividends	3b
4a IRAs, pensions, and annuities	4a	4b Taxable amount	4b
5a Social security benefits	5a	5b Taxable amount	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	80,301
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	80,301
8 Standard deduction or itemized deductions (from Schedule A)		8	18,022
9 Qualified business income deduction (see instructions)		9	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	62,279
11 a Tax (see instr.) 9,640 (check if any from: 1 Form(s) 8814 2 Form 4972 3) b Add any amount from Schedule 2 and check here		11	9,640
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here		12	
13 Subtract line 12 from line 11. If zero or less, enter -0-		13	9,640
14 Other taxes. Attach Schedule 4		14	
15 Total tax. Add lines 13 and 14		15	9,640
16 Federal income tax withheld from Forms W-2 and 1099		16	10,034
17 Refundable credits: a EIC (see instr.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5		17	
18 Add lines 16 and 17. These are your total payments		18	10,034
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	394
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here		20a	394
b Routing number 3 2 1 2 7 0 7 4 2 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
d Account number Redacted 3 1 5 2			
21 Amount of line 19 you want applied to your 2019 estimated tax		21	
22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		22	
23 Estimated tax penalty (see instructions)		23	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2018)

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2018Attachment
Sequence No. **07**

Name(s) shown on Form 1040

JEFFREY A REED

Your social security no.

Redacted 3590

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | | | |
|---|---|---|--------|---|
| 1 | Medical and dental expenses (see instructions) | 1 | | |
| 2 | Enter amount from Form 1040, line 7 | 2 | 80,301 | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | 6,023 | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | | 0 |

**Taxes You
Paid**

- | | | | | |
|---|---|----|-------|-------|
| 5 | State and local taxes | | | |
| a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/> | 5a | 872 | |
| b | State and local real estate taxes (see instructions) | 5b | 3,355 | |
| c | State and local personal property taxes | 5c | 187 | |
| d | Add lines 5a through 5c | 5d | 4,414 | |
| e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 4,414 | |
| 6 | Other taxes. List type and amount ▶ | 6 | | |
| 7 | Add lines 5e and 6 | 7 | | 4,414 |

**Interest
You Paid****Caution:**Your mortgage
interest
deduction may
be limited (see
instructions).

- | | | | | |
|----|--|----|--------|--------|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | | |
| a | Home mortgage interest and points reported to you on Form 1098 | 8a | 13,558 | |
| b | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | 8b | 0 | |
| c | Points not reported to you on Form 1098. See instructions for special rules | 8c | | |
| d | Reserved | 8d | | |
| e | Add lines 8a through 8c | 8e | 13,558 | |
| 9 | Investment interest. Attach Form 4952 if required. See instructions | 9 | | |
| 10 | Add lines 8e and 9 | 10 | | 13,558 |

**Gifts to
Charity**If you made a
gift and got a
benefit for it,
see instructions.

- | | | | | |
|----|--|----|----|----|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | | |
| 12 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | 50 | |
| 13 | Carryover from prior year | 13 | | |
| 14 | Add lines 11 through 13 | 14 | | 50 |

**Casualty and
Theft Losses**

- | | | | | |
|----|--|----|--|---|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | | 0 |
|----|--|----|--|---|

Other

- | | | | | |
|----|--|----|--|--|
| 16 | Other -- from list in instructions. List type and amount ▶ | 16 | | |
|----|--|----|--|--|

**Total
Itemized
Deductions**

- | | | | | |
|----|--|----|--|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 | 17 | | 18,022 |
|----|--|----|--|--------|

Deductions

- | | | | | |
|----|--|--|--|--|
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/> | | | |
|----|--|--|--|--|

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2018

Form 8879

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ Return completed Form 8879 to your ERO. (Don't send to the IRS.)
▶ Go to www.irs.gov/Form8879 for the latest information.CLIENT COPY
2018

Submission Identification Number (SID) ▶

Taxpayer's name
JEFFREY A REED
Spouse's nameSocial security number
Redacted 3590
Spouse's social security number**Part I Tax Return Information — Tax Year Ending December 31, 2018** (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	80,301
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	9,640
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	10,034
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	394
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize HRB TAX GROUP INC to enter or generate my PIN 13590
ERO firm name
as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ [Signature] Date ▶ 1/30/2019**Spouse's PIN: check one box only**

- ☐ I authorize _____ to enter or generate my PIN _____
ERO firm name
as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only — continue below**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

88150621139

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ JOHN HANSON Date ▶ 1/30/2019

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8879 (2018)

RESP'T APP 2442

JR0287

EXHIBIT 85

EXHIBIT 85

EXHIBIT 85
RESP'T APP 2443

FDF

Name: Elizabeth Brennan / Brennan Law Firm
Address: 1980 Festival Plaza Drive, Suite 300
Las Vegas, Nevada 89135

Phone: (702) 834-8888

Email: elizabeth@brennanlawfirm.com

Attorney for Alecia Ann Draper Individually and as conservator for Emily Reed
Nevada State Bar No. 7286

Electronically Filed

8/4/2020 10:22 AM

Steven D. Grierson

CLERK OF THE COURT

Steven D. Grierson

Eighth Judicial District Court

Clark County, Nevada

<u>Alecia Ann Draper Individually and as</u> <u>conservator for Emily Reed</u> Plaintiff,	Case No. <u>05D338668</u>
vs. <u>Jeff Allen Reed</u> Defendant.	Dept. <u>H</u>

GENERAL FINANCIAL DISCLOSURE FORM - Emily Reed

A. Personal Information:

1. What is your full name? (first, middle, last) Emily Christine Reed
2. How old are you? 23 3. What is your date of birth? 11/16/1996
4. What is your highest level of education? High school 12

B. Employment Information:

1. Are you currently employed/ self-employed? (☒ check one)

☒ No

☐ Yes

If yes, complete the table below. Attached an additional page if needed.

Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (shift times)

2. Are you disabled? (☒ check one)

☐ No

☒ Yes

If yes, what is your level of disability? 100%

What agency certified you disabled? Clark County School District, West Orange, Selva, UCI & VME

What is the nature of your disability? (SUD), (PTSD), MDD w/psychotic features, Social Anxiety Disorder

- C. Prior Employment:** If you are unemployed or have been working at your current job for less than 2 years, complete the following information.

Prior Employer: NA Date of Hire: _____ Date of Termination: _____
Reason for Leaving: _____

Monthly Personal Income Schedule

A. Year-to-date Income.

As of the pay period ending _____ my gross year to date pay is _____.

B. Determine your Gross Monthly Income.

Hourly Wage

	×		=	\$0.00	×	52	=	\$0.00	÷	12	=	\$0.00
Hourly Wage		Number of hours worked per week		Weekly Income		Weeks		Annual Income		Months		Gross Monthly Income

Annual Salary

	÷	12	=	\$0.00
Annual Income		Months		Gross Monthly Income

C. Other Sources of Income.

Source of Income	Frequency	Amount	12 Month Average
Annuity or Trust Income			
Bonuses			
Car, Housing, or Other allowance:			
Commissions or Tips:			
Net Rental Income:			
Overtime Pay			
Pension/Retirement:			
Social Security Income (SSI):	monthly	\$686.24	\$686.24
Social Security Disability (SSD):			
Spousal Support			
Child Support			
Workman's Compensation			
Other: CalFresh EBT	monthly	\$194.00	\$194.00
Total Average Other Income Received			\$880.24

Total Average Gross Monthly Income (add totals from B and C above)	\$880.24
--	----------

D. Monthly Deductions

	Type of Deduction	Amount
1.	Court Ordered Child Support (automatically deducted from paycheck)	
2.	Federal Health Savings Plan	
3.	Federal Income Tax	
4.	Health Insurance Amount for you: _____ For Opposing Party: _____ For your Child(ren): _____	0.00
5.	Life, Disability, or Other Insurance Premiums	
6.	Medicare	
7.	Retirement, Pension, IRA, or 401(k)	
8.	Savings	
9.	Social Security	
10.	Union Dues	
11.	Other: (Type of Deduction)	
Total Monthly Deductions (Lines 1-11)		0.00

Business/Self-Employment Income & Expense Schedule

A. Business Income:

What is your average gross (pre-tax) monthly income/revenue from self-employment or businesses?
\$ _____

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fees			
Business Entertainment/Travel			
Insurance			
Legal and professional			
Mortgage or Rent			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and licenses (include est. tax payments)			
Utilities			
Other:			
Total Average Business Expenses			0.00

Personal Expense Schedule (Monthly)

- A. Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount I Pay	For Me <input type="checkbox"/>	Other Party <input type="checkbox"/>	For Both <input type="checkbox"/>
Alimony/Spousal Support				
Auto Insurance				
Car Loan/Lease Payment				
Cell Phone	\$48.00			
Child Support (not deducted from pay)				
Clothing, Shoes, Etc...	\$19.99			
Credit Card Payments (minimum due)				
Dry Cleaning				
Electric				
Food (groceries & restaurants)	\$228.56			
Fuel				
Gas (for home)				
Health Insurance (not deducted from pay)	\$376.75			
HOA				
Home Insurance (if not included in mortgage)				
Home Phone				
Internet/Cable				
Lawn Care				
Membership Fees				
Mortgage/Rent/Lease Utilities/Transportation	\$600.00			
Pest Control				
Pets "Monarch" Service Dog	\$111.18			
Pool Service				
Property Taxes (if not included in mortgage)				
Security	\$34.99			
Sewer				
Student Loans				
Unreimbursed Medical Expense	\$2,728.94			
Water				
Other: Personal Hygiene	\$26.72			
Total Monthly Expenses	0.00			

See Attached

4,175.13

2020 Expenses For

Alecia Draper and Emily Reed

Page 4 of 8

RESP'T APP 2447

Household Information

- A. Fill in the table below with the name and date of birth of each child, the person the child is living with, and whether the child is from this relationship. Attached a separate sheet if needed.

	Child's Name	Child's DOB	Whom is this child living with?	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 st					
2 nd					
3 rd					
4 th					

- B. Fill in the table below with the amount of money you spend each month on the following expenses for each child.

Type of Expense	1 st Child	2 nd Child	3 rd Child	4 th Child
Cellular Phone				
Child Care				
Clothing				
Education				
Entertainment				
Extracurricular & Sports				
Health Insurance (if not deducted from pay)				
Summer Camp/Programs				
Transportation Costs for Visitation				
Unreimbursed Medical Expenses				
Vehicle				
Other:				
Total Monthly Expenses	0.00	0.00	0.00	0.00

- C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution
Gregory Draper	62	Step-Father	\$5,000.00
Alecia Draper	48	Mother	\$1,500.00
Anthony Reed	21	Brother	\$400.00
Adam Reed	19	Brother	\$80.00

Personal Asset and Debt Chart

A. Complete this chart by listing all of your assets, the value of each, the amount owed on each, and whose name the asset or debt is under. If more than 15 assets, attach a separate sheet.

Line	Description of Asset and Debt Thereon	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.		\$	-	\$	=	\$ 0.00	
2.		\$	-	\$	=	\$ 0.00	
3.		\$	-	\$	=	\$ 0.00	
4.		\$	-	\$	=	\$ 0.00	
5.		\$	-	\$	=	\$ 0.00	
6.		\$	-	\$	=	\$ 0.00	
7.		\$	-	\$	=	\$ 0.00	
8.		\$	-	\$	=	\$ 0.00	
9.		\$	-	\$	=	\$ 0.00	
10.		\$	-	\$	=	\$ 0.00	
11.		\$	-	\$	=	\$ 0.00	
12.		\$	-	\$	=	\$ 0.00	
13.		\$	-	\$	=	\$ 0.00	
14.		\$	-	\$	=	\$ 0.00	
15.		\$	-	\$	=	\$ 0.00	
Total Value of Assets (add lines 1-15)		\$ 0.00	-	\$ 0.00	=	\$ 0.00	

B. Complete this chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other Unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1.	Emily C Reed - Capital One	\$ 281.23	Alecia A. Draper Emily Reed
2.	Medical Bill - Transworld Systems	\$ 1,034.00	(has a card) Emily Reed
3.	med. bill Ridge View RV Behavioral, LLC	\$ 368.34	Emily Reed
4.	med. bill Wellstar Health System, Inc	\$ 1,038.22	Emily Reed
5.		\$	Emily Reed, Christine
6.		\$	
Total Unsecured Debt (add lines 1-6)		\$ 2,721.79	

CERTIFICATION

Attorney Information: Complete the following sentences:

1. I (have/have not) have thru Alecia Draper retained an attorney for this case.
2. As of the date of today, the attorney has been paid a total of \$ 20,000⁰⁰ on my behalf.
3. I have a credit with my attorney in the amount of \$ 0.
4. I currently owe my attorney a total of \$ Unknown.
5. I owe my prior attorney a total of \$ 0.

IMPORTANT: Read the following paragraphs carefully and initial each one.

AD X (in care of Emily Reed)
I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements I may be subject to punishment, including contempt of court.

 I have attached a copy of my 3 most recent pay stubs to this form.

 I have attached a copy of my most recent YTD income statement/P&L statement to this form, if self-employed.

AD X (in care of Emily Reed)
I have not attached a copy of my pay stubs to this form because I am currently unemployed.

/s/ Alecia Draper
Signature (in care of Emily Reed)

8/3/2020
Date

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CERTIFICATE OF SERVICE

I certify that I am an employee of Brennan Law Firm and that on this 4th day of August, 2020 service of the foregoing:

FINANCIAL DISCLOSURE FORM (Emily Reed)

mandatory electronic service through the Eighth Judicial District Court's electronic filing system and/or by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at their last known address:

Amanda M. Roberts, Esq.
Attorney for Jeffery Allen Reed

/s/ Elizabeth Brennan
An Employee of BRENNAN LAW FIRM

RESP'T APP 2451

**EMILY REED'S MEDICAL AND COST OF LIVING
EXPENSES FOR JANUARY - JUNE 2020**

6 Months 2020	
NOTE: SEE BACKUP DETAIL FOR SPECIFICS	
MEDICAL * DR. FARRELL (PSYCHIATRIST WHO ADMINISTERS HER MEDS AND DOES THERAPY.	\$11,200.00
Roger Boehm, PHD, CPSY THERAPY	\$2,270.00
Elise Collier, LMFP	\$8,275.00
OTHER MEDICAL	\$2,892.86
COST OF LIVING	\$4,874.71
**SERVICE DOG EXP	\$5,159.69
CONSERVATORSHIP	\$1,000.00
* & **TOTAL EXPENSES FOR 6 MO	\$35,672.26
TOTAL MONTHLY EXP FOR 6 MO	\$5,945.38
MONTHLY SSI	\$686.24
Monthly Food Stamps	\$194.00
MONTHLY DIFFERENCE FROM SSI INCOME AND FOOD STAMPS	\$5,065.14
MONTHLY EXPENSES	
*NOTE: Includes \$10,000 FOR Dr Love- Farrell expert testimony	
**NOTE: Because Emily was hospitalized for approximately 3 months Monarch her service dog needed to be retrained. \$3930	

Note: 2020 Therapy + Medical/Dental Columns
 Note: 2020 Utilities/Housing/Transportation, Titanium Alarm, Tithe, Personal/Hygiene, Recreation, Cell Phone, Clothing, Misc/Gifts Columns
 Note: 2020 Therapy Dog Column & Daniel Ross OCK-9 Services
 Note: 2020 Conservatorship Column

\$21,742.26 Amount Minus Dr. Love-Farrell & Dog Training
 \$3,623.71 Monthly Average
 \$2,743.47 Monthly Average minus SSI & Food Stamps
 \$1,371.74 What Alecia and Jeff would owe

Note: Unreimbursed Medical = All Doctors, All medical/Dental and Therapy

PP 2452

WHICH BANK ACCOUNT																				
	Date for Expense	Explanation: Yellow Highlighted area Alecia Paid; otherwise Emily paid out of her SSI Bank Account	Utilities/ Housing/ Transportation	Service & Therapy/ Dog Exp	Emily Reed's Therapy	Amen Clinic Therapy, Dr. Jennifer Love- Farrell	Therapy Center for Christian Counseling & Training Roger Boehm, PhD, CPSY	Elise Collier, LMFT (Therapy for Emily)	Daniel/Ross OCK-9 Services (PTSD/DID Training for Emily & Monarch)	Emily's Conservator- ship	Titanium Alarm Services	Tithe	Personal/Hygiene	Medical/ Dental	Recrea	Cell Phone	Clothing	Misc/Gifts	TOTAL EXPENSES INCLUDING FOOD/HSG	
	January 2020	Alecia Pays see columns												\$376.75			\$48.00			\$424.75
Wells Fargo	1/2/20	Roger Boehm, PhD, CPSY													Mo. Med Insurance					\$0.00
Wells Fargo	1/10/20	24 Hour Fitness					\$50.00									\$41.99				\$50.00
Wells Fargo	1/21/20	Roger Boehm, PhD, CPSY					\$60.00													\$41.99
Emily's Capital One																				\$60.00
Emily's Capital One	1/2/20	Amen Clinic --Dr. Love				\$200.00														\$200.00
Emily's Capital One	1/29/20	Petsmart		\$76.93																\$200.00
Emily's Capital One																				\$200.00
Emily's Capital One	1/30/20	Amen Clinic --Dr. Love				\$200.00														\$200.00
AmEx	1/27/20	Pay Pal Daniel Ross OCK-9 Services (Therapy Monarch)							\$3,000.00											\$200.00
AmEx	1/6/20	Lewis Crouse, Attorney for Conservatorship								\$1,000.00										\$3,000.00
AmEx	1/7/20	Elise Collier, Pure Light Counseling						\$150.00												\$1,000.00
AmEx	1/23/20	Elise Collier, Pure Light Counseling						\$175.00												\$150.00
AmEx	1/27/20	PayPal Daniel Ross																\$1.00		\$175.00
AmEx	1/1/20	Hoag Hosp Dolphin Garage																\$10.00		\$1.00
AmEx	1/2/20	Newport Sea Base (Emily Rowing Class)																\$10.00		\$10.00
ALECIA'S TOTAL JANUARY 2020 EXPENSES PAID			\$0.00	\$76.93	\$0.00	\$400.00	\$110.00	\$325.00	\$3,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$376.75	\$65.00		\$48.00	\$0.00	\$11.00	\$5,454.67
Emily's Personal US Bank	1/6/20	Previous Med Bill												\$25.00						\$25.00
Emily's Personal US Bank	1/6/20	To Mom for Food/Housing	\$600.00																	\$600.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$625.00
EMILY'S TOTAL JANUARY 2020 EXPENSES PAID			\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$625.00
				\$76.93	\$0.00	\$400.00	\$110.00	\$325.00	\$3,000.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$401.75	\$106.99		\$48.00	\$0.00	\$11.00	\$6,079.67

RESP'T APP 2453

WHICH BANK ACCOUNT	Date for Expense	Explanation: Yellow Highlighted area Alecia Paid; otherwise Emily paid out of her SSI Bank Account	Utilities/ Housing/ Transportation	Service & Therapy/ Dog Exp	Emily Reed's Therapy	Amen Clinic Therapy Dr. Jennifer Love- Farrell	Therapy Center for Christian Counseling & Training Roger Boehm, PhD, CPSY	Elise Collier, LMFP (Therapy for Emily)	Daniel Ross DOCK-9 Services (PTSD/DID Training for Emily & Monarch)	Titanium Alarm Services	Tithe	Personal/H ygiene	Medical/ Dental	Recrea	Cell Phone	Clothing	Misc/Gifts	TOTAL EXPENSES INCLUDING FOOD/HSG
	February 2020	Alecia Pays see columns																\$424.75
US Bank	2/11/2020	Titanium Alarm (Emily tried to run away at night)								\$34.99			\$376.75	Mo. Med Insurance	\$48.00			\$34.99
AmEx	2/10/2020	Elise Collier, LMFP						\$225.00										\$225.00
AmEx	2/12/2020	PayPal Daniel Ross training services Monarch							\$930.00									\$930.00
AmEx	2/12/2020	Elise Collier, LMFP						\$150.00										\$150.00
AmEx	2/19/2020	Elise Collier, LMFP						\$150.00										\$150.00
AmEx	2/25/2020	Elise Collier, LMFP						\$225.00										\$225.00
AmEx	2/26/20	Elise Collier, LMFP						\$150.00										\$150.00
Emily's Capital One Card #0036	2/12/20	Petsmart		\$15.00														\$15.00
Emily's Capital One Card #0036	2/12/20	Petsmart		\$66.52														\$66.52
Emily's Capital One Card #0036	2/20/20	Amen Clinic - Dr. Love				\$200.00												\$200.00
Emily's Capital One Card #0036	2/21/20	Amen Clinic - Dr. Love (Expert Report & Test for Trial				\$10,000.00												\$10,000.00
Emily's Capital One Card #0036	2/27/20	Huntington Beach BECA (Dental)											\$62.30					\$62.30
Wells Fargo	2/27/20	Coldstone (Ice Cream)	\$5.98															\$5.98
Wells Fargo	2/23/20	Roger Boehm, PHD, CPSY					\$60.00											\$60.00
Wells Fargo	2/26/20	Roger Boehm, PHD, CPSY					\$60.00											\$60.00
Wells Fargo	2/10/20	Roger Boehm, PHD, CPSY					\$60.00											\$60.00
Wells Fargo	2/24/20	Roger Boehm, PHD, CPSY					\$60.00											\$60.00
Wells Fargo	2/27/20	Roger Boehm, PHD, CPSY					\$60.00											\$60.00
ALECIA'S TOTAL FEB 2020 EXPENSES PAID			\$5.98	\$81.52	\$0.00	\$10,200.00	\$300.00	\$900.00	\$930.00	\$34.99	\$0.00	\$0.00	\$439.05	\$0.00	\$48.00	\$0.00	\$0.00	\$12,940.54
Emily's Personal US Bank	2/6/20	Target (Ice Cream	\$5.88															\$5.88
Emily's Personal US Bank	2/6/20	Past Med Bill															\$19.99	\$25.87
Emily's Personal US Bank	2/10/20	To Mom Food/Hsg	\$600.00										\$25.00				\$25.00	\$600.00
Emily's Personal US Bank	2/10/20	Walgreens (Medication)											\$4.95				\$18.99	\$23.94
Emily's Personal US Bank	2/12/20	Target (Bathroom Cups)											\$5.16					\$5.16
Emily's Personal US Bank	2/13/20	Bill Leconte #51928001957		\$57.62									\$14.34					\$71.96
Emily's Personal US Bank	2/13/20	Quest Bill											\$52.75				\$14.00	\$66.75
Emily's Personal US Bank	2/13/20	Bill Paid partial Ridgeview #2019260											\$10.00				\$4.75	\$14.75
Emily's Personal US Bank	2/28/20	Chocolate	\$8.90															\$8.90
EMILY'S TOTAL FEBRUARY 2020 EXPENSES PAID			\$614.78	\$57.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.16	\$107.04	\$0.00	\$0.00	\$0.00	\$57.73	\$842.33
TOTAL FEB 2020 EXP PAID BY ALECIA & EMILY			\$621.76	\$139.14	\$0.00	\$10,200.00	\$300.00	\$900.00	\$930.00	\$34.99	\$0.00	\$5.16	\$546.09	\$0.00	\$48.00	\$0.00	\$57.73	\$13,782.87

ESP'T APP 2454

WHICH BANK ACCOUNT	Date for Expense	Explanation: Yellow Highlighted area Alecia Paid; otherwise Emily paid out of her SSI Bank Account	Utilities/ Housing/ Transportation	Service & Therapy/ Dog Exp	Emily Reed's Therapy	Annen Clinic Therapy, Dr. Jennifer Lowe- Fennell	Therapy Center for Christian Counseling & Training Roger Boehm, PHD, CPSY	Elise Collier, LMFP (Therapy for Emily)	Daniel Ross OCK-3 Services (PTSD/DID Training for Emily & Monarch)	Emily's Conservation- ship	Thankum Alam Services	Tithe	Personal/Hy- giene	Medical/ Dental	Recrea	Cell Phone	Clothing	Misc-/Gifts	TOTAL EXPENSES INCLUDING FOOD/HSG
US BANK	April 2020	Alecia Pays see columns												\$376.75		\$48.00			\$424.75
AmEx	4/1/2020	Titanium Alarm (Emily tried to run away at night)									\$34.99								\$34.99
AmEx	4/1/2020	Elise Collier, LMFP						\$300.00											\$300.00
AmEx	4/6/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/7/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/8/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/13/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/14/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/15/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/20/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/21/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/22/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/27/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/28/2020	Elise Collier, LMFP						\$150.00											\$150.00
AmEx	4/29/2020	Elise Collier, LMFP						\$150.00											\$150.00
Wells Fargo	4/1/2020	Roger Boehm, PHD, CPSY					\$60.00												\$60.00
Wells Fargo	4/6/2020	Roger Boehm, PHD, CPSY					\$55.00												\$55.00
Wells Fargo	4/13/2020	Roger Boehm, PHD, CPSY					\$60.00												\$60.00
Wells Fargo	4/15/2020	Roger Boehm, PHD, CPSY					\$60.00												\$60.00
Wells Fargo	4/20/2020	Roger Boehm, PHD, CPSY					\$60.00												\$60.00
Wells Fargo	4/27/2020	Roger Boehm, PHD, CPSY					\$60.00												\$60.00
Wells Fargo	4/29/2020	Roger Boehm, PHD, CPSY					\$60.00												\$60.00
Emily's Capital One Card #0036	4/8/2020	Annen Clinic - Dr. Love				\$200.00													\$200.00
Emily's Capital One Card #0036	4/11/2020	Amazon - Donation of movies for sex trafficking										\$16.36							\$16.36
Emily's Capital One Card #0036	4/30/2020	ALKA Living Water	\$4.80																\$4.80
Emily's Capital One Card #0036																			\$0.00
ALECIA'S TOTAL APRIL 2020EXPENSES PAID			\$4.80	\$0.00	\$0.00	\$200.00	\$415.00	\$2,100.00	\$0.00	\$0.00	\$34.99	\$16.36	\$0.00	\$376.75	\$0.00	\$48.00	\$0.00	\$0.00	\$3,195.90
Emily's Personal US Bank	4/1/20	Juiceit up																	\$9.57
Emily's Personal US Bank	4/6/20	To mom	\$9.57																\$600.00
Emily's Personal US Bank	4/7/20	Amazon (Pen Case)	\$600.00														\$6.24		\$6.24
Emily's Personal US Bank	4/7/20	Bill Paid partial Ridgview #2019260												\$10.00				\$8.15	\$8.15
Emily's Personal US Bank	4/9/20	Amazon (Webcam cover)																\$14.04	\$14.04
Emily's Personal US Bank	4/10/20	CVS pharmacy																\$5.69	\$5.69
Emily's Personal US Bank	4/13/20	99 Cents Store																\$5.38	\$5.38
Emily's Personal US Bank	4/17/20	Sprouts												\$5.38			\$27.70		\$27.70
Emily's Personal US Bank	4/21/20	MW Store (Flip Flops)																\$6.45	\$6.45
Emily's Personal US Bank	4/24/20	Amazon (Puzzle Glue)																\$9.00	\$9.00
Emily's Personal US Bank	4/27/20	To Mom for Monarch		\$39.00															\$0.00
EMILY'S TOTAL APRIL 2020 EXPENSES PAID			\$609.57	\$39.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.38	\$0.00	\$0.00	\$27.70	\$34.12	\$7,322.22
TOTAL APRIL 2020EXP. PAID BY ALECIA & EMILY			\$614.57	\$39.00	\$0.00	\$200.00	\$415.00	\$2,100.00	\$0.00	\$0.00	\$34.99	\$16.36	\$0.00	\$386.75	\$0.00	\$48.00	\$27.70	\$34.12	\$5,928.12

REPP 2456

APP 2457

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EXHIBIT 86

EXHIBIT 86

EXHIBIT 86
RESP'T APP 2459

1 Elizabeth Brennan
2 Nevada Bar No. 7286
3 **BRENNAN LAW FIRM**
4 1980 Festival Plaza Drive, Suite 300
5 Las Vegas, NV 89135
6 Telephone: (702) 834-8888
7 Facsimile: (702) 507-1466
8 elizabeth@brennanlawfirm.com

9 *Attorney for Plaintiff Emily Reed,*
10 *through her Conservator Alecia Draper*

11 **DISTRICT COURT**
12 **CLARK COUNTY, NEVADA**

13 Alecia Ann Draper,

14 Plaintiff,

15 v.

16 Jeffery Allen Reed,

17 Defendant.

Case No.: 05D338668

Dept. No.: H

18 **PLAINTIFF'S SUPPLEMENTAL DISCLOSURES**

19 Alecia Draper, in her capacity as Conservator for Emily Reed ("Emily"), supplements
20 Plaintiff's prior disclosures related to the pending request for child support for Emily as a
21 disabled child beyond the age of majority as follows:

22 **I. WITNESSES**

- 23 1. Alecia Draper (Individually)
24 c/o Brennan Law Firm

25 Alecia will testify regarding her knowledge of all facts at issue, including but not
26 limited to, Emily's treatment and medical condition at all pertinent time periods.

- 27 2. Dr. Love Ferrell (Expert Witness & Treating Doctor)
28 3150 Bristol Street, Suite 400
Costa Mesa, CA 92626

Dr. Ferrell will testify regarding her treatment of Emily as well as her Expert Opinion
regarding Emily's disability at all pertinent time periods.

3. Emily Reed (Through her conservator Alecia Draper)
c/o Brennan Law Firm

Emily will testify through her Conservator Alecia Draper regarding her
knowledge of all facts at issue, including but not limited to, Emily's treatment and
medical condition at all pertinent time periods.

- 1 4. Liz Olden
2 c/o Brennan Law Firm

3 Ms. Olden is Emily's grandmother. She will testify regarding her knowledge of
4 all facts at issue, including but not limited to, Emily's treatment and medical
5 condition at all pertinent time periods.

- 6 5. Roger Boehm
7 63 Cranbrooke Drive
8 Dallas, Georgia 30157
9 Phone: (321) 269-0404

10 Dr. Boehm is a therapist who will testify regarding his therapy and treatment of
11 Emily; his review of Emily's medical history; Emily's diagnosis and Emily's current
12 state.

- 13 6. Jay Meeks, LMSW
14 Pasadena Villa Residential Psychiatric Treatment Centers
15 625 Virginia Drive
16 Orlando, Florida 32803
17 Phone: (865) 413-1012

18 Dr. Meeks is a therapist who will testify regarding Emily's residential psychiatric
19 treatment in the Pasadena Villa facility in Eastern Tennessee following her 9/3/19
20 recent suicide attempt; Emily's ongoing mental health crisis in which she continues to
21 receive treatment; and Emily's current status and capacity.

- 22 7. Any other doctor or medical provider listed in the attached medical records.
23 8. Any witness listed by any other party.

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II. DOCUMENTS

UC Irvine Medical Records	PL 000001 – 000175	Previously Provided 8/31/2017	Love 1
Center for Discovery Medical Records	PL 000176 - 000190	Previously Provided 8/31/ 2017	Love 2
Del Amo Hospital Medical Records	PL 000191 – 000215	Previously Provided 8/31/2017	Love 3
Dr. Love Farrell Medical Records & Expert Report	PL 000216 – 000221	Previously Provided 8/31/2017	
Social Security Records for Emily	PL 000222 – 000256	Previously Provided 8/31/2017	Love 7
Summary of Emily's Medical Treatment	PL 000257 - 000267	Previously Provided 8/31/2017	

1	Breakdown of Emily Reed's Health Insurance (2017 – Present)	ER 000001	Previously Provided 7/29/2019
2	Health Insurance Cards	ER 000002 – 000003	Previously Provided 7/29/2019
3	Letters of Conservatorship	ER 000004 – 000006	Previously Provided 7/29/2019 Love 9
4	Excerpts from 2016 Revised Edition Handbook for Conservators, Judicial Council of California	ER 000007 – 000010	Previously Provided 7/29/2019
5	Capacity Declaration from Dr. Jennifer Love Farrell	ER 000011 – 000014	Previously Provided 7/29/2019 Love 8
6	Emily's Medical History List	ER 000015 - 000026	Previously Provided 7/29/2019
7	Emily Expense History List	ER 000027 - 000033	Previously Provided 7/29/2019
8	2017 Emily Expense History	ER 000034 – 000044	Previously Provided 7/29/2019
9	2018 Emily Expense History	ER 000045 – 000051	Previously Provided 7/29/2019
10	2019 Emily Expense History	ER 000052 - 000056	Previously Provided 7/29/2019
11	Dr. Love Farrell Report (See also PL 000216 – 000221)	ER 000057 – 000062	Previously Provided 8/31/2017 and 7/29/2019
12	Emily's US Bank Statements	ER 000063 - 000122	Previously Provided 7/29/2019
13	Capital One Mastercard-5743 (see also ER 000513 – 000520)	ER 000123 – 000220	Previously Provided 7/29/2019
14	American Express-52019	ER 000221 – 000283	Previously Provided 7/29/2019
15	Wells Fargo Signature Visa (see also ER 000521 – 000537)	ER 000284 – 000336	Previously Provided 7/29/2019
16	US Bank Checking – Personal 2017 – Present	ER 000337 - 000512	Previously Provided 7/29/2019
17	Capital One Mastercard-5743 (see also 000123 – 000220)	ER 000513 - 000520	Previously Provided 7/29/2019
18	Wells Fargo Signature Visa (see also ER 000284 – 000336))	ER 000521 – 000537	Previously Provided 7/29/2019
19	US Bank Credit Card 2017 – 2019	ER 000538 – 000559	Previously Provided 7/29/2019
20	US Bank Checking – Business 2017 - 2019	ER 000560 – 000727	Previously Provided 7/29/2019
21	US Bank Savings – Personal 2017 – 2019	ER 000728 – 000761	Previously Provided 7/29/2019
22	Merchant Services Statements 2017 – Present	ER 000762 – 000766	Previously Provided 7/29/2019
23	QuickBooks - Business	ER 000767 – 000770	Previously Provided 7/29/2019
24	Balance Sheet	ER 000771 – 000772	Previously Provided 7/29/2019
25	Profit & Loss Statement – Business	ER 000773 - 000774	Previously Provided 7/29/2019
26	1099 Forms (2017 & 2018)	ER 000775 – 000781	Previously Provided 7/29/2019
27	Gas, Electric & Other Utility Bills	ER 000782 – 000791	Previously Provided 7/29/2019
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House Mortgage & tax Payments	ER 000792 - 000806	Previously Provided 7/29/2019
Vehicle Insurance	ER 000807 - 000813	Previously Provided 7/29/2019
Vehicle Payments	ER 000814 - 000841	Previously Provided 7/29/2019
Updated FDF Page	ER 000842	Previously Provided 7/29/2019
Proof of 49% Ownership	ER 000843 - 000851	Previously Provided 7/29/2019
Alecia Passport	ER 000852	Previously Provided 7/29/2019
Emily FDF	ER 000853 - 000860	Previously Provided 7/29/2019
Cell Phone Bill	ER 000861 - 000872	Previously Provided 7/29/2019
2017 Personal Tax Returns	ER 000873 - 000895	Previously Provided 7/29/2019
2018 Business Tax Returns	ER 000896 - 000918	Previously Provided 7/29/2019
2017 Business Tax Returns	ER 000919 - 000964	Previously Provided 7/29/2019
2018 Business Tax Returns	ER 000965 - 001003	Previously Provided 7/29/2019
Emily's Credit Report	ER 001004 - 001012	Previously Provided 7/29/2019
Emily's High School Transcript	ER 001013	Previously Provided 7/29/2019
Emily's Passport & Driver's License	ER 001014	Previously Provided 7/29/2019
Dr. Boehm	ER 001015	Previously Provided 7/29/2019
Depression Treatment	ER 001016 - 001017	Previously Provided 7/29/2019
Monarch Dog Grooming	ER 001018 - 001021	Previously Provided 7/29/2019
Monarch Dog Purchase	ER 001022	Previously Provided 7/29/2019
Monarch Vet Bills	ER 001023 - 001035	Previously Provided 7/29/2019
AAA Animal Hospital	ER 001036 - 001038	Previously Provided 7/29/2019
Sit Means Sit	ER 001039	Previously Provided 7/29/2019
Twin Peaks Vet	ER 001040 - 001045	Previously Provided 7/29/2019
Beach City Vet	ER 001046 - 001051	Previously Provided 7/29/2019
OC Pass William Mason	ER 001052	Previously Provided 7/29/2019
HIPPA Release Signed by Emily	ER 001053 - 001054	Previously Provided 7/29/2019
Dr. Rouanzion	ER 001055 - 001078	Previously Provided 7/29/2019

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UBH Denton Health	ER 001079 – 001132	Previously Provided 7/29/2019
UBH Denton Health	ER 001133 - 001136	Previously Provided 7/29/2019
Del Almo Medication Discharge	ER 001137	Previously Provided 7/29/2019
Del Almo Hospital <i>*LOVE 4 = 1142-1144</i>	ER 001138 - 001186	Previously Provided 7/29/2019
Dr. Farrell Proof of Payment	ER 001187 - 001192	Previously Provided 7/29/2019
Elizabeth Yang Law Office	ER 001193 – 001240	Previously Provided 7/29/2019
Macy's Credit Card	ER 001241 - 001253	Previously Provided 7/29/2019
US Bank Personal 2017	ER 001254 – 001265	Previously Provided 7/29/2019
US Bank Personal 2018	ER 001266 – 001274	Previously Provided 7/29/2019
US Bank Personal 2019	ER 001275 - 001282	Previously Provided 7/29/2019
Dog Training	ER 001283 - 001287	Previously Provided 7/29/2019
Nevada School Records	ER 001288 – 001352	Previously Provided 7/29/2019
California School Records	ER 001353 – 001441	Previously Provided 7/29/2019
CV – Dr. Love Farrell	ER 001442 – 001444	Previously Provided 10/22/2019
CV – Dr. Roger Boehm	ER 001445 - 001448	Previously Provided 10/22/2019
Receipt \$8,500 Pasadena Villas Residential Psychiatric Treatment Centers	ER 001449	Previously Provided 10/22/2019
Dr. Love Ferrell Supplemental Report	ER 001450 - 001467	Previously Provided 12/04/2019
Metro Police Interview of Emily Reed re Sexual Assault	ER 001468 - 001519	Previously Provided 12/04/2019
Alecia Draper Request for FMLA	ER 001520 - 001525	Previously Provided 12/04/2019
Emily Reed Photos taken at Ridgeview Hospital on 08-29-2019	ER 001526 - 001527	Previously Provided 12/04/2019
Emily Reed SSI Continuing Approval Letter	ER 001528 - 001529	Previously Provided 12/04/2019
State of Nevada vs. Allen Gorry	ER 001530 – 001531	Previously Provided 12/04/2019
Emily Reed Suicide Note to Tiffany Doe School Psychologist	ER 001532 - 001533	Previously Provided 12/04/2019

Love 5

Love 6
Love 4
Love 6

Love 10-15
Love 16-21

Love 26
Love 24

Love 25
Love 23

Emily Reed Status Update June 2019 thru October 2019	ER 001534 - 001539	Previously Provided 12/04/2019
Wellstar Cobb Hospital September 20, 2019 (ER visit after overdose)	ER 001540 - 001610	Previously Provided 01/31/2020
Le Conte Medical Center October 1, 2019 (ER Hospital Records)	ER 001611 - 001662	Previously Provided 01/31/2020
Amen Clinic - Discharge Summary, Log Notes, Emails	ER 001663 - 001739	Previously Provided 01/31/2020
Amen Clinic - History and Final Evaluations and Brain Scans	ER 001740 - 001762	Previously Provided 01/31/2020
Amen Clinic - Department of Social Services	ER 001763 - 001771	Previously Provided 01/31/2020
Amen Clinic - Prescription Records	ER 001772 - 001819	Previously Provided 01/31/2020
Amen Clinic - Physician Progress Notes, Lab, and Outside Records	ER 001820 - 002315	Previously Provided 01/31/2020
Alecia Passport	ER 002316 - 002330	04/02/2020
Emily Passport	ER 002331 - 002342	04/02/2020
Roger Boehm Diagnosis and Treatment	ER 002343 - 02345	04/02/2020
Roger Boehm - Billing Statement	ER 002346	04/02/2020
Amen Clinic/Dr. Love Farrell Payment for Trial	ER 002347	04/02/2020
Blue Cross Exp. of Benefits - August 2019	ER 002348 - 002364	04/02/2020
Blue Cross Exp. of Benefits - September 2019	ER 002365	04/02/2020
Blue Cross Medical Authorization	ER 002366 - 002386	04/02/2020
LeConte - Medical Bill 2019	ER 002387 - 002390	04/02/2020
LeConte - Medical Records 2019	ER 002391 - 002442	04/02/2020
Del Amo Hospital Records	ER 002443 - 002470	04/02/2020
Expenses for Emily 2017	ER 002471 - 002481	04/02/2020

Love 22

Love 29

Love 28

1	Expenses for Emily 2018	ER 002482 - 002488	04/02/2020
2	Expenses for Emily 2019	ER 002489 - 002500	04/02/2020
3	Expense SUMMARY for Emily 2017, 2018 and 2019	ER 002501	04/02/2020
4	Pasadena Villa Discharge Summary	ER 002502 - 002505	04/02/2020
5	Pasadena Villa – Case 1	ER 002506 - 002669	04/02/2020
6	<i>* LOVE 27 = ER 002667</i>		<i>* LOVE 27</i>
7	Pasadena Villa – Case 2	ER 002670 - 002822	04/02/2020
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BRENNAN LAW FIRM

By: /s/ Elizabeth Brennan
ELIZABETH BRENNAN

*Attorney for Plaintiff Emily Reed,
through her Conservator Alecia Draper*

1 **CERTIFICATE OF SERVICE**

2 I certify that I am an employee of Brennan Law Firm and that on this April 2, 2020, service
3 of the foregoing:

4 **PLAINTIFF'S SUPPLEMENTAL DISCLOSURES**

5 was made by mandatory electronic service through the Eighth Judicial District Court's electronic
6 filing system and/or by depositing a true and correct copy in the U.S. Mail, first class postage
7 prepaid, and addressed to the following at their last known address:

8
9 Amanda M. Roberts, Esq.
Attorney for Jeffery Allen Reed

10
11
12 /s/ Elizabeth Brennan
13 An Employee of BRENNAN LAW FIRM
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EXHIBIT “K”

EXHIBIT “K”

EXHIBIT “K”

**HIPAA Release of information
AUTHORIZATION FORM**

I, EMILY C. Reed hereby authorize See Medical Providers
its affiliates, its employees and agents (collectively ON ATTACHED LIST and MEDICAL PROVIDERS), to release to
AMANDA ROBERTS, Esq. [Insert full name of person/organization] my personal
health information maintained by MEDICAL PROVIDERS (e.g., information relating to the ON ATTACHED LIST
diagnosis, treatment, claims payment, and health care services provided or to be provided to me
and which identifies my name, address, social security number, Member ID number) except the
following information about me:

N/A [DESCRIBE INFORMATION NOT TO BE
DISCLOSED, IF ANY] for the purpose of helping me to resolve claims and health benefit
coverage issues. I understand that any personal health information or other information released
to the person or organization identified above may be subject to re-disclosure by such
person/organization and may no longer be protected by applicable federal and state privacy laws.

This authorization is valid from the date of my/my representative's signature below and shall
expire the earlier of NOVEMBER 16 2017 [INSERT DATE/EVENT UPON WHICH
THIS AUTHORIZATION EXPIRES] or the date my coverage ends with N/A.

I understand that I have a right to revoke this authorization by providing written notice to MEDICAL PROVIDERS
ON ATTACHED LIST. However, this authorization may not be revoked if MEDICAL PROVIDERS
ON ATTACHED LIST, it's employees or agents have taken action on this authorization
prior to receiving my written notice. I also understand that I have a right to have a copy of this
authorization.

I further understand that this authorization is voluntary and that I may refuse to sign this
authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or
payment for or coverage of services.

Name of Member: EMILY C. Reed.

Signature of Member: Emily Reed

Date: 9/1/2017

If applicable, Legal Representatives sign below:

*By signing this form, I represent that I am the legal representative of the Member identified
above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers,
etc.) that I am legally authorized to act on the Member's behalf with respect to this
authorization form.*

Name of Legal Representative: _____

Signature of Legal Representative: _____

Date: _____

Name of Witness: _____

Signature of Witness: _____

RESP'T APP 2469

ER 001053

EXHIBIT “L”

EXHIBIT “L”

EXHIBIT “L”

**HIPAA Release of information
AUTHORIZATION FORM**

I, EMILY C. Reed hereby authorize See Medical Providers
its affiliates, its employees and agents (collectively ON ATTACHED LIST and
AMANDA ROBERTS, Esq. [Insert full name of person/organization] my personal
health information maintained by MEDICAL PROVIDERS (e.g., information relating to the ON ATTACHED LIST
diagnosis, treatment, claims payment, and health care services provided or to be provided to me
and which identifies my name, address, social security number, Member ID number) except the
following information about me:

N/A [DESCRIBE INFORMATION NOT TO BE
DISCLOSED, IF ANY] for the purpose of helping me to resolve claims and health benefit
coverage issues. I understand that any personal health information or other information released
to the person or organization identified above may be subject to re-disclosure by such
person/organization and may no longer be protected by applicable federal and state privacy laws.

This authorization is valid from the date of my/my ²⁰²⁰ representative's signature below and shall
expire the earlier of NOVEMBER 16, 2020 [INSERT DATE/EVENT UPON WHICH
THIS AUTHORIZATION EXPIRES] or the date my coverage ends with N/A.

I understand that I have a right to revoke this authorization by providing written notice to MEDICAL PROVIDERS
ON ATTACHED LIST. However, this authorization may not be revoked if MEDICAL PROVIDERS
ON ATTACHED LIST, it's employees or agents have taken action on this authorization
prior to receiving my written notice. I also understand that I have a right to have a copy of this
authorization.

I further understand that this authorization is voluntary and that I may refuse to sign this
authorization. My refusal to sign will not affect my eligibility for benefits or enrollment or
payment for or coverage of services.

Name of Member: EMILY C. Reed

Signature of Member: Emily Reed

Date: 9/1/2017

If applicable, Legal Representatives sign below:

*By signing this form, I represent that I am the legal representative of the Member identified
above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers,
etc.) that I am legally authorized to act on the Member's behalf with respect to this
authorization form.*

Name of Legal Representative: _____

Signature of Legal Representative: _____

Date: _____

Name of Witness: _____

Signature of Witness: _____

RESP'T APP 2471

ER 001054