

1 **IN THE SUPREME COURT OF THE STATE OF NEVADA**

2
3 HERMAN WILLIAMS,

4 Appellant,

5 vs.

6 NADINE WILLIAMS,

7 Respondent.

No.: 83263

APPELLANT'S APPENDIX
Volume 7

Electronically Filed
Feb 26 2022 10:50 a.m.
Elizabeth A. Brown
Clerk of Supreme Court

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20

**Ravello Townhomes
4350 Capps ST
Las Vegas, NV 89115-1637
702-342-0599**

Dear Resident,

This letter is to advise as a result of the incident on March 6th 2020 on or about 3pm where a disturbance between resident Herman Williams residing at 4018 Adabella Ave, building 4 apartment 204 and Nadine Williams (a non residence) along with a Male friend of above named non resident visitor.

As a direct result of this disturbance we are no longer extending the invitation to renew your lease.

If you have questions please call the office referenced above.

Best Wishes in your future endeavors.

Jennifer Delich



REQUEST FOR RECORDS CHILD PROTECTIVE SERVICES (CPS) <small>(Instructions on Back)</small>		FAMILY SERVICES <small>CLARK COUNTY, NEVADA</small>	
A. REQUESTER INFORMATION (Last, First, MI)			
NAME (Last, First, MI) <u>Williams, Herman G JR</u>		CASE RELATIONSHIP (Parent, attorney, guardian, etc.) <u>Father?</u>	
REQUESTER'S DATE OF BIRTH (If documents are about the requester) <u>8/5/1969</u>		REQUESTER'S HOME OR CELL PHONE NO. <u>702-325-8869</u>	REQUESTER'S WORK PHONE NO. <u>702-730-9501</u>
REQUESTER'S MAILING ADDRESS <u>4018 Audubon Ave</u>		CITY <u>Las Vegas</u>	STATE <u>NV</u>
INVOLVED CHILD(REN)'S NAME (Last, First, MI) <u>Williams, Nadine A</u>		OTHER SPELLINGS and/or AKA(s) <u></u>	DATE OF BIRTH <u>11/21/82</u>
<u>Williams, Herman G JR</u>		<u></u>	<u>8/5/1969</u>
<u>Williams, Nadine A</u>		<u></u>	<u>11/21/82</u>
<u>Williams, Herman G JR</u>		<u></u>	<u>8/5/1969</u>
B. REQUEST FOR RECORDS FOR COURT HEARING (Court hearing, Juvenile Hearing, Hearing, etc.)			
DATE OF HEARING: <u>Dec 16, 2019</u>		DEPARTMENT: <u>F</u>	COURT CASE NO. <u>19-58629-1</u>
TYPE OF HEARING: <u>Motion</u>			
<p>Note: Proper proof of court hearing date and department, such as a copy of the Request for Admissions or a copy of an official file-stamped document from the court, is required before processing of this request will begin. Process time is dependent upon the type, volume, and extent of records requested.</p>			
C. CONFIDENTIAL REQUEST FOR RECORDS (If you are requesting records for a confidential case, please check this box.)			
REQUESTED DOCUMENTS (Be specific so your request can be processed as quickly as possible) <u>FOR THE HONORABLE WILLIAM</u>			
D. REQUEST FOR CASE CLOSURE SUMMARY (If you are requesting a Case Closure Summary, please check this box.)			
<input checked="" type="checkbox"/> I am the parent/legal guardian of the juvenile(s) listed below, and do hereby request a Case Closure Summary. I acknowledge that the Summary will consist of the type of allegation, disposition of the allegation, date the investigation was opened and closed, and the name of the caseworker who investigated. I also acknowledge that if I am the legal guardian, I will be required to provide court documentation for verification. Note: Open Child Protective Services investigations will not be reflected on a Closed Case Summary.			
REASON FOR REQUEST (Check applicable box)			
<input checked="" type="checkbox"/> Court hearing (complete Section B)		<input type="checkbox"/> Foster care/licensing	
<input type="checkbox"/> Agency appeal of substantiated finding		<input checked="" type="checkbox"/> Custody/Divorce matter	
<input type="checkbox"/> Other (specify): <u></u>			
E. RECORD DELIVERY PYN - CHOOSE ONE ONLY (If you are requesting records, please check one box.)			
<input type="checkbox"/> Please mail me copies of the above records.		<input type="checkbox"/> Please email me copies of the above records	
<input checked="" type="checkbox"/> Please contact me to arrange a time for me to pick up the above records.		Email: <u></u>	
F. CERTIFICATION AND SIGNATURE			
I certify that I am the person requesting information in the foregoing request and have attached documentation verifying my connection to the records. I also understand that all information I receive is confidential and shall not be further disclosed.			
SIGNATURE OF PERSON REQUESTING INFORMATION <u>[Signature]</u>		DATE SIGNED <u>11/12/19</u>	



DEFENDANT'S EXHIBIT

HGW 144



Witz/Williams/CCDFS 11-14-2019

HGW 145

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF BIRTH

15-08-02-187

FULL NAME	First Name	Middle Name	Last Name
AMIR	AMIR		
DATE OF BIRTH	Month	Day	Year
26	08	02	1987
Place of Birth	City	State	Country
New York City	New York	NY	USA
Sex	Male	Female	
Male			
Weight	Height	Color of Hair	Color of Eyes
10.5 lbs	19.5 in	Black	Brown
Signature of Registrar	Signature of Parent	Signature of Doctor	Signature of Midwife

Priv. Citiz/Williams/CODPS 11-14-2018

Always get a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not mail the birth certificate to the home of the parents, but it is available for pickup at the Department of Health and Mental Hygiene, 112-01 Queens Blvd., Jamaica, NY 11435. You may also call 212-264-2664 for information. On your first visit to the Department of Health and Mental Hygiene, you will receive a copy of the birth certificate. For more information, see also available on the Department of Health and Mental Hygiene's Web Site: www.doh.state.ny.us



MAJOR COMMISSIONER OF HEALTH AND MENTAL HYGIENE CITY REGISTRAR

Do not accept this certificate unless it bears the security features listed on the back. For replacement or alteration of this certificate is prohibited by § 247 of the New York City Health Code. The purpose of this provision is to prevent the use of this certificate for fraudulent purposes.

ISSUED DATE NOVEMBER 05-2004 **DOCUMENT NO.** 15-08-02-187



HGW 146

STATE OF CONNECTICUT
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF LIVE BIRTH

CHILD'S NAME
HERMAN GEORGE WILLIAMS III

TIME OF BIRTH
05:35 PM

BIRTHPLACE
ST. VINCENT'S MEDICAL CENTER

MOTHER'S NAME
NADINE ALBECIA WILLIAMS

MOTHER'S SURNAME
GAYLE

MOTHER'S BIRTHPLACE
JAMAICA

MOTHER'S RESIDENCE
245 DAYTON ROAD, BRIDGEPORT, CONNECTICUT 06606

FATHER'S NAME
HERMAN GEORGE WILLIAMS JR.

FATHER'S BIRTHPLACE
NEW YORK

CHILD'S SEX
MALE

ADDRESS
4749 MAIN STREET, BRIDGEPORT, CONNECTICUT 06606

REGISTERED BY
MARIAN EVANS

DATE REGISTERED
AUGUST 29, 2008

I HEREBY CERTIFY THAT THIS IS A TRUE CERTIFICATE OF LIVE BIRTH AS REQUIRED BY THE ACT OF APRIL 25, 1909, CHAP. 248, AS AMENDED.

DATE ISSUED
SEPTEMBER 10, 2008

SIGNATURE OF ISSUING REGISTRAR

Patricia McCoy Jones

2008-07-26570

SEX
MALE

WEIGHT
71.85 4 OZS

COUNTY
FAIRFIELD

MOTHER'S BIRTHDATE
NOVEMBER 21, 1951

FATHER'S BIRTHDATE
AUGUST 25, 1959

DATE OF BIRTH
AUGUST 24, 2008

REGISTRAR

BRIDGEPORT

PLACE OF BIRTH
BRIDGEPORT



0405372

HGW 147



THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED
MAY 28, 2010
01:32 PM

THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF BIRTH

CERTIFICATE NO. 156-10-043001

1. NAME OF CHILD Matthew Christopher Williams		2. SEX Male		3. PLACE OF BIRTH New York City Borough of Bronx	
4. DATE OF BIRTH MAY 23, 2010		5. TIME OF BIRTH 02:38		6. DAY OF THE WEEK Friday	
7. MOTHER/PARENT'S NAME (If not to be registered) Nadine Alecia Williams		8. MOTHER/PARENT'S DATE OF BIRTH JAN 21, 1962		9. MOTHER/PARENT'S BIRTHPLACE Jamaica	
10. MOTHER/PARENT'S US/AL RESIDENCE NY Bronx		11. SOCIAL SECURITY NUMBER 4155 Murdock Avenue		12. ZIP CODE 10466	
13. NAME OF ATTENDANT AT DELIVERY Shirley R. Ruffalo		14. SIGNATURE OF ATTENDANT Edna Vasquez		15. ADDRESS 600 F 233 Street Bronx New York 10466	
16. SIGNATURE OF REGISTRAR MAYOR		17. SIGNATURE OF COMMISSIONER COMMISSIONER OF HEALTH AND MENTAL HYGIENE		18. SIGNATURE OF CITY REGISTRAR CITY REGISTRAR	

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon as no inquiry as to the facts has been provided by law. If the certificate contains any errors it is important to have them corrected as soon as possible. You may call (212) 780-4520 for information. Or you may write to the Corrections Unit, Office of Vital Records, 125 Worth Street - 6N4, New York, New York 10013. Forms and instructions are also available on the Department of Health and Mental Hygiene's Web site: www.nyc.gov/health



MAYOR

COMMISSIONER OF HEALTH AND MENTAL HYGIENE

CITY REGISTRAR



5 0 0 0 5 4 9 3 2

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the mother "rules with an iron fist" and there is neglect in the home because the children were left home alone one time. However, the grandmother stepped in to ensure the children were not left home alone and unsupervised.

mother is aggressive, controlling and vocal and voice recently absent as she is "pursuing her own agenda."

The mother does meet the children's basic needs of food, clothing and shelter.

the children listen to the father as they have respect for him. The father is protective of the children as he transports the children to school and cares for them.

iv. What are the disciplinary practices in this family?

COMMENTS	
Author: CATERINA, NAOMI	
Title: SR FAMILY SERVICES SPEC	
Date: 02-26-2019 at 6:05 PM	
02/26/19 at 05:50 PM	
[REDACTED]	
Author: MINSWEGEN, JOHANNESSEN, CRYSTALYN	
Title: FAMILY SERVICES SPEC SUPV	
Date: 02-26-2019 at 4:41 PM	
[REDACTED]	
Author: PENA, GABRIELA	
Title: FAMILY SERVICES SPEC I	
Date: 02-26-2019 at 3:31 PM	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	

PRIMARY CARETAKER			
ID: 2355080	Name: WILLIAMS, NADINE	DOB: [REDACTED]	Age Range: 36
SSN: [REDACTED]	Race:	Ethnicity: DECLINED TO ANSWER	Gender: F
Role: Parent	Temporary Person: N		
HOME Address:	[REDACTED]		
GENERAL Phone:	[REDACTED]		

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OTHER PARTICIPANTS						
ID	NAME	ROLE	GENDER	DOB	AGE RANGE	ETHNICITY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2355075	WILLIAMS, ABIGAIL	Child	F	[REDACTED]	14	DECLINED TO ANSWER
HOME Address: [REDACTED]						
Phone: [REDACTED]						
2355076	WILLIAMS, EITSHA	Child	M	[REDACTED]	5	DECLINED TO ANSWER
HOME Address: [REDACTED]						
Phone: [REDACTED]						
2355078	WILLIAMS, HERMAN	Parent	M	[REDACTED]	49	DECLINED TO ANSWER
HOME Address: [REDACTED]						
CELLULAR Phone: [REDACTED]						
GENERAL Phone: [REDACTED]						
CELLULAR Phone: [REDACTED]						
2355081	WILLIAMS, HERMAN	Child	M	[REDACTED]	11	DECLINED TO ANSWER
HOME Address: [REDACTED]						
CELLULAR Phone: [REDACTED]						
GENERAL Phone: [REDACTED]						
CELLULAR Phone: [REDACTED]						
2355079	WILLIAMS, MATTHEW		M	[REDACTED]	8	DECLINED TO ANSWER
HOME Address: [REDACTED]						
Phone: [REDACTED]						

Priv. Gr. Williams/CCDFJ 11-4-2019

PRESENT DANGER
No records exist

IMPENDING DANGER
No records exist

ALLEGATIONS		
Report: 02-26-2019	Report: 02-27-2019 WILLIAMS, MATHIEU	INVESTIGATION
Perpetrator: 2355080 WILLIAMS, HERMAN	Victim: 2355075 WILLIAMS, ABIGAIL	Finding: UNDETERMINED
Allegation: PHYSICAL ABUSE/SEXUAL ABUSE		

TRACKING CHARACTERISTICS		
TYPE	CHARACTERISTIC DESCRIPTION	FINDING
DOMESTIC VIOLENCE	DOMESTIC VIOLENCE	

HGW 151

FAMILY RELATIONSHIPS	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
WILLIAMS, ELISHA is the BROTHER to WILLIAMS, ABIGAIL	
WILLIAMS, ELISHA is the BROTHER to WILLIAMS, MATHEW	
WILLIAMS, ELISHA is the BROTHER to WILLIAMS, HERMAN	
[REDACTED]	
WILLIAMS, HERMAN is the FATHER to WILLIAMS, ABIGAIL	
WILLIAMS, HERMAN is the FATHER to WILLIAMS, ELISHA	
WILLIAMS, HERMAN is the FATHER to WILLIAMS, HERMAN	
WILLIAMS, HERMAN is the FATHER to WILLIAMS, MATHEW	
WILLIAMS, MATHEW is the BROTHER to WILLIAMS, ABIGAIL	
WILLIAMS, MATHEW is the BROTHER to WILLIAMS, HERMAN	
[REDACTED]	
WILLIAMS, NADINE is the MOTHER to WILLIAMS, ABIGAIL	
WILLIAMS, NADINE is the MOTHER to WILLIAMS, ELISHA	
WILLIAMS, NADINE is the SPOUSE to WILLIAMS, HERMAN	
WILLIAMS, NADINE is the MOTHER to WILLIAMS, MATHEW	
CURRENT LEGAL STATUS	
No records exist	
PREVIOUS HISTORY OF REPORTS/INVESTIGATIONS/ASSESSMENTS	
No records exist	

Priv. Citiz/Williams/CCDPS 11-14-2019



CPS Referral Summary

REPORT INFORMATION		
Case ID: 1454550	Report Number: 1858329	Report Name: WILLIAMS, MADINE
Prior Reports in UNITY: Y	Disposition: INVESTIGATION	Response Time Type: PRI 2 W/IN 24HR
CPS Investigator: HOWARD, EVETTE	Assigned Date: 10-20-2019	Supervisor: COLLIER, TERRENCE
Investigation Closure Date:		Case Open for Services: YES

REFERRAL INFORMATION			
Referral ID: 1915815	Received Date: 10-28-2019	Received Time: 09:38 PM	Status: COMPLETED
Intake Worker: BELL, KATHRYN	Jurisdiction: CLARK		
Disposition: INVESTIGATION	Response Time Type: PRI 2 W/IN 24HR	Worker Safety Issues: N	Potential ICWA: N
Disposition and Response Time Explain: P-2 as impending danger is identified. The NM is violent and there is no protective adult in the home. NM has a substantiated prior case from February '19 in which she hit her child (Abigail) in the head with a PVC pipe, causing injury and a scar. NM engages in ongoing DV in the home. NM possibly discharged a firearm with the children present. The previous case was closed with the understanding that NM would be protective and keep the children in his care. It is now reported the children are in NM's care.			
Current Location and Condition of Children: Abigail is currently at [REDACTED] Head in an unknown room # with her mother.			

Priv.Citz/Williams/CCDFS 11-14-2019

EXPLORATORY

1. What is the extent of child maltreatment?

NM is violent and out of control. MF was supposed to be caring for the children and/or allowing them to live with the NM. There are concerns for physical risk and inadequate supervision.

2. What are the circumstances surrounding the child maltreatment?

██████████ mother, Nadine, picked up all 4 children last Thursday evening, and returned the 3 boys, Elsie, Matthew, and Herman Jr. to their father's home this morning before school. Nadine took Abigail directly to school and did not drop her off at her father, Herman's, home.

After school Abigail ██████████ walked to Nadine's home because it is across the street from the school. She did not return to Herman's home as she was supposed to.

Over the weekend, while the children were in Nadine's care, they stayed at the ██████████ Hotel. Herman Jr. reported Nadine has rented a room there until Wednesday ██████████. Over the weekend, Nadine also rented another room attached to the one the family was in, so Abigail could have a party with her friends for her birthday. Herman Jr. reports one of the room numbers to be ██████████.

██████████ Herman Jr. contact police for a welfare check of Abigail at the ██████████ Hotel, and will contact intake with the Event # if he chooses to contact police.

3. How do the children function on a daily basis?

Abigail (12) attends ██████████ High School. She has substance abuse issues with marijuana and was ██████████. She is seeing a therapist due to her parents' divorce and was ██████████ suicidal today. She has cognitive issues.

4. How do the adults (primary caretakers) function on a daily basis?

Nadine is a Registered Nurse at a facility in Henderson, ██████████. She has been the aggressor in domestic violence in the home. She ██████████ has no substance abuse, mental health, medical or cognitive issues.

Herman is a self-employed truck driver. He has no mental health, substance abuse, medical or cognitive issues.

There is history of domestic violence between Nadine and Herman.

5. What are the general parenting practices in this family?

Herman is the primary custodial parent, and Nadine has court-ordered visitation with all 4 children every Saturday from 11 a.m. - 6 p.m. with no overnight visits.

Herman is meeting the basic needs of the children.

6. What are the disciplinary practices in this family?

██████████ Nadine uses physical discipline.

COMMENTS
Author: ROSE, MICHAEL, D.
Title: FAMILY SERVICES SPEC/SUPV
Date: 10-28-2019 at 11:14 PM
On 02/27/19 a report was made to the Department with allegations of Physical Injury Abuse with bruises/cuts. The alleged victims listed in this report 14 yo Abigail Williams, 12 yo Herman Jr Williams, 8 yo Matthew Williams and 5 yo Elisha Williams. The children lived in the home with their mother Nadine Williams, along with maternal grandmother [REDACTED] the mother dragged Abigail by her hair into her room and Abigail was [REDACTED] hit in the head with a pipe on her forehead which caused bleeding. The findings from the investigation [REDACTED] were substantiated as to physical abuse with injuries involving Abigail Williams by her mother. The worker interviewed Abigail and observed a scar in the center of her forehead [REDACTED]
[REDACTED]
[REDACTED]. The investigator notes [REDACTED]: There is clearly domestic violence issues in the home as reported by several family members and subsequently this agency received another report involving the boyfriend of Nadine Williams and similar allegations involving a gun and possible discharging a firearm while the children were present.
The case was closed with the understanding that the children would be in their father's care. The conclusion [REDACTED] states: The children [REDACTED] were afraid when in the home with their mother; however, the children moved out of the home with their father and maternal grandmother March of 2019. The children were seen in their new home with their father and [REDACTED] feel safe in the care of their father and maternal grandmother. The children [REDACTED] are having visits with their mother and [REDACTED] visits are going "okay".
Author: BELL, KATHRYN
Title: FAMILY SERVICES SPEC
Date: 10-28-2019 at 10:33 PM
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PRIMARY CARETAKER			
ID: 2355080	Name: ADAMS, NADINE	DOB: [REDACTED]	Age Range: 56
SSN: [REDACTED]	Race: [REDACTED]	Ethnicity: DECL NED TO ANSWR	Gender: F
Role: Parent	Temporary Person: N		
HOME Address: [REDACTED]			
GENERAL Phone: [REDACTED]			

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OTHER PARTICIPANTS						
ID	NAME	ROLE	GENDER	DOB	AGE RANGE	ETHNICITY
2355075	WILLIAMS, ABIGAIL	Child	F		13	DECLINED TOANS WR
HOME Address: [REDACTED]						
Phone: [REDACTED]						
2355076	WILLIAMS, ELISHA	Child	M		6	DECLINED TOANS WR
HOME Address: [REDACTED]						
Phone: [REDACTED]						
2355078	WILLIAMS, HERMAN	Parent	M		50	DECLINED TOANS WR
HOME Address: [REDACTED]						
CELLULAR Phone: [REDACTED]						
GENERAL Phone: [REDACTED]						
CELLULAR Phone: [REDACTED]						
2355081	WILLIAMS, HERMAN	Child	M		11	DECLINED TOANS WR
HOME Address: [REDACTED]						
CELLULAR Phone: [REDACTED]						
GENERAL Phone: [REDACTED]						
CELLULAR Phone: [REDACTED]						
2355070	WILLIAMS, MATTHEW	Child	M		9	DECLINED TOANS WR
HOME Address: [REDACTED]						
Phone: [REDACTED]						

PRESENT DANGER	
No records exist	

IMPENDING DANGER	
A Parent or Caregiver or Violent and No Adult in the Home is Protective of the Children. One or Both Parents/Caregivers Cannot Control their Behavior.	
The NM is a violent and there is no protective adult in the home. NM has a substantiated prior case from February 2019 in which she hit her child (Abigail) to the head with a PVC pipe, causing injury and a scar. NM engages in ongoing DV in the home. [REDACTED] NM possibly discharged a firearm with the children present. The previous case was closed with the understanding that NM would be protective and keep the children in his care. [REDACTED] the children are in NM's care.	

HGW 156

**EIGHTH JUDICIAL DISTRICT COURT
CASE SUMMARY
CASE NO. D-19-586291-D**

Manual Behavior Order EXECUTED and FILED IN OPEN COURT with a copy provided to the parties. 1). Dad is to list himself as the primary physical custodian with the children's schools and include that Mom is an emergency contact. Further, Dad may enroll the children in the schools zoned for his address, if he wishes to do so. 12. As the Court is not able to provide the parties with copies of the CPS records, they are to go to the Department of Family Services on Alie and Martin Luther King and request a copy of them. Dad shall prepare the Order from today's hearing. CLERK'S NOTE: A copy of this minute order was mailed to Dad at his address of record on 7/23/19. (uz);

Matter Heard

08/26/2019

Return Hearing (8:45 AM) (Judicial Officer: Moss, Cheryl B.)

FMC- Child Interviews

MINUTES

Matter Heard

Journal Entry Details:

RETURN HEARING: FMC CHILD INTERVIEWS Parties sworn and testified. COURT NOTES the matter is sealed. COURT FURTHER NOTES the child interviews indicate that Mother physically disciplines the children. Discussion by the Parties. Attorney Toti represented Father is not cooperating with Donna Gosnell for reunification therapy between the children and Mother. The Department of Family Services (DFS) has closed their case with a substantiation of improper physical discipline on the children against Mother. Upon Court's inquiry, Attorney Toti represented that Mother will be appealing the decision from DFS and he will be representing her. Upon Court's further inquiry, Attorney Toti represented, it is his understanding there were no marks left on the children. Father stated he took the children to Therapist, Michael Gomez, using Medicaid rather than taking them to Donna Gosnell. Father accepted Mother's invite link through AppClose in open court. Upon Court's inquiry, Father stated the oldest child, Miguel, attends Daseri Davis High School. The child, Herman, attends Sadoway Middle School. The youngest two (2) children attend Glenwood Elementary. COURT ORDERED the following: 1. Parties shall have JOINT LEGAL CUSTODY. 2. Mother shall have DAY VISITS on Saturdays from 10:00 a.m. until 5:00 p.m. 3. Parties may VIDEO RECORD each other in person. 4. Parties shall follow the DEPARTMENT OF FAMILY SERVICES SCHEDULE. 5. There shall be NO CORPORAL PUNISHMENT from both households. If the other child needs to be disciplined, Mother may take away the child's cell phone; however, if the child wants to talk or text her father she can ask Mother for permission and the child shall be allowed to talk to father and return the cell phone to Mother until the grounding period is over. If Mother has to discipline the child, Father shall find out what happened and support Mother. 6. Donna Gosnell shall be the REUNIFICATION COUNSELOR and Father shall cooperate. If Father has any questions regarding the appointments, Father may speak to Donna Gosnell's office. Mother shall pre-pay without prejudice. If Father fails to cooperate with appointments, the Court will consider changing custody. 7. Both parents shall complete ABC of Parenting until Teen Triple P class through the Parenting Project. Father shall complete the ABC's of Parenting first and the Teen Triple P class second. Mother shall take the Teen Triple P first and the ABC's of Parenting second. 8. Parties shall complete the ON-LINE HIGH CONFLICT CLASS. Department IV Judicial Executive Assistant (JEA) shall email the link to Attorney Toti and Father. 9. Parties shall complete the COPE CLASS. 10. Parties shall continue to communicate through APPCLOSE. Parties can upload medical bills to get half of the reimbursement from the other party. 11. Father may continue to use the 2015 CHEVY SILVERADO TRUCK. Mother's request to keep the truck is deferred to trial. 12. With regard to the GARAGE DOOR and MAILBOX KEY, Father shall place the two (2) items in a plastic bag and hand it to Mother at the next child exchange. Father may take a picture of himself handing over the plastic bag with the two (2) items. 13. Court shall monitor Mother's appeal to the Department of Family Services (DFS). 14. Mother shall take pictures of everything in the garage including anything behind the scaffold, the speaker box, and the transmission. Mother shall send the pictures through APPCLOSE and Father shall identify the items he wants. Mother shall designate a date for Father to pick-up the items and he shall have one (1) hour to take his belongings. Father shall work with Attorney Toti to coordinate the pick-up of his belongings. Mother may put the items in front of the garage for Father to pick-up. 15. CALENDAR CALL is SET for 1/23/20 at 9:00 a.m. to find out if the parties have taken the parenting classes or if custody needs to be changed. 16. Non-hurry Trial (Stack 1) set for 2/4/20 at 1:30 p.m. STANDS. Attorney Toti shall prepare the Order from today's hearing;

Matter Heard

12/16/2019 Motion (9:00 AM) (Judicial Officer: Moss, Cheryl B.)

Defendant's Motion and Notice of Motion for an Order to Show Cause Regarding Contempt and to Enforce Child Custody and/or Visitation

12/16/2019 Motion (9:00 AM) (Judicial Officer: Moss, Cheryl B.)

Dcf's Motion and Notice of Motion for an Order to Enforce and/or for an Order to Show Cause Regarding Contempt

12/16/2019 Motion (9:00 AM) (Judicial Officer: Moss, Cheryl B.)

Defendant's Motion for an Order to Enforce and/or for an Order to Show Cause Regarding Contempt

HGW 157



CPS Referral Summary

REPORT INFORMATION		
Case ID: 1454556	Report Number: 1824971	Report Name: WILLIAMS, NADINE
Prior Reports in UNITY: N	Disposition: INVESTIGATION	Response Time Type: PRI 3 W/IN 72HR
CPS Investigator:	Assigned Date:	Supervisor:
Investigation Closure Date: 05-02-2019		Case Open for Services: YES

REFERRAL INFORMATION			
Referral ID: 1887662	Received Date: 03-26-2019	Received Time: 12:27 PM	Status: COMPLETED
Intake Worker: PENA, GABRIELA	Jurisdiction: CLARK		
Disposition: INVESTIGATION	Response Time Type: PRI 3 W/IN 72HR	Work or Safety Issues: N	Potential ICWA: N
Disposition and Response Time Explain: P3- [REDACTED] the mother has dragged Abigail by the hair into her room. [REDACTED] There was also another incident where the mother hit Abigail with a pipe on her forehead which caused bleeding. [REDACTED] Abigail did sustain an injury to a high risk area, her forehead.			
Current Location and Condition of Children: The mother Nadine, the father Herman, the grandmother [REDACTED] and the four children, Abigail (14), Elihu (5), Matthew (8), and Herman (12) reside at [REDACTED]			

Priv. Citiz/Williams/CCDFS 11-14-2019

Region	Population	Area	Population Density
North	1,234,567	10,000	123.45
South	2,345,678	20,000	117.28
East	3,456,789	30,000	115.23
West	4,567,890	40,000	114.19
Central	5,678,901	50,000	113.58
North-East	6,789,012	60,000	113.15
South-East	7,890,123	70,000	112.70
North-West	8,901,234	80,000	111.28
South-West	9,012,345	90,000	110.14
Central-East	10,123,456	100,000	101.23
Central-West	11,234,567	110,000	102.13
North-Central	12,345,678	120,000	102.88
South-Central	13,456,789	130,000	103.51
North-South	14,567,890	140,000	104.06
South-North	15,678,901	150,000	104.52
Central-South	16,789,012	160,000	104.93
Central-North	17,890,123	170,000	105.29
North-Central-East	18,901,234	180,000	105.56
South-Central-West	19,012,345	190,000	105.85
North-West-South	20,123,456	200,000	106.12
South-East-North	21,234,567	210,000	106.35
North-East-South	22,345,678	220,000	106.56
South-West-North	23,456,789	230,000	106.77
Central-East-South	24,567,890	240,000	106.95
Central-West-North	25,678,901	250,000	107.11
North-Central-South	26,789,012	260,000	107.27
South-Central-North	27,890,123	270,000	107.41
North-South-East	28,901,234	280,000	107.54
South-North-West	29,012,345	290,000	107.65
Central-South-East	30,123,456	300,000	107.75
Central-North-West	31,234,567	310,000	107.85
North-Central-South	32,345,678	320,000	107.95
South-Central-North	33,456,789	330,000	108.05
North-South-South	34,567,890	340,000	108.15
South-East-West	35,678,901	350,000	108.23
Central-East-North	36,789,012	360,000	108.31
Central-West-South	37,890,123	370,000	108.38
North-Central-North	38,901,234	380,000	108.44
South-Central-South	39,012,345	390,000	108.50
North-South-North	40,123,456	400,000	108.56
South-North-South	41,234,567	410,000	108.61
Central-South-South	42,345,678	420,000	108.67
Central-North-North	43,456,789	430,000	108.72
North-Central-South	44,567,890	440,000	108.78
South-Central-North	45,678,901	450,000	108.83
North-South-South	46,789,012	460,000	108.88
South-East-North	47,890,123	470,000	108.93
North-East-South	48,901,234	480,000	108.98
South-West-North	49,012,345	490,000	109.03
Central-South-North	50,123,456	500,000	109.08
Central-North-South	51,234,567	510,000	109.13
North-Central-South	52,345,678	520,000	109.18
South-Central-North	53,456,789	530,000	109.23
North-South-North	54,567,890	540,000	109.28
South-North-South	55,678,901	550,000	109.33
Central-South-South	56,789,012	560,000	109.38
Central-North-North	57,890,123	570,000	109.43
North-Central-South	58,901,234	580,000	109.48
South-Central-North	59,012,345	590,000	109.53
North-South-South	60,123,456	600,000	109.58
South-East-North	61,234,567	610,000	109.63
North-East-South	62,345,678	620,000	109.68
South-West-North	63,456,789	630,000	109.73
Central-South-North	64,567,890	640,000	109.78
Central-North-South	65,678,901	650,000	109.83
North-Central-South	66,789,012	660,000	109.88
South-Central-North	67,890,123	670,000	109.93
North-South-North	68,901,234	680,000	109.98
South-North-South	69,012,345	690,000	110.03
Central-South-South	70,123,456	700,000	110.08
Central-North-N	71,234,567	710,000	110.13
North-Central-South	72,345,678	720,000	110.18
South-Central-North	73,456,789	730,000	110.23
North-South-North	74,567,890	740,000	110.28
South-North-South	75,678,901	750,000	110.33
Central-South-South	76,789,012	760,000	110.38
Central-North-North	77,890,123	770,000	110.43
North-Central-South	78,901,234	780,000	110.48
South-Central-North	79,012,345	790,000	110.53
North-South-South	80,123,456	800,000	110.58
South-East-North	81,234,567	810,000	110.63
North-East-South	82,345,678	820,000	110.68
South-West-North	83,456,789	830,000	110.73
Central-South-North	84,567,890	840,000	110.78
Central-North-South	85,678,901	850,000	110.83
North-Central-South	86,789,012	860,000	110.88
South-Central-North	87,890,123	870,000	110.93
North-South-North	88,901,234	880,000	110.98
South-North-South	89,012,345	890,000	111.03
Central-South-South	90,123,456	900,000	111.08
Central-North-North	91,234,567	910,000	111.13
North-Central-South	92,345,678	920,000	111.18
South-Central-North	93,456,789	930,000	111.23
North-South-North	94,567,890	940,000	111.28
South-North-South	95,678,901	950,000	111.33
Central-South-South	96,789,012	960,000	111.38
Central-North-North	97,890,123	970,000	111.43
North-Central-South	98,901,234	980,000	111.48
South-Central-North	99,012,345	990,000	111.53
North-South-South	100,123,456	1,000,000	111.58

FAMILY RELATIONSHIPS
WILLIAMS, ELISHA is the BROTHER to WILLIAMS, ABIGAIL
WILLIAMS, ELISHA is the BROTHER to WILLIAMS, MATHEW
WILLIAMS, ELISHA is the BROTHER to WILLIAMS, HERMAN
WILLIAMS, HERMAN is the FATHER to WILLIAMS, ABIGAIL
WILLIAMS, HERMAN is the FATHER to WILLIAMS, ELISHA
WILLIAMS, HERMAN is the FATHER to WILLIAMS, HERMAN
WILLIAMS, HERMAN is the FATHER to WILLIAMS, MATHEW
WILLIAMS, MATHEW is the BROTHER to WILLIAMS, ABIGAIL
WILLIAMS, MATHEW is the BROTHER to WILLIAMS, HERMAN
WILLIAMS, NADINE is the MOTHER to WILLIAMS, ABIGAIL
WILLIAMS, NADINE is the MOTHER to WILLIAMS, ELISHA
WILLIAMS, NADINE is the SPOUSE to WILLIAMS, HERMAN
WILLIAMS, NADINE is the MOTHER to WILLIAMS, MATHEW

CURRENT LEGAL STATUS
No records exist

PREVIOUS HISTORY OF REPORTS/INVESTIGATIONS/ASSESSMENTS			
Report(s): 02-26-2019	Report(s): 02-26-2019	Report(s): 02-26-2019	Report(s): 02-26-2019
Investigator(s): 25510001, 5511, 5512, 5513, 5514, 5515	Investigator(s): 25510001, 5511, 5512, 5513, 5514, 5515	Investigator(s): 25510001, 5511, 5512, 5513, 5514, 5515	Investigator(s): 25510001, 5511, 5512, 5513, 5514, 5515
Allegation(s): PHYSICAL ABUSE, SEXUAL ABUSE, STALKING	Allegation(s): PHYSICAL ABUSE, SEXUAL ABUSE, STALKING	Allegation(s): PHYSICAL ABUSE, SEXUAL ABUSE, STALKING	Allegation(s): PHYSICAL ABUSE, SEXUAL ABUSE, STALKING

HGW 160



UNITY Case Notes

Case: 1454556 - WILLIAMS, NADINE

Start Date: 02-28-2019

Stop Date: 02-28-2019

In Placement Contact: NO

Unscheduled Visit: NO

Start Time: 12:00 PM

Stop Time: 01:30 PM

Contact Type: INPERSON-OTHER

Travel Time: 35 minutes

Note Type(s)

CHILDCONTACT

TCM Activity Type(s)

ASSESS NEEDS

Contact With

WILLIAMS, ELISHA

WILLIAMS, MATHEW

WILLIAMS, HERMAN

Contact About

WILLIAMS, ABIGAIL

WILLIAMS, ELISHA

WILLIAMS, HERMAN

WILLIAMS, MATHEW

WILLIAMS, NADINE

WILLIAMS, HERMAN

Author: GIPSON, KIMBERLY

Title: SR FAMILY SERVICES SPEC

On this date this worker interviewed Elisha, Herman and Mathew Williams at their school regarding the allegations in this report. Each child was interviewed with no other person present in the room.

Start Date: 03-01-2019

Stop Date: 03-01-2019

In Placement Contact: NO

Unscheduled Visit: NO

Start Time: 02:00 PM

Stop Time: 03:30 PM

Contact Type: INPERSON-OTHER

Travel Time: 45 minutes

Note Type(s)

PARENT CONTACT

TCM Activity Type(s)

ASSESS NEEDS

Contact With

WILLIAMS, HERMAN

Contact About

WILLIAMS, ABIGAIL

WILLIAMS, ELISHA

WILLIAMS, HERMAN

WILLIAMS, MATHEW

WILLIAMS, NADINE

WILLIAMS, HERMAN

Author: GIPSON, KIMBERLY

Title: SR FAMILY SERVICES SPEC

HGW 161

On this date this worker spoke with Herman Williams and interviewed him regarding allegations in this report. Mr. Williams on this date is planning to move his children out of the home and mother in law. Mr. Williams provided this worker with copies of 2 TPO's he filed with the family court in an attempt to protect his children from their mother. however they were both denied. [REDACTED]

Start Date: 03-07-2019
Stop Date: 03-07-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 11:30 AM
Stop Time: 12:00 PM
Contact Type: INPERSON-OTHER
Travel Time: 45 minutes

Note Type(s)
CHILDCONTACT

TCM Activity Type(s)
ASSESS NEEDS

Contact With
WILLIAMS, ABIGAIL

Contact About
[REDACTED]
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATTHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: GIPSON, KIMBERLY
Title: SR FAMILY SERVICES SPEC

On this date this worker interviewed Abigail Williams at her school regarding this report. [REDACTED]

Start Date: 03-07-2019
Stop Date: 03-07-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 12:00 PM
Stop Time: 12:30 PM
Contact Type: INPERSON-OTHER
Travel Time: 15 minutes

Note Type(s)
CHILDCONTACT

TCM Activity Type(s)
ASSESS NEEDS

Contact With
WILLIAMS, ABIGAIL

Contact About
[REDACTED]
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATTHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: GIPSON, KIMBERLY
Title: SR FAMILY SERVICES SPEC

HGW 162

Page 2 of 4

On this date this worker interviewed Abigail Williams at her school regarding the allegations in this report.

Start Date: 03-08-2019
Stop Date: 03-08-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 10:00 AM
Stop Time: 12:30 PM
Contact Type: INPERSON-OFFICE
Travel Time:

Note Type(s)
PARENT CONTACT

TCM Activity Type(s)
ASSESS NEEDS

Contact With
WILLIAMS, NADINE

Contact About
[REDACTED]
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: GIPSON, KIMBERLY
Title: SR FAMILY SERVICES SPEC

On this date this worker interviewed Nadine Williams at the DFS Central office regarding this report. Nadine was provide with an agency brochure and provided information related to the allegations in this report.

Start Date: 03-09-2019
Stop Date: 03-09-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 12:00 PM
Stop Time: 12:10 PM
Contact Type: OTHER
Travel Time:

Note Type(s)
7DAYSPRVSRVW

TCM Activity Type(s)
NONE

Contact With

Contact About
[REDACTED]
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: COLLIER, TERRENCE
Title: FAMILY SERVICES SPEC SUPV

HGW 163

Abigail seen in person
Mother not yet seen
Father seen in person
Grandmother not yet seen

Concerns that the children are being hit by their mother with objects causing injuries to them. The father [REDACTED] is moving the children out of the home to ensure they are safe and has applied for TPO's however they have not been granted.
Follow up with family and collaterals

Start Date: 03-19-2019
Stop Date: 03-19-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 03:30 PM
Stop Time: 03:40 PM
Contact Type: OTHER
Travel Time:

Note Type(s)
21DAYSPRVSRVW

TCM Activity Type(s)
NONE

Contact With

Contact About
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATTHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: COLLIER, TERRENCE
Title: FAMILY SERVICES SPEC SUPV

Children seen in person
Mother seen in person
Father seen in person
Grandmother not yet seen

Concerns that the children are being hit by their mother with objects causing injuries to them. The father has moved out of the home with the children and plans to file another TPO on behalf of the children.
Follow up with family and collaterals

Start Date: 04-16-2019
Stop Date: 04-16-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 02:30 PM
Stop Time: 03:00 PM
Contact Type: INPERSON-HOME
Travel Time: 45 minutes

Note Type(s)
CHILDCONTACT

TCM Activity Type(s)
ASSESS NEEDS

HGW 164

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Contact With

WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, MATHEW
WILLIAMS, HERMAN

Contact About

██████████
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: GIPSON, KIMBERLY
Title: SR FAMILY SERVICES SPEC

On this date this worker had in person contact with Abigail, Elisha, Herman Jr. and Mathew Williams at their father's home where the children ██████████ reside in the care of their father and maternal grandmother. The children ██████████ have visitation with their mother and visits are going "okay" ██████████ Children report no concerns of safety/ abuse or neglect while in the care of their father.

Start Date: 04-18-2019
Stop Date: 04-18-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 09:30 AM
Stop Time: 10:00 AM
Contact Type: PHONE
Travel Time:

Note Type(s)

PARENT CONTACT

TCM Activity Type(s)

NONE

Contact With

WILLIAMS, NADINE

Contact About

██████████
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: GIPSON, KIMBERLY
Title: SR FAMILY SERVICES SPEC

Start Date: 05-02-2019
Stop Date:
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 01:55 PM
Stop Time:
Contact Type: OTHER
Travel Time:

Note Type(s)

SPVSYCONTACT

Author: GIPSON, KIMBERLY
Title: SR FAMILY SERVICES SPEC

HGW 165

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On February 26, 2019 a report was made to Child Protective Services with allegations of Physical Injury abuse with bruises cuts. The alleged victims listed in this report 14 year Abigail Williams, 12 year Herman Jr Williams, 8 year Matthew Williams and 5 year Elisha Williams, the children [REDACTED] lives in the home with their natural parents mother Nadine Williams and Herman Williams, along with maternal grandmother [REDACTED] the mother dragged Abigail by her hair into her room. [REDACTED] Abigail was [REDACTED] hit in the head with a pipe on her forehead which caused bleeding. The findings in this report are substantiated as to the allegations of physical abuse with injuries involving Abigail Williams by her mother. [REDACTED]

Start Date: 05-02-2019

Start Time: 03:00 PM

Stop Date:

Stop Time:

In Placement Contact: NO

Contact Type: OTHER

Unscheduled Visit: NO

Travel Time:

Note Type(s)

PRESENTING AGENCY

Author: COLLIER, TERRENCE

Title: FAMILY SERVICES/SPEC STAFF

On February 28, 2019 this worker attempted contact with the parents at the address listed in this report however there was no answer on this date, this worker left a business card [REDACTED]. This worker was able to make contact with the younger children at school in this report. This worker interviewed regarding this report and allegations related to this report. The children all appear to have good attendance in school and no behavioral issues. Matthew Williams was interviewed at school no other person present during this contact. [REDACTED]

Herman Williams Jr was interviewed at school regarding this report. [REDACTED]

Elisha Williams is 5 years old and was interviewed alone at his school regarding this report. [REDACTED]

Start Date: 05-02-2019

Start Time: 03:21 PM

Stop Date:

Stop Time:

In Placement Contact: NO

Contact Type: OTHER

Unscheduled Visit: NO

Travel Time:

Note Type(s)

CLOSING SUMMARY

HGW 166

Page 1 of 1

Contact With

Contact About

WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, MATHEW
WILLIAMS, HERMAN

Author: COLLIER, TERRENCE
Title: FAMILY SERVICES SPEC. SUPV.

Impending Dangers:

Child Conclusion:

WILLIAMS, ABIGAIL is Safe
WILLIAMS, ELISHA is Safe
WILLIAMS, MATHEW is Safe
WILLIAMS, HERMAN is Safe

Summary:

The children have reported they were afraid when in the home with their mother, however the children moved out of the home with their father and maternal grandmother March of 2019. The children were seen in their new home with their father and report they feel safe in the care of their father and maternal grandmother. The children are having visits with their mother and visits are going "okay".

Start Date: 05-02-2019

Start Time: 03:21 PM

Stop Date:

Stop Time:

In Placement Contact: NO

Contact Type: OTHER

Unscheduled Visit: NO

Travel Time:

Note Type(s)

CLOSING SUMMARY

Contact With

Contact About

WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, MATHEW
WILLIAMS, HERMAN

Author: COLLIER, TERRENCE
Title: FAMILY SERVICES SPEC. SUPV.

On February 27, 2019 a report made to Child Protective Services with allegations of Physical Injury Abuse with lacerations. The alleged victims listed in this report 14 yo Abigail Williams, 12 yo Herman Jr Williams, 8 yo Matthew Williams and 5 yo Elisha Williams, the children lives in the home with their natural parents mother Nadine Williams and Herman Williams, along with maternal grandmother. The mother dragged Abigail by her hair into her room, injuries unknown, Abigail was hit in the head with a pipe on her forehead which caused bleeding. The findings in this report are substantiated as to the allegations of physical abuse with injuries involving Abigail Williams by her mother.

HGW 167

Date: 7-01-19

Start Time: 03:21 PM
Stop Time:
Contact Type: OTHER
Travel Time:

Contact About:
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, MATHEW
WILLIAMS, HERMAN

Contact About:
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, MATHEW
WILLIAMS, HERMAN

[REDACTED]

Herman William Sr. admits that he was made aware of the

Page 5 of 11

abuse/neglect of his children by their mother when he was not in the home. Herman claims he work various hours due to his business as an independent driver/owner. Herman provided copies of restraining orders he was tried to obtain against his wife, [REDACTED], after each incident of recent domestic violence in the home. The restraining orders were denied reasons unknown to this writer. Herman Sr. secured a home for the children and moved the children out of the home along with the maternal grandmother. Herman claims he is filing for a divorce and plans to file for physical custody of his children. It appears what lead up to what is described as mother aggressive behavior towards the entire family is mother starting a relationship with another man.

Start Date: 05-02-2019
Stop Date:
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 02:52 PM
Stop Time:
Contact Type:
Travel Time:

Note Type(s)
CLOSING SUMMARY

Author: GIPSON, KIMBERLY
Title: SR Family Services Supervisor

This case will not remain open for ongoing services through this agency at this time the children are safe in the care of their father and maternal grandmother.

The children are living in the home with their father and only have visitation with their mother pending their parents divorce. At this time this was custody order and the parents both agree to proceed with their divorce to address their custody issues with their children. This agency referred maternal father to Postnatal Kats for medical services for the children which resulted in the children being given referrals to counseling services and two of the children were referred to specialists due to injuries related to the physical abuse caused by their mothers. The allegations of physical injury abuse with bruises, rashes, lacerations due to the statements submitted by the children and interview with father Herman Williams along with Nadine admitting to some of the incidents of physical discipline. Evidence of physical discipline was observed on Ahmad's back and the required medical attention as a result of the injuries.

Start Date: 05-07-2019
Stop Date: 05-07-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 03:00 PM
Stop Time: 03:15 PM
Contact Type: OTHER
Travel Time:

Note Type(s)
SDVSCONTACT

TCM Activity Type(s)
NONE

Contact With:

Contact About:
WILLIAMS, ABIGAIL
WILLIAMS, NADINE

Author: GIPSON, KIMBERLY

HGW 169

Title: FAMILY SERVICES SPEC SUPV

Case will be closed Substantiated for Physical Injury, Abuse/Bruises/Cuts regarding the mother, Nadine Williams and her child, Abigail Williams.

Substantiation letter mailed to LKA

Start Date: 05-07-2019

Stop Date:

In Placement Contact: NO

Unscheduled Visit: NO

Start Time: 03:24 PM

Stop Time:

Contact Type:

Travel Time:

Note Type(s)

CLOSING SUMMARY

Author: COLLIER, TERRENCE

Title: FAMILY SERVICES SPEC SUPV

Supervisor closed the last open program, so the case was closed.

Start Date: 05-16-2019

Stop Date: 05-16-2019

In Placement Contact: NO

Unscheduled Visit: NO

Start Time: 09:10 AM

Stop Time: 09:11 AM

Contact Type: OTHER

Travel Time:

Note Type(s)

CPS APPEAL

TCM Activity Type(s)

NONE

Contact With

WILLIAMS, NADINE

Contact About

WILLIAMS, NADINE

Author: HALEY, GENYPHUR

Title: LEGAL OFFICE ASSISTANT II

Appeal request received for Nadine Williams, for report # [REDACTED] on 05/15/2019. Receipt letter sent to appellant.

Start Date: 10-29-2019

Stop Date: 10-29-2019

In Placement Contact: NO

Unscheduled Visit: NO

Start Time: 12:41 PM

Stop Time: 01:17 PM

Contact Type: INPERSON-OTHER

Travel Time: 35 minutes

Note Type(s)

CHILD CONTACT

TCM Activity Type(s)

CASE PLAN DEVEL

HGW 170

Page 10 of 14

Contact With
WILLIAMS, ABIGAIL

Contact About
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: HOWARD, EVETTE
Title: FAMILY SERVICES SPEC I

SP met face to face with child-ABIGAIL in the conference room of [REDACTED] High School. She was clean, appeared healthy and was appropriately dressed in a white t shirt, black jacket, jeans, black socks, flip flops and wore braces. She is 15yo and in the 10th grade. [REDACTED]

[REDACTED]

[REDACTED]

Start Date: 11-01-2019
Stop Date: 11-01-2019
In Placement-Contact: NO
Unscheduled Visit: NO

Start Time: 08:46 AM
Stop Time: 09:00 AM
Contact Type: PHONE
Travel Time:

Note Type(s)
COLLATERAL

TCM Activity Types
NONE

Contact With

Contact About
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: HOWARD, EVETTE
Title: FAMILY SERVICES SPEC I

HGW 171

Page: 11 of 14



Start Date: 11-01-2019
Stop Date: 11-01-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 09:31 AM
Stop Time: 10:27 AM
Contact Type: INPERSON-OFFICE
Travel Time:

Note Type(s)
PARENT CONTACT

TCM Activity Type(s)
NONE

Contact With
WILLIAMS, HERMAN

Contact About
WILLIAMS, ADIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATTHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: HOWARD, LUCILLE
Title: FAMILY SERVICES SPECIALIST

SP met face to face with father, Herman in the office. He brought the order between he and Nadine showing the stipulations of the temporary joint custody of the children and shows that the mother has day visitation of the children on Saturday from 11am to 6pm along with the holiday schedule. He states Herman III did not want to do with the mother this past weekend and that Adigail took her clothes with her over this past weekend when she went with her mother.

He states the school contacted him on Monday stating that she was late to school and that Adigail has custody. Says the mom got the kids this past weekend and she brought the boys back. He wants to transfer her to another school as he lives in North Las Vegas and the court order says that he is able to transfer to what school he feels fit for. He was going to keep her at [REDACTED] but she is smoking marijuana and other stuff so it will be better to transfer her and better on the economic. He also called 311 when her mother did not bring her back when she was supposed to, the police came to the home and said that she has the whole weekend. No joint custody in this time.

He says last weekend, he turned off his daughter's phone. Says that now Adigail is the one that the mother is targeting and buying things for. She did not even pick up Herman on his birthday as she is to see the kids on their birthdays. His birthday is 8/24/19. She also did not pick them up on Labor Day. She buys Adity things but not the boys, has to bought the boys things recently. He found she cancelled the plans on the truck 7/24/19 as it is in her name but the court order states to leave it alone until the trial which is in February 2020. They went to court Friday 10/30/19 for a pick up order at Adigail and by the end of today he should be getting the order and going to the home to get the child along with the police and he will transfer child to a school [REDACTED]

Start Date: 11-01-2019
Stop Date: 11-01-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 09:31 AM
Stop Time: 10:27 AM
Contact Type: INPERSON-OFFICE
Travel Time:

Note Type(s)
CHILD CONTACT

HGW 172

Page 1 of 1

TCM Activity Type(s)

NONE

Contact With

WILLIAMS, ELISHA
WILLIAMS, MATHEW
WILLIAMS, HERMAN

Contact About

WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: HOWARD, EVETTE

Title: FAMILY SERVICES SPECIALIST

SP met face in face with the father and the children. The children were clean, appeared healthy and all observed with no marks or bruises. They were not at school for today as the father stated that he would take them after meeting with the SP. None of the children are on IEP's or have behavior or attendance problems in school. None of the children take any medications.

ELISHA was dressed in a black sweater, blue shirt, blue jeans and black tennis shoes, he is described as the terrorizer of the home but does well in school. He attends [REDACTED] Elementary School and is in the 1st grade.

MATTHEW was wearing a sweater, brown sweater and black tennis shoes. He also attends [REDACTED] and is in the 4th grade.

HERMAN III was in a black jacket, black pants, had a school lanyard around his neck, jeans, tennis shoes on one foot, wore glasses and was on crutches. [REDACTED] he was hit by a car on 10/06/19 while riding a mini dirt bike and his foot broke. He has it in a cast now and goes back to the doctor on 11/18 to get placed into a short cast for more mobility. He attends [REDACTED] Middle School and is in the 6th grade.

Start Date: 11-04-2019

Stop Date: 11-04-2019

In Placement Contact: NO

Unscheduled Visit: NO

Start Time: 02:30 PM

Stop Time: 02:40 PM

Contact Type: OTHER

Travel Time:

Note Type(s)

7045SPRMSRQW

TCM Activity Type(s)

NONE

Contact With

Contact About

WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: COLLIER, TERENCE

Title: FAMILY SERVICES SPECIALIST

Update child contacts, parent contacts, and collateral contacts

Concerns that the mother kept the child, Abigail with her although she is only supposed to have visitation with the children as per the custody agreement. The parents are in custody court and have an upcoming hearing.

The mother has substantiation from earlier in the year due to physical abuse on Abigail

HGW 173

April 11, 2019

Start Date: 11-12-2019
Stop Date: 11-12-2019
In Placement Contact: NO
Unscheduled Visit: NO

Start Time: 01:06 PM
Stop Time: 01:18 PM
Contact Type: PHONE
Travel Time:

Note Type(s)
PARENT CONTACT

TCM Activity Type(s)
NONE

Contact With
WILLIAMS, HERMAN

Contact About
WILLIAMS, ABIGAIL
WILLIAMS, ELISHA
WILLIAMS, HERMAN
WILLIAMS, MATHEW
WILLIAMS, NADINE
WILLIAMS, HERMAN

Author: HOWARD, EVETTE
Title: FAMILY SERVICES SPEC I

SP spoke with father-Herman [REDACTED] regarding follow up and the status of pick up order for Abigail. He states that he did go to court but that the order was denied as the judge stated that he did not supply enough information in the order. He says that he does not know how to complete information. He will now just have to wait until they go to court on 12/16/19 for the motions that he filed Nadine keeping Abigail for the truck plates and one other offense. He says this past weekend the boys did not even want to go over with her. Says they called him the entire time up until 6pm stating they were hungry and to get them something to eat. She was not paying them any attention or getting them anything to eat and they were hungry. HE says that he will wait until court.

Priv.Citz/Williams/CCDF
11/12/2019

HGW 174

Page 12 of 13

EXPLORATORY

1. What is the extent of child maltreatment?

the mother has dragged Abigail (14) by the hair to her room and she has also hit her on the forehead with a pipe.

2. What are the circumstances surrounding the child maltreatment?

yesterday, 2/26/2019, the mother, Nadine, dragged her daughter Abigail (14) by her hair into the bedroom. during the incident there was a lot of screaming and yelling.

the mother dragged Abigail into her room because the mother brought a man into the home with "intimate intentions" and Abigail called to mom to confront him. When the mother found out, she then broke Abigail's phone and dragged her to her room. Abigail then called the police and the police responded. The father was not present during this incident.

the police were called two other different times within the last three days.

around 2/23/2019 the police were called out to the home because of an incident that occurred with the mother and grandmother. the grandmother "expressed" the mother about her "intimate intentions" with her other man. the mother, grandmother and other man were all in the home and the mother and grandmother began to argue. At some point during the argument the mother grabbed the grandmother by her throat and took her outside.

The argument continued outside and the grandmother began to yell very loudly outside and at that point the mother dragged the grandmother inside. the mother hit the grandmother in the face. The grandmother sustained an injury to her shoulder. however, she denied and just put her on her shoulder. the police then offered the grandmother medical attention.

the other incident where police were called happened around 2/24/2019. Abigail called the police due to a missing a gun. the gun was located in a drawer in the home.

The maternal grandmother found a bullet in the parents' closet and confiscated the bullet. When the gun went missing the father, Herman, confiscated the remaining bullets in the home. the Philly's and Herman believe the mother has the gun due to her recent behaviors. The gun is still "missing." Neither parent has ever been known to act out violently.

yesterday, 2/26/2019, the mother told her daughter that she is going to get rid of the grandmother and father and they will be happy family again.

The mother is serving the grandmother under an eviction notice. The grandmother and father are still in the home as of 2/26/2019.

the mother hit Abigail with a pipe on the forehead. Abigail sustained an injury as she was bleeding. The incident was reported to the father and the school.

3. How do the children function on a daily basis?

Per Jayville Elementary School, Abigail (14) is in the 9th grade at HS. Elmar (5) is in kindergarten at ES. Mathew (14) is in the 7th grade at ES and Herman (12) is in the 5th grade at ES.

the children do not have special needs, medical needs or behavioral issues. the children are cooperative and they all do overall well in school.

4. How do the adults (primary caretakers) function on a daily basis?

the mother is employed as a medical professional.

in one of the incidents where the police were called to the home, the mother put on her sweatpants and told police she had just arrived home from work and she does not why they were called out to the home as they were not there.

The father is employed as a card teller and is he card working.

5. What are the general parenting practices in this family?

HGW 175

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Online Version: <http://www.internationaljournalofpsychiatry.com>
 Correspondence: Dr. J. M. M. van Os, Department of Psychiatry, University of Groningen, P.O. Box 30.001, 9700 RB Groningen, The Netherlands. Tel: +31 (0) 931 309545; Fax: +31 (0) 931 309546; Email: j.m.m.van.os@azg.umcg.nl
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THE UNIVERSITY OF CHICAGO PRESS

NEW YORK—The **AMERICAN SOCIETY OF NEWS EDITORS** today announced that it had received a letter from the **UNITED STATES DEPARTMENT OF JUSTICE** asking for information about the society's activities. The letter, dated May 1, 1968, was signed by the attorney general, Ramsey Clark, and was addressed to the society's president, Robert W. O'Neil. The letter stated that the department was interested in the society's activities because of the society's role in the press and its relationship to the public. The society's response to the letter is being handled by the society's legal counsel, Robert W. O'Neil.

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Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0030

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[Barcode]

HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970



Notice	SR
Tax year	CPS21 2016
Notice date	August 19, 2020
Taxpayer ID number	XXX-XX-1742
To contact us	Phone 800-829-8374
Your Caller ID	116474
Page 1 of 5	

0323

Your installment agreement

Monthly payment due: \$25.00

Your monthly payment of \$25.00 must be received by August 28, 2020. If you can't pay your monthly bill by this date, call us at 800-829-8374 to discuss your situation.

Payment Information

Amount you owe	\$600.73
Payment due date	August 28, 2020
Minimum payment due	\$25.00

What you need to do immediately

- Your payment of \$25.00 must be received by August 28, 2020, or you may default on your agreement. If you default, you may have to pay a user fee to reinstate it.
- Pay online or mail a check or money order with the attached payment stub. **You can pay online now at www.irs.gov/payments.**

Continued on back...



EXHIBIT

HGW 279



Notice CP521
 Tax year 2016
 Notice date August 19, 2020
 Taxpayer ID number XXX-XX-1742
 Page 3 of 5

Installment agreement summary

Tax year	Form	Amount you owe	Failure-to-pay penalty to date	Interest charges to date
2016	1040	600.73	454.90	837.83
Remaining balance				\$600.73

10323 The penalty and interest charges shown above represent the total amounts charged since your liability became due. To determine the amount of penalty and interest charged since your last reminder notice, compare the amounts in last month's reminder notice with the amounts shown above.

Penalties

We are required by law to charge any applicable penalties.

Failure-to-pay

Description	Amount
Total failure-to-pay	\$454.90

We assess a 1/2% monthly penalty for not paying the tax you owe by the due date. We base the monthly penalty for paying late on the net unpaid tax at the beginning of each penalty month following the payment due date for that tax. This penalty applies even if you filed the return on time.

We charge the penalty for each month or part of a month the payment is late; however, the penalty can't be more than 25% in total.

- The due date for payment of the tax shown on a return generally is the return due date, without regard to extensions.
- The due date for paying increases in tax is within 21 days of the date of our notice demanding payment (10 business days if the amount in the notice is \$100,000 or more).

If we issue a Notice of Intent to Levy and you don't pay the balance due within 10 days of the date of the notice, the penalty for paying late increases to 1% per month. If you receive a Notice of Intent to Levy, you will also receive information on how to appeal if you disagree with the action. We'll provide information about your appeal rights with the notice and you'll have the opportunity to appeal at that time.

For individuals who filed on time, the penalty decreases to 1/4% per month while an approved installment agreement with the IRS is in effect for payment of that tax.

For a detailed calculation of your penalty charges, call 800-829-8374. (Internal Revenue Code Section 6651.)

Continued on back...

HGW 280



	SB
Notice	CP521
Tax year	2016
Notice date	August 19, 2020
Taxpayer ID number	XXX-XX-1742
Page 5 of 5	

Money-saving tips



010323

- Visit www.irs.gov/paymentplan. The Online Payment Agreement application will allow you to:
 - Submit your payment online
 - Change your due date
 - Get a payoff amount
 - Create an automated Direct Debit Installment Plan—it's easy and you'll never miss a payment. You'll save time, trees and postage.
 - Pay a little more each month. This will help you finish paying sooner and will save you money in the long run.
- Review the electronic payment options in this notice.

Additional information

- Visit www.irs.gov/cp521
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Paying online is convenient, secure, and ensures timely receipt of your payment. To pay your taxes online or for more information, go to www.irs.gov/payments.
- You can contact us by mail at the address at the top of the first page of this notice. Be sure to include your taxpayer identification number, the tax year, and the form number you are writing about.
- Keep this notice for your records.

The Taxpayer Bill of Rights describes ten basic rights that all taxpayers have when dealing with the IRS. For additional information, refer to the Taxpayer Bill of Rights at <http://taxpayeradvocate.irs.gov/about-tas/taxpayer-rights>. (Internal Revenue Code Section 7803(a)(3))

If you need assistance, please don't hesitate to contact us.



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0030

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HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970



14451



	SB
Notice	CP521
Tax year	2016
Notice date	September 16, 2020
Taxpayer ID number	XXX-XX-1742
To contact us	Phone 800-829-8374
Your Caller ID	116474
Page 1 of 5	

Your installment agreement

Monthly payment due: \$25.00

Your monthly payment of \$25.00 must be received by September 28, 2020. If you can't pay your monthly bill by this date, call us at 800-829-8374 to discuss your situation.

Payment Information

Amount you owe	\$601.48
Payment due date	September 28, 2020
Minimum payment due	\$25.00

What you need to do immediately

- Your payment of \$25.00 must be received by September 28, 2020, or you may default on your agreement. If you default, you may have to pay a user fee to reinstate it.
- Pay online or mail a check or money order with the attached payment stub. **You can pay online now at www.irs.gov/payments.**

Continued on back...

HGW 282



Notice **CP521**
 Tax year **2016**
 Notice date **September 16, 2020**
 Taxpayer ID number **XXX-XX-1742**
 Page 3 of 5

Installment agreement summary

Tax year	Form	Amount you owe	Failure-to-pay penalty to date	Interest charges to date
2016	1040	601.48	454.90	838.58

Remaining balance **\$601.48**

34451 The penalty and interest charges shown above represent the total amounts charged since your liability became due. To determine the amount of penalty and interest charged since your last reminder notice, compare the amounts in last month's reminder notice with the amounts shown above.

Penalties

We are required by law to charge any applicable penalties.

Failure-to-pay

Description	Amount
Total failure-to-pay	\$454.90

We assess a 1/2% monthly penalty for not paying the tax you owe by the due date. We base the monthly penalty for paying late on the net unpaid tax at the beginning of each penalty month following the payment due date for that tax. This penalty applies even if you filed the return on time.

We charge the penalty for each month or part of a month the payment is late; however, the penalty can't be more than 25% in total.

- The due date for payment of the tax shown on a return generally is the return due date, without regard to extensions.
- The due date for paying increases in tax is within 21 days of the date of our notice demanding payment (10 business days if the amount in the notice is \$100,000 or more).

If we issue a Notice of Intent to Levy and you don't pay the balance due within 10 days of the date of the notice, the penalty for paying late increases to 1% per month. If you receive a Notice of Intent to Levy, you will also receive information on how to appeal if you disagree with the action. We'll provide information about your appeal rights with the notice and you'll have the opportunity to appeal at that time.

For individuals who filed on time, the penalty decreases to 1/4% per month while an approved installment agreement with the IRS is in effect for payment of that tax.

For a detailed calculation of your penalty charges, call 800-829-8374 (Internal Revenue Code Section 6651).

Continued on back.

HGW 283



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0010

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[Barcode]



Notice	CP39
Tax Year	2016
Notice date	October 26, 2020
Social Security number	[REDACTED] 1742
To contact us	800-829-6374
Your Call ID	116474
Page 1 of 1	29H



HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

17399

We applied a 2019 overpayment to tax you owe for 2016.

Amount due: \$0.00

We applied the \$572.93 overpayment from your 2019 tax return to the amount owed on the tax return you filed in 2016. As a result, the amount you owe for 2016 is \$0.00.

Billing Summary

Amount owed on 2016 tax return	\$572.93
Overpayment applied from 2019	-\$572.93
Amount due	\$0.00

What you need to do

You don't need to respond to this notice.

Additional information

- Visit www.irs.gov/cp39
- You may find the following publications helpful:
 - Publication 1, Your Rights as a Taxpayer
 - Publication 594, The Collection Process
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Paying online is convenient, secure, and ensures timely receipt of your payment. To pay your taxes online or for more information, go to www.irs.gov/payments.
- You can contact us by mail at the address at the top of the first page of this notice. Be sure to include your Social Security number and the tax year and form number you are writing about.
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

HGW 284



Notice CP3219A
Tax year 2017
Notice date January 4, 2021
Social security number [REDACTED]
Page 5 of 12

Changes to your 2017 tax return

Your income and deductions

	Shown on return	As corrected by IRS	Difference
Cancellation of debt	\$0	\$16,847	\$16,847
Taxable wages	\$150,884	\$153,742	\$2,858
Income net difference			\$19,705

(Amounts shown on corrected return)

Deduction net difference *1	\$47,194	\$46,800	\$394
Change to taxable income			\$20,099

Your tax computations

	Shown on return	As corrected by IRS	Difference
Taxable income, line 43	\$72,382	\$92,481	\$20,099
Tax, line 44	\$9,924	\$14,596	\$4,672
Alternative minimum tax, line 45	\$7,026	\$8,029	\$1,003
Credit for child and dependent care expenses, line 49	\$1,200	\$1,200	\$0
Child tax credit, line 52	\$2,950	\$1,950	-\$1,000
Total tax, line 63	\$12,800	\$19,475	\$6,675
Tax you owe *2			\$6,675

Payments

	Shown on return	As corrected by IRS	Difference
Income tax withheld, line 64	\$20,876	\$20,912	\$36
Total payments *3			\$36

(*1) Decreases to deductions result in an increase to taxable income.

(*2) Decreases to credits result in an increase to tax.

(*3) Increases to payments decrease the amount owed.

Explanation of changes to your 2017 Form 1040

This section tells you specifically what income information the IRS received about you from others (including your employers, banks, mortgage holders, etc.). This information doesn't match the information you reported on your tax return.

Use the table to compare the data the IRS received from others to the information you reported on your tax return to understand where the difference(s) occurred. To assist you in reviewing your income amounts, the table may include both reported and unreported amounts.

Taxable Wages

Received from	Address	Account information	Shown on return	Reported by others	Difference
ITS TRANSPORTATION INC.	6800 W GARY AVE LAS VEGAS NV 89139	SSN 105-66-1742 Form W-2	\$0	\$2,858	\$2,858

Cancellation of Debt

Received from	Address	Account information	Shown on return	Reported by others	Difference
MARK OF AMERICA LLC	PO BOX 9822-0 EL PASO TX 79998-0246	000044006681291 SSN 081-94-8592 Form 1099-C Date 8/26/17		\$1,229	
LENDINGCLUB CORPORATION	70 STEVENSON ST SUITE 1000 SAN FRANCISCO CA 94105	964267273 SSN 081-94-8583 Form 1099-C Date 11/20/17		\$10,471	

Continued on back...

HWG 285



Notice CP 5219A
Tax year 2017
Notice date January 4, 2021
Social security number [REDACTED] 1762
Page 7 of 12

Cancellation of Debt - Form 1099-C

If a federal government agency, financial institution, credit union, or other lender cancels or forgives a debt you owe, you may receive a Form 1099-C, Cancellation of Debt. In most cases, you must include the canceled or forgiven amount in your income. There are several situations in which you don't have to include the canceled amount as income, but these exclusions are not automatic. You must claim the benefit of any exclusion by filing Form 982, Reduction of Tax Attributes Due to Discharge of Indebtedness (and Section 1082 Basis Adjustment).

You can only exclude debt cancellation up to the insolvent amount. If you can exclude the canceled debt due to insolvency, provide a detail of your total assets and liabilities immediately before the discharge. You are insolvent to the extent your total liabilities exceeded your total assets. For more information and a worksheet to help calculate insolvency, see Publication 4681, Canceled Debts, Foreclosures, Repossessions and Abandonments (for Individuals). You must include any canceled debt that exceeds the amount of your insolvency as income on your tax return, unless another exclusion applies.

If you filed for bankruptcy, provide to us a copy of your bankruptcy paperwork to show you included the canceled debt in the bankruptcy. If you don't make payments you owe on a loan secured by property, the lender may foreclose on the loan or repossess the property. The foreclosure or repossession is treated as a sale or exchange from which you may realize a gain or loss. If the lender foreclosed on your principal residence, you may realize ordinary income from cancellation of debt if the loan balance is more than the fair market value of the property. If the amount of principle you owed on your home mortgage was reduced as part of a loan modification, you may be able to exclude the amount of canceled debt from income.

For additional information on these topics, see Publication 4681, Canceled Debts, Foreclosures, Repossessions, and Abandonments (for Individuals), or Publication 544, Sales and Other Dispositions of Assets.

Schedule A miscellaneous deductions percentage limitation

Miscellaneous deductions are reduced by 2% of your adjusted gross income. Since we refigured your adjusted gross income, we also refigured your miscellaneous deduction.

Alternative Minimum Tax

Based on changes to your adjusted gross income, we refigured your alternative minimum tax. If your calculations differ from ours, send us a copy of your Form 6251, Alternative Minimum Tax-Individuals.

Continued on back.

HGW 286



Department of the Treasury
Internal Revenue Service
310 LOWELL ST
ANDOVER, MA 01810-4544



9207 1107 5650 7319 9596 08

061676 302841 66034 18952 2 MB 0.439 1336



HERMAN G & NADINE A WILLIAMS JR
NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
LAS VEGAS NV 89081-2970



Notice (P37196)
Tax year 2017
Notice date January 4, 2021
Social Security number XXX-XX-1742
AIR control number 70071-0041
To contact us Phone 1-800-829-8310
Fax 1-877-477-4685
Last date to petition 4/5/21
Tax Court
Page 1 of 12



10566174220172

Notice of Deficiency Proposed increase in tax and notice of your right to challenge

We have determined there is a deficiency (increase) in your 2017 income tax based on information we received from third parties (such as employers or financial institutions) that doesn't match the information you reported on your tax return. See below for an explanation of how this increase was calculated. This letter is your NOTICE OF DEFICIENCY, as required by law.

If you disagree

You have the right to challenge this determination in U.S. Tax Court. If you choose to do so, you must file your petition with the Tax Court by April 5, 2021. This date can't be extended. See below for details about how and where to file a petition.

If you agree

You can pay now or receive a bill. See the section below titled "If you agree with the proposed changes, you can pay now or receive a bill."

Summary of proposed changes

Increase in tax (deficiency)	\$6,675
Substantial tax understatement penalty	\$1,328

If you want to resolve this matter with the IRS

You may be able to resolve this matter without going to the U.S. Tax Court if you contact us directly. See the "You may be able to resolve your dispute with the IRS" section below.

If you want assistance

You may be able to receive assistance from a Low Income Taxpayer Clinic or from the Taxpayer Advocate Service. See the "Additional information" section below.

You have the right to petition the Tax Court

You have the right to challenge our deficiency determination, including penalties, before making any payment by filing a petition with the U.S. Tax Court. You must file your petition within 90 days (or 150 days if the notice is addressed to a person outside of the United States) from the date of this letter, which is **April 5, 2021**. The Tax Court can't consider your case if the petition is filed late. If you decide to file a petition, send that petition to the following address:

United States Tax Court
400 Second Street, NW
Washington, DC 20217

Continued on back...

HGW 287



CP3219a	
Notice	CP3219a
Tax year	2017
Notice date	January 8, 2021
Social security number	742
Page 3 of 12	

You'll receive a bill for the amount due (including any interest and applicable penalties).

- **NOTE:** If you filed your tax return married filing jointly, **both** spouses must sign Form 5564.
- Do NOT mail the Form 5564 or any payment of your liability to the Tax Court.

If we don't hear from you

If we do not hear from you and you do not petition the U.S. Tax Court, we will assess the additional tax you owe plus any applicable penalties and interest and send you a bill.

Additional information

Visit www.irs.gov/cp3219a for more information about this notice, frequently asked questions, and to review the following:

- Publication 1, Your Rights as a Taxpayer
- Publication 5181, Tax Returns Reviewed by Mail: CP2000, Letter 2030, CP2501, Letter 2531

For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).

Keep this notice for your records.

If you'd like to authorize someone to represent you before the IRS, please complete and send us a Power of Attorney and Declaration of Representative (Form 2848), before your representative contacts us on your behalf.

The IRS office whose phone number appears at the top of the notice can best address and access your tax information and help get you answers. If you filed a joint return, we're required to send a copy of this notice to both you and your spouse. Each copy contains the same information about your joint account.

Low Income Taxpayer Clinics

Low Income Taxpayer Clinics (LITCs) represent individuals whose income is below a certain level that need help to resolve a tax problem with the IRS. IRS problems can include audits, appeals, tax collection disputes, and cases in the U.S. Tax Court. LITCs can also provide information about taxpayer rights and responsibilities in different languages. Services are offered for free or for a small fee. For more information and to find an LTC near you, see the LTC page on www.irs.gov/advocate or IRS Publication 4134, Low Income Taxpayer Clinic List. This publication is also available by calling 800-829-3676 or at your local IRS office. LITCs are independent from the IRS.

Taxpayer Advocate Service

The IRS office whose phone number appears at the top of the notice can best address and access your tax information and help get you answers. However, you may be eligible for free help from the Taxpayer Advocate Service (TAS) if you can't resolve your tax problem with the IRS, or you believe an IRS procedure just isn't working as it should. TAS is an independent organization within the Internal Revenue Service (IRS) that helps taxpayers and protects taxpayer rights. Call TAS at 877-777-4778 or TTY/TDD 800-

Continued on back...

HGW 288



CP3219A
Notice CP3219A
Tax year 2017
Notice date January 4, 2021
Social security number 742
Page 9 of 12

Interest charges

We are required by law to charge interest when you do not pay your liability on time. Generally, we calculate interest from the due date of your return (regardless of extensions) until you pay the amount you owe in full, including accrued interest and any penalty charges. Interest on some penalties accrues from the date we notify you of the penalty until it is paid in full. Interest on other penalties, such as failure to file a tax return, starts from the due date or extended due date of the return. Interest rates are variable and may change quarterly. (Internal Revenue Code Section 6601)

Interest is calculated to 30 days from the date of the notice for domestic addresses and 60 days from the date of the notice for foreign and APO/FPO/DPO addresses. Interest will continue to accrue until you pay the amount you owe in full.

Continued on back...

HGW 289

FORM 5564
(November 2016)

Department of the Treasury — Internal Revenue Service
Notice of Deficiency - Waiver

Symbols
ANDOVER
860 AN5C

Name and address of taxpayer(s) **HERMAN G & NADINE A WILLIAMS JR**
NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89061-2970

January 4, 2021

Kind of Tax **742** **8593**

Kind of Tax ☐ Copy to Authorized Representative

Individual Income

Tax year ended

Deficiency

December 31, 2017

Increase in tax **\$6,675**

Penalties

Accuracy-Related Penalty, IRC Section 6662(a)

\$1,328

61678



10565174220172

I consent to the immediate assessment and collection of the deficiencies (increase in tax and penalties) shown above, plus any interest. Also, I waive the requirement under section 6532 (a) (1) of the Internal Revenue Code that a notice of claim disallowance be sent to me by certified mail for any overpayment shown on the attached report.

I understand that the filing of this waiver is irrevocable and it will begin the 2-year period for filing suit for refund of the claims disallowed as if the notice of disallowance had been sent by certified or registered mail.

Signature		Date
		Date
	By	Title

Note: If you consent to the assessment of the deficiencies shown in this waiver, please sign and return this form to limit the interest charge and expedite our bill to you. Please do not sign and return any prior notices you may have received. Your consent signature is required on this waiver, even if fully paid.

Your consent will not prevent you from filing a claim for refund (after you have paid the tax) if you later believe you are so entitled; nor prevent us from later determining, if necessary, that you owe additional tax; nor extend the time provided by law for such action.

If you later file a claim and the Service disallows it, you may file suit for refund in a District Court or in the United States Claims Court, but you may not file a petition with the United States Tax Court.

Who Must Sign: If you filed jointly, both you and your spouse must sign. Your attorney or agent may sign this waiver provided that action is specifically authorized by a power of attorney which, if not previously filed, must accompany this form.

If this waiver is signed by a person acting in a fiduciary capacity (for example, an executor, administrator, or a trustee), Form 561, Notice Concerning Fiduciary Relationship, should, unless previously filed, accompany this form.

If you agree, please sign and return this form; keep one copy for your records.

FORM 5564 (Rev. 11-2016)

HGW 290



Installment Agreement Activity for July 15, 2019 to September 7, 2020

Tax Period	Form Number	Beginning Balance	Total Payments Received	Total Penalty Added	Total Interest Added	Other Charges Added	Ending Balance
12/31/2016	1041	\$ 599.95	\$ 0.00	\$ 0.00	\$ 1.02	\$ 0.00	\$ 600.97
	Total	\$ 599.95	\$ 0.00	\$ 0.00	\$ 1.02	\$ 0.00	\$ 600.97



Department of the Treasury
Internal Revenue Service

310 LOWELL ST
ANDOVER MA 01810-4544

In reply refer to: 0883060008
Oct. 19, 2020 LTR 2626C AI
1742 201712 30
INPUT UP: 0883060008 00010409
BODC: NOBOD

HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

Taxpayer identification number: 1742
Tax period: Dec. 31, 2017
Tax form: 1040
600640008

Dear Herman G & Nadine A Williams Jr:

Thank you for your reply dated Mar. 27, 2020, to our inquiry about changes to items on your tax return.

We cannot process your Form 1040X as submitted. The attached Schedule C does not have an amount on line 1. We do not have any taxable income reported for you as Form 1099-MISC, Non Employee Compensation. You cannot claim expenses against zero income.

The income was reported to us as a Form W-2 wage income. If you disagree with how the income was reported to us, please contact the payer for clarification. Please obtain a corrected Form W-2, if necessary, and forward to us.

We're required to charge interest on unpaid tax from the due date of the return to the date you pay the tax in full. We can't reduce or eliminate interest based on reasonable cause.

We charge a 1/2% monthly penalty on unpaid tax from the due date of the return, but not for a total of more than 25% of your unpaid tax.

Send your signed consent or explanation by Nov. 11, 2020. You can also fax your consent or explanation to 877-477-9485. If we don't hear from you by that time, we'll continue to process the proposed changes to your tax return based on the information we have. If you have a balance due, we'll continue to charge interest and applicable penalties until you pay the balance due in full.

If you have questions, you can call Office of C McCarthy at 800-829-8310 between 7:00 AM and 8:00 PM EDT or fax us at 877-477-9485.

If you prefer, you can write to the address at the top of the first page of this letter.

When you write, include a copy of this letter, and write your telephone number and the hours we can reach you in the spaces below.

HGW 292

0883060008
Oct. 19, 2020 LTR 2626C A1
1742 201712 30
Input Op; 0883060008 00010411

HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

Consent to Tax Increase

I/We consent to the immediate assessment and collection of the increase in tax and penalties as previously shown on the Notice CP2000, plus any interest due. I/We will not be able to contest these changes for the tax periods shown in this letter in the U.S. Tax Court, unless additional tax is determined to be due for this tax period.

Your signature _____ Date _____

Spouse's signature _____ Date _____
(REQUIRED IF YOU FILED A JOINT TAX RETURN)

Your taxpayer identification number _____
Tax periods _____



Department of the Treasury
Internal Revenue Service

310 LOWELL ST
ANDOVER MA 01810-4544

In reply refer to: 0883070024
Sep. 18, 2020 LTR 2626C A1
1742 201712 30
Input Op: 0883070024 00016389
BODC: N0800

HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

Taxpayer identification number: 1742
Tax period: Dec. 31, 2017
Tax form: 1040
700590227

Dear Herman G & Nadine A Williams Jr:

Thank you for your reply dated Mar. 11, 2020, to our inquiry about changes to items on your tax return.

Debt cancellation occurs when a debtor does not satisfy the terms of a financial agreement between him/ herself and the lender. The lender takes a loss on the monies not received; the loss then is considered income belonging to the debtor. The financial agreement may refer to a line of credit, credit card, loan, etc.

Payer's name: LTS TRANSPORTATION INC

Address: 6800 W GARY AVE
LAS VEGAS NV 89139-7315

We're required to charge interest on unpaid tax from the due date of the return to the date you pay the tax in full. We can't reduce or eliminate interest based on reasonable cause. You can find more information in the enclosed Notice 746, Information About Your Notice, Penalty and Interest.

We need you to sign the "Consent to Tax Increase" at the end of this letter so we can complete our action on your tax account. Sign the consent statement and send it to us. If you filed a joint return, both you and your spouse must sign the consent.

If you don't agree with our proposed changes, send us a signed statement explaining why you disagree. If you agree with our proposed changes, sign the "Consent to Tax Increase" at the end of this letter. If you filed a joint return, both you and your spouse must sign the consent.

Send your signed consent or explanation by Oct. 04, 2020. You can also fax your consent or explanation to 877-477-9485. If we don't hear from you by that time, we'll continue to process the proposed changes to your tax return based on the information we have. If you have a balance due, we'll continue to charge interest and applicable

HGW 294

0883070024
Sep. 10, 2020 LTR 2626C A1
1742 201712 30
Input Op: 0883070024 00016391

HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

Consent to Tax Increase

I/We consent to the immediate assessment and collection of the increase in tax and penalties as previously shown on the Notice CP2000, plus any interest due. I/We will not be able to contest these changes for the tax periods shown in this letter in the U.S. Tax Court, unless additional tax is determined to be due for this tax period.

Your signature _____ Date _____

Spouse's signature _____ Date _____
(REQUIRED IF YOU FILED A JOINT TAX RETURN)

Your taxpayer identification number _____
Tax periods _____



Notice Number: CP- 89
 Notice Date: Sep. 25, 2020
 Taxpayer Identification Number:
 xxx-xx-1742

3

015530.852276.141283.31944 1 AB 0.419 862
 015530.852276.141283.31944 1 AB 0.419 862
 HERMAN WILLIAMS
 5321 CHINO HEIGHTS ST
 N LAS VEGAS NV 89081-2970



15530

If you have any questions,
 please call us at:
1-800-829-8374

THIS IS NOT A BILL

Annual Installment Agreement Statement THIS IS FOR YOUR INFORMATION

This is your Annual Installment Agreement Statement. This two-part statement shows the installment-agreement activity from July 15, 2019 to September 7, 2020 for each tax period included in your agreement.

I. The Payment Detail page shows the payments received and where they have been applied.

- Your payments are listed by date received to assist you as you review your records. The payments are also totaled at the end of the detail, for your convenience.
- Your payments have been applied according to the terms of your agreement and in accordance with the law. For each tax year, your payments are applied first to tax, then penalty, then interest, and other charges.

II. The Installment Agreement Activity page shows each tax period for which you owed tax.

- The Beginning Balance is calculated as of July 15, 2019, or the date you entered a tax period into an installment agreement, if it was later. The beginning balance of each tax period includes the unpaid tax, penalty, and interest as of this calculation date.

The Total Interest, Total Penalty and Other Charges are the amounts added during this period. Other Charges are items such as fees, refunds or adjustments.

If you'd like to pay the full amount you owe, please call us at 1-800-829-8374 so we may give you a current payoff figure. Your future statements will be mailed to you annually, for as long as you have installment agreement activity.

As always, we appreciate your timely payments.



OGDEN UT 84201-0029

015647.955773.164123.32374 1 AB 0.419 864
|||



HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

15647

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.



The IRS address must appear in the window.

0477351336

BODCD-SB

Use for payments

Letter Number: LTR0681C

Letter Date : 2020-10-02

Tax Period : 201712



105661742

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0029



HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

105661742 YP WILL 30 0 201712 670 000000000000

HGW 297



IRS Department of the Treasury
Internal Revenue Service


OGDEN UT 84201-0029

015648.955773.164123.32374 2 AB 0.419 1190
|||

 HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

15648

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

 The IRS address must appear in the window.

BODCD-SB

0477351336

Use for payments

Letter Number: LTR2273C
Letter Date : 2020-10-02
Tax Period : 201612

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0029
|||



105661742

HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

105661742 YP WILL 30 0 201612 670 000000000000

HGW 298



OSDEN UT 84201-0029

In reply refer to: 0477351336
Oct. 02, 2020 LTR 2273C 0
1742 201612 30
00017596
BODC: SB

HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970



113648

Taxpayer identification
number: 1742
Forms: 1040
Tax periods: Dec. 31, 2016

Dear Taxpayer:

We processed your installment agreement for the tax periods listed at the top of this letter. Your monthly payment of \$25.00 is due on the 26th of each month, beginning on Oct. 28, 2020.

WHAT YOU NEED TO KNOW ABOUT YOUR INSTALLMENT AGREEMENT

We charge a \$43.00 user fee to cover the cost of processing an installment agreement. We deduct the fee from your first payment. Your first payment must be at least \$43.00 to cover the user fee, even though your approved installment agreement payments may be less.

If your adjusted gross income for the most recent year is at or below 250% of the federal poverty guidelines (low-income taxpayer) as shown in the Low-Income Taxpayer Adjusted Gross Income Guidance table on Form 13844, Application for Reduced User Fee For Installment Agreements, then the user fee is reduced to \$43.00.

On February 9, 2018, the President signed the Bipartisan Budget Act of 2018 (Act) into law, which amended Internal Revenue Code Section 6159. The Act limits user fees for installment agreements entered into on or after April 10, 2018. We'll waive or reimburse the reduced installment agreement user fee if you're a low-income taxpayer for installment agreement user fee purposes and meet certain requirements.

We won't increase installment agreement user fees above the amounts that were effective as of February 9, 2018. However, based on a user fee cost review we conduct every two years, we may lower the fees periodically.

Even if you meet the requirements for low-income taxpayer status, you

HGW 299

0477351336
Oct. 02, 2020 LTR 2273C 0
1742 201612 30
00017598

HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970

We'll send you a monthly statement with a payment voucher and return envelope shortly before each payment is due. The statement will show your remaining balance and your monthly payment amount. We must receive your payment by the due date. If you don't receive your statement at least 10 days before your payment due date, you should mail us your payment with a copy of the last page of this letter.

If you send payments by mail, make your check or money order payable to the United States Treasury and provide on each payment your:

- Name
- Address
- Taxpayer identification number
- Daytime telephone number
- Tax period
- Tax form

Please use the return envelope provided with your statement.

Any time you can afford to pay more than the required payment amount, you should do so. Extra payments help you avoid additional penalty and interest charges on the amount you still owe.

If your address changes, send a completed:

- Form 8822, Change of Address, to the address on page 2 of that form for individual changes, or
- Form 8822-B, Change of Address or Responsible Party - Business, to the address on page 1 of that form for business changes.

We'll apply any refunds you're due to the amount you owe until you pay your balance due in full. A refund offset isn't a substitute for a monthly payment. You must still make your regular monthly payment if we apply a refund to your account.

You must timely file all required federal tax returns.

HOW TO PAY THE TAX YOU OWE

You can send your payments by mail each month or use one of several other payment options.

Pay in person

You can pay at a local IRS office by personal check, cashier's check, certified check, or money order. When you pay in person, be sure to bring this letter with you. Some offices also accept cash (but they

HGW 300

0477351336
Oct. 02, 2020 LTR 2273C 0
1742 201612 30
00017600

HERMAN G & NADINE A WILLIAMS JR
5321 CHINO HEIGHTS ST
N LAS VEGAS NV 89081-2970



15648

Sincerely yours,

A handwritten signature in cursive script, appearing to read "L. Duquette", written in dark ink.

Lucy Duquette
Operations Manager, ACS

Enclosures:
Envelope

HGW 301



UGDEN UT 84201-0029

In reply refer to: 0477351336
Oct. 02, 2020 LTR 681C 0
1742 201712 30

00010297
BDDC: SB

HERMAN G & NADINE A WILLIAMS JR
5321 CHIND HEIGHTS ST
N LAS VEGAS NV 89081-2970



15647

Dear Taxpayer:

Thank you for your inquiry of June 29, 2020.

We accept your proposal to pay the amount you owe by Oct. 27, 2020. Please note: We may levy any state income tax refunds of yours that become available during the extended time to pay, and apply them to your outstanding balance (subject to any Collection Due Process rights).

The current balance due for the tax periods shown above is \$43,659.83, which includes interest and applicable penalties figured to Oct. 27, 2020. We'll continue to charge interest and applicable penalties until you pay the balance due in full.

We updated your account to reflect this agreement.

If you have questions, you can call 800-829-3903.

If you are out of the country and need assistance, please call us at +1-267-941-1000. (This is not a toll free number.)

You can also find more information on our website at www.irs.gov.

You can get any of the forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX FORM (800-829-3676).

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

HGW 302



STATEMENT

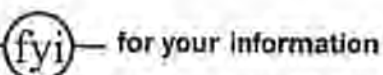
America First Federal Credit Union • 1-800-899-3961 • americafirst.com
P.O. Box 9198, Ogden, UT 84409

MEMBER ID: 8847BX01006993174
ACQUISITE TOWING ROADSIDE ASSISTANCE LLC
4018 AUBURN AVE. APT 304
LAS VEGAS NV 89125

Statement Date: February 29, 2020

Account Number: [REDACTED]

Page Number: 1 of 1



America First is your place for home loans. Whether you're looking to build, buy, or refinance, our outstanding selection of mortgage & home equity solutions can help get you the cash you need to make your place home. Apply today at your neighborhood branch or americafirst.com.

A Summary of Your Accounts			A Summary of Your Loans			
	Ending Balance	2020 Dividends	Ending Balance	Total Amount Due	Next Payment	2020 Interest
Share Savings	802.00	0.00				
Checking	411.96	0.00				
Total	1,213.96	0.00				

Share Savings

Statement Period: February 01, 2020 - February 29, 2020

Full Date	Effective Date	Transaction Description	Transaction Amount	Account Balance
		BEGINNING BALANCE		0.00
02/29		ONLINE BANKING SHARE TRANSFER FROM CHECKING	400.00	400.00
		ENDING BALANCE		400.00

Checking

Statement Period: February 01, 2020 - February 29, 2020

Full Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Account Balance
		BEGINNING BALANCE			0.00
02/01	01/24	POINT OF SALE PURCHASE			
		00 NV LAS VEGAS, THEBB SERVICE (611) 111 0421		60.00	58.00
02/01		POINT OF SALE PURCHASE			
		00 NV LAS VEGAS, THEBB SERVICE (611) 111 0421		60.00	0.00
02/01		POINT OF SALE PURCHASE 00 NV LAS VEGAS, THEBB SERVICE (611) 111 0421		60.00	60.00
02/01		PAYEE BY BANK PURCHASE			
		00 NV LAS VEGAS, THEBB SERVICE (611) 111 0421		24.50	35.50
02/01		POINT OF SALE PURCHASE			
		00 NV LAS VEGAS, THEBB SERVICE (611) 111 0421		60.00	0.00
02/01		POINT OF SALE PURCHASE			
		00 NV LAS VEGAS, THEBB SERVICE (611) 111 0421		24.50	24.50
02/01	01/20	POINT OF SALE PURCHASE			
		00 NV LAS VEGAS, THEBB SERVICE (611) 111 0421		10.00	14.50
		00 NV LAS VEGAS, THEBB SERVICE (611) 111 0421		10.00	0.00



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Account Number: [REDACTED] 170 0

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Checking, Continued

Statement Period: February 01, 2020 - February 29, 2020

Orig Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Account Balance
01/01	01/01	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG. HARBOR FREIGHT TOOLS 1515 W CR		8.08-	262.42
02/01	02/01	POINT OF SALE PURCHASE			
02/01	02/01	POINT OF SALE PURCHASE		21.85-	240.57
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
03/01	03/01	AUTOMATIC DEPOSIT, COAST SALVAGE (REPAYMENT) CCB		1.42-	239.15
04/01	04/01	VISA - 01/31 FORDYCE LOUISIANA KITCHEN MART LAS VEG NV D		330.00	479.15
05/01	05/01	VISA - 01/31 PALM 76V RUMI ST 902-935-7733 NV 891470		28.12-	451.03
06/01	06/01	POINT OF SALE PURCHASE		54.89-	396.14
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
07/01	07/01	POINT OF SALE PURCHASE		30.00-	366.14
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
08/01	08/01	VISA - 02/01 MONROVIA TRUCK LAS VEGAS NV 89115		50.00-	316.14
09/01	09/01	VISA - 02/01 IN PRESENT EYE CARE LAS VEGAS NV 89139		11.96-	304.18
10/01	10/01	POINT OF SALE PURCHASE		64.95-	239.23
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
11/01	11/01	POINT OF SALE PURCHASE		37.33-	191.90
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
12/01	12/01	VISA - 02/01 CONSUMY INC 475-576446 NV 89148		58.66-	133.24
01/02	01/02	POINT OF SALE PURCHASE		15.96-	117.28
		US NV NORTH LAS VEG. CHEVROLET TRUCK & TRAILER CO			
02/02	02/02	POINT OF SALE PURCHASE		6.54-	110.74
		US NV NORTH LAS VEG. CITY EXPRESS #2 1820 S BRADY D			
03/02	03/02	OVERDRAFT SERVICE FEE		40.50-	70.24
04/02	04/02	POINT OF SALE PURCHASE		25.00-	45.24
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
05/02	05/02	OVERDRAFT SERVICE FEE		50.16-	105.40
06/02	06/02	AUTOMATIC DEPOSIT, COAST SALVAGE (REPAYMENT) CCB		20.00-	125.40
07/02	07/02	LAS VEGAS TRUCK TRAILER DELIVER AND WITHDRAWAL		111.00-	14.40
		US LAS VEGAS, 1225 W CROFT ROAD			
		POINT OF SALE PURCHASE		180.00-	144.40
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
08/02	08/02	POINT OF SALE PURCHASE		7.85-	136.55
		US NV LAS VEGAS, CHEVROLET TRUCK & TRAILER CO			
09/02	09/02	VISA - 02/02 FORDYCE TRUCK TRAILER LAS VEG NV D		51.80-	84.75
10/02	10/02	POINT OF SALE PURCHASE		30.95-	53.80
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
11/02	11/02	POINT OF SALE PURCHASE		50.00-	3.80
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
12/02	12/02	POINT OF SALE PURCHASE		1.91-	1.89
		US NV NORTH LAS VEG. TRUCK TRAILER 1800 S BRADY D			
01/03	01/03	POINT OF SALE PURCHASE		99.00-	1.89
		US NV NORTH LAS VEG. TRUCK TRAILER 1800 S BRADY D			
02/03	02/03	POINT OF SALE PURCHASE		18.66-	118.55
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
03/03	03/03	VISA - 02/03 FORDYCE TRUCK TRAILER LAS VEG NV D		10.50-	108.05
04/03	04/03	POINT OF SALE PURCHASE		10.50-	97.55
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
05/03	05/03	POINT OF SALE PURCHASE		55.20-	42.35
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
06/03	06/03	VISA - 02/03 FORDYCE TRUCK TRAILER LAS VEG NV D		10.50-	31.85
07/03	07/03	POINT OF SALE PURCHASE		10.50-	21.35
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
08/03	08/03	POINT OF SALE PURCHASE		55.20-	142.05
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
09/03	09/03	POINT OF SALE PURCHASE		86.96-	55.09
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
10/03	10/03	VISA - 02/03 JAWA TRUCK TRAILER LAS VEG NV D		50.00-	5.09
11/03	11/03	POINT OF SALE PURCHASE		5.09-	0.00
		US NV LAS VEGAS, CHEVROLET TRUCK & TRAILER CO			
12/03	12/03	OVERDRAFT SERVICE FEE		16.80-	16.80
01/04	01/04	POINT OF SALE PURCHASE		25.00-	16.80
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
02/04	02/04	OVERDRAFT SERVICE FEE		16.80-	0.00
03/04	03/04	POINT OF SALE PURCHASE		25.00-	0.00
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL			
04/04	04/04	OVERDRAFT SERVICE FEE		16.80-	0.00

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STATEMENT

EXQUISITE TRAVEL ASSISTANCE LLC

Account Number: 17418 Statement for: February 01, 2020 Page: 1 of 1

Checking, Continued

Statement Period: February 01, 2020 - February 29, 2020

Check Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Account Balance
02/01		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		51.46-	176.45
02/01		OVERDRAFT SERVICE FEE		25.00-	151.45
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		6.65-	144.80
02/03		OVERDRAFT SERVICE FEE		25.00-	119.80
02/03		AUTOMATIC DEPOSIT, JORDAN SALVAGE TRUCKS/RENT LTD.		1,236.00	335.80
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		31.13-	304.67
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		6.43-	298.24
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, STATISTON EXPRESS 300 N LAS VEGAS		4.21-	294.03
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, WINGERS WWW 117 WILSON PARKWAY		155.06-	138.97
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		72.30-	66.67
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, LIDG 2050 7400 W LAS VEGAS BLVD		18.50-	48.17
02/03		STAR WATSON ATM WITHDRAWAL		18.50-	29.67
02/03		US NV LAS VEGAS, 4421 E BURNING WOOD		104.00-	125.67
02/03		NON-ATM ATM TRANSACTION FEE		1.50-	124.17
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		8.77-	115.40
02/03		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, WAL-MART 4359 1801 N TRAIL BL		22.04-	93.36
02/03		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, BURLINGTON SYNDIC 1001		12.00-	81.36
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, BEST BUY 7285 3620 S. MARYLAND P.		45.33-	36.03
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		50.00-	13.03
02/03		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL		58.73-	13.03
02/03		VISA - 02/18 TALLINGHENTON, CO. 980-981-7436 17 01664		5.59	13.03
02/03		VISA - 02/18 LUTICKETATTONNEY LAS VEGAS NV 81639		250.00	13.03
02/03		VISA - 02/18 JIMMY WINGERS 800-618-6111 AT 116601		101.00	13.03
02/03		OVERDRAFT SERVICE FEE		25.00-	13.03
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, FINISH-LINE 1025 1302 N		140.89-	13.03
02/03		OVERDRAFT SERVICE FEE		25.00-	13.03
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		61.16-	13.03
02/03		OVERDRAFT SERVICE FEE		25.00-	13.03
02/03		VISA - 02/18 RETURN - 02/17		200.00-	13.03
02/03		BEST BUY 02/18/17 LAS VEGAS NV 81639		5.10	13.03
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		11.11-	2.92
02/03		OVERDRAFT SERVICE FEE		25.00-	2.92
02/03		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, CITY EXPRESS 10 3620 E BURNING		30.00-	2.92
02/03		OVERDRAFT SERVICE FEE		25.00-	2.92
02/03		AUTOMATIC DEPOSIT, JORDAN SALVAGE TRUCKS/RENT LTD.		1,150.00	1,152.92
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		70.00-	1,082.92
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		8.77	1,091.69
02/03		STAR WATSON ATM WITHDRAWAL US NV LAS VEGAS, 3180 N LAGO BLVD		200.00-	891.69
02/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, STATISTON EXPRESS 300 N LAS VEGAS		12.00	903.69

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STATEMENT

EXCLUSIVE YOUNG BUSINESS ASSISTANCE LLC

Account Number: 516-8

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Checking, Continued

Statement Period: February 01, 2020 - February 29, 2020

Post Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Account Balance
02/23		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		11.00-	790.56
02/27		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, NV SUPERMARKET 1 WAL-MART SUPER CE		20.43-	769.13
02/28		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, NV SUPERMARKET 1 WAL-MART SUPER CE		41.88-	727.25
02/24	02/23	VISA - 02/23 ALLSTATE PAYMENT 900-255-7828 IL 021430		191.72-	535.53
02/24	02/23	VISA - 02/22 COW LAS VEGAS COW NV 800-234-3993 NV 022293		198.89-	336.64
02/24	02/23	VISA - 02/21 RALE PRICE MAYER 702-3622000 NV 021275		258.80-	77.84
02/24		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		38.75-	39.09
02/24		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		50.00-	11.09
02/24	02/23	VISA - 02/22 PARKROYAL SANDWICH SHOP NORTH LAS VEG NV 02		13.08-	1.01
02/24		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		70.00-	1.01
02/24		OVERDRAFT SERVICE FEE		25.00-	1.01
02/24		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL		50.00-	1.01
02/24		OVERDRAFT SERVICE FEE		25.00-	1.01
02/24		CONFESS RATE		50.00	51.01
02/24		AMERICAN DEPOSIT, CREDIT BALANCE (REPAYMENT) 000		1,963.00-	1,914.01
02/24		ONLINE BANKING FUND TRANSFER TO SHARP SAVINGS		800.00-	1,114.01
02/24		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, CITY EXPRESS 75 3820 E CHASE D		21.00-	1,093.01
02/24		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, WAL-MART SUPER CENTER 4335 WAL-SA		174.00-	919.01
02/24		ENDING BALANCE			919.01

Checking Summary

Item	Amount		Item	Amount		Item	Amount		Item	Amount	
VISA	28.17	:	VISA	15.96	:	VISA	258.80	:	VISA	258.80	
VISA	88.89	:	VISA	18.80	:	VISA	191.72	:	VISA	191.72	
VISA	12.86	:	VISA	30.52	:	VISA	5.00	:	VISA	198.89	
VISA	64.95	:	VISA	5.00	:	VISA	141.88	:	VISA	0.00	
Total Checks and Visa Checking:			1,351.57	Total Withdrawals:			4,671.29	Total Deposits:			5,803.17

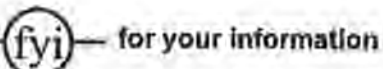
America First Federal Credit Union • 1-800-999-3961 • americafirst.com
P.O. Box 9199, Ogden, UT 84409

#BWHSDFD
#8476XQUTDD639337#
EXQUISITE TOWING ROADSIDE ASSISTANCE INC
8018 AVABELLA AVE APT 204
LAS VEGAS NV 89115

Statement Date: March 31, 2020

Account Number: [REDACTED] 478-R

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The world has changed with COVID-19, but America First's commitment to serving our members remains the same. Please contact us via online banking at americafirst.com or call 1-800-999-3961 and we'll do everything possible to help get you through these unprecedented times.

A Summary of Your Accounts			A Summary of Your Loans			
	Ending Balance	2020 Dividends	Ending Balance	Total Amount Due	Next Payment	2020 Interest
Share Savings	371.04	0.04				
Checking	103.18	0.00				
Total:	1,104.20	0.04				

Share Savings

Statement Period: March 01, 2020 - March 31, 2020

Post Date	Effective Date	Transaction Description	Transaction Amount	Running Balance
		BEGINNING BALANCE		361.00
03/06		SHARE TRANSFER FROM CHECKING	500.00	861.00
03/08		ONLINE BANKING SHARE TRANSFER TO CHECKING	1,000.00	1,861.00
03/12		SHARE TRANSFER FROM CHECKING	400.00	1,461.00
03/14		SHARE TRANSFER TO CHECKING	700.00	2,161.00
03/16		MOBILE BANKING SHARE TRANSFER TO CHECKING	50.00	2,111.00
03/18		SHARE TRANSFER FROM CHECKING	500.00	1,611.00
03/22		SHARE TRANSFER TO CHECKING	200.00	1,411.00
03/27		SHARE TRANSFER FROM CHECKING	500.00	911.00
03/31	03/31	DIVIDEND PAYOUT FOR PERIOD OF 01/01/2020 THROUGH 03/31/2020 ANNUAL PERCENTAGE YIELD BASED ON 0.00%	.04	911.04
		ENDING BALANCE		911.04

Checking

Statement Period: March 01, 2020 - March 31, 2020

Post Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Account Balance
		BEGINNING BALANCE			911.04
03/01		PRINT OF SALE PURCHASE			
		US BY NORTH LAS VEG, CITY EXPRESS #5 1620 @ 0.00		59.27	851.77
03/03		27AS OCTOBER ATM WITHDRAWAL OF 50 BY LAS VEGAS, 9160 W JARR HIGH		50.00	801.77
03/03		BOOKING - 200 TRAVELERS INC 140		5.00	796.77
03/03		ALLOCATION DEPOSITS, COMMON SALVAGE REDEMPTION COT		771.00	25.77

EQUIPMENT INDEXING: ROADSIDE ASSISTANCE 100

ANALYTICAL METHODS

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March 22, 2020

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Checking, Continued

Statement Period: March 01, 2020 - March 31, 2020

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HGW 308

1200

INQUIRY: FOWING KIRKSTER ASSISTANCE: EAT

Account Number: [REDACTED]

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Period: 03/01/2020 - 03/31/2020

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Checking, Continued

Statement Period: March 01, 2020 - March 31, 2020

POST Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Balance 03/31/2020
04/14	03/16	POINT OF SALE PURCHASE US NV LAS VEGAS, LAMTERA TROPICANA		288.68-	94.18
04/14	03/19	VISA - 03/19 OVERDRAFT PROCEEDS LAS VEGAS NV 013278		59.65-	34.53
04/14	03/19	OVERDRAFT SERVICE FEE		15.00-	19.53
04/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		52.90-	66.63
05/14		OVERDRAFT SERVICE FEE		25.00-	41.63
05/14	04/17	VISA - 04/16 CASH ADVANCEMENT 01417661 CA 01007		2.00-	39.63
05/14	04/17	OVERDRAFT SERVICE FEE		25.00-	14.63
05/14	04/17	VISA - 04/16 CASH ADVANCEMENT 01417661 CA 01007		95.95-	140.58
05/14	04/17	OVERDRAFT SERVICE FEE		25.00-	115.58
05/14		COURTESY DEBIT		75.00-	40.58
05/14		FUND TRANSFER FROM SHARE SAVINGS		100.00-	140.58
05/14	05/18	VISA - 05/17 GRIFFIN *WIRELESS 800-439-8111-AS 01007		111.43-	29.15
05/14		MOBILE BANKING FUND TRANSFER FROM SHARE SAVINGS		50.00-	29.15
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		11.27-	17.88
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		5.87-	12.01
05/14		ATMATIC DEPOSIT, DEBIT SALVAGE 100% PAYMENT C/D		1,024.00-	1,036.01
05/14		FUND TRANSFER TO SHARE SAVINGS		500.00-	1,536.01
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		61.27-	1,474.74
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		16.64-	1,458.10
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		15.95-	1,442.15
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		10.00-	1,432.15
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		40.18-	1,391.97
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		31.87-	1,360.10
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		105.00-	1,255.10
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		5.49-	1,249.61
05/14	05/18	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		28.00-	1,221.61
05/14	05/20	VISA - 05/20 CARPENTERS 100% PAYMENT 0001 NORTH LAS VEGAS NV 01		21.11-	1,199.50
05/14	05/20	VISA - 05/20 ALLEYWAY *PAYMENT 800-445-1525 11 02107		100.00-	1,099.50
05/14	05/20	VISA - 05/20 100% PAYMENT 0001 NORTH LAS VEGAS NV 01010		100.00-	999.50
05/14		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION 5100		40.11-	959.39
05/14		STAB NETWORK ATM WITHDRAWAL			
		US NV NORTH LAS VEG, SHELL SERVICE STATION 5100		40.11-	919.28
05/14		NON-ATM ATM TRANSACTION FEE		1.50-	917.78
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		15.48-	902.30
05/14	05/21	VISA - 05/21 CARPENTERS 100% PAYMENT 0001 NORTH LAS VEGAS NV 01		71.11-	831.19
05/14	05/21	VISA - 05/21 RESTAURANT DEPOT LAS VEGAS NV 01010		110.18-	721.01
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		40.00-	681.01
05/14	05/21	VISA - 05/21 CARPENTERS 100% PAYMENT 0001 NORTH LAS VEGAS NV 01		91.95-	589.06
05/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION 5100 NORTH LA		100.00-	489.06
05/14		FUND TRANSFER FROM SHARE SAVINGS		100.00-	389.06
05/14		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, CITY EXPRESS 45 5100 NORTH LA		11.87-	377.19
05/14	05/21	VISA - 05/21 FOX LAS VEGAS 100% PAYMENT 0001 NORTH LAS VEGAS NV 01		60.10-	317.09
05/14		ATMATIC DEPOSIT, DEBIT SALVAGE 100% PAYMENT C/D		1,024.00-	1,341.09
05/14		FUND TRANSFER TO SHARE SAVINGS		100.00-	1,241.09



STATEMENT

EMERGENCY TOWING ROADSIDE ASSISTANCE LLC

Account Number - 177-0

Month: 03, 2020

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Statement Period: March 01, 2020 - March 31, 2020

Post Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Running Balance
03/27		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL		59.77-	831.01
03/27		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS (W), NV SUPERMART & WAL-MART SUPC		29.38-	801.63
03/28		POINT OF SALE PURCHASE			
		05 NV NORTH LAS VEG, SHELL SERVICE STATION SHELL		50.00-	751.63
03/28		POINT OF SALE PURCHASE			
		05 NV N LAS VEGAS, FARMERS STORE & 601 2010 N LAS S		88.11-	663.52
03/28		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, WAL-MART SUPC (WITH 2400 WAL-MART		48.64-	614.88
03/28	03/28	VISA - 03/27 N AND S RODY KORE BOUNDER CITY NV 021785		216.75-	398.13
03/28		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL		58.77-	339.36
03/28		POINT OF SALE PURCHASE			
		05 NV NORTH LAS VEG, SMITHS (430) 2010 W CHURCH RD		48.25-	291.11
03/28		POINT OF SALE PURCHASE			
		05 NV NORTH LAS VEG, WAL-MART (2592) 1005 W CHURCH RD		55.11-	235.99
03/28		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL		50.00-	185.99
03/28		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL		50.00-	135.99
		ENDING BALANCE			135.99

Checking Summary

Item	Amount	Item	Amount	Item	Amount	Item	Amount	
VISA	5.00	VISA	200.00	VISA	5.00	VISA	110.73	
VISA	105.17	VISA	4.00	VISA	277.45	VISA	1.00	
VISA	100.30	VISA	1.00	VISA	11.47	VISA	11.00	
VISA	8.10	VISA	8.00	VISA	100.00	VISA	11.75	
VISA	45.55	VISA	55.00	VISA	100.00			
VISA	6.87	VISA	7.00	VISA	11.00			
Total Checks and Visa Checking:		1,624.09	Total Withdrawals:		6,339.71	Total Deposits:		7,885.00

America First Federal Credit Union 1-800-999-3961 americafirst.com
P.O. Box 9199, Ogden, UT 84409

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Symptome: Müdigkeit, Schwindel, Kopfschmerzen

(fyi) — for your information

Do you need a Visa® credit card for immediate spending power and peace of mind? We're here to help. Rates are exceptionally low, there are no annual fees & we provide industry-leading benefits. Apply via americafirst.com or use our mobile app.

A Summary of Your Accounts			A Summary of Your Loans			
	Ending Balance	2020 Dividends	Ending Balance	Total Amount Due	Next Payment	2020 Interest
Stress Savings	751.91	0.29				
Investment	1,938.47	0.00				
Total	2,690.38	0.29				

Share Savings

Statement Period: From 01. 2020 - until 01. 2020

[illegible]

Received 15 July 1998; accepted 15 November 1998

$P_{\text{max}} = 0.11 \pm 0.01$ (1.1%)

 $\theta_{\text{max}} = \theta_0 + \Delta\theta; \quad \theta_{\text{min}} = \theta_0 - \Delta\theta$

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Share Savings, Continued

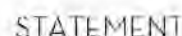
Reporting Period: July 01, 2020 - July 31, 2020

POST DATE	EFFECTIVE DATE	TRANSACTION DESCRIPTION	TRANSACTION AMOUNT	BALANCE FWD
07/23		MOBILE BANKING SHARE TRANSFER TO CHECKING	80.00	433.81
07/30		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	333.81
07/30		MOBILE BANKING SHARE TRANSFER TO CHECKING	150.00	183.81
07/31		SHARE TRANSFER FROM CHECKING	100.00	83.81
07/31	08/01	DIVIDEND EARNED FOR PERIOD OF 07/01/2020 THROUGH 07/31/2020 ANNUAL PERCENTAGE YIELD EARNED IS 0.10%	(0)	83.81
		ENDING BALANCE		83.81

Checking

Statement Period: July 01, 2020 - July 31, 2020

Point Order	Effective Date	Transaction Description	Check Number	Transaction Amount	Balance Forward
		PREVIOUS BALANCE			255.44
07/01	06/30	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		39.80	
07/01	06/30	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, WAL-MART #2592 1807 N CRAIG RD		87.26	167.18
07/01	06/30	POINT OF SALE PURCHASE US WA MSBILL.INFO, MICROSOFT*HOME		9.35	176.53
07/01		AUTOMATIC DEPOSIT, COFART SALVAGE (SUBPAYMENT ECD		15.00	191.53
07/01	06/30	VISA - 06/30 MICROSOFT*BOX RICHMOND WA 029889		8.90	200.43
07/01		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		586.00	786.43
07/01		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STATION		31.16	817.59
07/01		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STATION		9.32	826.91
07/01	07/01	VISA - 06/28 STAMBUK'S STORE 10394 LAS VEGAS NV 029403		21.58	848.49
07/01	07/01	VISA - 06/30 ALLSTATE *PAYMENT 800-255-1624 IL 030047		275.89	1124.38
07/01		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION		40.06	1164.44
07/01		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION		40.06	1204.50
07/01		AUTOMATIC DEPOSIT, COFART SALVAGE (SUBPAYMENT ECD		105.00	1309.50
07/01		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION		8.98	1318.48
07/01	07/01	POINT OF SALE PURCHASE US NV N LAS VEGAS, MORTON'S		8.39	1326.87
07/01	07/01	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, ARKO #A2270 4380 N LAMB BL		10.85	1337.72
07/01	07/01	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, HARBOR FREIGHT TOOLS 1515 W CR		32.41	1370.13
07/01	07/01	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, 7-ELEVEN 5180 LOSER ROAD		5.84	1375.97
07/01	07/01	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CARDENAS MARKET #26 4421 E BONHOMME		36.00	1411.97
07/01	07/01	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION		38.95	1450.92
07/01	07/01	VISA - 07/01 MICROSOFT*BOX RICHMOND WA 029889		10.89	1461.81
07/01	07/01	VISA - 07/01 CHEVRON 0209891 LAS VEGAS NV 003260		10.00	1471.81
07/01	07/01	VISA - 07/01 SHELL CFC 5748981506 LAS VEGAS NV 003261		10.00	1481.81
07/01		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION		10.00	1491.81
07/01		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STATION		10.00	1501.81
07/01		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STATION		10.00	1511.81
07/01	07/01	AUTOMATIC DEPOSIT, COFART SALVAGE (SUBPAYMENT ECD		140.00	1651.81
07/01	07/01	VISA - 07/01 MICROSOFT*BOX RICHMOND WA 008816		8.90	1660.71
07/01		FUNDS TRANSFER TO SHARE SAVINGS		586.00	2246.71
07/01		VISA - WA MSBILL.INFO, MICROSOFT*ULTIMATE 1		0.00	2246.71
07/01	07/01	VISA - 07/01 MICROSOFT*BOX RICHMOND WA 009271		8.90	2255.61
07/01	07/01	POINT OF SALE PURCHASE US NV N LAS VEGAS, THE HOME DEPOT #1103		18.15	2273.76
07/01		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STATION		52.80	2326.56
07/01		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, O'REILLY AUTO PARTS 573		34.16	2360.72
07/01		POINT OF SALE PURCHASE			
		US WA RICHMOND, MICROSOFT 1 MICROSOFT NAT		8.99	2369.71



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CHINESE

$$P_{21} = \frac{1}{2} \begin{pmatrix} 1 & 1 \\ 1 & -1 \end{pmatrix}$$

Replacement Period: July 01, 2020 - July 31, 2020

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[illegible]

HGW 313



STATEMENT

AMERICA FIRST CREDIT UNION

Member Statement

July 01, 2020

Checking, Continued

Statement Period: July 01, 2020 - July 31, 2020

Trans Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Available Balance
07/27		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		58.90	111.00
07/28		POINT OF SALE PURCHASE			
		05 NV R. LAS VEGAS, BURGER KING FRON D. BROT & GR		8.49	102.51
07/28	07/27	POINT OF SALE PURCHASE			
		05 NV HENDERSON, SPRECKE MART 128 800 C HENRY DR		48.78	53.73
07/28		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		11.62	42.11
07/28		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		11.28	30.83
07/28	07/28	VISA - 07/28 ALLSTATE, PAYMENT 800-255-1888 IL 028025		10.00	20.83
07/28		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		51.82	10.00
07/28		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	110.00
07/29		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, KUMON #141 KUMON #141		15.42	94.58
07/29		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, LIDS 5191 1300 SHADOWS HALL		58.50	36.08
07/29		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		88.00	124.08
07/29		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		10.18	113.90
07/30	07/29	VISA - 07/27 SHELL 014 57442053906 LAS VEGAS NV 021729		8.10	105.80
07/30	07/29	VISA - 07/27 McDONALD'S F35219 180TH LAS VEG NV 021584		10.79	95.01
07/30	07/29	VISA - 07/29 AMZN MKTY US*HV36J5U30 AMZN.COM/BILL WA 0246		22.78	72.23
07/30	07/29	VISA - 07/28 CRYSTAL PALACE SEATING LAS VEGAS NV 028797		26.00	46.23
07/30		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		190.00	236.23
07/30		POINT OF SALE PURCHASE			
		05 WA REDMOND, MICROSOFT J MICROSOFT MAY		11.89	224.34
07/30		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	324.34
07/30		WITHDRAWAL		100.00	224.34
07/31		AUTOMATIC DEPOSIT, CREDIT SALORIS (SUBPAYMENT LON		11271.00	11495.34
07/31	07/30	VISA - 07/30 MICROSOFT*XBON REDMOND WA 020362		5.50	11489.84
07/31	07/30	VISA - 07/30 MICROSOFT*XBON REDMOND WA 020361		2.95	11486.89
07/31		FUNDS TRANSFER TO SHARE SAVINGS		509.00	11995.89
07/31		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, 7-ELEVEN 1200 S TOWN CENTER		11.19	11984.70
07/31		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		52.80	11931.90
07/31		POINT OF SALE PURCHASE			
		05 NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		66.85	11865.05
		ENDING BALANCE			11865.05

Checking Summary

Item	Amount	Item	Amount	Item	Amount	Item	Amount
DEPOSIT	11,271.00	VISA	9.99	VISA	8.95	VISA	1,171.00
DEPOSIT	1,171.00	VISA	19.99	VISA	9.30	VISA	1,151.00
DEPOSIT	1,151.00	VISA	15.00	VISA	9.99	VISA	1,131.00
DEPOSIT	1,131.00	VISA	5.95	VISA	9.29	VISA	1,111.00
DEPOSIT	1,111.00	VISA	97.53	VISA	20.18	VISA	1,081.00
DEPOSIT	1,081.00	VISA	6.99	VISA	5.50	VISA	1,051.00
DEPOSIT	1,051.00	VISA	8.09	VISA	13.73	VISA	1,021.00
Total Checks and Visa Checking:	772.32	Total Withdrawals:	3,452.48	Total Deposits:	7,383.00		

SEND CORRESPONDENCE TO: P.O. BOX 9186, OGDEN, UT 84409 / AMERICAFIRST.COM / TOLL-FREE 1-800-888-3855
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americafirst.com

Member Statement



2001年 第4期 总第100期

Statement Period: August 01, 2020 - August 31, 2020

Checking

Telephone Period	August 11, 1980	August 1, 1980
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HGW 316

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Statement received pursuant to 1977 - August 1, 2000

BGW 317

08/11/2019 08:00:00 AM 08/11/2019 08:00:00 AM

08/11/2019 08:00:00 AM

08/11/2019

08/11/2019

08/11/2019

08/11/2019

Checking, Continued

Statement Period: August 01, 2020 - August 31, 2020

Post Date	Effective Date	Transaction Description	Check Number	Debit/Amount	Balance
08/12	08/11	VISA - 08/11 MICROSOFT*XBON REDMOND WA 910476		4.88	10.00
08/12	08/11	VISA - 08/11 MICROSOFT*XBON 142-5461670 WA 910140		9.99	0.01
08/12	08/11	VISA - 08/11 MICROSOFT*XBON REDMOND WA 910315		9.98	0.00
08/12	08/11	VISA - 08/11 MICROSOFT*XBON REDMOND WA 910527		9.99	0.00
08/12	08/11	VISA - 08/11 MICROSOFT*XBON REDMOND WA 910841		7.00	0.00
08/12	08/11	VISA - 08/11 MICROSOFT*XBON REDMOND WA 910985		9.99	0.00
08/12	08/11	VISA - 08/11 MICROSOFT*XBON REDMOND WA 910703		19.15	0.00
08/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	0.00
08/12		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, RAINBOW MARKET 89 5075 E WASHINGTON		15.95	0.00
08/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		900.00	0.00
08/12		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, GAMBINO (1500-00) 8 GAMBINO BILL		0.11	0.00
08/12	08/12	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		11.00	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 911912		9.99	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 911716		9.99	0.00
08/12	08/12	VISA - 08/12 McDONALD'S 65154 DE NV N LAS VEGAS NV 910677		15.58	0.00
08/12		POINT OF SALE PURCHASE US WA MSBILL INFO MICROSOFT*XBON		9.99	0.00
08/12		POINT OF SALE PURCHASE US WA MSBILL INFO MICROSOFT*XBON		9.99	0.00
08/12		POINT OF SALE PURCHASE US WA MSBILL INFO MICROSOFT*XBON		9.99	0.00
08/12		POINT OF SALE PURCHASE US WA MSBILL INFO MICROSOFT*XBON		9.99	0.00
08/12		POINT OF SALE PURCHASE US WA MSBILL INFO MICROSOFT*XBON		9.99	0.00
08/12	08/12	POINT OF SALE PURCHASE US WA MSBILL INFO MICROSOFT*XBON		9.99	0.00
08/12	08/12	AUTOMATIC DEPOSIT, COBALT SAVINGS ISUBPAYMENT CLO		1,012.00	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 912451		9.99	0.00
08/12		FUNDS TRANSFER TO SHARE SAVINGS		500.00	0.00
08/12		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		10.92	0.00
08/12		POINT OF SALE PURCHASE US NV LAS VEGAS, METRO PCS WIRE PCS		12.00	0.00
08/12	08/12	STAR NETWORK ATM ADJUSTMENT FBI ISO, 3470 8 SPRING MND LAS VEG		52.00	0.00
08/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		1,000.00	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 912018		9.99	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 911812		9.99	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 911800		9.99	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 912568		9.99	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 912012		9.99	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 912578		9.99	0.00
08/12	08/12	VISA - 08/12 MICROSOFT*XBON REDMOND WA 912551		28.99	0.00
08/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	0.00
08/12		STAR NETWORK ATM WITHDRAWAL			
		US NV LAS VEGAS, 3616 N LAS VEGAS		262.00	0.00
08/12		NON-ATM ATM TRANSACTION FEE		1.50	0.00
08/12		STAR NETWORK ATM WITHDRAWAL			
		US NV LAS VEGAS, 3616 N LAS VEGAS		161.00	0.00
08/12		NON-ATM ATM TRANSACTION FEE		1.50	0.00
08/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		540.00	0.00
08/12		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		59.80	0.00
08/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		80.00	0.00
08/12		POINT OF SALE PURCHASE US NV LAS VEGAS, METRO PCS WIRE PCS		89.15	0.00
08/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		85.00	0.00
08/12	08/12	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	0.00
08/12	08/12	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, LONG'S (2121) 2570 EAST LEGION		42.40	0.00
08/12	08/12	VISA - 08/12 McDONALD'S 615218 NORTH LAS VEG NV 910071		12.15	0.00
08/12	08/12	VISA - 08/12 SHELL (01) 57442083900 LAS VEGAS NV 911703		50.00	0.00
08/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		600.00	0.00
08/12		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		11.11	0.00
08/12	08/12	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, 1115 BULLETT ST 8970 E ORANGE		19.00	0.00
08/12	08/12	VISA - 08/12 PROGRESSIVE INS 855-350-0945 OR 910458		1,005.60	0.00



Amount Due: \$1,000.00

Statement Period: August 01, 2001 - August 31, 2001

[illegible]

Checking, Continued

Statement Period: August 01, 2020 - August 31, 2020

Post Date	Effective Date	Transaction - Description	Check Number	Transaction Amount	Available Balance
08/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		62.19-	(100.11)
08/25		STAR NETWORK ATM WITHDRAWAL US NV LAS VEGAS, 5100 W. LAKE BLVD		60.00-	(160.11)
08/25		NON-FCU ATM TRANSACTION FEE		1.50-	(161.61)
08/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		60.00-	(221.61)
08/25		POINT OF SALE PURCHASE			
		US WA REDMOND, MICROSOFT MICROSOFT WAY		7.99-	(229.60)
08/26	08/25	VISA - 08/25 MICROSOFT*XBON REDMOND WA 024266		4.39-	(233.99)
08/26		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		60.00-	(293.99)
08/26		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		67.50-	(361.49)
08/26		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		4.40-	(365.89)
08/27	08/26	VISA - 08/26 MICROSOFT*XBON 142-56816830 WA 025917		7.99-	(373.88)
08/27	08/26	VISA - 08/26 MICROSOFT*XBON REDMOND WA 025052		0.00-	(373.88)
08/27	08/26	VISA - 08/26 MICROSOFT*XBON REDMOND WA 025134		9.19-	(383.07)
08/27	08/26	VISA - 08/26 ALL ROSE, INC 702-6436731 NV 074638		19.88-	(402.95)
08/27		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		60.00-	(462.95)
08/27		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		60.00-	(522.95)
08/27		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		10.00-	(532.95)
08/28		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		40.00-	(572.95)
08/28		AUTOMATIC DEPOSIT, COPART SALVAGE INSURANCE CO		1,518.00	(1,344.84)
08/28	08/27	VISA - 08/27 MICROSOFT*XBON REDMOND WA 026069		10.00-	(1,354.84)
08/28	08/27	VISA - 08/27 MICROSOFT*XBON REDMOND WA 026139		10.00-	(1,364.84)
08/28		FUNDS TRANSFER TO SHARE SAVINGS		500.00-	(1,864.84)
08/28		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRON/SHORELINE DINE & CHEVRON/SHORELINE		40.00-	(1,904.84)
08/29	08/28	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SPEEDWAY 916 SPEEDWAY 916		126.21-	(2,031.05)
08/29	08/28	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		11.20-	(2,042.25)
08/29	08/28	VISA - 08/28 McDONALD'S #25614 LAS VEGAS NV 026347		0.00-	(2,042.25)
08/29	08/28	VISA - 08/28 CHEVRON 0204891 LAS VEGAS NV 027395		21.00-	(2,063.25)
08/29		STAR NETWORK ATM WITHDRAWAL US NV LAS VEGAS, 5100 W. LAKE BLVD		200.00-	(2,263.25)
08/29		NON-FCU ATM TRANSACTION FEE		1.00-	(2,264.25)
08/29	08/29	POINT OF SALE PURCHASE US WA SEATTLE, MICROSOFT*XBON --		10.19-	(2,274.44)
08/29	08/29	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		61.62-	(2,336.06)
08/29	08/29	POINT OF SALE PURCHASE			
		US CA HESPERIA, UNITED PACIFIC 5 14023 DEAN VALLEY		40.00-	(2,376.06)
08/29	08/29	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, LOWE'S #2721 2570 EAST CHASE R		27.53-	(2,403.59)
08/29	08/29	VISA - 08/29 McDONALD'S #35219 NORTH LAS VEG NV 028445		27.10-	(2,430.69)
08/29		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		40.00-	(2,470.69)
08/29		ENDING BALANCE			(2,470.69)

Checking Summary

Item	Amount	Item	Amount	Item	Amount	Item	Amount
VISA	0.00	VISA	9.99	VISA	0.00	VISA	10.00
VISA	0.00	VISA	9.99	VISA	0.00	VISA	0.00
VISA	11.20	VISA	9.99	VISA	0.00	VISA	4.00
VISA	90.00	VISA	10.00	VISA	118.00	VISA	9.00
VISA	0.00	VISA	0.00	VISA	110.00	VISA	0.00
VISA	10.00	VISA	0.00	VISA	0.00	VISA	0.00
VISA	20.00	VISA	0.00	VISA	0.00	VISA	0.00
VISA	110.00	VISA	0.00	VISA	0.00	VISA	0.00
VISA	0.00	VISA	0.00	VISA	0.00	VISA	0.00
VISA	0.00	VISA	0.00	VISA	0.00	VISA	0.00

EXCESSIVE TOWING REARVIEW ASSISTANCE LLC

Account Number: 1718

August 14, 2020

Page: 7 of 7

Checking Summary, Continued

Item	Amount	Item	Amount	Item	Amount	Item	Amount
VISA	4.99	VISA	9.99	VISA	150.00	VISA	19.99
VISA	14.99	VISA	9.99	VISA	19.00	VISA	21.00
VISA	4.99	VISA	33.33	VISA	4.99	VISA	23.13
VISA	4.99	VISA	50.00	VISA	7.99	VISA	38.00
VISA	9.99	VISA	1,085.60	VISA	8.01	VISA	346.55
VISA	39.99	VISA	64.23	VISA	9.99		
VISA	4.99	VISA	9.99	VISA	9.99		
VISA	4.99	VISA	61.00	VISA	17.99		

Total Checks and Visa Checking: 3,223.80

Total Withdrawals: 11,258.38

Total Deposits: 13,528.00

Excess Usage Fee Calculation

Service Provided	Unit Price	VOLUME		Service Fee
		Free	Charged	
Deposits	0.150	0	0	0.00
Withdrawals	0.033	60,000	17,993	5.98
Total Service Charge				5.98

This service charge will be assessed against your account and will appear on your next statement.
Excess charges are assessed when you exceed the allowable number of transactions.
If you have any questions concerning this charge please contact Business Services.

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HGW 321



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Volume 1 Number 1



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A Summary of Your Accounts			A Summary of Your Loans				
	Ending Balance	2020 Dividends		Ending Balance	Total Amount Due	Next Payment	2020 Interest
Investor: Sun Company	512,041	0.34					
Investor: Sun	567,69	0.00					
Total:	1,094.70	0.34					

Share Savings

Statement Period: September 01, 2000 - September 01, 2000

[illegible]



Article 101 Page 6

Statement Period: September 01, 2020 - September 10, 2020

Checking

Statement Period: September 01, 2020 - September 01, 2021

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Checking, Continued

Statement Period: September 01, 2020 - September 30, 2020

DATE	DESCRIPTION	AMOUNT	BALANCE
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, CAMPBELL INC CAMPBELL INC	11.00	11.00
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE	46.41	57.41
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	90.00	147.41
01/01	POINT OF SALE PURCHASE		
01/01	US NV NORTH LAS VEG, CHEVROLET/SHORT LINE M 8811 BELL	5.62	153.03
01/01	POINT OF SALE PURCHASE		
01/01	US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER	42.90	195.93
01/01	AUTOMATIC DEPOSIT, DEPART SALVAGE EQUIPMENT CO	1,700.00	1,895.93
01/01	FUNDS TRANSFER TO SHARE SAVINGS	500.00	1,395.93
01/01	MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS	1,045.00	340.93
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	100.00	240.93
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE	71.80	169.13
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE	49.00	120.13
01/01	POINT OF SALE PURCHASE		
01/01	US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER	53.61	66.52
01/01	VISA - 01/01 BIKER TRUCK RENT AND FOR 101-63510 NV 808	10.00	56.52
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	100.00	156.52
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, O'REILLY AUTO PARTS O'REILLY AUTO	37.34	193.18
01/01	POINT OF SALE PURCHASE		
01/01	US NV NORTH LAS VEG, LOWE'S #272 2570 EAST CRAFT W	20.68	172.50
01/01	STAR NETWORK ATM WITHDRAWAL US NV LAS VEGAS, 808 & CRAFT	21.00	151.50
01/01	NON-ATM ATM TRANSACTION FEE	1.00	150.50
01/01	POINT OF SALE PURCHASE US WA MEDILL, 1000 MICROSOFT/BOX	3.49	147.01
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	60.00	87.01
01/01	POINT OF SALE PURCHASE		
01/01	US WA REDMOND, MICROSOFT MICROSOFT WAY	1.59	85.42
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	100.00	185.42
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE	17.90	167.52
01/01	VISA - 01/01 MICROSOFT/BOX REDMOND WA 00507	7.56	160.00
01/01	VISA - 01/01 MICROSOFT/BOX REDMOND WA 00015	1.00	158.99
01/01	VISA - 01/01 MICROSOFT/BOX 102-5001600 WA 00002	7.59	151.40
01/01	VISA - 01/01 SELF TENDR # 070-001000 VA 00000	3.00	148.40
01/01	VISA - 01/01 BROWN IGNITION INC 718-702-2100 NY 00496	30.65	117.75
01/01	AUTOMATIC DEPOSIT, NAT SAVE DRIVERSACH BILL 200	100.00	217.75
01/01	MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS	100.00	117.75
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE	51.42	66.33
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	90.00	156.33
01/01	STAR NETWORK ATM WITHDRAWAL US NV LAS VEGAS, 5100 N LANE BLVD	40.00	116.33
01/01	NON-ATM ATM TRANSACTION FEE	1.00	115.33
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	700.00	815.33
01/01	STAR NETWORK ATM WITHDRAWAL US NV LAS VEGAS, 5100 N LANE BLVD	60.00	755.33
01/01	NON-ATM ATM TRANSACTION FEE	1.00	754.33
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE	76.42	677.91
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	100.00	777.91
01/01	STAR NETWORK ATM WITHDRAWAL		
01/01	US NV LAS VEGAS, 7700 S. GUNPE BLVD	100.00	677.91
01/01	NON-ATM ATM TRANSACTION FEE	1.00	676.91
01/01	VISA - 01/01 80-10000000 NV LAS VEGAS NV 00000	100.00	576.91
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	90.00	486.91
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, CHEVROLET/TERRELL 810 CRENSHAW/TERRE	80.00	406.91
01/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS	100.00	306.91
01/01	POINT OF SALE PURCHASE		
01/01	US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE	51.42	255.49

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EXHIBIT 10888 - PLANET 10888 - 1/1

Account Number: 1/40

September 30, 2020 Page 1 of 1

Checking, Continued

Statement Period: September 01, 2020 - September 30, 2020

Cost Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Available Balance
09/10	09/10	VISA - WA MSBILL.INFO, MICROSOFT*ULTIMATE		16.68	100.00
09/10		POINT OF SALE PURCHASE US NV MSBILL.INFO, MICROSOFT*XBOX		1.85	98.15
09/11		AUTOMATIC DEPOSIT, COFART SALVAGE (DEPAYMENT 000		1,164.00	1,262.15
09/11	09/11	VISA - 09/09 McDONALD'S #35180 LAS VEGAS NV 009820		6.41	1,255.74
09/11		FUNDS TRANSFER TO SHARE SAVINGS		500.00	755.74
09/11		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		500.00	255.74
09/12		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		7.60	248.14
09/12		POINT OF SALE PURCHASE			
		US NV HENDERSON, SHELL SERVICE STATION SHELL SERVICE		45.00	203.14
09/12	09/12	VISA - 09/11 MICROSOFT*XBOX REDMOND WA 018112		1.85	199.29
09/12	09/12	VISA - 09/11 MICROSOFT*XBOX REDMOND WA 018114		1.85	197.44
09/12	09/12	VISA - 09/09 HARRIS/PAYVISION 312-4217444 CL 009551		89.05	108.39
09/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	8.39
09/12		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		12.98	10.41
09/12		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		500.00	10.41
09/12		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, O'REILLY AUTO PARTS O'REILLY AUTO		155.86	10.41
09/13		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVROLET/TEHRILLER HER 6011 BELLINGE		1.50	9.91
09/13	09/13	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, O'REILLY AUTO PARTS O'REILLY AUTO		1.50	8.41
09/14	09/14	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	8.41
09/14	09/14	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, O'REILLY AUTO PARTS O'REILLY AUTO		60.80	4.61
09/14		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		70.00	4.61
09/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		21.98	4.61
09/14	09/14	VISA - 09/14 McDONALD'S FISCOP NORTH LAS VEG NV 009088		8.87	4.61
09/14	09/14	VISA - 09/13 McDONALD'S FISCOP NORTH LAS VEG NV 011100		1.78	2.83
09/14	09/14	VISA - 09/12 JC *VEDAL IRVING 50 LAS VEGAS NV 012172		16.65	1.05
09/14		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		80.00	1.05
09/14		SVAT RETRORE ATH KATHERANAL US NV LAS VEGAS, 350 N LAMAR BLVD		60.00	1.05
09/14		SVAT RETRORE ATH TRANSACTION FEE		1.50	1.05
09/14		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		600.00	1.05
09/14		POINT OF SALE PURCHASE US NV LAS VEGAS, METRO BUS METRO BUS		21.78	1.05
09/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		1.00	1.05
09/15		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		6.99	1.05
09/15	09/15	VISA - 09/14 McDONALD'S FISCOP LAS VEGAS NV 012295		8.84	1.05
09/15	09/15	VISA - 09/13 MICROSOFT*XBOX REDMOND WA 014935		1.84	1.05
09/15		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		50.00	1.05
09/16		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SERVICE		1.00	1.05
09/17		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		60.00	1.05
09/17	09/17	VISA - 09/14 SHELL OIL STATION/STATION LAS VEGAS NV 018561		56.82	1.05
09/17		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		150.00	1.05
09/17		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CARQUEST 7789 CARQUEST 7789		100.00	1.05
09/17		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		40.00	1.05
09/17		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		9.00	1.05
09/17		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, 7-ELEVEN 2881 P SARAH		14.88	1.05
09/18		AUTOMATIC DEPOSIT, COFART SALVAGE (DEPAYMENT 000		1,164.00	1,165.05
09/18	09/18	VISA - 09/16 McDONALD'S LAS VEGAS LAS VEGAS NV 016131		25.32	1,139.73
09/18		FUNDS TRANSFER TO SHARE SAVINGS		100.00	1,039.73
09/18		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		100.00	939.73
09/18		SVAT RETRORE ATH KATHERANAL US NV LAS VEGAS, 350 N LAMAR BLVD		111.27	828.46



5 x 8

Measurement Period: September 01, 1980 - September 30, 1980

HGW 326



STATEMENT

SACRAMENTO, NORTH BROADWAY, SACRAMENTO, CA 95811

Account Number



Statement Of: 09/01/2020 - 09/30/2020

Page 1

Checking, Continued

Statement Period: September 01, 2020 - September 30, 2020

Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Current Balance
09/25		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		-1,000.00-	100.00
09/25		STAR NETWORK ATM WITHDRAWAL			
		US NV LAS VEGAS, 1594 N. WHEELS BLVD		143.00-	100.00
09/25		NON-ATM ATM TRANSACTION FEE		1.30-	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		89.00	100.00
09/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRON/TERRIBLE HER CHEVRON/TERRIBLE		62.68-	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	100.00
09/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, ROSS STORES 11035 ROSS STORES (101)		109.19-	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		200.00	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	100.00
09/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CAMPOUT INC CAMPOUT INC		111.68-	100.00
09/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, OFFICE DEPOT 80 JBRD OFFICE DEPOT		19.66-	100.00
09/25	09/27	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, LOWE'S #2721 LOWE'S #2721		12.09-	100.00
09/25	09/27	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	100.00
09/25	09/27	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SAM'S CLUB #1879 2050 EAST CHASE		88.53	100.00
09/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		75.00-	100.00
09/25	09/27	VISA - 09/24 MCDONALD'S #21466 LAS VEGAS NV 024369		8.44-	100.00
09/25	09/27	VISA - 09/25 MCDONALD'S LAS VEGAS LAS VEGAS NV 025211		10.40-	100.00
09/25	09/27	VISA - 09/24 PHIL'S ELECTRONICS #27 LAS VEGAS NV 026146		16.50-	100.00
09/25	09/27	VISA - 09/23 MCDONALD'S #35219 NORTH LAS VEG NV 025811		16.73-	100.00
09/25	09/27	VISA - 09/23 B AND M 702-351-8886 NV 026510		100.00-	100.00
09/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		51.57-	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	100.00
09/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SPURRER HART 120 SPURRER HART 120		2.00	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		10.00	100.00
09/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		47.64-	100.00
09/25	09/30	AUTOMATIC DEPOSIT, NAT RAES DRIVERSACH HILL, 890		100.00	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		50.00	100.00
09/25		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		50.00-	100.00
09/25	09/29	VISA - 09/28 M AND M 702-351-8886 NV 026510		80.00	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	100.00
09/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	100.00
09/25		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, CHEVRON/SHORT LINK M 6011 DUNE		18.88-	100.00
		ENDING BALANCE			000.00

Checking Summary

Item	Amount	Item	Amount	Item	Amount	Item	Amount
VISA	1.59	VISA	9.00	VISA	16.40	VISA	11.00
VISA	1.75	VISA	44.00	VISA	0.00	VISA	12.00
VISA	8.07	VISA	6.00	VISA	75.00	VISA	13.00
VISA	10.89	VISA	7.00	VISA	10.00	VISA	14.00
VISA	131.65	VISA	19.30	VISA	107.00	VISA	15.00
VISA	0.50	VISA	22.00	VISA	14.00	VISA	16.00
VISA	0.50	VISA	0.14	VISA	0.00	VISA	17.00
VISA	7.49	VISA	14.00	VISA	18.00	VISA	18.00
VISA	0.00	VISA	14.00	VISA	10.00	VISA	19.00
VISA	112.36	VISA	174.00	VISA	18.00	VISA	20.00

HGW.327



STATEMENT

EXQUISITE TOWING ROADSIDE ASSISTANCE LLC

Account Number - [REDACTED] 3748

September 30, 2020 Page - 7 of 7

Checking Summary, Continued

Total Checks and Visa Checking: 1,546.00

Total Withdrawals: 9,827.08

Total Deposits: 11,577.40



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MARTIN LUTHER KING, JR. CENTER

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Page Number 1



Each year, America First collects donations to buy new shoes for schoolchildren in need. Thanks to your generosity, Warm the Soles of Kids is an enduring success and we're hoping you'll again join our effort. Contribute at americafirst.com & help make the holidays brighter for the less fortunate.

A Summary of Your Accounts			A Summary of Your Loans			
	Ending Balance	2020 Dividends	Ending Balance	Total Amount Due	Next Payment	2020 Interest
High-Yield	1,874.90	0.00				
Money Market	339.84	0.00				
Totals	1,813.89	0.00				

Share Savings

[illegible][illegible]



STATEMENT

MEMBERSHIP TRAINING - CREDIT UNION SERVICES, INC.

ACCOUNT NUMBER: 123456789

ENDING BALANCE: \$1,000.00

PERIOD: 10/01/2020 - 10/31/2020

Share Savings, Continued

Statement Period: October 01, 2020 - October 31, 2020

Post Date	Effective Date	Transaction Description	Transaction Amount	Balance
10/22		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	1,000.00
10/23		SHARE TRANSFER FROM CHECKING	500.00	1,500.00
10/23		MOBILE BANKING SHARE TRANSFER FROM CHECKING	500.00	2,000.00
10/29		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	1,900.00
10/29		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	1,800.00
10/29		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	1,700.00
10/30		SHARE TRANSFER FROM CHECKING	500.00	1,200.00
10/30		MOBILE BANKING SHARE TRANSFER FROM CHECKING	500.00	1,700.00
10/30		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	1,600.00
10/30		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	1,500.00
10/31		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	1,400.00
10/31		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	1,300.00
10/31		MOBILE BANKING SHARE TRANSFER TO CHECKING	100.00	1,200.00
10/31	11/01	DIVIDEND EARNED FOR PERIOD OF 10/01/2020 THROUGH 10/31/2020 ANNUAL PERCENTAGE YIELD EARNED IS 0.04%	.03	1,200.03
		ENDING BALANCE		1,200.03

Checking

Statement Period: October 01, 2020 - October 31, 2020

Post Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Balance
10/02	10/01	REGULATING BALANCE			500.00
10/02	10/01	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		50.00	550.00
		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		55.28	494.72
10/02		AUTOMATIC DEPOSIT, COMART SALVAGE (SUBPAYMENT C/D)		9.00	503.72
10/02	10/01	VISA - 09/30 ALL ROSE, INC 702-6436727 NV 030251		200.00	303.72
10/02		FUNDS TRANSFER TO SHARE SAVINGS		500.00	803.72
10/02		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		700.00	1,503.72
10/02		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, BURGER KING #15621 D 6780 N DURAND		8.75	1,494.97
10/02		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, TERRIBLES #335 1501 N DECATON BLVD		12.82	1,482.15
10/02		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		45.00	1,437.15
10/03		VISA - WA MSHILL INFO. MICROSOFT/ULTIMATE 1		14.93	1,422.22
10/03	10/02	VISA - 10/02 MCDONALD'S #35212 LAS VEGAS NV 002378		15.13	1,407.09
10/03	10/02	VISA - 10/02 MCDONALD'S #35212 NORTH LAS VEG NV 002109		21.18	1,385.91
10/03		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		5.00	1,380.91
10/07		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRON/TERRIBLE HER CHEVRON/TERRI		10.00	1,370.91
10/07		STAR NETWORK ATM WITHDRAWAL US NV LAS VEGAS, 530 E CRAIG		20.00	1,350.91
10/07		NON-ATM ATM TRANSACTION FEE		0.50	1,350.41
10/07		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		9.07	1,341.34
10/08	10/07	VISA - 10/06 SELF RENTON 877-8830899 TX 006432		49.74	1,291.60
10/08		POINT OF SALE PURCHASE			
		US NV N. LAS VEGAS, BURGER KING #6781 D 4731 E CRA		8.96	1,282.64
10/08		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		55.05	1,227.59
10/08		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		10.39	1,217.20
10/09		AUTOMATIC DEPOSIT, COMART SALVAGE (SUBPAYMENT C/D)		9,446.00	10,663.20
10/09		FUNDS TRANSFER TO SHARE SAVINGS		505.00	10,158.20
10/09		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		59.60	1,013.60
10/09		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, WAL-MART #2403 6970 BLUE DIAMOND		59.52	954.08
10/10	10/11	VISA - WA MSHILL INFO. MICROSOFT/ULTIMATE 1		44.84	909.24



STATEMENT

LANGUAGE: ENGLISH DATE: 10/31/16

ACCOUNT NUMBER: 00000000000000000000

PAGE: 1 OF 1

Checking, Continued

CHECKBOOK: 00000000000000000000

Post Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Running Balance
10/13	10/12	STAR NETWORK ATM WITHDRAWAL			
		US NV N LAS VEGAS, 1570 N LRAIG BLVD		-11.62	
10/13	10/12	NON-APCU ATM TRANSACTION FEE		-1.00	-126.81
10/13	10/13	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, MURPHY EXPRESS #152 15TH N LAS		18.71	
10/13	10/13	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, KILLER SOUNDS LLC KILLER SOUNDS II		16.70	
10/13	10/13	VISA - 10/09 McDONALD'S #35219 NORTH LAS VEG NV 000037		15.25	
10/13	10/13	VISA - 10/09 PROGRESSIVE INS 855-758-0945 DR 003732		146.10	
10/13	10/13	AUTOMATIC DEPOSIT, NAT SAFE DELIVERY, WILL. FRM		6.00	
10/13		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRO/CHRYSLER 11 CHEVRO/CHRYSL			
10/13		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, WAL-MART SUPER CENTER 17TH WAL-SANT			
10/14		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, ARCO 1427T 1020 N BRADEN		50.24	
10/15	10/15	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$0.00	
10/15	10/15	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL 100		32.73	
10/15		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$0.00	
10/15		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL 100		100.00	
10/15		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL 100		88.6	
10/15		AUTOMATIC DEPOSIT, CORPANT SALVAGE (SHEPHERD LTD		888.00	
10/15	10/15	VISA - 10/15 McDONALD'S #35219 NORTH LAS VEG NV 000037		1.00	
10/16		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		1000.00	
10/16		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		100.00	
10/16		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	
10/16		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	
10/16		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	
10/16		VISA - 10/16 HARRIS/PAYVISION 312-4231111 10 014390		19.35	
10/16		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	
10/16		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SLY EXPRESS BY 10TH S BRADEN		100.00	
10/16		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	
10/16		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, CITY EXPRESS #5 1020 N BRADEN		0.00	
10/16		STAR NETWORK ATM WITHDRAWAL, US NV LAS VEGAS, 1570 N LRAIG BLVD		65.00	
10/16		NON-APCU ATM TRANSACTION FEE		1.00	
10/16		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		0.00	
10/16		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRO/CHRYSLER 11 CHEVRO/CHRYSL		150.00	
10/16		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		200.00	
10/16		STAR NETWORK ATM WITHDRAWAL			
		US NV NORTH LAS VEG, 5375 NORTH 5TH ST		200.00	
10/16		NON-APCU ATM TRANSACTION FEE		1.00	
10/16	10/16	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		40.00	
10/16	10/16	STAR NETWORK ATM WITHDRAWAL			
		US NV LAS VEGAS, 7725 S JONES BLVD		41.00	
10/16		NON-APCU ATM TRANSACTION FEE		1.00	
10/16	10/16	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		60.00	
10/16	10/16	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, PILOT 80341 PILOT 80341		65.00	
10/16	10/16	VISA - 10/16 HQ WILLY BOOTS LAS VEGAS NV 001000		25.00	
10/16	10/16	VISA - 10/16 McDONALD'S #35219 NORTH LAS VEG NV 000037		13.25	
10/16	10/16	VISA - 10/16 PROGRESSIVE INS 855-758-0945 DR 000000		11.00	
10/16		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		10.00	
10/16		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRO/CHRYSLER 11 CHEVRO/CHRYSL		150.00	
10/16		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	
10/16		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRO/CHRYSLER 11 CHEVRO/CHRYSL		65.00	

TABLE 579	Units	Base Unit	Coefficient	U
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Annals - Number - 1790

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Checking, Continued

Publication Period: October 01, 2020 - October 31, 2020

Post Date	Effective Date	Transaction Description	Check Number	Deposit Slip Amount	Balance
10/20		MORTAL BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$0.00	\$1,320.00
10/20		MORTAL BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$0.00	\$1,320.00
10/20		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		\$0.00	\$1,320.00
10/21	10/20	VISA - 10/19 ALL MOSE, INC 702-6436777 NV 019025		\$1.48	\$1,318.52
10/21		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRON/TEX I, LLC 8012 BOLLINGER		\$2.00	\$1,316.52
10/21		MORTAL BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$0.00	\$1,316.52
10/21		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRON/TERRELL HER CHEVRON/TERRE		\$0.00	\$1,316.52
10/22	10/21	VISA - 10/20 MCPADDER-DALE LAS VEGAS LAS VEGAS NV 020129		\$4.86	\$1,311.66
10/22		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, CITY EXPRESS 12 3020 S CHASE W		\$0.00	\$1,311.66
10/22		MORTAL BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$0.00	\$1,311.66
10/22		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRON/TERRELL HER CHEVRON/TERRE		\$0.00	\$1,311.66
10/22		MORTAL BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$00.00	\$1,311.66
10/22		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		\$3.00	\$1,308.66
10/22		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		\$0.00	\$1,308.66
10/23		AUTOMATIC DEPOSIT, COBALT SALVAGE ISUBPAYMENT CDD		\$,320.00	\$1,628.66
10/23		FUNDS TRANSFER TO SHARE SAVINGS		\$00.00	\$1,628.66
10/23		MORTAL BANKING FUNDS TRANSFER TO SHARE SAVINGS		\$00.00	\$1,628.66
10/23		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		\$3.70	\$1,624.96
10/23		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, AS AUTO PARTS AS AUTO PARTS		\$0.73	\$1,624.23
10/24		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		\$1.31	\$1,622.92
10/26	10/25	VISA - 10/24 MCPADDER-DALE LAS VEGAS LAS VEGAS NV 020129		\$4.32	\$1,618.60
10/26	10/25	VISA - 10/22 ENTER-TUNE 108113 NORTH LAS VEG NV 022189		\$0.32	\$1,618.28
10/26	10/25	VISA - 10/23 MCDONALD'S #35218 NORTH LAS VEG NV 022419		\$0.83	\$1,617.45
10/26		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		\$0.00	\$1,617.45
10/27	10/26	VISA - 10/24 JACK IN THE BOX 7250 LAS VEGAS NV 020394		\$3.80	\$1,613.65
10/27		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRON/TERRELL HER CHEVRON/TERRE		\$7.28	\$1,606.37
10/27		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		\$0.00	\$1,606.37
10/28		DEPOSIT		\$68.16	\$1,674.53
10/28		(WITHDRAWAL)		\$00.00	\$1,674.53
10/29		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		\$3.80	\$1,670.73
10/30		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		\$0.00	\$1,670.73
10/30	10/28	VISA - 10/28 MCDONALD'S #6154 OF NV N LAS VEGAS NV 020132		\$0.48	\$1,670.25
10/30		MORTAL BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$00.00	\$1,670.25
10/30		STAR NETWORK ATM WITHDRAWAL DE NV LAS VEGAS, 5100 W, LAMB BND		\$03.00	\$1,667.25
10/30		NON-ATM ATM TRANSACTION FEE		\$1.00	\$1,666.25
10/30		MORTAL BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$00.00	\$1,666.25
10/31		POINT OF SALE PURCHASE			
		US NV N LAS VEGAS, BIG E SPORTING 254 BIG E SPORTIN		\$2.09	\$1,664.16
10/31		MORTAL BANKING FUNDS TRANSFER FROM SHARE SAVINGS		\$0.00	\$1,664.16
10/31		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRON/TERRELL HER CHEVRON/TERRE		\$1.80	\$1,662.36
10/31		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		\$0.00	\$1,662.36
10/31		AUTOMATIC DEPOSIT, COBALT SALVAGE ISUBPAYMENT CDD		\$,320.00	\$1,982.36
10/31	10/29	VISA - 10/27 BURGER KING #3651 LAS VEGAS NV 022188		\$0.33	\$1,982.03
10/31		FUNDS TRANSFER TO SHARE SAVINGS		\$00.00	\$1,982.03
10/31		MORTAL BANKING FUNDS TRANSFER TO SHARE SAVINGS		\$00.00	\$1,982.03



STATEMENT

AMERICA FIRST CREDIT UNION

ACCOUNT NUMBER: 1749

10/1/2020 - 10/31/2020

Checking, Continued

Statement Period: October 01, 2020 - October 31, 2020

Print Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Account Balance
10/30		POINT OF SALE PURCHASE			
		US RV LAS VEGAS, MALIBU 12881 1971 BLUE DIAMOND		51.33-	271.44
10/30		POINT OF SALE PURCHASE			
		US RV LAS VEGAS, BIG 5 SPORTING DBL- BIG 5 SPORTING		100.00-	171.44
10/30		POINT OF SALE PURCHASE			
		US RV LAS VEGAS, CHEVRON/PT 11 11A 1611 HOLLISTER		15.58-	155.86
10/30		POINT OF SALE PURCHASE			
		US RV LAS VEGAS, BIG 5 SPORTING 117 BIG 5 SPORTING		118.00-	47.86
10/30		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	147.86
10/30		STAR NETWORK ATM WITHDRAWAL US RV LAS VEGAS, 550 E COAL		100.00-	47.86
10/30		NON-ATM ATM TRANSACTION FEE		1.50-	46.36
10/30		POINT OF SALE PURCHASE			
		US RV LAS VEGAS, GREEN VALLEY GPO (40) GREEN VALLEY		4.39-	41.97
10/30		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	141.97
10/31		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	41.97
10/31		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		86.00	147.97
10/31		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		86.00	61.97
10/31		POINT OF SALE PURCHASE			
		US RV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		47.50-	14.47
		ENDING BALANCE			14.47

Checking Summary

Item	Amount	Item	Amount	Item	Amount	Item	Amount	
ATM	250.00	ATM	50.00	VISA	50.00	VISA	10.00	
CHQ	11.33	ATM	1.00	VISA	10.00	VISA	8.00	
VISA	41.10	VISA	100.00	VISA	10.00	VISA	14.00	
VISA	19.71	VISA	22.42	VISA	20.00			
VISA	10.00	VISA	113.00	VISA	1.00			
VISA	100.00	VISA	21.00	VISA	1.00			
Total Checks and Visa Checking:		1,640.70	Total Withdrawals:		7,542.31	Total Deposits:		8,940.16

SEND CORRESPONDENCE TO: P.O. BOX 8189, OGDEN, UT 84409 AMERICAFIRST.COM TOLL-FREE: 1-800-898-1961
THOSE WITH HEARING OR SPEECH IMPAIRMENTS CAN DIAL 711 OR USE PREFERRED TELECOMMUNICATION RELAY SERVICES.

americafirst.com

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HGW 333



REACHING
80-7EXCUBOR195878
BOUTINER TWENTY BATHING ASSISTANCE -LT
SRI CHINA REIGHT OF
MOUTH LAS 90365 BY 9008)

Abstract: The purpose of this study was to determine if there were differences in the prevalence of risk factors associated with falls between two groups of nursing home residents. One group consisted of those who had fallen at least once during the previous year and the other group consisted of those who had not fallen during the same period. Data were collected from 106 residents who had fallen and 97 residents who had not fallen. A chi-square test revealed no significant difference between the two groups in terms of gender, age, race, education, marital status, or history of falls. However, there were significant differences between the two groups in terms of medical conditions, medications, and functional status.

Page 1001



A Summary of Your Accounts

A Summary of Your Loans

	Ending Balance	2020 Dividends	Ending Balance	Total Amount Due	Next Payment	2020 Interest
Balance \$50,000	12,000.00	0.00				
Dividend (100)	3,125.00	0.00				
Total	15,125.00	0.00				

Share Savings

Experiment	Reagents	Concentration	Time	Temperature	Yield
1	100 mg	0.1 M	10 min	25°C	85%
2	100 mg	0.1 M	10 min	25°C	85%
3	100 mg	0.1 M	10 min	25°C	85%
4	100 mg	0.1 M	10 min	25°C	85%
5	100 mg	0.1 M	10 min	25°C	85%
6	100 mg	0.1 M	10 min	25°C	85%
7	100 mg	0.1 M	10 min	25°C	85%
8	100 mg	0.1 M	10 min	25°C	85%
9	100 mg	0.1 M	10 min	25°C	85%
10	100 mg	0.1 M	10 min	25°C	85%
11	100 mg	0.1 M	10 min	25°C	85%
12	100 mg	0.1 M	10 min	25°C	85%
13	100 mg	0.1 M	10 min	25°C	85%
14	100 mg	0.1 M	10 min	25°C	85%
15	100 mg	0.1 M	10 min	25°C	85%
16	100 mg	0.1 M	10 min	25°C	85%
17	100 mg	0.1 M	10 min	25°C	85%
18	100 mg	0.1 M	10 min	25°C	85%
19	100 mg	0.1 M	10 min	25°C	85%
20	100 mg	0.1 M	10 min	25°C	85%
21	100 mg	0.1 M	10 min	25°C	85%
22	100 mg	0.1 M	10 min	25°C	85%
23	100 mg	0.1 M	10 min	25°C	85%
24	100 mg	0.1 M	10 min	25°C	85%
25	100 mg	0.1 M	10 min	25°C	85%
26	100 mg	0.1 M	10 min	25°C	85%
27	100 mg	0.1 M	10 min	25°C	85%
28	100 mg	0.1 M	10 min	25°C	85%
29	100 mg	0.1 M	10 min	25°C	85%
30	100 mg	0.1 M	10 min	25°C	85%
31	100 mg	0.1 M	10 min	25°C	85%
32	100 mg	0.1 M	10 min	25°C	85%
33	100 mg	0.1 M	10 min	25°C	85%
34	100 mg	0.1 M	10 min	25°C	85%
35	100 mg	0.1 M	10 min	25°C	85%
36	100 mg	0.1 M	10 min	25°C	85%
37	100 mg	0.1 M	10 min	25°C	85%
38	100 mg	0.1 M	10 min	25°C	85%
39	100 mg	0.1 M	10 min	25°C	85%
40	100 mg	0.1 M	10 min	25°C	85%
41	100 mg	0.1 M	10 min	25°C	85%
42	100 mg	0.1 M	10 min	25°C	85%
43	100 mg	0.1 M	10 min	25°C	85%
44	100 mg	0.1 M	10 min	25°C	85%
45	100 mg	0.1 M	10 min	25°C	85%
46	100 mg	0.1 M	10 min	25°C	85%
47	100 mg	0.1 M	10 min	25°C	85%
48	100 mg	0.1 M	10 min	25°C	85%
49	100 mg	0.1 M	10 min	25°C	85%
50	100 mg	0.1 M	10 min	25°C	85%
51	100 mg	0.1 M	10 min	25°C	85%
52	100 mg	0.1 M	10 min	25°C	85%
53	100 mg	0.1 M	10 min	25°C	85%
54	100 mg	0.1 M	10 min	25°C	85%
55	100 mg	0.1 M	10 min	25°C	85%
56	100 mg	0.1 M	10 min	25°C	85%
57	100 mg	0.1 M	10 min	25°C	85%
58	100 mg	0.1 M	10 min	25°C	85%
59	100 mg	0.1 M	10 min	25°C	85%
60	100 mg	0.1 M	10 min	25°C	85%
61	100 mg	0.1 M	10 min	25°C	85%
62	100 mg	0.1 M	10 min	25°C	85%
63	100 mg	0.1 M	10 min	25°C	85%
64	100 mg	0.1 M	10 min	25°C	85%
65	100 mg	0.1 M	10 min	25°C	85%
66	100 mg	0.1 M	10 min	25°C	85%
67					

Index	Index	Date	Transaction	Description	Amount	Balance
1000	1000		INITIAL BALANCE			0.00
1001	1001		MOBILE BANKING	SHARE TRANSFER TO CHECKING	100.00	100.00
1002	1002		MOBILE BANKING	SHARE TRANSFER TO CHECKING	200.00	300.00
1003	1003		MOBILE BANKING	SHARE TRANSFER TO CHECKING	300.00	600.00
1004	1004		MOBILE BANKING	SHARE TRANSFER TO CHECKING	400.00	1000.00
1005	1005		MOBILE BANKING	SHARE TRANSFER TO CHECKING	500.00	1500.00
1006	1006		MOBILE BANKING	SHARE TRANSFER TO CHECKING	600.00	2100.00
1007	1007		MOBILE BANKING	SHARE TRANSFER TO CHECKING	700.00	2800.00
1008	1008		MOBILE BANKING	SHARE TRANSFER TO CHECKING	800.00	3600.00
1009	1009		MOBILE BANKING	SHARE TRANSFER TO CHECKING	900.00	4500.00
1010	1010		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1000.00	5500.00
1011	1011		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1100.00	6600.00
1012	1012		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1200.00	7800.00
1013	1013		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1300.00	9100.00
1014	1014		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1400.00	10500.00
1015	1015		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1500.00	12000.00
1016	1016		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1600.00	13600.00
1017	1017		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1700.00	15300.00
1018	1018		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1800.00	17100.00
1019	1019		MOBILE BANKING	SHARE TRANSFER TO CHECKING	1900.00	19000.00
1020	1020		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2000.00	21000.00
1021	1021		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2100.00	23100.00
1022	1022		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2200.00	25300.00
1023	1023		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2300.00	27600.00
1024	1024		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2400.00	30000.00
1025	1025		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2500.00	32500.00
1026	1026		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2600.00	35100.00
1027	1027		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2700.00	37800.00
1028	1028		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2800.00	40600.00
1029	1029		MOBILE BANKING	SHARE TRANSFER TO CHECKING	2900.00	43500.00
1030	1030		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3000.00	46500.00
1031	1031		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3100.00	49600.00
1032	1032		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3200.00	52800.00
1033	1033		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3300.00	56100.00
1034	1034		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3400.00	59500.00
1035	1035		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3500.00	63000.00
1036	1036		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3600.00	66600.00
1037	1037		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3700.00	70300.00
1038	1038		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3800.00	74100.00
1039	1039		MOBILE BANKING	SHARE TRANSFER TO CHECKING	3900.00	78000.00
1040	1040		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4000.00	82000.00
1041	1041		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4100.00	86100.00
1042	1042		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4200.00	90300.00
1043	1043		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4300.00	94600.00
1044	1044		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4400.00	99000.00
1045	1045		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4500.00	103500.00
1046	1046		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4600.00	108100.00
1047	1047		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4700.00	112800.00
1048	1048		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4800.00	117600.00
1049	1049		MOBILE BANKING	SHARE TRANSFER TO CHECKING	4900.00	122500.00
1050	1050		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5000.00	127500.00
1051	1051		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5100.00	132600.00
1052	1052		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5200.00	137800.00
1053	1053		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5300.00	143100.00
1054	1054		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5400.00	148500.00
1055	1055		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5500.00	154000.00
1056	1056		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5600.00	159600.00
1057	1057		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5700.00	165300.00
1058	1058		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5800.00	171100.00
1059	1059		MOBILE BANKING	SHARE TRANSFER TO CHECKING	5900.00	177000.00
1060	1060		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6000.00	183000.00
1061	1061		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6100.00	189100.00
1062	1062		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6200.00	195300.00
1063	1063		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6300.00	201600.00
1064	1064		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6400.00	208000.00
1065	1065		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6500.00	214500.00
1066	1066		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6600.00	221100.00
1067	1067		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6700.00	227800.00
1068	1068		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6800.00	234600.00
1069	1069		MOBILE BANKING	SHARE TRANSFER TO CHECKING	6900.00	241500.00
1070	1070		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7000.00	248500.00
1071	1071		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7100.00	255600.00
1072	1072		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7200.00	262800.00
1073	1073		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7300.00	270100.00
1074	1074		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7400.00	277500.00
1075	1075		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7500.00	285000.00
1076	1076		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7600.00	292600.00
1077	1077		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7700.00	300300.00
1078	1078		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7800.00	308100.00
1079	1079		MOBILE BANKING	SHARE TRANSFER TO CHECKING	7900.00	316000.00
1080	1080		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8000.00	324000.00
1081	1081		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8100.00	332100.00
1082	1082		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8200.00	340300.00
1083	1083		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8300.00	348600.00
1084	1084		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8400.00	357000.00
1085	1085		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8500.00	365500.00
1086	1086		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8600.00	374100.00
1087	1087		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8700.00	382800.00
1088	1088		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8800.00	391600.00
1089	1089		MOBILE BANKING	SHARE TRANSFER TO CHECKING	8900.00	400500.00
1090	1090		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9000.00	409500.00
1091	1091		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9100.00	418600.00
1092	1092		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9200.00	427800.00
1093	1093		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9300.00	437100.00
1094	1094		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9400.00	446500.00
1095	1095		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9500.00	456000.00
1096	1096		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9600.00	465600.00
1097	1097		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9700.00	475300.00
1098	1098		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9800.00	485100.00
1099	1099		MOBILE BANKING	SHARE TRANSFER TO CHECKING	9900.00	495000.00
1100	1100		MOBILE BANKING	SHARE TRANSFER TO CHECKING	10000.00	505000.00

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Statement Period: November 1st, 2017 - November 30, 2017

Checking

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Checking, Continued

Statement Period: November 01, 2020 - November 15, 2020

Print Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Available Balance
11/01		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		1.50	110.40
11/05		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		10.00	100.40
11/05		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		11.50	88.90
11/05		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		1.50	87.40
11/05		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	-12.60
11/05		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		1.00	-13.60
11/05		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		75.00	-88.60
11/05		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, D'NEILLY AUTO PARTS D'NEILLY AUTO		20.56	-109.16
11/06		AUTOMATIC DEPOSIT, COPART SALVAGE INSURANCE CO		1,432.00	1,322.84
11/06	11/05	VISA - 11/05 SHELL CIL 51A47053904 LAS VEGAS NV 801245		19.60	1,303.24
11/06		FUNDS TRANSFER TO SHARE SAVINGS		500.00	803.24
11/06		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		500.00	303.24
11/06		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		200.00	103.24
11/06		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		11.50	91.74
11/06		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		10.00	81.74
11/06		POINT OF SALE PURCHASE			
		US WA BURNING, MICROSOFT MICROSOFT DAY		7.89	73.85
11/06	11/07	POINT OF SALE PURCHASE US WA MSAIL-INFO, MICROSOFT+INFO		7.89	65.96
11/06		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		15.45	50.51
11/07		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		6.58	43.93
11/07		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		25.00	18.93
11/07		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, SHELL SERVICE STATION SHELL SERVICE		48.40	-29.47
11/07	11/06	VISA - 11/06 MCDONALD'S 135119 NORTH LAS VEG NV 808917		8.85	-38.32
11/07	11/06	VISA - 11/06 CHEVRO 0205891 LAS VEGAS NV 805245		70.81	-109.17
11/07		DEPOSIT		277.04	167.87
11/07		WITHDRAWAL		240.00	27.87
11/08	11/08	STAR NETWORK ATM WITHDRAWAL			
		US NV LAS VEGAS, 3515 S DECATUR BLV		83.32	-155.81
11/08	11/08	NON-ATM ATM TRANSACTION FEE		7.50	-163.31
11/08	11/08	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	-263.31
11/08	11/08	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, LOWE'S (272) 2570 EAST CHASE W		88.10	-351.41
11/08	11/08	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		10.00	-361.41
11/08	11/08	VISA - 11/08 K&L LENDER 077-8830939 TX 006352		45.74	-407.15
11/08	11/08	VISA - 11/08 DOMINICK 7169 N LAS VEGAS NV 808086		40.10	-447.25
11/08		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		120.00	-567.25
11/08	11/08	VISA - 11/08 MICROSOFT+XBOX RECURRING NV 808145		7.89	-575.14
11/08	11/08	VISA - 11/08 CIRCLE K 1 80524 LAS VEGAS NV 808916		45.00	-620.14
11/08		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		50.00	-670.14
11/08		POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, WAREHOP 16427 1735 DAKESIDE E		19.15	-689.29
11/08		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRO/TERRESTRIE WORK CHEVRO/TERRESTRIE		40.00	-729.29
11/08		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		80.00	-809.29
11/08		POINT OF SALE PURCHASE			
		US NV LOSUNDALE, SHELL SERVICE STATION SHELL SERVICE		44.25	-853.54
11/08	11/08	VISA - WA MSAIL-INFO, MICROSOFT+ULTIMATE 3		14.89	-868.43
11/08	11/08	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, SHELL SERVICE STATION SHELL SER		9.00	-877.43
11/08	11/08	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		50.00	-927.43



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Statement Period: November 01, 2000 - November 30, 2000

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STATEMENT

ACCOUNT NUMBER: 00000000000000000000

Statement Period: 11/01/2020 - 11/30/2020

Checking, Continued

DATE	DEBIT	TRANSACTION DESCRIPTION	CHECK NUMBER	TRANSACTION AMOUNT	ENDING BALANCE
11/21	11/22	VISA - NV LAS VEGAS, SOUTHWEST GAS CORP. S. COMMERCIAL DR		100.00	877.07
11/21	11/22	POINT OF SALE PURCHASE US NV NORTH LAS VEG, CATELLI AUTO PART		38.25	838.82
11/21	11/22	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, ARCO 14284 5575 N 5TH ST		56.85	781.97
11/21	11/22	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, 7-ELEVEN 5180 JOSEF ROAD		9.34	772.63
11/21	11/22	VISA - 11/19 McDONALD'S F25614 LAS VEGAS NV 019262		15.14	757.49
11/21	11/22	VISA - 11/20 TACO BELL 031911 LAS VEGAS NV 020464		25.79	731.70
11/21	11/22	VISA - 11/21 CHRY UTILITIES DEPT 866 MAYHONDRUM.COM NV 022		101.70	630.00
11/21	11/22	VISA - 11/21 COX LAS VEGAS COMM NV 800-234-3990 NV 023112		174.78	455.22
11/21	11/22	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, HAWKIRK 1436 10490 BERNHARD ROAD		75.00	380.22
11/21	11/22	POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		2.50	377.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		50.00	327.72
11/21	11/22	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVRON/TERRIBLE HER CHEVRON/TERRE		31.50	296.22
11/21	11/22	POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		31.50	264.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		50.00	214.72
11/21	11/22	POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		41.85	172.87
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		134.10	38.77
11/21	11/22	POINT OF SALE PURCHASE			
		US NV LAS VEGAS, WAL-MART 12481 6972 BLUE DIAMOND		174.18	176.59
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		10.00	166.59
11/21	11/22	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, 7-ELEVEN 1240 E CRAIG RD		24.90	141.69
11/21	11/22	POINT OF SALE PURCHASE US NV NORTH LAS VEG, SHELL SERVICE STAT		8.07	133.62
11/21	11/22	AUTOMATIC DEPOSIT, COPART SALVAGE 1804PAYMENT CO		900.00	23.62
11/21	11/22	VISA - 11/24 McDONALD'S Y35215 NORTH LAS VEG NV 024551		7.90	15.72
11/21	11/22	VISA - 11/24 CHEVRON 020991 LAS VEGAS NV 024718		50.00	15.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		300.00	15.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		231.00	15.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		100.00	15.72
11/21	11/22	POINT OF SALE PURCHASE US NV NORTH LAS VEG, SHELL SERVICE STAT		49.07	15.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		66.00	15.72
11/21	11/22	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, 7-ELEVEN 1240 E CRAIG RD		15.00	15.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		80.00	15.72
11/21	11/22	POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		55.55	15.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		200.00	15.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		60.00	15.72
11/21	11/22	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, LONE'S 12721 15170 EAST CRAIG RD		35.01	15.72
11/21	11/22	POINT OF SALE PURCHASE US NV LAS VEGAS (N), WAL-MART SUPER CER		15.00	15.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		200.00	15.72
11/21	11/22	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		93.00	15.72
11/21	11/22	POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		30.82	15.72
11/21	11/22	POINT OF SALE PURCHASE			
		US NV NORTH LAS VEG, 7-ELEVEN 1240 E CRAIG RD		9.33	15.72
11/21	11/22	POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		13.20	15.72
		ENDING BALANCE			15.72

Checking Summary

Item	Amount	Item	Amount	Total	Amount	Item	Amount
VISA	41.10	ATM	69.74		110.84	VISA	376.00
VISA	10.14	ATM	69.74		110.84	VISA	100.00
VISA	13.70	ATM	69.74		110.84	VISA	7.40
VISA	36.70	ATM	69.74		110.84	VISA	50.00
ATM	17.47	ATM	69.74		110.84	VISA	10.00
ATM	4.00	ATM	69.74		110.84	VISA	10.00
VISA	20.00	ATM	69.74		110.84	VISA	10.00



STATEMENT

EXCLUSIVE TOWING ROADSIDE ASSISTANCE LLC

Account Number: 1748

November 10, 2024 Page: 1 of 1

Checking Summary, Continued

Total Checks and Visa Checking: 2,130.35

Total Withdrawals: 7,734.45

Total Deposits: 10,043.43

Excess Usage Fee Calculation

Service Provided	Unit Price	VOLUME		Service Fee
		Free	Charged	
Deposits	0.150	4	0	0.60
Trans	0.0350	500	0	0.00
Withdrawals	0.0350	10,000	9,990	0.00
Total Service Charge				0.00
This service charge will be assessed against your account and will appear on your next statement. Excess charges are assessed when you exceed the allowable number of transactions. If you have any questions concerning this charge please contact Business Services.				

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18.61 (continued) 18.62 \pm 18.63 (continued) 18.64 (continued)

Web ID: 000462 | [REDACTED] | V&O

Topic	Subtopic	Page
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2. Methodology	2.1. Data Collection	5
3. Results	3.1. Analysis of Results	10
4. Conclusion	4.1. Summary of Findings	15
5. References	5.1. Bibliography	20



for your information

We updated the America First Membership & Account Agreement, as well as our Privacy Policy, to reflect new information about your and our rights and responsibilities concerning your accounts. Visit americafirst.com to review the documents online or contact us for printed copies.

A Summary of Your Accounts			A Summary of Your Loans			
	Ending Balance	2020 Dividends	Ending Balance	Total Amount Due	Next Payment	2020 Interest
Stock - 100 shares	\$ 169.45	0.45				
Dividend	182.42	0.00				
Total	2,951.87	0.45				

Share Savings

$$\text{3-bromobenzoic acid} \quad \text{Ph} = \text{C}_6\text{H}_4 \quad \text{4-bromobenzoic acid} \quad \text{Ph} = \text{C}_6\text{H}_4 \quad \text{2,4-dibromobenzoic acid} \quad \text{Ph} = \text{C}_6\text{H}_3$$

POL	EXTRACT	TRANSACTION DESCRIPTION	DEBIT	CREDIT	BALANCE
DATE	DATE				PERIOD
		OPENING BALANCE			
000001		MONTHLY BANKING SHARE TRANSFER TO CHECKING	1000000		1000000
000002		MONTHLY BANKING SHARE TRANSFER TO CHECKING	500000		500000
000003		MONTHLY BANKING SHARE TRANSFER TO CHECKING	200000		300000
000004		MONTHLY BANKING SHARE TRANSFER TO CHECKING	100000		200000
000005		MONTHLY BANKING SHARE TRANSFER TO CHECKING	50000		150000
000006		MONTHLY BANKING SHARE TRANSFER TO CHECKING	25000		125000
000007		MONTHLY BANKING SHARE TRANSFER TO CHECKING	12500		112500
000008		MONTHLY BANKING SHARE TRANSFER TO CHECKING	6250		106250
000009		MONTHLY BANKING SHARE TRANSFER TO CHECKING	3125		103125
000010		MONTHLY BANKING SHARE TRANSFER TO CHECKING	1562		101562
000011		MONTHLY BANKING SHARE TRANSFER TO CHECKING	781		100781
000012		MONTHLY BANKING SHARE TRANSFER TO CHECKING	390		100390
000013		MONTHLY BANKING SHARE TRANSFER TO CHECKING	195		100195
000014		MONTHLY BANKING SHARE TRANSFER TO CHECKING	97		100097
000015		MONTHLY BANKING SHARE TRANSFER TO CHECKING	48		100048
000016		MONTHLY BANKING SHARE TRANSFER TO CHECKING	24		100024
000017		MONTHLY BANKING SHARE TRANSFER TO CHECKING	12		100012
000018		MONTHLY BANKING SHARE TRANSFER TO CHECKING	6		100006
000019		MONTHLY BANKING SHARE TRANSFER TO CHECKING	3		100003
000020		MONTHLY BANKING SHARE TRANSFER TO CHECKING	1		100001
000021		MONTHLY BANKING SHARE TRANSFER TO CHECKING	0		100000
000022		MONTHLY BANKING SHARE TRANSFER TO CHECKING	0		100000
000023		MONTHLY BANKING SHARE TRANSFER TO CHECKING	0		100000
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000100		MONTHLY BANKING SHARE TRANSFER TO CHECKING	0		100000

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Checking

Site (km ²)	Box Type	Unoccupied	Vol. / m ²	Occupied	Vol. / m ²
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MGW 341



10/22/2014 3:33 PM 1/20/2014 1:00 PM

Erlauben Sie uns, Sie darauf hinzuweisen, dass die folgenden Informationen nur für den Zeitraum vom 01.10.2020 bis zum 31.12.2020 gültig sind.

HGV 342

SAVED TO: BANKING, CREDIT, AMERICAN - 11/11/2020

11/11/2020

11/11/2020

11/11/2020

Checking, Continued

Statement Period: December 01, 2020 - December 31, 2020

Post Date	Effective Date	Transaction Description	Check Number	Transaction Amount	Statement Balance
12/19		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		11.79	547.00
12/19		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		101.97	445.03
12/19		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		13.00	432.03
12/19		POINT OF SALE PURCHASE US NV HENDERSON, BATTERY CHARGE CR		127.99	304.04
12/19		POINT OF SALE PURCHASE US NV HENDERSON, BATTERY CHARGE CR		1.45	302.59
12/19		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		21.63	280.96
12/19		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		13.00	267.96
12/25	12/19	VISA - 12/23 CHRY UTILITIES DEPT WEB PAYMENTS FOR 001		140.70	127.26
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		30.00	97.26
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		11.73	85.53
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		30.00	55.53
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		31.75	23.78
12/25	12/25	VISA - 12/24 PROGRESSIVE INS ESS-TAG-TRUCK, 001 01/24/21		100.00	13.78
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		87.00	26.78
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		12.00	14.78
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		48.00	14.78
12/25	12/25	VISA - 12/24 MCDONALD'S FISCUS LAS VEGAS NV 01/24/21		8.00	6.78
12/25		DEBIT TO BEER TRANSFER CA VISA DIRECT, PARK APP'DCAL OUT		252.88	184.00
12/25		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		100.00	84.00
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		23.43	60.57
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL - MEADOWS R		10.43	50.14
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		15.23	34.91
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		30.50	4.41
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		18.21	13.20
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, LOCK LOCKER 01/24/21		10.24	2.96
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		48.00	0.00
12/25		AUTOMATIC DEPOSIT, CORRECT SCHEDULE ISORRYMENT 001		1,150.00	0.00
12/25		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		1,500.00	0.00
12/25		POINT OF SALE PURCHASE			
12/25		US NV LAS VEGAS, CHEVROLET/TERRELL WEB PAYMENTS/01/24/21		35.20	0.00
12/25	12/25	MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		200.00	0.00
12/25	12/25	MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		200.00	0.00
12/25	12/25	VISA - 12/27 BE OF LAS VEGAS FTR N LAS VEGAS NV 01/24/21		14.00	0.00
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	0.00
12/25		POINT OF SALE PURCHASE US NV NORTH LAS VEG, SHELL SERVICE STAT		15.29	0.00
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	0.00
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	0.00
12/25		POINT OF SALE PURCHASE US NV NORTH LAS VEG, SHELL SERVICE STAT		12.00	0.00
12/25	12/25	VISA - 12/28 CHEVROLET/TERRELL LAS VEGAS NV 01/24/21		35.00	0.00
12/25	12/25	POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		45.50	0.00
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		10.00	0.00
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		215.00	0.00
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	0.00
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		700.00	0.00
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		100.00	0.00
12/25	12/25	VISA - 12/19 AT&T CERN 7700 NORTH LAS VEG NV 01/24/21		12.00	0.00
12/25	12/25	VISA - 12/19 AT&T CERN 7700 NORTH LAS VEG NV 01/24/21		12.00	0.00
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		1.00	0.00
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		12.00	0.00
12/25	12/25	VISA - 12/21 CASH APP/HERRMAN 377A170011 PA 01/24/21		2,000.00	0.00
12/25	12/25	VISA - 12/21 CASH APP/HERRMAN 377A170011 PA 01/24/21		2,000.00	0.00
12/25	12/25	VISA - 12/21 CMC TIRE - VEGAS N LAS VEGAS NV 01/24/21		12.00	0.00
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		1.00	0.00
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		10.00	0.00
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		11.00	0.00
12/25		AUTOMATIC DEPOSIT, CORRECT SCHEDULE ISORRYMENT 001		1,000.00	0.00
12/25	12/25	VISA - 12/21 MCDONALD'S FISCUS NORTH LAS VEG NV 01/24/21		10.00	0.00
12/25	12/25	VISA - 12/22 COW LAS VEGAS CORP NV 000 234-3997 NV 01/24/21		117.00	0.00
12/25		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		1,000.00	0.00
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		44.25	0.00
12/25		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		100.00	0.00
12/25		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE STAT		30.00	0.00

English - Writing - Creative - Essay - 12

Figure 1

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References

Figure 2

Checking, Continued

Unilever Ltd. Period: December 31, 2020 - December 31, 2020

Port	Statement Date	Transaction Description	Check Number	Transaction Amount	Account Balance
Date	Date				
12/31		POINT OF SALE PURCHASE US NV LAS VEGAS, SHELL SERVICE (78)		40.00	
12/24	12/24	VISA - 12/23 DASH APP-MATTHEW WJ 8774174951 CM 023558		1.00	
12/24	12/24	VISA - 12/22 MCDONALD'S 125619 LAS VEGAS NV 024557		8.75	
12/24	12/24	VISA - 12/24 MCDONALD'S P28302 LAS VEGAS NV 024550		8.33	
12/24	12/24	VISA - 12/24 KRY'S ELECTRONICS 117 LAS VEGAS NV 024551		1.00	
12/24	12/24	VISA - 12/26 AGT-METRO FUR CLAIN 803-916-2075 FL 023552		50.00	
12/24		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		120.00	
12/24		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, WAL-MART 12000 1311 BLUE DIAMOND		121.00	
12/24		POINT OF SALE PURCHASE US NV LAS VEGAS, 6573 BLUE DIAMOND		88.00	
		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		50.00	
12/20		POINT OF SALE PURCHASE			
		US NV LAS VEGAS, CHEVROLET/ATARI/LE PRE JEROME/ATARI/LE		40.00	
12/19		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		0.00	
12/19		POINT OF SALE PURCHASE			
		US WA REDMOND, MICROSOFT 1 MICROSOFT WAY		0.00	
12/10	12/10	POINT OF SALE PURCHASE US WA REDMOND, MICROSOFT/2881 --		17.00	
12/08		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		60.00	
12/08		AVAIL NETWORK ATM WITHDRAWAL			
		US NV LAS VEGAS, GREEN VALLEY-157451 510 E FRAGO		15.00	
12/08		NON-APPV ATM TRANSACTION FEE		1.00	
12/08		MOBILE BANKING FUNDS TRANSFER FROM SHARE SAVINGS		50.00	
12/08		POINT OF SALE PURCHASE US NV RENO 100 000, SHELL SERVICE (78)		67.00	
12/04		AUTOMATIC DEPOSIT, CHEART SAVINGS LOANPAYMENT CCH		665.00	
12/01	12/01	VISA - 12/30 MICROSOFT/2881 100-663176 US 024550		1.00	
12/01		MOBILE BANKING FUNDS TRANSFER TO SHARE SAVINGS		150.00	
12/01		POINT OF SALE PURCHASE US NV RENO 100 000, SHELL SERVICE (78)		0.00	
		ENDING BALANCE			

Checking Summary

Item	Amount	Item	Amount	Item	Amount	Item	Amount
V10A	5.00	V10A	100.00	V10A	10.00	V10A	1.00
V10B	200.00	V10B	10.00	V10B	1.00	V10B	1.00
V10C	210.00	V10C	10.00	V10C	1.00	V10C	1.00
V10D	1.00	V10D	10.00	V10D	1.00	V10D	1.00
V10E	1.00	V10E	10.00	V10E	1.00	V10E	1.00
V10F	1.00	V10F	10.00	V10F	1.00	V10F	1.00
V10G	1.00	V10G	10.00	V10G	1.00	V10G	1.00
V10H	1.00	V10H	10.00	V10H	1.00	V10H	1.00
V10I	1.00	V10I	10.00	V10I	1.00	V10I	1.00
V10J	1.00	V10J	10.00	V10J	1.00	V10J	1.00
V10K	1.00	V10K	10.00	V10K	1.00	V10K	1.00
V10L	1.00	V10L	10.00	V10L	1.00	V10L	1.00
V10M	1.00	V10M	10.00	V10M	1.00	V10M	1.00
V10N	1.00	V10N	10.00	V10N	1.00	V10N	1.00
V10O	1.00	V10O	10.00	V10O	1.00	V10O	1.00
V10P	1.00	V10P	10.00	V10P	1.00	V10P	1.00
V10Q	1.00	V10Q	10.00	V10Q	1.00	V10Q	1.00
V10R	1.00	V10R	10.00	V10R	1.00	V10R	1.00
V10S	1.00	V10S	10.00	V10S	1.00	V10S	1.00
V10T	1.00	V10T	10.00	V10T	1.00	V10T	1.00
V10U	1.00	V10U	10.00	V10U	1.00	V10U	1.00
V10V	1.00	V10V	10.00	V10V	1.00	V10V	1.00
V10W	1.00	V10W	10.00	V10W	1.00	V10W	1.00
V10X	1.00	V10X	10.00	V10X	1.00	V10X	1.00
V10Y	1.00	V10Y	10.00	V10Y	1.00	V10Y	1.00
V10Z	1.00	V10Z	10.00	V10Z	1.00	V10Z	1.00

Total Checks and Visa Checking:	2,022.88	Total Withdrawals:	10,673.44	Total Deposits:	12,360.27
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[illegible]





Volunteer Service Opportunities

In accordance with America First bylaws, three members will be elected to three-year terms on our Board of Directors at the Annual Meeting on April 20, 2021. Incumbent volunteers are David McConkie, Cathy Person and John Spease.

Those interested in becoming Directors must have membership in good standing, be 18 years or older, bondable, free from any conflicts of interest, and remain available for all related meetings. Please submit your application online and a statement of qualification (limited to 150 words) by 5 p.m. on January 6, 2021. Visit americafirst.com/volunteers to complete the process.

Nominations for Board vacancies are also accepted by petitions signed by at least 500 members. Nominees must submit qualification statements with 150-word limits, biographical data, and signed certificates stating they are agreeable to nomination and will serve if elected. Such petitions must be received by 5 p.m. on March 1, 2021. Election balloting will not be conducted if there is one nominee for each open position. Nominations from the floor will not be accepted at the meeting.

SEND CORRESPONDENCE TO: P.O. BOX 9199, OGDEN, UT 84409 • AMERICAFIRST.COM • TOLL-FREE: 1-800-959-3961
THOSE WITH HEARING OR SPEECH IMPAIRMENTS CAN DIAL 711 OR USE PREFERRED TELECOMMUNICATION RELAY SERVICES

americafirst.com •    

Member FDIC. Equal Housing Lender.

HGW 345

PAYMENT INSTRUCTIONS

Payment Plan: If you wish to discuss a payment plan or the status of your account, contact one of our taxpayer representatives at our Hartford, CT office at (860) 724-9100 or (866) 497-2427 between 8:30 AM and 5:00 PM, Eastern Time, Monday thru Friday. Please review the Taxpayer Information Sheet enclosed before telephoning. Please also have your reference number ready when you call.

If you need a DMV Release: For issuance of a DMV release the entire tax bill(s) must be paid in full with good funds, either by certified check, bank check, cashier's check or money order and must be mailed to TaxServ Capital Services, LLC (TaxServ) at the address provided below. You also may make an online payment at www.taxserv.com. You will need your reference number to make an online payment. Online payments are not posted by TaxServ for a minimum of 48 hours (excluding weekends and holidays) until funds are received. TaxServ provides the Town with a payment report weekly in arrears. The Town will not issue a DMV release until the Town receives and posts the payment received by TaxServ, which remains the system of record (with no exception). The DMV is notified by the Tax Collector's office of the release. If you pay with a personal check and if the check is returned for insufficient funds or any other reason, you will be charged a \$20.00 returned check fee.

Credit Card: Please visit www.taxserv.com. Click **PAY ONLINE** and read through and **AGREE** to the terms and conditions. Once you click **AGREE**, select **Fairfield County** and then **Danbury** to begin. A convenience fee will be charged by the processor for all payments made online.

Send Payment by Mail: If you send a payment by mail, you must include the payment coupon below. Make your check or money order payable to "TaxServ Capital Services - DB". On the check or money order write your reference number(s) (including the leading letters) and send to:

**TAXSERV CAPITAL SERVICES, LLC
400 N. CONGRESS AVE, SUITE 101
WEST PALM BEACH, FL 33401-2933**

NO CASH WILL BE ACCEPTED BY MAIL.

(If you have any questions, please contact us Toll Free at (866) 497-2427 M-F 8:00 AM - 5:00 PM (Eastern Time).)

PLEASE CUT ALONG DOTTED LINE AND MAIL WITH YOUR CHECK.

Please return this portion with your payment.

DBH56-362690

WILLIAMS HERMAN G JR
401B ADABELLA AVE 204
LAS VEGAS NV 89115-1812

Please indicate any address/phone number changes below:

New Address:

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

MAIL YOUR PAYMENT TO:

**TAXSERV CAPITAL SERVICES, LLC
400 N. CONGRESS AVE, SUITE 101
WEST PALM BEACH, FL 33401-2933**

Reference Number(s):
(Número de Referencia) DB362690

Payment Due Date: March 31, 2019
(Payments made after this date are subject to additional interest)

Amount Due: \$301.52

Amount Paid: _____

Check #: _____

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO:

TAXSERV CAPITAL SERVICES - DB

PLEASE WRITE YOUR REFERENCE NUMBER(S)
ON YOUR CHECK OR MONEY ORDER.

NO CASH WILL BE ACCEPTED BY MAIL.



EXHIBIT

HGW 346



CREDIT COLLECTION SERVICES

725 Canton Street, Norwood, MA 02062

Self-service: www.ccspayment.com

Monday - Friday: 8:00AM-8:00PM, Saturday: 9:00AM-5:30PM, ET

CALL CENTER: (617) 581-1083

Date: 01/29/20

File Number: 08 0742 37567

Pin Number: 93103

7160696182



Test(s) ordered by:
JACKSON-CLARK,DAVITA

CREDITOR:
QUEST DIAGNOSTICS INCORPORATED

AMOUNT OF THE DEBT:
\$1,698.48

According to our client, the above referenced amount remains unpaid. As a result, your account has been placed with this office for collection. We look forward to working with you to resolve this matter. Thank you.

Federal Law: Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor. This is an attempt to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.



SELF-SERVICE WEBSITE: You can activate email messaging, upload correspondence, request telephone calls to stop, pay by check, Visa, MasterCard, Discover, arrange a payment plan, and more at our secure website: www.ccspayment.com



CALL CENTER: You can receive personal attention from a Customer Service Agent during the hours referenced at the top of this notice: (617) 581-1083.



MAIL PAYMENT: You can mail your check together with the payment stub portion of this notice. You can make your check payable to QUEST DIAGNOSTICS INCORPORATED.



MAIL OR FAX CORRESPONDENCE: You can mail correspondence to: CCS P.O. Box 337, Norwood, MA 02062-0337 or fax to: (617) 658-5714. You can include a copy of this notice to avoid processing delays.

0230-11V

File Number: 08 0742 37567
Pin Number: 93103
Guardian of A WILLIAMS

AMOUNT OF THE DEBT:
\$1,698.48

Do not mail post-dated checks. You can call (617) 581-1083 for personal attention. CCS may process payment as a one-time electronic funds withdrawal using information from your check.

We offer secure email messaging, as well as the ability to pay or send correspondence online. It's quick, easy, and helps protect the environment. Please consider visiting our self-service website at: www.ccspayment.com.

CCS
PAYMENT PROCESSING CENTER
P.O. BOX 55126
BOSTON, MA 02205-5126



ED EXHIBIT

6988800900742375670014564847

- C. Should the balance of the account become 30-day delinquent, active treatment will cease until the account is current. During this time, patient visits will not be scheduled. Visits for emergencies that may arise can be scheduled to make the patient comfortable. If minimum payments are not made and account remains delinquent, we reserve the right to discontinue treatment and turn the account over to collections. The responsible party will pay all cost and expenses, including attorney's fees and/or collection fees.
- D. Our fee includes only the procedures performed in this office. Additional charges will be made for:
- Broken brackets: \$25 each, \$35 for clear brackets
 - Broken or lost retainers and appliances
 - Returned checks \$50
 - Office visits after the first year of retention
 - Re-treatment made necessary by lack of retainer wear
 - Excessive broken appointments - please call 48 hrs. in advance to cancel or reschedule appointments or cancellation fee will apply
- E. **Insurance Assignment:** Please understand that our office provides only an estimate of the amount that the insurance policy may pay. It should be understood that our office accepts assignment of any orthodontic insurance payments and the responsible party agrees to pay, prior to the removal of braces, any portion of the fee that the insurance does not cover. It should also be understood that the patient insurance benefit is not paid in one lump sum at the beginning of treatment. We receive monthly payments as the treatment continues based on eligibility. Should you receive a check from the insurance company please forward that payment to our office immediately. Any unpaid insurance balances will be billed to you directly. It is your responsibility to advise us of any changes in your insurance.

APPOINTMENTS: In order to ensure quality orthodontic care, it is imperative that both parents and patients understand the manner in which we schedule your appointments. Our goal is to be the best part of your day. We make it a top priority to value both you and your time. That's why we make every effort to stay on or ahead of schedule. Most parents work and all children attend school. Inconveniencing your work schedule and interrupting your child's studies as infrequently as possible is very important to our entire office. We provide your child with school excuses for scheduled orthodontic appointments and it is important for your child to turn these in to the appropriate school official. We want you to know our staff will work hard to provide the finest orthodontic care in the most convenient scheduling system possible for you and your child. We also have families and children and understand your scheduling concerns. We will do everything we can to ensure your child's treatment goes as smoothly as possible.

- **Long Appointments, Banding and Bonding:** These are more detailed and technique - sensitive appointments. Therefore, these appointments will be scheduled during quieter morning hours.
- **Emergencies:** There are no true orthodontic emergencies. In the rare instance of trauma, patients will be seen as soon as possible and appropriate care given or referred to another specialist for treatment. If the office is closed and this is a true emergency please go to the nearest emergency room or call 911.
- **Repairs:** Loose brackets, bands, broken arch wires or ties, broken appliance or retainers. These are rare and are not emergencies. Please call our office during regular business hours to schedule an appointment to make repairs. These appointments are scheduled during school hours at specific times since they are longer appointments. The vast majority of your appointments over the course of treatment will be short. By seeing patients that require longer visits during school hours, it leaves room in our schedule to see more patients after school.
- **Appointments broken or not cancelled within 48 hours:** Another appointment will be scheduled but may require waiting 4-8 weeks for an after-school appointment. An appointment during school hours typically may be arranged sooner. We will be happy to place you on the standby list for any openings that may occur.

General Dental Care: Regular visits to your family dentist during orthodontic treatment are essential to ensure good oral health. The above treatment fee does not cover services or materials provided outside of this office.

The treatment fee does NOT include the followings:

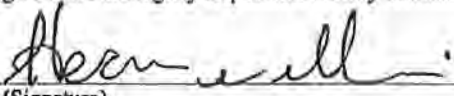
- any general dental treatment that may be required, such as extractions, fillings, and cleanings
- the services of a speech pathologist, physician, surgeon, or other professional as deemed necessary
- any special appliances and x-rays that are not foreseen in the original diagnosis
- the services of an oral surgeon or other dental specialist
- in some cases, other orthodontic diagnostic aides

The treatment fee does include retainers, and six months of retention supervision. We will bill insurance, if applicable, for all records (x-rays, photos and study models). Should insurance deny or only pay a portion we will adjust the balance off as a courtesy.

Transfer/Relocation: In the event that a patient relocates during treatment, this office may assist in selecting a new orthodontist. Upon your request, duplicated records will be forwarded to the new office. The balance on your account at the time of relocation will

be calculated as follows: One third of the treatment fee is earned the day braces or appliances are placed or when Invisalign impressions are taken. The remaining two thirds is divided by the estimated treatment time. This contract is not transferrable to another orthodontist. They may charge usual and customary fees for the area to which you relocate.

I, the responsible party, consent to treatment recommended by Children's Dentistry and Orthodontics. The treatment plan and potential risks have been fully explained to me by the Orthodontist and staff. I have read and understand the potential risks explained in the INFORMED CONSENT FOR THE ORTHODONTIC PATIENT. It is understood that due to the heavy reliance on patient cooperation and favorable growth in orthodontics that ideal results cannot be guaranteed. I, as the Guarantor for this account, certify that I have read and understand this agreement; and that I agree to pay Children's Dentistry and Orthodontics according to the schedule above. I agree that I am legally responsible for any outstanding balance on this account.

Responsible Party: 
(Signature)

Date: 6/24/19



P.O. Box 30281
Salt Lake City, UT 84130-0281

June 20, 2020

00000715
UF

Herman Williams
41018 Ababella Ave Blvd 4 204
Las Vegas NV 89115

Re: xxxxxxxxxxxx4734
Case #: 10004544901755

Dear Herman Williams,

Thanks for contacting us about your credit report. Based on the information you gave us, we researched your account. We know your credit is important to you so we want to help you understand what we found.

You asked us to change or remove something on your credit report. When we researched your account, however, we found that the credit bureaus are not displaying this account on your credit report. This means there is no update we can make.

For more information about credit bureau reporting, please see the Credit Bureau Frequently Asked Questions on our website, www.capitalone.com/credit-cards/faq.

Sincerely,

Capital One® Credit Bureau Resolutions

This letter is for informational purposes only and is not an attempt to collect a debt.





DEBT RECOVERY
SOLUTIONS, LLC

7/1/2020

HERMAN WILLIAMS
4018 ADABELLA AVENUE APT 204
LAS VEGAS NV 89115

Current Creditor: Pendrick Capital Partners
Original Creditor: EMPP/UNIVERSITY MEDICAL C
Account No.: 23581801
Balance Due: \$1,423.00

Dear HERMAN WILLIAMS:

We are responding to your recent request for verification of the obligation referenced above.
Enclosed is the documentation you requested.

We trust that this information responds to your question. Please remit payment immediately or
call our customer service department at 1.800.807.4107 if further information is required.

Very truly yours,

Ms. Furman
Customer Service Coordinator

JF:cg
Enclosures



"THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED
FOR THAT PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR."

6800 Jericho Turnpike • Suite 113E • Syosset, NY 11791

HGW 352

PENDRICK CAPITAL PARTNERS, LLC.

Jun 26, 2020
Case #: NEJ771

WILLIAMS, HERMAN
10116 DESERT TREES ST
LAS VEGAS, NV 891418527

Patient Information

WILLIAMS, HERMAN
10116 DESERT TREES ST
LAS VEGAS, NV 891418527
Phone: (702) 613-9963
Birthday: 08/05/69

Diagnosis

1) R0789

First Symptom: 00/00/00

Hospitalized: 06/29/17 to 06/29/17

Referring Doctor's Name: VILLAFLO MD CHRISTI ID:

Procedures/Charges

Dates of Service		Procedure/Service	Diag	Nbr	
From	To	CPT Code/Modifiers	Code	Units	Charge
06/29/17	06/29/17	99285		0	1323.00
06/29/17	06/29/17	99053		0	100.00

Original Creditor Information

EMPP/UNIVERSITY MEDICAL CENTER
1800 W CHARLESTON BLVD
LAS VEGAS, NV 89102



ED EXHIBIT

HGW 353

Current Creditor Information

Pendrick Capital Partners, LLC
2331 Mill Rd.
Suite 510
Alexandria, VA 22314

Financial Information

Current Balance: 1423.00

Digestive Associates LLP
 640 S RANCHO DR
 STE 4
 LAS VEGAS, NV 89106
 Forward Service Requested

For Billing Inquiries Call: 888-544-7837
 Patient: Herman G Williams

TRIPPO 164504 771878772
 Herman G Williams
 4018 ADABELLA AVE
 APT 204
 LAS VEGAS NV 89115-1613

Digestive Associates LLP
 640 S RANCHO DR
 STE 4
 LAS VEGAS, NV 89106

Please complete Payment Information

Account No.	Statement Date	Payment Due
1273	2020-01-01	205.47
Mail Pay	Enter Payment Amount \$	
by Check	Payable Digestive Associates LLP	Check No.

☐ Check if your billing information has changed.
 Payment preferably should be on the reverse side.

Please detach and return top portion with payment.

Statement Detail

Statement Date 2020-01-01

Account No. 164273

Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim: 214300, Provider: Snehal Desai, MD			
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX	410.00	211.36	
214300	2018-11-22	2018-08-28	CASH DISCOUNT			
214300	2018-11-22	2020-01-01	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
214300	2018-11-22	2020-01-01	Your Balance Due On These Services ...			
214323	2018-11-23	2018-11-23	Claim: 214323, Provider: Snehal Desai, MD			
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX	267.00	160.15	
214323	2018-11-23	2019-08-28	CASH DISCOUNT			
214323	2018-11-23	2020-01-01	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
214323	2018-11-23	2020-01-01	Your Balance Due On These Services ...			



Digestive Associates LLP
 840 S RANCHO DR
 STE 4
 LAS VEGAS, NV 89108
 Forward Service Requested

Account No.	Statement Date	Payment Due
164273	2020-01-28	305.47
Mail Pay	Enter Payment Amount \$	
by Check	Payable To: Digestive Associates LLP	Check No:

For Billing Inquiries Call: 888-344-7837
Patient: Herman G Williams

05570
 TR902 1662723 785603904
Herman G Williams
 4018 ADABELLA AVE
 APT 204
 LAS VEGAS NV 89115-1613

Digestive Associates LLP
 840 S RANCHO DR
 STE 4
 LAS VEGAS, NV 89108

☐ Check if your billing information has changed.
 Provide update(s) above or on the reverse side.

Please detach and return this portion with payment.

Statement Detail			Statement Date 2020-01-28	Account No. 164273		
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD			
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX	410.00		
214300	2018-11-22	2019-08-28	CASH DISCOUNT		211.38	
214300	2018-11-22	2020-01-28	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
214300	2018-11-22	2020-01-28	Your Balance Due On These Services ...			198.62
214323	2018-11-23	2018-11-23	Claim:214323, Provider: Snehal Desai, MD			
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI GPLX	267.00		
214323	2018-11-23	2019-08-28	CASH DISCOUNT		160.15	
214323	2018-11-23	2020-01-28	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
214323	2018-11-23	2020-01-28	Your Balance Due On These Services ...			106.85

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	0.00	0.00	0.00	0.00	305.47

Payment Due
305.47

Digestive Associates LLP 840 S RANCHO DR STE 4 LAS VEGAS, NV 89108
 For Billing Inquiries Call: 888-344-7837 Patient: Herman G Williams

HGW-3561

Digestive Associates LLP

840 S RANCHO DR
STE 4-342
LAS VEGAS, NV 89106
Forward Service Requested

Please complete payment information.

07-10360

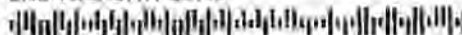
Account No.	Statement Date	Payment Due
1273	2020-02-27	305.47
Mail Pay	Enter Payment Amount \$	
by Check	Payable To: Digestive Associates LLP	Check No.

For Billing Inquiries Call: 885-344-7837
Patient: Herman G Williams

TRISDZ 1721228 801241160
Herman G Williams
4018 ADABELLA AVE
APT 204
LAS VEGAS NV 89115-1813

Digestive Associates LLP

840 S RANCHO DR
STE 4-342
LAS VEGAS, NV 89106



☐ Check if your billing information has changed.
Provide update(s) above or on the reverse side.

Please detach and return top portion with payment.

Statement Detail			Statement Date 2020-02-27	Account No. 104273		
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD			
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX	410.00		
214300	2018-11-22	2019-08-28	CASH DISCOUNT		211.38	
214300	2018-11-22	2020-02-27	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
			Your Balance Due On These Services ...			188.62
214323	2018-11-23	2018-11-23	Claim:214323, Provider: Snehal Desai, MD			
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX	267.00		
214323	2018-11-23	2019-08-28	CASH DISCOUNT		160.15	
214323	2018-11-23	2020-02-27	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
			Your Balance Due On These Services ...			106.85
214323	2018-11-23	2020-02-27				

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	0.00	0.00	0.00	0.00	305.47

Payment Due
305.47

HWG 357

Digestive Associates LLP

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89106
Forward Service Requested

Account No.	Statement Date	Payment Due
164273	2020-04-04	305.47
Mail Pay	Enter Payment Amount \$	
by Check	Payable To: Digestive Associates LLP	Check No:

For Billing Inquiries Call: 888-344-7537
Patient: Herman G Williams

TR190Z 1760388 820933851

Herman G Williams
4018 ADABELLA AVE

APT 204
LAS VEGAS NV 89115-1613

Digestive Associates LLP

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89106

☐ Check if your billing information has changed.
Provide update(s) above or on the reverse side.

Please detach and return top portion with payment.

Statement Detail			Statement Date 2020-04-04	Account No. 164273		
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD			
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX	410.00		
214300	2018-11-22	2019-08-28	CASH DISCOUNT		211.38	
214300	2018-11-22	2019-08-28	Your Balance Due On These Services ..			198.62
214323	2018-11-23	2018-11-23	Claim:214323, Provider: Snehal Desai, MD			
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX	287.00		
214323	2018-11-23	2019-08-28	CASH DISCOUNT		180.15	
214323	2018-11-23	2019-08-28	Your Balance Due On These Services ..			106.85

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	0.00	0.00	0.00	0.00	305.47

Payment Due
305.47

Digestive Associates LLP 840 S RANCHO DR STE 4, LB 342 LAS VEGAS, NV 89106

HGW 358

Digestive Associates LLP

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89106
Forward Service Requested

Please complete payment information.

ST 110780

Account No.	Statement Date	Payment Due
164273	2020-04-28	305.47
Mail Pay	Enter Payment Amount \$	
by Check	Payable to: Digestive Associates LLP	Check No.



For Billing Inquiries Call: 888-344-7837
Patient: Herman G Williams

680430

TRIS02 1788985 831174841

Herman G Williams

4018 ADABELLA AVE

APT 204

LAS VEGAS NV 89115-1813

Digestive Associates LLP

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89106



☐ Check if your billing information has changed.
Provide update(s) above or on the reverse side.

Please detach and return top portion with payment.

Statement Detail			Statement Date 2020-04-28	Account No. 164273		
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD			
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX	410.00		
214300	2018-11-22	2019-08-28	CASH DISCOUNT		211.38	
214300	2018-11-22	2020-04-28	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
214300	2018-11-22	2020-04-28	Your Balance Due On These Services ...			108.62
214323	2018-11-23	2018-11-23	Claim:214323, Provider: Snehal Desai, MD			
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX	267.00		
214323	2018-11-23	2019-08-28	CASH DISCOUNT		160.15	
214323	2018-11-23	2020-04-28	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
214323	2018-11-23	2020-04-28	Your Balance Due On These Services ...			106.85

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	0.00	0.00	0.00	0.00	305.47

Payment Due
305.47

HGW 359

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89106
Forward Service Requested

1273		2020-05-26	305.47
Mail Pay	Enter Payment Amount		3
by Check	Payable To: Digestive Associates LLP		Check No:



For Billing Inquiries Call: 888-344-7837
Patient: Herman G Williams

019170

IR1902 1036175 84329137#

Herman G Williams
4018 ADABELLA AVE

APT 204
LAS VEGAS NV 89115-1613



Digestive Associates LLP

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89106



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Provide update(s) above or on the reverse side.

Please detach and return this portion with payment.

Statement Detail			Statement Date 2020-05-26	Account No. 164273		
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD	410.00	211.38	198.62
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX			
214300	2018-11-22	2019-08-28	CASH DISCOUNT			
214300	2018-11-22	2020-05-26	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
214300	2018-11-22	2020-05-26	Your Balance Due On These Services ..			
214323	2018-11-23	2018-11-23	Claim:214323, Provider: Snehal Desai, MD	267.00	160.15	106.85
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX			
214323	2018-11-23	2019-08-28	CASH DISCOUNT			
214323	2018-11-23	2020-05-26	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan or apply for hardship, please call us.			
214323	2018-11-23	2020-05-26	Your Balance Due On These Services ..			

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	0.00	0.00	0.00	0.00	305.47

Payment Due
305.47

Digestive Associates LLP 840 S RANCHO DR STE 4, LB 342 LAS VEGAS, NV 89106
For Billing Inquiries Call 888-344-7837 Patient: Herman G Williams

Page 1 of 1
HGW 360



0 9 5 5 5 7

[illegible]

97 TIMES

Account No.		Statement Date		Payment Date	
4273		2020-07-13		305.47	
Mail Pay		Enter Payment Amount			\$
ny Check		Payable To: Digestive Associates LLP			Check No.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 104

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Please detach and return top portion with response.

Statement Date			Statement Date 2020-07-13	Account No. 18427		
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD			
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX	410.00		
214300	2018-11-22	2019-08-28	CASH DISCOUNT		211.36	
214300	2018-11-22	2019-08-28	Your Balance Due On These Services ...			188.62
214323	2018-11-23	2018-11-23	Claim:214323, Provider: Snehal Desai, MD			
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX	267.00		
214323	2018-11-23	2019-08-28	CASH DISCOUNT		160.15	
214323	2018-11-23	2019-08-28	Your Balance Due On These Services ...			106.85

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	0.00	0.00	0.00	0.00	305.47

Payment Due	305.47
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HGW 361

Digestive Associates LLP

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89108
Forward Service Requested



For billing inquiries call 719-283-3616
Business Hours: Mon. to Fri. 8 am-4:30 pm PST
Patient: Herman G Williams

501250

TRN002 1852856 890262895

Herman G Williams



5321 CHINO HEIGHTS ST
NORTH LAS VEGAS NV 89081-2970

**Please complete payment information**

VP 116662

Account No.		Statement Date	Payment Due
164273		2020-09-14	305.47
Mail Pay	Enter Payment Amount \$		
by Check	Payable To: Digestive Associates LLP		Check No.
by Card	Select Card: <input type="checkbox"/> VISA <input type="checkbox"/> MC		
Card No.	Exp. Date		Card No.
Signature		Signature	

Digestive Associates LLP

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89108



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Please detach and return top portion with payment.

Please contact us at 719-283-3616 for questions about your bill.

Messages

- Payment is due upon receipt. Please pay or contact us immediately to prevent collection activity. Thank you.
- This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.
- To make a payment online, please visit: pay.instantmed.com/DIGESTIVE.ASSOCIATES

Statement Detail

Statement Date 2020-08-14

Account No. 164273

Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD			
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX	410.00		
214300	2018-11-22	2019-08-28	CASH DISCOUNT		211.38	
214300	2018-11-22	2020-09-14	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan, please call us.			
214300	2018-11-22	2020-09-14	Your Balance Due On These Services ..			198.62
214323	2018-11-23	2018-11-23	Claim:214323, Provider: Snehal Desai, MD			
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX	267.00		
214323	2018-11-23	2019-08-28	CASH DISCOUNT		160.15	
214323	2018-11-23	2020-09-14	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan, please call us.			
214323	2018-11-23	2020-09-14	Your Balance Due On These Services ..			106.85

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	0.00	0.00	0.00	0.00	305.47

Payment Due
305.47

HGW 362

Digestive Associates LLP

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89106
Forward Service Requested

For billing inquiries call 719-283-3616

Business Hours: Mon. to Fri. 8 am-4:30 pm PST

Patient: Herman G Williams

Please complete payment information.

5/1/2016

Account No.		Statement Date		Payment Due	
1273		2020-10-16		305.47	
Mail Pay	Enter Payment Amount \$				
by Check	Payable To: Digestive Associates LLP	Check No.			
by Card	Select Card: <input type="checkbox"/> VISA <input type="checkbox"/> MC				
Card No.	Exp. Date				
Signature	1-4 Digit Security Code				

Digestive Associates LLP

840 S RANCHO DR
STE 4, LB 342
LAS VEGAS, NV 89106



011076

TR1902 2029782 805631708

Herman G Williams

5321 CHINO HEIGHTS ST
NORTH LAS VEGAS NV 89081-2970



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Provide comments above or on the reverse side.

Please detach and return coupon portion with payment.

Please contact us at 719-283-3616 for questions about your bill.

Messages

- Payment is due upon receipt. Please pay or contact us immediately to prevent collection activity. Thank you.
- This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.
- To make a payment online, please visit: pay.instamed.com/DIGESTIVE.ASSOCIATES

Statement Detail			Statement Date 2020-10-16		Account No. 164273	
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD			
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX	410.00		
214300	2018-11-22	2019-08-28	CASH DISCOUNT		211.38	
214300	2018-11-22	2020-10-16	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan, please call us.			
214300	2018-11-22	2020-10-16	Your Balance Due On These Services			199.62
214323	2018-11-23	2018-11-23	Claim:214323, Provider: Snehal Desai, MD			
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX	267.00		
214323	2018-11-23	2019-08-28	CASH DISCOUNT		160.15	
214323	2018-11-23	2020-10-16	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan, please call us.			
214323	2018-11-23	2020-10-16	Your Balance Due On These Services			106.85

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	0.00	0.00	0.00	0.00	305.47

Payment Due
305.47

Digestive Associates LLP 840 S RANCHO DR STE 4, LB 342 LAS VEGAS, NV 89106

HGW 363

Digestive Associates LLP
 840 S RANCHO DR
 STE 4, LB 342
 LAS VEGAS, NV 89106
 Forward Service Requested

For billing inquiries call 719-283-3616
 Business Hours: Mon. to Fri. 8 am-4:30 pm PST
 Patient: Herman G Williams

Please complete payment information.

Account No.		Statement Date		Payment Due	
4273		2020-12-21		305.47	
Mail Pay		Enter Payment Amount \$			
by Check		Payable To: Digestive Associates LLP		Check No.	
by Card		Select Card: <input type="checkbox"/> VISA <input type="checkbox"/> MC			
Card No.		Exp. Date			
Signature		S-I Dgt		Security Code	

029631

TR002 Z119321 83235821
 Herman G Williams
 5321 CHINO HEIGHTS ST
 NORTH LAS VEGAS NV 89081-2970

Digestive Associates LLP
 840 S RANCHO DR
 STE 4, LB 342
 LAS VEGAS, NV 89106



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Please detach and return top portion with payment.

Please contact us at 719-283-3616 for questions about your bill.

Messages

- Payment is due upon receipt. Please pay or contact us immediately to prevent collection activity. Thank you.
- This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for it's services.
- To make a payment online, please visit: pay.instaamed.com/DIGESTIVE.ASSOCIATES

Statement Detail				Statement Date 2020-12-21		Account No. 164273	
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance	
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD	410.00	211.38	198.62	
214300	2018-11-22	2018-11-22	99254 HOSP CON3-MOD CPLX				
214300	2018-11-22	2019-08-28	CASH DISCOUNT				
214300	2018-11-22	2020-12-21	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan, please call us.				
214300	2018-11-22	2020-12-21	Your Balance Due On These Services ...	267.00	160.15	108.85	
214323	2018-11-23	2018-11-23	Claim:214323, Provider: Snehal Desai, MD				
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX				
214323	2018-11-23	2019-08-28	CASH DISCOUNT				
214323	2018-11-23	2020-12-21	To avoid further collection efforts, pay your account immediately! If you need to set up a payment plan, please call us.				
214323	2018-11-23	2020-12-21	Your Balance Due On These Services ...				

Aging	Current	31 - 60	61 - 90	91 - 120	120+
	0.00	0.00	0.00	0.00	305.47

Payment Due
305.47

Digestive Associates LLP 840 S RANCHO DR STE 4, LB 342 LAS VEGAS, NV 89106

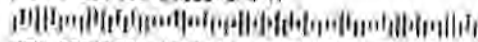
HGW 364



Quest
Diagnostics

Do not use address below:
P.O. Box 7306
Rollingwood, MO 64073-1306

AB 01 001488 B1898 C 4 A



NEV 88640690 1003284 7180898184 7

MATHEW WILLIAMS

4018 ADABELLA AVE APT 204

LAS VEGAS, NV 89115-1613

Laboratory Invoice

Page 1 of 1

For services not included in your physician's bill

Invoice Date	Amount Due	Due Date
Dec. 28, 2018	\$158.74	UPON RECEIPT

Invoice Number: 1194
Lab Code: NEV

Patient Name: MATHEW WILLIAMS
Responsible Party: MATHEW WILLIAMS
Date of Service: March 30, 2018
Requested By: JACKSON-CLARK, DAVITA

FOURTH NOTICE

FINAL PAST DUE NOTICE

This is the final notice you will receive from our office. Please make payment immediately to prevent your account from being forwarded to a collection agency for further collection action.

If further action is necessary, you may also be liable for additional expenses and costs, as permitted by law, which can substantially increase the amount you owe.

Please contact us today to make payment and prevent further collection efforts.

Patient Amount Due: \$158.74
Tax ID #: 88-0096333

To pay your invoice 24 hours / 7 days, visit our website at www.questdiagnostics.com/bill

For billing inquiries or to pay by phone: 1-855-619-4058

Please have your invoice available for reference.

MON-TH 8:30AM-5PM; FRI 9-4PM 08:30 AM - 05:00 PM PST

Se Habla Espanol

If you have Medicare, Railroad Medicare or Medicaid as your primary or secondary insurance, the CPT codes provided are based on AMA guidelines and without regard to specific payment.

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www.questdiagnostics.com/bill
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VISA



DISCOVER

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Be sure to include invoice number on your check.

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Diagnostics**

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P.O. Box 7408
Cincinnati, OH 45274-0351

AB 01 001484 91620 A 5 A



NEV 88840690 1003282 718060552 7

ABIGAIL WILLIAMS

4018 ADABELLA AVE APT 204

LAS VEGAS, NV 89115-1813

Laboratory Invoice

For services not included in your physician's bill

Page 1 of 1

Invoice Date	Amount Due	Due Date
Dec. 28, 2019	\$787.11	UPON RECEIPT
Invoice Number	Lab Code	
5162	NEV	
Patient Name	ABIGAIL WILLIAMS	
Responsible Party	ABIGAIL WILLIAMS	
Date of Service	March 30, 2019	
Requested By	JACKSON-CLARK, DAVITA	

FOURTH NOTICE

FINAL PAST DUE NOTICE

This is the final notice you will receive from our office. Please make payment immediately to prevent your account from being forwarded to a collection agency for further collection action.

If further action is necessary, you may also be liable for additional expenses and costs, as permitted by law, which can substantially increase the amount you owe.

Please contact us today to make payment and prevent further collection efforts.

Patient Amount Due: **\$787.11**
Tax ID #: **88-0099333**

To pay your invoice 24 hours / 7 days, visit our website at www.questdiagnostics.com/bill

For billing inquiries or to pay by phone: 1-855-619-4056

Please have your invoice available for reference.

MON-TH 8:30AM-5PM; FRI 9-4PM 08:30 AM - 05:00 PM PST

Se Habla Español

If you have Medicare, Railroad Medicare or Medicaid as your primary or secondary insurance, please send us the information - see reverse side. The CPT codes provided are based on AMA guidelines and without regard to specific payer requirements.

Quest Diagnostics Incorporated and its subsidiaries (Quest) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Please fold and tear along perforation and remit with payment in the envelope provided.



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Diagnostics**

LOG ON NOW - Pay your bill online securely at
www.questdiagnostics.com/bill
or call 1-855-619-4056.
Quest Diagnostics also accepts:

VISA

MEDICARE



DISCOVER

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: NEV

Amount Due **\$787.11**

Due Date: UPON RECEIPT **Invoice Number: 5162**

Patient Name: ABIGAIL WILLIAMS

Amount Enclosed **\$**

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 740361
CINCINNATI, OH 45274-0361



STANDARD BILLING PERIOD: 12 MONTHS

RGW 366



Quest
Diagnostics

Do not use address below:

P.O. Box 7206
Haitheh, MD 21083-7206

AB 01 001482 91690 8 4 A



NEV 88640600 1003301 7160696201 7

HERMAN WILLIAMS
4018 ADABELLA AVE APT 204
LAS VEGAS, NV 89116-1813

Laboratory Invoice

For services not included in your physician's bill

Page 1 of 1

Invoice Date	Amount Due	Due Date
Dec. 25, 2019	\$752.63	UPON RECEIPT
Invoice Number	Lab Code	
6201	NEV	
Patient Name:	HERMAN WILLIAMS	
Responsible Party:	HERMAN WILLIAMS	
Date of Service:	March 30, 2019	
Requested By:	JACKSON-CLARK,DAVITA	

FOURTH NOTICE

FINAL PAST DUE NOTICE

This is the final notice you will receive from our office. Please make payment immediately to prevent your account from being forwarded to a collection agency for further collection action.

If further action is necessary, you may also be liable for additional expenses and costs, as permitted by law, which can substantially increase the amount you owe.

Please contact us today to make payment and prevent further collection efforts.

Patient Amount Due: \$752.63
Tax ID # 88-0099333

To pay your invoice 24 hours / 7 days, visit our website at www.questdiagnostics.com/bill

For billing inquiries or to pay by phone: 1-855-819-4058

Please have your invoice available for reference.

MON-TH 8:30AM-5PM; FRI 9-4PM 09:30 AM - 05:00 PM PST

Se Habla Espanol!

If you have Medicare, Railroad Medicare or Medicaid as your primary or secondary insurance, please send us the information - see reverse side. The CPT codes provided are based on AMA guidelines and without regard to specific payer requirements.

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PLEASE TAP AND TAP along perforation and remit with payment in the envelope provided.



Quest
Diagnostics

LOG ON NOW. Pay your bill online securely at

www.questdiagnostics.com/bill
or call 1-855-819-4058

Quest Diagnostics also accepts:

VISA

MARCA



DISCOVER

Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: NEV

Amount Due: \$752.63

Due Date: UPON RECEIPT Invoice Number: 7160696201

Patient Name: HERMAN WILLIAMS

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 740361
CINCINNATI, OH 45274-0361



HGW 367

AARGON^(R)

COLLECTION AGENCY

THE ONLY REAL SOLUTION

To Contact Us: (800) 990-4765 EXT 333
 Hours of Operation:
 Monday – Friday 8:00 a.m. – 6:00 p.m.
 Saturday 8:00 a.m. – 12:00 p.m.

AARGON ACCOUNT #: 1864
 Letter Dated: October 15, 2020

Creditor's Name: University Medical Center Of Southern NV
 Creditor Account Number: 1718000374

DELINQUENT ACCOUNT	
Amount Owed:	\$23,768.20
Interest Accrued:	\$ 0.00
Your Payments:	\$ 0.00
Total Balance Due:	\$23,768.20

Dear HERMAN GEORGE WILLIAMS,

At this time your account has not been paid in full, nor have we received notice that you require payment arrangements.



Call Spencer Davis toll free at (800) 990-4765 ext. 333 to discuss your account and set up payment arrangements. Please reference Account Number: 3976-118684



Manage your Account Online. Visit us at <http://payaaargon.com>
 Your User Name is: WILLIAMS | Password is: 3976-118684



Mail a check or money order payable to Aargon Agency Inc., for the Total Balance Due using the remittance coupon below and enclosed envelope.

As of the date of this letter, you owe the Total Balance Due listed above. This amount may vary due to payments and/or accrual of interest. Because of interest that may vary from day to day the amount due on the day you pay may be greater. Hence, if you pay the amount shown above, an adjustment may be necessary after we receive your payment, in which event we will inform you before depositing your payment for collection. For further information you may contact our office at (800) 990-4765 ext 333

Information regarding this account has been or may be reported to a credit reporting agency and may be reflected on your credit report.

This communication is from a debt collector. This is an attempt to collect a debt; any information obtained, will be used for that purpose.

Our Account Managers can find a plan that can work for you. Contact us to

learn more. Payment options are available

See Reverse Side for Important Notice
 DETACH BOTTOM PORTION AND RETURN

Aargon Agency Inc.
 8858 Spring Mountain Rd., Suite 110
 Las Vegas, NV 89117-4113
 RETURN SERVICE REQUESTED



HERMAN GEORGE WILLIAMS
 5321 China Heights St
 North Las Vegas NV 89081-2970

☐ Please check box if address is incorrect or information has changed, and if not





Account Summary	
Patient Name:	Herman Williams
Trip Number:	5511240701300
Balance:	\$948.46

Date: February 12, 2020

RESOLUTION NOTIFICATION

Dear Herman Williams:

This notice is in reference to your unpaid balance for ambulance services provided by American Medical Response. This amount remains past due. In an effort to resolve this matter, we have directed the previously assigned collection agency to cease their collection communications and reach out to you ourselves to resolve the unpaid balance.

At this time, we can accept payment in the amount of \$426.81 as final resolution of this matter. This is a savings to you of \$521.65. We are not obligated to renew this offer in the future.

If you wish to take advantage of this resolution offer, remit your check, money order, or cashier's check to:

American Medical Response
PO Box 1517
Southgate, MI 48195-0517

Please include your trip number with your payment.

You may also make payment by contacting our office by phone at 644-352-3133. Our office hours are Monday to Friday 11:00 AM EST to 07:30 PM EST.

Your prompt attention is appreciated to resolve this issue.

Sincerely,
American Medical Response

This is an attempt to collect a debt and any information obtained will be used for that purpose.

V51F FF

PO Box 1517
Southgate, MI 48195-0517

IF PAYING BY CREDIT CARD, FILL OUT BELOW.	
<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card Number	
Signature	Exp. Date
Creditor American Medical Response	Amount Paid \$
Balance \$948.46	Trip Number 5511240701300

Herman Williams
4018 Adabelle Ave Apt 204
Las Vegas, NV 89115-16

Remit Payment To:

American Medical Response
PO Box 1517
Southgate, MI 48195-0517



ED EXHIBIT

HGW 389



**Midland
Credit
Management**

350 Camino De La Reina
Suite 100
San Diego, CA 92108

Herman Williams
4018 Adabella Ave Apt 204
Las Vegas, NV 89115-1613

PGT63 008



Phone	(877) 231-8885
Hours of Operation	Mon-Fri: 9am-4:30pm PT
Original Creditor	Credit One Bank, N.A.
Original Account Number	[REDACTED] 1174
MCM Account Number	8574412086
Current Owner	Midland Funding LLC
Current Balance	\$729.00

06-10-2020

RE: Credit One Bank, N.A.

Dear Herman,

We have received and processed your dispute. After reviewing the information you provided, our account notes, and information provided by the previous creditor we have found that our information is correct. We have also enclosed documents regarding the account. If you believe we have reached this conclusion in error, please reference the information below:

You have indicated that the following item(s) pertain to your account:	In order for us to further investigate your inquiry please provide the following documentation:
We are uncertain of what you are specifically disputing	Written explanation and documentation demonstrating any errors in our account information

Information can be mailed to: Attention: Consumer Support Services, 320 E Big Beaver Rd. Suite 300, Troy, MI 48063

In response to your dispute, we have requested that the three major credit bureaus change the status of this account to "Disputed". Your credit report will not be updated if the federal reporting period has expired.

For additional information on credit reporting and tradeline statuses, please visit the following website:
<https://www.MidlandCredit.com/help-center/assistance-faqs/>

Please call Consumer Support Services at (877) 231-8885 if you have any additional questions.

Sincerely,

Tim Bolin

Tim Bolin, Division Manager

The law limits how long you can be sued on a debt. Because of the age of your debt, we will not sue you for it. If you do not pay the debt, we may continue to report it to the credit reporting agencies as unpaid.



ED EXHIBIT

HGW 370

CREDIT ONE BANK CREDIT CARD STATEMENT
 Account Number 4447 9622 9387 0174
 September 25, 2016 to October 24, 2016

SUMMARY OF ACCOUNT ACTIVITY		
Previous Balance		\$720.75
Payments	-	\$0.00
Other Credits	-	\$0.00
Purchases	+	\$0.00
Cash Advances	+	\$0.00
Fees Charged	+	\$8.25
Interest Charged	+	\$0.00
New Balance		\$729.00
Credit Limit		\$400.00
Available Credit		\$0.00
Statement Closing Date		10/24/16
Days in Billing Cycle		30

QUESTIONS?

Call Customer Service or Report
 a Lost or Stolen Credit Card 1-877-825-3242
 Outside the U.S. Call 1-702-405-2042

Please send billing inquiries and correspondence to:
 P.O. Box 88673, Las Vegas, NV 89193-8873

PAYMENT INFORMATION	
New Balance	\$729.00
Past Due Amount	\$720.75
Amount Due This Period	\$8.25
Minimum Payment Due	\$729.00
Payment Due Date	11/20/16
Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee up to \$36.	
Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.	
For example:	
If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on the statement in about...
Only the minimum payment	1 month
	\$729.00
If you would like a location for credit counseling services, call 1-866-515-6720.	

TRANSACTIONS			
Reference Number	Trans Date	Post Date	Description of Transaction or Credit
Fees			
F572700MU000CYLAC	10/24	10/24	ANNUAL FEE 11/16 THROUGH 11/16
			TOTAL FEES FOR THIS PERIOD
			\$8.25
Interest Charged			
	10/24	10/24	Interest Charge on Purchases
	10/24	10/24	Interest Charge on Cash Advances
			TOTAL INTEREST FOR THIS PERIOD
			\$0.00
2016 Totals Year-to-Date			
Total fees charged in 2016			\$288.48
Total interest charged in 2016			\$64.70

Your account is currently closed.

INTEREST CHARGE CALCULATION			
Your Annual Percentage Rate (APR) is the annual interest rate on your account.			
Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	24.15%(v)	\$0.00	\$0.00
Cash Advances	24.15%(v)	\$0.00	\$0.00
(v) = Variable Rate			



Flowsheet Print Request

Patient: WILLIAMS, ELISHA
MRN: 0001708199(EM)

Date Range: 02/27/2020 21:26 PST - 03/03/2020 21:26 PST

Printed by: Taylor, Shook-Ming DO
Printed on: 03/02/2020 21:35 PST

Laboratory

03/02/2020
21:18 PST

Serology/Immunology

Influenza A	Positive (A)
Influenza B	Negative
FluA/B Source	Swab

Page 1



ED EXHIBIT

HGW 373

1265

XR Chest 1 View
* Final Report *

WILLIAMS, ELISHA - 0001708199(EM)

Result type: XR Chest 1 View
Result Date: March 02, 2020 21:10 PST
Result status: Auth (Verified)
Result Title: XR Chest 1 View
Source of Report: Sanders, Michael MD on March 02, 2020 21:13 PST
Verified By: Sanders, Michael MD on March 02, 2020 21:13 PST
Encounter info: 1458193, NVCR, Emergency, 03/02/2020 -

*** Final Report ***

Reason For Exam

cough, fever, Other - please free text reason for exam

Radiology Report

REASON FOR EXAM: Cough, fever

COMPARISON: None.

FINDINGS: Single AP view of the chest was obtained. There are moderately prominent perihilar lung markings bilaterally. There is no focal consolidation. There is no large pleural effusion. Heart size is normal. There is no pulmonary vascular congestion. There is no pneumothorax.

IMPRESSION: Moderately prominent perihilar lung markings bilaterally. This can be seen with atypical/viral infection.

ELECTRONICALLY SIGNED BY: Michael Sanders, M.D. 3/2/2020 9:13 PM

Signature Line

* * * F I N A L * * *

Dictated by: Sanders, Michael MD, Physician

Electronically signed by: Sanders, Michael MD

Transcribed by: IR, D: 03/02/2020 21:13, T: 03/02/2020 21:16, S: 03/02/2020 21:13

* * * E L N A O * * *

Completed Action List:

* Order by Taylor, Shook-Ming DO on March 02, 2020 21:01 PST

Printed by: Taylor, Shook-Ming DO
Printed on: 03/02/2020 21:26 PST

Page 1 of 2

HGW 374

XR Chest 1 View

* Final Report *

WILLIAMS, ELISHA - 0001708199(EM)

* Perform by Jones, Donnita on March 02, 2020 21:10 PST

* VERIFY by Sanders, Michael MD on March 02, 2020 21:13 PST

Printed by: Taylor, Shook-Ming DO
Printed on: 03/02/2020 21:26 PST

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HGW 375

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SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your **SAFETY**, we routinely follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgement when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen or lost prescriptions for pain medication.
5. We do not prescribe long-acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Methadone.
7. We do not usually give shots for flare-ups of chronic pain.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. In California, we use the California Prescription Drug Monitoring Program called CURES. In Arizona and Nevada, we use the Prescription Monitoring Program that has oversight by the Arizona and Nevada state boards of pharmacy. These statewide computer systems track opioid pain medications and other controlled substance prescriptions.

If you need help with substance abuse or addiction, please call **1-800-662-HELP (4367)** for confidential referral and treatment.

Sponsored by:

**American College
of Emergency Physicians**
ADVANCING EMERGENCY CARE

CMA
California
Medical Association

AZHHA
Arizona Hospital
and Healthcare Association

NHA
Nevada Hospital Association

ENA
Emergency Nurses Association
Safe Practice, Safe Care
California State Council

KAISER PERMANENTE

Name: WILLIAMS, ELISHA
MRN: 0001708199(EM)
Account #: 1456193

Date of Birth: 04/26/2013

Mar/02/2020 21:42:59

1 of 13

HGW 376

**Dignity Health Emerus - Craig Ranch
1550 W. Craig Rd
North Las Vegas, NV 89032
(702) 777-3615**

**Emergency Department
Patient Discharge Instructions**

If your symptoms continue or worsen, return to the emergency department or contact your physician.

If you have questions about your discharge instructions, call the phone number above.

Name: WILLIAMS, ELISHA

Current Date: 03/02/20 21:42:57

DOB: 04/26/2013 **MRN:** 0001708199(EM) **FIN:** 1458193

Patient Address: 4018 ADABELLA AVE APT 204 LAS VEGAS NV 89115

Patient Phone: (203) 864-1977

Reason for Visit:

Fever

Providers:

Provider	Role
Taylor, Shook-Ming DO	ED Provider

Name WILLIAMS, ELISHA
MRN 0001708199(EM)
Account # 1458193

Date of Birth 04/26/2013

Mar/02/2020 21:42:59

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Discharge Diagnosis: Acute febrile illness in pediatric patient; Influenza A

Dignity Health Emerus - Craig Ranch would like to thank you for allowing us to assist with your healthcare needs.

These instructions are intended to provide general information and guidelines to follow at home to properly care for your particular medical problem.

The following diagnostic tests and/or procedures were performed during your stay:

Laboratory
Influenza A & B

Radiology
XR Chest 1 View

WILLIAMS, ELISHA has been given the following list of follow-up instructions, prescriptions, patient education materials and valuables/belongings:

Follow-up Instructions:

With:	Address:	When:
Follow up with primary care provider		Within 1 to 3 days

With:	Address:	When:
Return to the ED for any new		

Name WILLIAMS, ELISHA
MRN 0001708199(EM)
Account # 1458193

Date of Birth 04/26/2013

Mar/02/2020 21:42:59

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or concerning symptoms

Comments:

Such as difficulty breathing, difficulty keeping down fluids, a stiff neck, or any other concerns

All referrals for follow up medical care may require approval by your insurance carrier. Any provider contact information (above) is provided to assist you in getting the follow up we recommend. However, it's important that you first check with your insurance provider to assure that the provider is in your network and such a visit will be covered. Some plans may require a Primary Care doctor to provide a referral for specialist appointments.

No Prescheduled Appointments Found

Immunizations

No Immunizations Documented This Visit

Patient Education Materials:

Influenza, Pediatric

Influenza, more commonly known as "the flu," is a viral infection that mainly affects the respiratory tract. The respiratory tract includes organs that help your child breathe, such as the lungs, nose, and throat. The flu causes many symptoms similar to the common cold along with high fever and body aches.

The flu spreads easily from person to person (is contagious). Having your child get a flu shot (influenza vaccination) every year is the best way to prevent the flu.

What are the causes?

This condition is caused by the influenza virus. Your child can get the virus by:

- * Breathing in droplets that are in the air from an infected person's cough or sneeze.

Name WILLIAMS, ELISHA
MRN 0001708199(EM)
Account # 1458193

Date of Birth 04/26/2013

Mar/02/2020 21:42:59

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- Touching something that has been exposed to the virus (has been contaminated) and then touching the mouth, nose, or eyes.

What increases the risk?

Your child is more likely to develop this condition if he or she:

- Does not wash or sanitize his or her hands often.
- Has close contact with many people during cold and flu season.
- Touches the mouth, eyes, or nose without first washing or sanitizing his or her hands.
- Does not get a yearly (annual) flu shot.

Your child may have a higher risk for the flu, including serious problems such as a severe lung infection (pneumonia), if he or she:

- Has a weakened disease-fighting system (immune system). Your child may have a weakened immune system if he or she:
 - Has HIV or AIDS.
 - Is undergoing chemotherapy.
 - Is taking medicines that reduce (suppress) the activity of the immune system.
- Has any long-term (chronic) illness, such as:
 - A liver or kidney disorder.
 - Diabetes.
 - Anemia.
 - Asthma.
- Is severely overweight (morbidly obese).

What are the signs or symptoms?

Symptoms may vary depending on your child's age. They usually begin suddenly and last 4–14 days. Symptoms may include:

- Fever and chills.
- Headaches, body aches, or muscle aches.
- Sore throat.
- Cough.
- Runny or stuffy (congested) nose.
- Chest discomfort.
- Poor appetite.
- Weakness or fatigue.
- Dizziness.
- Nausea or vomiting.

How is this diagnosed?

This condition may be diagnosed based on:

- Your child's symptoms and medical history.

Name: WILLIAMS, ELISHA
MRN 0001708199(EM)
Account # 14E8193

Date of Birth 04/28/2013

Mar/02/2020 21:42:59

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- A physical exam.
- Swabbing your child's nose or throat and testing the fluid for the influenza virus.

How is this treated?

If the flu is diagnosed early, your child can be treated with medicine that can help reduce how severe the illness is and how long it lasts (antiviral medicine). This may be given by mouth (orally) or through an IV.

In many cases, the flu goes away on its own. If your child has severe symptoms or complications, he or she may be treated in a hospital.

Follow these instructions at home:

Medicines

- Give your child over-the-counter and prescription medicines only as told by your child's health care provider.
- **Do not** give your child aspirin because of the association with Reye's syndrome.

Eating and drinking

- Make sure that your child drinks enough fluid to keep his or her urine pale yellow.
- Give your child an oral rehydration solution (ORS), if directed. This is a drink that is sold at pharmacies and retail stores.
- Encourage your child to drink clear fluids, such as water, low-calorie ice pops, and diluted fruit juice. Have your child drink slowly and in small amounts. Gradually increase the amount.
- Continue to breastfeed or bottle-feed your young child. Do this in small amounts and frequently. Gradually increase the amount. **Do not** give extra water to your infant.
- Encourage your child to eat soft foods in small amounts every 3–4 hours, if your child is eating solid food. Continue your child's regular diet, but avoid spicy or fatty foods.
- Avoid giving your child fluids that contain a lot of sugar or caffeine, such as sports drinks and soda.

Activity

- Have your child rest as needed and get plenty of sleep.
- Keep your child home from work, school, or daycare as told by your child's health care provider. Unless your child is visiting a health care provider, keep your child home until his or her fever has been gone for 24 hours without the use of medicine.

General instructions



Name WILLIAMS, ELISHA
MRN 0001708199(EM)
Account # 1458193

Date of Birth 04/25/2013

Mar/02/2020 21:42:59

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- Have your child:
 - Cover his or her mouth and nose when coughing or sneezing.
 - Wash his or her hands with soap and water often, especially after coughing or sneezing. If soap and water are not available, have your child use alcohol-based hand sanitizer.
- Use a cool mist humidifier to add humidity to the air in your child's room. This can make it easier for your child to breathe.
- If your child is young and cannot blow his or her nose effectively, use a bulb syringe to suction mucus out of the nose as told by your child's health care provider.
- Keep all follow-up visits as told by your child's health care provider. This is important.

How is this prevented?

- Have your child get an annual flu shot. This is recommended for every child who is 6 months or older. Ask your child's health care provider when your child should get a flu shot.
- Have your child avoid contact with people who are sick during cold and flu season. This is generally fall and winter.

Contact a health care provider if your child:

- Develops new symptoms.
- Produces more mucus.
- Has any of the following:
 - Ear pain.
 - Chest pain.
 - Diarrhea.
 - A fever.
 - A cough that gets worse.
 - Nausea.
 - Vomiting.

Get help right away if your child:

- Develops difficulty breathing.
- Starts to breathe quickly.
- Has blue or purple skin or nails.
- Is not drinking enough fluids.
- Will not wake up from sleep or interact with you.
- Gets a sudden headache.
- Cannot eat or drink without vomiting.
- Has severe pain or stiffness in the neck.
- Is younger than 3 months and has a temperature of 100.4°F (38°C) or higher.

Summary

- Influenza, known as "the flu," is a viral infection that mainly affects the respiratory tract.
- Symptoms of the flu typically last 4–14 days.
- Keep your child home from work, school, or daycare as told by your child's health care provider.
- Have your child get an annual flu shot. This is the best way to prevent the flu.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/16/2006 Document Revised: 06/05/2019 Document Reviewed: 06/05/2019
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Fever, Pediatric



A fever is an increase in the body's temperature. It is usually defined as a temperature of 100.4°F (38°C) or higher. In children older than 3 months, a brief mild or moderate fever generally has no long-term effect, and it usually does not need treatment. In children younger than 3 months, a fever may indicate a serious problem. A high fever in babies and toddlers can sometimes trigger a seizure (febrile seizure). The sweating that may occur with repeated or prolonged fever may also cause a loss of fluid in the body (dehydration).

Fever is confirmed by taking a temperature with a thermometer. A measured temperature can vary with:

Name: WILLIAMS, ELISHA
MRN: 0001708139(EM)
Account #: 1458193

Date of Birth: 04/26/2013

Mar/02/2020 21:42:59

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- Age.
- Time of day.
- Where in the body you take the temperature. Readings may vary if you place the thermometer:
 - In the mouth (oral).
 - In the rectum (rectal). This is the most accurate.
 - In the ear (tympanic).
 - Under the arm (axillary).
 - On the forehead (temporal).

Follow these instructions at home:

Medicines

- Give over-the-counter and prescription medicines only as told by your child's health care provider. Carefully follow dosing instructions from your child's health care provider.
- **Do not** give your child aspirin because of the association with Reye's syndrome.
- If your child was prescribed an antibiotic medicine, give it only as told by your child's health care provider. Do not stop giving your child the antibiotic even if he or she starts to feel better.

If your child has a seizure:

- Keep your child safe, but **do not** restrain your child during a seizure.
- To help prevent your child from choking, place your child on his or her side or stomach.
- If able, gently remove any objects from your child's mouth. **Do not** place anything in his or her mouth during a seizure.

General instructions

- Watch your child's condition for any changes. Let your child's health care provider know about them.
- Have your child rest as needed.
- Have your child drink enough fluid to keep his or her urine pale yellow. This helps to prevent dehydration.
- Sponge or bathe your child with room-temperature water to help reduce body temperature as needed. **Do not** use cold water, and **do not** do this if it makes your child more fussy or uncomfortable.
- **Do not** cover your child in too many blankets or heavy clothes.
- If your child's fever is caused by an infection that spreads from person to person (is contagious), such as a cold or the flu, he or she should stay home. He or she may leave the house only to get medical care if needed. The child should not return to school or daycare until at least 24 hours after the fever is gone. The fever should be gone without the use of medicines.
- Keep all follow-up visits as told by your child's health care provider. This is important.

Contact a health care provider if your child:

- Vomits.
- Has diarrhea.
- Has pain when he or she urinates.
- Has symptoms that do not improve with treatment.

- Develops new symptoms.

Get help right away if your child:

- Who is younger than 3 months has a temperature of 100.4°F (38°C) or higher.
- Becomes limp or floppy.
- Has wheezing or shortness of breath.
- Has a febrile seizure.
- Is dizzy or faints.
- Will not drink.
- Develops any of the following:
 - A rash, a stiff neck, or a severe headache.
 - Severe pain in the abdomen.
 - Persistent or severe vomiting or diarrhea.
 - A severe or productive cough.
- Is one year old or younger, and you notice signs of dehydration. These may include:
 - A sunken soft spot (fontanel) on his or her head.
 - No wet diapers in 6 hours.
 - Increased fussiness.
- Is one year old or older, and you notice signs of dehydration. These may include:
 - No urine in 8–12 hours.
 - Cracked lips.
 - Not making tears while crying.
 - Dry mouth.
 - Sunken eyes.
 - Sleepiness.
 - Weakness.

Summary

- A fever is an increase in the body's temperature. It is usually defined as a temperature of 100.4°F (38°C) or higher.
- In children younger than 3 months, a fever may indicate a serious problem. A high fever in babies and toddlers can sometimes trigger a seizure (febrile seizure). The sweating that may occur with repeated or prolonged fever may also cause dehydration.
- **Do not give your child aspirin because of the association with Reye's syndrome.**
- Pay attention to any changes in your child's symptoms. If symptoms worsen or your child has new symptoms, contact your child's health care provider.
- **Get help right away if your child who is younger than 3 months has a temperature of 100.4°F (38°C) or higher, your child has a seizure, or your child has signs of dehydration.**

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 05/08/2028 Document Revised: 06/05/2019 Document Review ed: 06/05/2019
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Name WILLIAMS, ELISHA
MIDN 0001708199(EM)
Account # 1458193

Date of Birth 04/26/2015

Mar/02/2020 21:42:59

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Medication Information:

Please advise your Primary Care Physician of these new medications and update your list as your medications change. Be sure to carry your complete medication list with you at all times.

New Meds

Printed or Written Prescriptions

acetaminophen (Tylenol Childrens 160 mg/5 mL oral suspension)

11.5 Milliliter By mouth every 4 hours as needed Pain/Temperature, not to exceed 5 doses/day. Refills: 0.,

Target Dose: Tylenol Childrens 160 mg/5 mL oral suspension 15 mg/kg 03/02/20 21:17:58

Last Dose Given: _____ Next Dose Due: _____

ibuprofen (ibuprofen 100 mg/5 mL oral suspension)

12.5 Milliliter By mouth every 6 hours as needed Pain/Temperature, with food or milk not to exceed 4 doses/day. Refills: 0.,

Target Dose: ibuprofen 100 mg/5 mL oral suspension 10 mg/kg 03/02/20 21:18:29

Last Dose Given: _____ Next Dose Due: _____

oseltamivir (Tamiflu 6 mg/mL oral suspension) 10 Milliliter By mouth twice daily for 5 Days, Refills: 0.

Last Dose Given: _____ Next Dose Due: _____

Home Meds (Changed or Renewed)

Printed or Written Prescriptions

Start Taking ondansetron (Zofran ODT 4 mg oral tablet, disintegrating)

1 tab(s) By mouth every 8 hours as needed as needed for nausea/vomiting, allow tablet to dissolve on tongue. Refills: 0.

Last Dose Given: _____ Next Dose Due: _____

Other Medications

Start Taking ondansetron (Zofran 4 mg/5 mL oral soln) 2.5 Milliliter By mouth every 8 hours, Refills: 0.

Last Dose Given: _____ Next Dose Due: _____

Name WILLIAMS, ELISHA
MRN 0001708199(EM)
Account # 1458193

Date of Birth 04/26/2013

Mar/02/2020 21:42:59

12 of 13

HGW 387

148387 / M 84870201

AMERICA FIRST
CREDIT UNION

Attention: Ellen Fendrich, Credit Union
P.O. Box 3199 • Ogden, Utah 84409



THIS DOCUMENT HAS A TRUE WATERMARK AND NO OTHER
ASPECTS OF THESE FEATURES WILL REPRODUCE A COPY

Official Check

Cashier's Check

100

No. 135043634

Date 01/29/11

Valid After 90 Days

\$432.16

Payable-through bank: N/A, EUROPA, OK

PAY TO THE ORDER OF
NADINE WILLIAMS

Four Hundred Thirty-Two Dollars And 16/100 Cents

MEMO: FOR DMV - FOR 2015 CHEVY SILVERADO REGISTRATION

⑈135043634⑈ ⑆103100551⑆0140012839289⑈

John D. Smith

HCW388



ED EXHIBIT

0586091

6900 WESTCLIFF DR. #500
LAS VEGAS, NEVADA 89145

HGW387

RECEIPT

DATE

01/29/21

No. 417084

RECEIVED FROM

Herman Williams

\$432.16

FOR RENT

300 Hundred and thirty two and sixteen cents
Nadine Williams

ACCOUNT	
PAYMENT	
BAL. DUE	

☐ CASH
☒ CHECK
☐ MONEY
☐ ORDER
☐ CREDIT
☐ CARD

BY  FROM TO

1 REQ
Kenneth M. Robbins, Esq.
2 Nevada Bar No. 13572
732 South 6th Street, Suite #100
3 Las Vegas, NV 89101
(702) 400-0000 Telephone
4 (702) 425-1156 Facsimile
FamilyFirst@HalfPriceLawyers.com
5 "Unbundled" Attorney for Defendant

6 DISTRICT COURT
FAMILY DIVISION
7 CLARK COUNTY, NEVADA

8 NADINE WILLIAMS,

9 Plaintiff

10 vs.

11 HERMAN GEORGE WILLIAMS,

12 Defendant.

) Case No.: D-19-586291-D

) Dept.: 1

13
14 **REQUEST FOR ADMISSIONS**

15 Defendant, Herman George Williams, hereby propounds the following Request for
16 Admissions upon Plaintiff, Nadine Williams, pursuant to NRCP 36, which must be
17 answered by said Plaintiff under oath within 30 days of service herewith:

18 **GENERAL INSTRUCTIONS**

19 Pursuant to Rule 36, N.R.C.P., any matter is deemed admitted unless a written
20 answer or objection addressed to the matters signed by you is filed within 30 days after
21 service of this request. The reasons for any objections should be stated. The answer should
22 specifically deny any request not specifically admitted or should set forth in detail the
23 reason why the answering party cannot truthfully admit or deny a particular request.

24 ///

ED EXHIBIT



1 A denial shall thoroughly meet the substance of the request for admissions, and
2 when good faith requires that Plaintiff qualify her answer or deny only a part of the matter
3 of which an admission is requested, Plaintiff shall specify so much of it as is true and qualify
4 or deny the remainder. Plaintiff should not give lack of information or knowledge as a
5 reason for failure to admit or deny unless Plaintiff can state that a reasonable inquiry has
6 been made and that the information known or readily available and obtainable to the
7 Plaintiff is insufficient to enable to admit or deny.

8 **REQUEST FOR ADMISSION NUMBER 1:**

9 Admit that have hit your minor daughter in the head with a pipe.

10 **REQUEST FOR ADMISSION NUMBER 2:**

11 Admit that you have pulled your minor daughter's hair while trying to get her to
12 her bedroom.

13 **REQUEST FOR ADMISSION NUMBER 3:**

14 Admit that you served an Eviction Notice to your mother.

15 **REQUEST FOR ADMISSION NUMBER 4:**

16 Admit that you cancelled the auto insurance on the Defendant's truck.

17 **REQUEST FOR ADMISSION NUMBER 5:**

18 Admit that you cancelled the registration on the Defendant's truck.

19 **REQUEST FOR ADMISSION NUMBER 6:**

20 Admit that you moved your boyfriend in the home, shortly after you kicked the
21 Defendant out.

22 ///

23 ///

24 ///

1 REQUEST FOR ADMISSION NUMBER 7:

2 Admit that you have added your boyfriend to you auto insurance plan.

3 REQUEST FOR ADMISSION NUMBER 8:

4 Admit that you have had the minor child, Abigail, in your care since October 25,
5 2019, in violation of the current court order.

6 REQUEST FOR ADMISSION NUMBER 9:

7 Admit that you hit the minor children (boys) with objects, causing injuries to
8 them.

9 REQUEST FOR ADMISSION NUMBER 10:

10 Admit that the minor child, Abigail, has been late to school while in your care.

11 REQUEST FOR ADMISSION NUMBER 11:

12 Admit that the minor child, Abigail, has been on detention at school while in
13 your care.

14 REQUEST FOR ADMISSION NUMBER 12:

15 Admit the you purchase things for the minor child (daughter) but not for the
16 boys.

17
18
19 Dated this 6 day of December, 2019.

20
21 

22 Kenneth M. Robbins, Esq.
23 Nevada Bar No.: 13572
24 "Unbundled" Attorney for Defendant

1 INTG
Kenneth M. Robbins, Esq.
2 Nevada Bar No. 13572
732 South 6th Street, Suite #100
3 Las Vegas, NV 89101
(702) 400-0000 Telephone
4 (702) 425-1156 Facsimile
FamilyFirst@HalfPriceLawyers.com
5 "Unbundled" Attorney for Plaintiff

6 DISTRICT COURT
FAMILY DIVISION
7 CLARK COUNTY, NEVADA

8 NADINE WILLIAMS,

9 Plaintiff

10 vs.

11 HERMAN GEORGE WILLIAMS,

12 Defendant.

)
) Case No.: D-19-586291-D
) Dept.: 1
)

13 DEFENDANT'S FIRST SET OF
14 INTERROGATORIES TO PLAINTIFF

15 COMES NOW, Defendant, Herman George Williams by and through his attorney,
16 Kenneth M. Robbins, Esq., appearing in an unbundled capacity and hereby requests the
17 Plaintiff, Nadine Williams, answer, in writing and under oath, within thirty (30) days of
receipt, the Interrogatories set forth below:

18 PRELIMINARY STATEMENT

19 INSTRUCTIONS

- 20 1. Each Interrogatory should be construed independently. No Interrogatory
21 should be construed by reference to any other Interrogatory if the result is a
22 limitation of the scope of the response to such Interrogatory.
23 2. Where Interrogatory calls for a response in more than one part, each part
24 should be separate so that the response is clearly understandable.



3. If you cannot respond to any of the following Interrogatories in full and complete detail, after exercising due diligence to secure the information to do so, please so state and respond to the extent possible, specifying your inability to respond to the remainder and stating whatever information or knowledge you have concerning the remaining portion and the facts upon which you base your response.
4. If you object to an Interrogatory in whole or in part, or if the documentation regarding the response to an Interrogatory is withheld on the grounds of privilege or otherwise, please set forth fully every objection, describing generally the document withheld and set forth in detail the exact ground upon which you rely with such specificity as will permit the court to determine the legal sufficiency of your objection or position upon a motion to compel.
5. The singular form of a word shall be interpreted as plural and the plural form of a word shall be interpreted as singular, whenever appropriate, to bring within the scope of these Interrogatories any information or documents which might otherwise be beyond their scope.
6. In responding to these Interrogatories, you are to furnish all information available to you at the time your responses are made, including information in the possession of your attorney's, officers, directors, employees, accountants, as well as any other agent of any sort, whether present or past.
7. These Interrogatories shall be deemed continuing in nature to as to require supplemental responses to each of these Interrogatories with any further information you or your attorneys obtain between the time your initial responses hereto are served and the time of the trial.

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GENERAL INTERROGATORIES

INTERROGATORY NO. 1:

State your full legal name, residential address, any names by which you have been known, including but not limited to nicknames, telephone numbers at home, work, cellular and any other numbers available to you, date of birth, social security number, occupation and the names of all persons helping you to answer these interrogatories.

INTERROGATORY NO. 2:

Identify yourself and all individuals with whom you reside. For each individual other than yourself, state that individual's age, relationship to you and marital status. State your own birth date and social security number.

INTERROGATORY NO. 3:

State all residences you have lived at, including the street address, city, state and zip code since January 1, 2018.

INTERROGATORY NO. 4:

Describe your education background. Include in your answer the highest grade you completed, the name and date of any degree, diploma or certificate you received and the name of the institution conferring the degree, diploma or certificate you received, the name of the institution conferring the degree, diploma or certificate and any specialized training you have received.

INTERROGATORY NO. 5:

Describe each position of employment held by you since January 1, 2016 through the present and include the name and address of your employer, the dates of

1 your employment, your official title, if any a description of the compensation that you
2 received including bonuses and any benefit provided by the employment.

3 **INTERROGATORY NO. 6:**

4 State your work schedule from January 1, 2016 through the present date.

5
6 **INTERROGATORY NO. 7:**

7 If you are unemployed, describe your efforts to obtain employment since you
8 became unemployed. Identify each prospective employer and employment agency you
9 have contacted while seeking employment and state the date of each contact.

10 **INTERROGATORY NO. 8:**

11 Please list each and every banking institution in which you currently have an
12 account either individually or held jointly with some else (checking account, savings
13 account, IRA, 401 (k), money market or any other account) include the following:

- 14
15 a. Nature of the account;
16 b. Account number; and
17 c. Balance of the account;

18 **INTERROGATORY NO. 9:**

19 Please identify and describe (including name of financial institution and account
20 number) of any and all credit cards held in your name individually or jointly with
21 another that you have made payments on from January 1, 2016 to the present, when
22 the account was opened and the balance of said account.

23
24 ///

1 **INTERROGATORY NO. 10:**

2 Identify the sources and amounts of all taxable and non-taxable income you
3 received during the past three years.

4 **INTERROGATORY NO. 11:**

5 Please identify and describe (including name of financial institution, account
6 number and current balance) any and all pensions or retirement accounts currently in
7 your name.
8

9 **INTERROGATORY NO. 12:**

10 Please describe your medical history for the last five (5) years. Such description
11 should include but not limited to the names, addresses and phone numbers of all
12 medical providers, including but not limited to all psychological and psychiatric
13 providers with which you have treated the reason for treatment, the outcome and the
14 date(s) of such treatment. The term medical provider includes all therapists and
15 counselors.
16

17 **INTERROGATORY NO. 13:**

18 Please state what you consider to be the best custodial arrangement for the minor
19 children and detail the reasons why you believe so.

20 **INTERROGATORY NO. 14:**

21 Please state whether you and the Defendant have any major disagreements
22 regarding the children's education, religious upbringing, discipline, health care needs
23 and/or extracurricular activities and if so, detail the nature of each such agreement and
24

1 each party's position as you perceive it

2 **INTERROGATORY NO. 15**

3 Please list the name, address, telephone number and dates of contact for each
4 physician/dentist to whom you have personally taken the minor children for treatment.

5 **INTERROGATORY NO. 16**

6 Do you believe there is anything about Defendant that renders him unfit to have
7 primary physical custody of the minor children? If so, describe with specificity such
8 unfitness.

9 **INTERROGATORY NO. 17**

10 Do you believe there is anything about Defendant that renders him unfit to have
11 joint legal custody of the minor children? If so, describe with specificity such unfitness.

12 **INTERROGATORY NO. 18**

13 Please state with specificity your greatest strengths and weaknesses as a parent.

14 **INTERROGATORY NO. 19:**

15 Please state with specificity Defendant's greatest strengths and weaknesses as a
16 parent.

17 **INTERROGATORY NO. 20**

18 Please describe in detail the facts which support your belief that it would be in
19 the minor child's best interest for you to have primary physical custody and how you
20 believe this will benefit the minor children.

1 INTERROGATORY NO. 21

2 Please identify and fully describe any efforts, financial or otherwise in which you
3 have provided support for the minor children. Your response should include but not
4 limited to, child support payments, health insurance payments, transportation, gifts,
5 clothing, toys and medical reimbursement.

6 INTERROGATORY NO. 22

7
8 Please identify and full describe any and all incidents of violence that have
9 occurred involving either you, a family member or friend while the minor children were
10 in your care. Your response must include, but not be limited to all instances in which
11 the child was present when a verbal altercation or act of violence occurred during your
12 custodial time.

13 INTERROGATORY NO. 23:

14 Please state whether you have ever been arrested (as an adult or juvenile) and if
15 so, please state with specificity the following:

- 16 a. The reasons and events that lead to the arrest;
17 b. The state, city and local authorities that conducted the arrest;
18 c. The final charges and/or convictions that resulted for the apprehensions.
19

20 ///

21 ///

22 ///

23 ///

24 ///

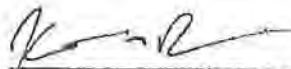
1 INTERROGATORY NO. 24:

2 Please state the amount of alcoholic beverage (including beer) and/or
3 illegal/prescription drugs and marijuana and cocaine that you consume on a daily or
4 weekly basis and whether or not you have received any treatment for alcohol/drug
5 related concerns or addictions.

6 INTERROGATORY NO. 25:

7
8 Please list any and all witnesses you plan to call to testify at the evidentiary
9 hearing.

10 Dated this 6 day of December 2019.

11 

12 Kenneth M. Robbins, Esq.
13 Nevada Bar No.: 13572
14 "Unbundled" Attorney for Defendant

HGW 400

1 **DAO**

2 **DISTRICT COURT**
3 **CLARK COUNTY, NEVADA**

4 *****

5 NADINE ALECIA WILLIAMS,

CASE NO.: D-19-586291-D

6 Plaintiff,

DEPT: I

7
8 vs.

DATE OF HEARING: 02/11/2021

9 HERMAN GEORGE
10 WILLIAMS,

TIME OF HEARING: 9:00 A.M.

11 Defendant.
12

13 **DECISION AND ORDER**

14 THIS MATTER came before the Court for Non-Jury Trial on February
15
16 11, 2021. Plaintiff, Nadine Alecia Williams (“Nadine”), appeared with her
17 attorney, Frank Toti, Esq., over the *Blue Jeans* video application and
18 Defendant, Herman George Williams (“Herman”), appeared with his
19 unbundled attorney, Kenneth Robbins, Esq., over the *Blue Jeans* video
20 application. The Court heard the testimony from the parties. The Court, after
21 a review of the pleadings and papers on file herein, considering and weighing
22 the credibility of the parties, and good cause appearing issues the following
23
24

25 *Findings of Fact, Conclusions of Law, and Orders:*

26 ///

27
28 ///

1 **SUMMARY OF TESTIMONY**

2 1. Nadine lives at 284 Harper Ferry Avenue in Las Vegas,
3 Nevada. She has been a resident of Nevada for more than six (6) weeks prior
4 to filing this action. She intends to remain in Nevada. She is not pregnant.
5

6 2. The parties were married March 2, 2004 in New York. Nadine
7 testified that their interests are no longer compatible and they are not likely to
8 reconcile. She requests her former name be restored to Nadine Gayle. She
9 relocated to Clark County in September of 2015 with the Elisha and her
10 mother. Herman brought the three older children three weeks later. Herman
11 was absent from Clark County at various times until November 2018.
12

13 3. The parties have four (4) children (collectively referenced as
14 “minor children”):
15

16 Abigail Williams (16) born on October 27, 2004.
17

18 Herman Williams III (12) born on August 24, 2008.
19

20 Matthew Williams (11) born on May 13, 2010
21

22 Elisha Williams (7) born on April 26, 2013.
23

24 4. Herman also has an adult daughter from a different
25 relationship.
26

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///

1 5. Abigail currently attends Nevada State High School. Nadine
2 enrolled Abigail for the current school year without consulting with Herman.
3
4 Nadine stated that Herman is listed as a parent and can obtain information from
5 the school.

6 6. Elisha and Matthew attend Gwendolyn Elementary School and
7
8 Herman II attends Cram. Nadine would like the boys to attend Doral Academy
9 for the 2021-2022 school year. There is a location approximately ten miles
10 from him and fifteen miles from her. Herman does not oppose the boys
11 attending Doral Academy.
12

13 7. Herman runs his own tow truck company. He can set his own
14 schedule. It is a Limited Liability Company (LLC) and he works as an
15 independent contractor. Nadine is not a member of the LLC, nor does she
16 have an objection to the award of the LLC to Herman. It is currently in default
17 status.
18

19 8. Nadine is a registered nurse with Advanced Health Care. Her
20 usual schedule is Monday through Friday.
21

22 9. Herman vacated the marital residence which was a rental.
23
24 Nadine came home March 8, 2019, to a U-Haul in the driveway and Herman
25 and his friends emptying the house. They removed approximately 90% of the
26 furniture. There was not a conversation about him leaving.
27

28 ///

1 10. Herman took the children with him because he showed her
2 paperwork from CPS that appeared he was to have the minor children. She
3 later learned the paperwork was false. He moved approximately twenty-five
4 minutes away from her.
5

6 11. Herman made multiple reports to CPS. One report alleged
7 Nadine hit Abigail in the head with a PVC pipe. Nadine claimed all reports
8 were unsubstantiated and that Abigail was coached by her father and
9 grandmother.
10

11 12. Nadine tried to reach out to the children through Herman but
12 he denied her access or contact. She only had contact with the children once
13 before the court hearing in July of 2019. Herman took the children to meet her
14 once for lunch before the court date.
15

16 13. After the July, 2019 hearing, the Court awarded Nadine
17 visitations every Saturday between 10:00 a.m. – 6:00 p.m. The Court
18 expanded her visitation to Friday to Monday visits after a review of the child
19 interviews. They exchange the boys on Mondays between 7:30 a.m. – 7:40
20 a.m. She prepares breakfast for them but they usually prefer to wait until
21 Herman picks them up because he will take them to McDonalds.
22

23 14. Abigail ended up moving in with Nadine in October of 2019.
24 This schedule has been in place for over a year.
25

26
27
28 ///

1 15. Herman was to engage in reunification therapy with Abigail
2 but he has not started it. Herman was to have visitation with Abigail on
3 weekends. Abigail did not have teen discretion but Herman has only exercised
4 visitation with her once since October of 2019. There was an issue where
5 Herman took away Abigail's vape pen during that visit. Nadine does not allow
6 Abigail to smoke marijuana in her home. She has grounded Abigail by turning
7 off her phone.
8

9
10 16. Abigail has tried to reach out to Herman but he has not
11 responded. She reached out to his family and they also have not responded.
12

13 17. Herman has not attempted to communicate with Abigail.
14 Nadine has not dropped off Abigail for visits with Herman.
15

16 18. Nadine has not spoken to Herman since June of 2019. First,
17 Herman blocked her number and then he changed his number. Despite a court
18 order to utilize a parenting app, he has yet to do so.
19

20 19. Although Nadine would not prevent a relationship with
21 children, Herman prevents her from having a relationship with the children.
22 He undermines her authority with the minor children and tells them that they
23 do not have listen to her and that they can call 911.
24

25 20. After July 2019, Herman still prevented contact. He would
26 communicate the children were not feeling well, or they just did not show up
27 for exchanges.
28

1 21. Nadine describes the level of conflict between herself and
2 Herman as very high. If Herman feels someone has wronged him, he will do
3 whatever he can to hurt you. He refuses to communicate with her at all.
4

5 22. Her (Nadine stated?) relationship with Abigail has approved
6 drastically since she moved in with her. She and the boys have a good time
7 during their visits, but it is difficult to co-parent with Herman.
8

9 23. An incident occurred on January 22, 2020. Nadine went to
10 Herman's apartment to pick up Elisha. Herman reported to her that Elisha was
11 sick and had been home all week. Herman refused to allow Elisha to leave
12 with Nadine. As a result, she blocked the exit to the complex and refused to
13 allow Herman to leave the complex. Abigail was present with Nadine during
14 this incident.
15
16

17 24. Nadine filed her Financial Disclosure Form (FDF). She earns
18 \$9,583.00 every month. Her previous FDF reported an annual income of
19 \$159,265.55 for 2019. However, her company restructured and her position
20 became salaried and not per diem.
21

22 25. When Nadine resided with Herman, he earned approximately
23 \$6,000.00 - \$10,000.00 a month. Herman filed an FDF that claimed \$5,666.00
24 a month but \$11,300.00 a month for the total. She believes the \$11,300.00.00
25 is the more accurate number. He also did not list any assets. She and Herman
26 do not share bank accounts and neither possesses a retirement fund or stocks.
27
28

1 26. The Court previously granted Herman the 2015 Silverado to
2 use in his tow business. Nadine had canceled registration of Silverado because
3 she felt he was lying to obtain the vehicle. She did not notify him because she
4 did not have a way to contact him. Herman has paid the 2021 registration on
5 the Silverado. He dropped off a check to her attorney's office.
6

7
8 27. She was to pay for the registration and Herman was to pay the
9 monthly payment on the loan and insurance, but he has not. Nadine made all
10 the payments and requests reimbursement. In addition to the 2015 Silverado,
11 she believes he is in possession of three more vehicles. Two other Silverado
12 vehicles are utilized in his tow business.
13

14 28. Nadine also reported a break in to the police. She had two
15 rings of a three piece ring set valued at \$3,500.00 stolen during the break in.
16 The police investigated and discovered that Herman had pawned the two rings.
17

18 29. In regards to debt, the community debt consists of a tax serve
19 debt from Bridgeport for the taxes on the vehicles and a consolidation loan.
20

21 30. Nadine testified that Herman also possesses tools (wrenches,
22 electric drills, saws, compressor, screwdrivers, etc.) that were purchased at a
23 cost of approximately \$15,000.00. The tools were purchased for a body shop
24 they owned.
25

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1 31. At one point, Herman requested items previously left in the
2 home. The items included a BBQ grill and a freezer. They communicated
3 through attorneys in regards to the time to pick up the items. Herman did not
4 retrieve the items.
5

6 32. In regards to the trampoline he requested, Nadine stated it was
7 broken. She refused to give him the scaffold because she claims she purchased
8 it.
9

10 33. Nadine purchased a printing machine. She obtained a loan of
11 \$35,000.00 (although she called it a lease). The machine is currently in a
12 business in Jamaica where it was intended to be a secondary source of income
13 for them. Nadine paid \$1,500.00.00 a month until December of 2019. She
14 does not own a business in Jamaica.
15
16

17 34. Herman Williams testified that he also requests the Court grant
18 the divorce.
19

20 35. He would like to have a relationship with Abigail. The Court
21 ordered that Nadine was responsible for payment of reunification therapy with
22 Abigail. However, once Abigail moved back in with her, she cancelled the
23 therapist.
24

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1 36. His last visitation with Abigail was in January of 2020. It
2 was a weekend and he was supposed to have her until Monday. She locked
3 herself in her room. Herman went to sleep and when he woke up, the patio
4 door was open and Abigail was gone. He called the police and Nadine who
5 told him that Abigail had not run away. However, Herman did not learn that
6 Abigail was with Nadine until the boys returned home on Monday.
7

9 37. Herman does not know Abigail's phone number. He had
10 purchased a phone for her but Nadine gave her a different phone so the phone
11 he purchased was turned off.
12

13 38. Nadine does not drop off Abigail at exchanges. Herman
14 chooses not to get out of his car at exchanges to avoid conflict and contact with
15 Nadine. The Court ordered a talking app for the parties to communicate. He
16 signed up on his one phone but Nadine did not accept him. His phone was
17 stolen (he believes Abigail took it) and he did not have a phone with the ability
18 to download an app until Christmas of 2020. Herman is now willing to install
19 the app to communicate.
20
21

22 39. He never personally witnessed Nadine being violent towards
23 the children but Abigail did call him about the incident in 2018. He personally
24 does not use physical discipline with the children. He yells and screams at
25 them.
26

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1 40. Herman prefers the current schedule. He describes his
2 relationship with the boys as great. However, he has issues with the Monday
3 exchanges. He requests a Sunday evening drop off due to the fact that Nadine
4 is often late and the boys are hungry and their faces are dirty at the exchanges.
5 They request McDonalds, although they only get McDonalds on Fridays.
6

7 41. There was an incident at his apartment complex on January 22,
8 2020 with Nadine. Her attorney contacted him that Nadine wanted visitation
9 with Elisha. He was at work at the time and Elisha was ill and was on
10 medication. She showed up with Abigail and knocked on the door. Herman
11 attempted to leave in his vehicle but she blocked the exit. He eventually had to
12 sneak out a side gate. As a result, he had to move out of the apartment
13 complex.
14

15 42. Herman drives a tow truck. He is an independent contractor.
16 He receives six calls a day via an app. He is paid by zone.
17

18 43. He mostly uses the 2015 Silverado to tow vehicles because it
19 has a universal tow system. The 2004 Silverado is used but it is an
20 undercarriage tow. If Nadine is awarded the 2015 Silverado, he will be unable
21 to work.
22

23 ///

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1 44. He prepared his FDF a week before the trial. He left town to
2 visit his sick father. He forgot to add expenses and assets. Herman initially
3 testified that he did earn the \$11,300.00 a month but then corrected himself to
4 state the \$5,667.00 was more accurate.
5

6 45. Herman testified that he makes cash payments for the 2004
7 Silverado at \$250.00 a month but that he does not have receipts. He pays
8 approximately \$2,000.00 a month for fuel for his vehicles. He drives them
9 both for work and personal business.
10

11 46. He also pays \$349.00 for his cell phone and the cell phone for
12 the boys. Herman estimated he spends approximately \$300.00 a month for his
13 clothes.
14

15 47. Herman claims he does not own a single asset but when further
16 questioned, he stated he estimates the 2015 Silverado to be worth \$20,000.00
17 the 2004 Silverado to be worth \$3,500.00 (although he still owes \$1,000.00),
18 and the 2001 Silver Chevy but he did not state the value. Herman was
19 adamant that Nadine is not entitled to one half of the value of the vehicles.
20

21 48. Herman also has a hospital bill of over \$68,000.00 to Dignity
22 Health. However, he has not received a bill since April of 2019, and has not
23 made any payments towards it. He does not know if Dignity Health has
24 written it off or not.
25

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1 49. In regards to the debt consolidation, Nadine handled finances.
2 Herman would be willing to pay half the debt if she brings back the machine
3 that went to Jamaica. He was aware of the purchase at the time it was made
4 but stated Nadine did not consult him prior to the purchase. Herman testified
5 he gave her \$6,000.00 to buy machine but did not provide receipts. He is
6 unaware of the loan but believes it to be worth \$34,000.00.
7
8

9 50. In regards to the compressor, tools and frame machine
10 requested by Nadine, many items were thrown away before the move from
11 New York to Las Vegas. Herman has purchased approximately \$1,000.00 in
12 tools since the two separated.
13

14 51. Phyllis Gayle testified that she is the mother of Nadine. She
15 resided with Nadine and Herman in Connecticut and also moved to Las Vegas
16 with them.
17

18 52. Phyllis currently resides with Herman and pays him rent.
19

20 53. Phyllis and Nadine were involved in an argument in February
21 of 2019 when she told Nadine's boyfriend to get out of the house. Nadine
22 grabbed her by the throat. She also pulled her outside, but due to her
23 screaming, Nadine pulled her back into the house. The children were present
24 during the incident. As a result, Phyllis injured her arm. The police were
25 called and a report was taken but Phyllis stated she did not follow up. Nadine
26 kicked her out of the house after the incident.
27
28

1 54. Phyllis stated she witnessed Nadine become physical with the
2 children on more than one occasion. She was present when Nadine struck
3 Abigail with a piece of PVC pipe and cut her forehead.
4

5 55. Phyllis never called the police in regards to Nadine becoming
6 violent with the children.
7

8 56. The FMC interviewed the children twice. The first interview
9 occurred on August 19, 2019. The children noted that Nadine resorts to
10 physical discipline using extension cords, gauge wires, belts, rubber insulation
11 from the window and a pipe on one occasion. The result is that it sometimes
12 leaves marks, or in the case of the pipe, a scar.
13

14 57. During this initial interview, Matthew rated his relationship
15 with Nadine as a nine and with Herman, a ten. Abigail rated her relationship
16 with Nadine a one and a ten with Herman. Herman III rated his relationship
17 with Nadine a five and a nine with Herman. Elisha was too young to
18 comprehend the scale, but when asked to describe his mother, he stated she
19 beat him when he was asleep.
20

21 58. The second interview occurred on January 29, 2020. Matthew
22 refused to participate. During the secondary interview, Herman III rated his
23 relationship with Nadine as an eight and his relationship with Herman a ten.
24 Elisha rated his relationships with both Herman and Nadine a ten. Elisha
25 disclosed that Herman states that Nadine is very mean and calls her the 'F'
26 word.
27
28

59. Abigail rated her relationship with Nadine a nine and her relationship with Herman a one. Abigail stated she will not go back to Herman's house. She reported that Herman is very angry and vengeful and constantly trying to ruin Nadine.

60. The children reported that Herman lives with his “home girl” Kim. Nadine also has a significant other in her life, Stephen.

CONCLUSIONS

Nadine requests this Court grant her a divorce from Herman, joint legal custody and primary physical custody of the minor children. She does not request spousal support but that community debt is divided equally. Herman also requests this Court grant the divorce but requests sole legal and sole physical custody of Herman, Matthew and Elisha and joint legal custody of Abigail. He requests that the Court grant Nadine primary physical custody of Abigail. He also seeks child support and alimony in the amount of \$1,000.00 a month. Both Nadine and Herman requests the Court grant them attorney's fees.

Both parties filed Motions for Orders to Show Cause, which were granted. However, neither party filed the Orders to Show Cause, or served the Orders on the appropriate parties. Therefore, the Orders to Show Cause are denied.

/ / /

1 **I. CUSTODY**

2 As to joint legal custody, NRS 125C.002 states:

3
4 1. When a court is making a determination regarding the legal
5 custody of a child, there is a presumption, affecting the burden of
6 proof, that joint legal custody would be in the best interest of a minor
7 child if:

8 (a) The parents have agreed to an award of joint legal custody or so
9 agree in open court at a hearing for the purpose of determining the
10 legal custody of the minor child; or

11 (b) A parent has demonstrated, or has attempted to demonstrate but
12 has had his or her efforts frustrated by the other parent, an intent to
13 establish a meaningful relationship with the minor child.

14 2. The court may award joint legal custody without awarding joint
15 physical custody.

16 The evidence established that both Nadine and Herman have frustrated
17 the efforts of the noncustodial parent to establish a meaningful relationship
18 with the minor children. As further discussed below, Herman refused to either
19 communicate at all or sign up for the parenting app. He blocked Nadine's
20 number and later changed his number without notice to her. He failed to
21 appear for exchanges. Additionally, communication between the parties had to
22 go through the attorneys for the parties.

23 Nadine frustrated Herman's attempts to maintain a meaningful
24 relationship with Abigail. When he communicated with Nadine, when Abigail
25 ran away, she never told him that Abigail was with her. Additionally, she did
26 not enroll Abigail in reunification therapy or encourage Abigail to maintain her
27 relationship with Herman.

1 Both parents attempted to frustrate the noncustodial parent's
2 relationship with the children.

3
4 **THEREFORE, IT IS ORDERED** that Nadine and Herman shall
5 share Joint Legal Custody of the minor children.

6 The Court must next consider presumptions against joint physical
7 custody pursuant to NRS 125C.003 which states in relevant part:
8

9 ***Best interests of child: Primary physical custody;***
10 ***presumptions; child born out of wedlock.***

11 1. A court may award primary physical custody to a parent if
12 the court determines that joint physical custody is not in the
13 best interest of a child. An award of joint physical custody is
presumed not to be in the best interest of the child if:

14 (a) The court determines by substantial evidence that a
15 parent is unable to adequately care for a minor child for at
least 146 days of the year;

16 (b) A child is born out of wedlock and the provisions of
17 subsection 2 are applicable; or

18 (c) Except as otherwise provided in subsection 6 of NRS
19 125C.0035 or NRS 125C.210, there has been a determination
20 by the court after an evidentiary hearing and finding by clear
21 and convincing evidence that a parent has engaged in one or
22 more acts of domestic violence against the child, a parent of
the child or any other person residing with the child. The
23 presumption created by this paragraph is a rebuttable
presumption.

24 2. A court may award primary physical custody of a child born
out of wedlock to:

25 (a) The mother of the child if:

26 (1) The mother has not married the father of the child;

27 (2) A judgment or order of a court, or a judgment or order
28 entered pursuant to an expedited process, determining the
paternity of the child has not been entered; and

1 (3) *The father of the child:*

2 (I) *Is not subject to any presumption of paternity*
3 under NRS 126.051;

4 (II) *Has never acknowledged paternity pursuant to*
5 NRS 126.053; or

6 (III) *Has had actual knowledge of his paternity but*
7 *has abandoned the child.*

8 There was evidence that Herman has not cared for Abigail at least 146
9 days of the year. There was also evidence that Nadine has not cared for
10 Herman III, Matthew and Elisha for at least 146 days of the year. Therefore,
11 Nadine has established a presumption that primary physical custody for
12 Abigail is in her best interest. Herman has established a presumption that
13 primary physical custody for Herman III, Matthew and Elisha is in their best
14 interest. However, as further outlined below, primary physical custody by
15 either Nadine or Herman is not in the best interest of the minor children.
16

17 The Court now turns its attention to NRS 125C.0035(5) which states:

18 Except as otherwise provided in subsection 6 or [NRS 125C.210](#),
19 a determination by the court after an evidentiary hearing and
20 finding by clear and convincing evidence that either parent or any
21 other person seeking physical custody has engaged in one or
22 more acts of domestic violence against the child, a parent of the
23 child or any other person residing with the child creates a
24 rebuttable presumption that sole or joint physical custody of the
25 child by the perpetrator of the domestic violence is not in the best
26 interest of the child. Upon making such a determination, the court
27 shall set forth:
28

///

///

1 (a) Findings of fact that support the determination that one or
2 more acts of domestic violence occurred; and

3 The Court finds by clear and convincing evidence that Nadine
4 has committed two incidents of domestic violence. The first incident was
5 between herself and Abigail, and the second incident occurred between
6 herself and her mother.
7

8 (a) *All prior acts of domestic violence involving either party;*
9

10 The Court heard evidence of two incidents of domestic violence
11 that involved Nadine.

12 Phyllis stated she witnessed Nadine become physical with the children
13 on more than one occasion. She was present when Nadine struck Abigail with
14 a piece of PVC pipe and cut her forehead. Abigail also reported the incident
15 during the FMC interview.
16

17 The second incident Phyllis and Nadine were involved in an argument
18 in February of 2019 when she told Nadine's boyfriend to get out of the house.
19 Nadine grabbed her by the throat. She also pulled her outside, but due to her
20 screaming, Nadine pulled her back into the house. The children were present
21 during the incident. As a result, Phyllis injured her arm. The police were
22 called and a report was taken but Phyllis stated she did not follow up. Nadine
23 kicked her out of the house after the incident. The Court finds Phyllis
24 credible.
25
26
27
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1 (b) *The relative severity of the injuries, if any, inflicted upon the*
2 *persons involved in those prior acts of domestic violence;*

3 The Court heard testimony that Abigail suffered a cut to her forehead
4 and as a result, still has a scar. Phyllis testified she suffered an injury to her
5 arm after the incident.
6

7 (c) *The likelihood of future injury;*

8 The Court did not receive credible evidence that there was a likelihood
9 of future injury. The Court previously ordered that neither parent was allowed
10 to use corporal punishment on the children. The evidence the Court received
11 after the order was in place expressed a change in Nadine's punishment of the
12 children. During the second interview with FMC, they expressed positive
13 relations with Nadine with no other incidents of physical discipline.
14
15

16 The evidence presented supports a finding that the incident with her
17 mother was a one-time occurrence. Phyllis reports that she no longer lives
18 with Nadine and that she and Nadine are not in communication with each other
19 at this time. Therefore, the likelihood of future injury is minimal.
20
21

22 (d) *Whether, during the prior acts, one of the parties acted in self-*
23 *defense; and*

24 The Court did not receive any evidence on this factor.
25

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28 ///

1 (e) Any other factors which the court deems relevant to the
2 determination.

3 The Court finds substantial evidence to establish by clear and
4 convincing evidence that Nadine committed two acts of domestic violence.
5 However, the Court subsequently ordered that she not utilize corporal
6 punishment on the children. The evidence presented established through the
7 FMC interviews that Nadine no longer utilizes corporal punishment on the
8 children. She also no longer lives with her mother. Additionally, each child
9 rated an improved relationship with Nadine after the initial FMC interview.
10 Therefore, the Court finds that Nadine overcame the presumption that sole or
11 joint physical custody of the child by the perpetrator of the domestic violence
12 was not in the best interest of the minor children.
13

14 The Court must also consider the best interests of the parties' children
15 by considering the factors established under NRS 125C.0035(4):
16

17 4. In determining the best interest of the child, the court shall
18 consider and set forth its specific findings concerning, among
19 other things:
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1 (a) *The wishes of the child if the child is of sufficient age and*
2 *capacity to form an intelligent preference as to his or her*
3 *physical custody.*

4 At 16 years of age, Abigail is of sufficient age and capacity to form an
5 intelligent preference as to her physical custody. Abigail rated her
6 relationship with her dad as a one and her relationship with her mother as a
7 nine. This is the direct opposite of her initial interview with FMC. Abigail
8 described her relationship with her father as “horrible” and that they are not
9 even on speaking terms. She does not wish to have anything to do with him.

12 Elisha rated his relationship with his mother as a ten and his
13 relationship with his father as a ten. Elisha described the current scheduled as
14 “fine.” Herman rated his relationship with this mother as an eight, and his
15 father a ten. Herman rated the current schedule as a five.

17 However, all three children related that Herman speaks negatively
18 about Nadine. Herman tells the children that Nadine is “mean and calls her
19 the ‘F’ word” and that she abused the children. Abigail reported her mother
20 says Herman is vengeful. Elisha and Herman denied that Nadine speaks
21 negatively about Herman.

24 (b) *Any nomination of a guardian for the child by a parent.*

26 Nomination of guardianship is not relevant in these proceedings
27 between two parents and not involving a third party.

1 (c) Which parent is more likely to allow the child to have
2 frequent associations and a continuing relationship with the
3 noncustodial parent.

4 The Court does not find in favor of either parent. The evidence
5 established that both Nadine and Herman have frustrated the efforts of the
6 noncustodial parent to establish a meaningful relationship with the minor
7 children.
8

9 As further discussed below, Herman refused to either communicate at
10 all or sign up for the parenting app. The Court did not find him credible when
11 he testified that he did not have the ability to download the app because of his
12 phone, especially when he later testified he used an app for his tow business.
13 He also blocked Nadine's number and later changed his number without notice
14 to her. He failed to appear for exchanges. His refusal to communicate resulted
15 in the only communication between the parties available was through the
16 attorneys. The children all revealed during the FC interview that Herman
17 spoke in a disparaging manner about Nadine.
18

19 Nadine frustrated Herman's attempts to maintain a meaningful
20 relationship with Abigail. When he did communicate with her when Abigail
21 ran away, she never told him that Abigail was with her. Additionally, she did
22 not enroll Abigail in reunification therapy or encourage Abigail to maintain her
23 relationship with Herman.
24

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1 (d) *The level of conflict between the parents.*

2 The Court finds Nadine's favor. Both Nadine and Herman
3
4 acknowledge the high level of conflict between them. The Court notes that
5 Herman could not contain his anger at the notion that Nadine was entitled to
6 community assets. His reaction supported the reports of Nadine and the
7 children that he harbors extreme hostility towards Nadine. It further reflects
8 his complete lack of ability to co-parent.
9

10 Herman III reported that his parents do not like each other at all.
11
12 "They only talk if there's a problem and then it usually ends up in an
13 argument. They just don't like each other, well, my dad doesn't like my
14 mom." Abigail stated that Nadine "has tried, but my dad isn't having it. My
15 father does things to create conflict." Nadine reported that Herman has
16 blocked Nadine from calling him, changed his number and not told Nadine and
17 doesn't follow the Court order for time between Abigail and her siblings.
18
19

20 (f) *The mental and physical health of the parents.*

21 The Court did not receive testimonial evidence in regards to this
22 factor. However, Herman admitted his Dignity Health hospital records from
23 November 24, 2018, when he was detained on a Legal 2000 for suicidal
24 ideation. He was admitted.
25
26

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1 (g) *The physical, developmental and emotional needs of the*
2 *child.*

3 The Court did not receive evidence in regards to this factor.

4 (h) *The nature of the relationship of the child with each parent.*

5 The Court finds this factor to be neutral between Nadine and Herman.

6 Despite their efforts to damage the noncustodial parent's relationship with the
7
8 minor children, they appear to be balancing the high conflict custody situation
9 better than their parents. Matthew did not participate in the second interview
10 but both Elisha and Herman III rate their relationships with both Nadine and
11 Herman favorably.
12

13 Abigail has changed her ratings of her relationship with Nadine and
14 Herman from a one to a nine to a nine to a one. At the age of 16 years, the
15 Court is unclear as to whether she is manipulating one parent against the other
16 for her own gain. However, it is clear to this Court, that Herman must repair
17 his relationship with Abigail, which he has expressed a desire to do.
18
19

20 (i) *The ability of the child to maintain a relationship with any*
21 *sibling.*
22

23 The Court finds this factor neutral. The minor children are able to
24 maintain their relationships with each other. The boys are together at all times
25 and see Abigail at their mother's house.
26

27 ///
28

1 (j) Any history of parental abuse or neglect of the child or a sibling of
2 the child.

3 The Court addressed the issue of parental abuse in its analysis above.

4 (k) Whether either parent or any other person seeking physical
5 custody has engaged in an act of domestic violence against the
6 child, a parent of the child or any other person residing with the
7 child.

8 The Court addressed this issue in more detail above.

9 (l) Whether either parent or any other person seeking physical
10 custody has committed any act of abduction against the child or
11 any other child.

12 There was no credible evidence in regards to this factor.

13 **THE COURT CONCLUDES** that neither Nadine nor Herman met
14
15 their burden to establish that an award of primary physical custody is in the
16 minor children's best interest. The Court is extremely concerned about the
17 effect of the separation, divorce proceedings and the antics of the parties on
18 Abigail. The Court is disheartened that the counseling previously ordered did
19 not occur. The Court will not reward either parent in their attempts to gain
20 primary custody of the minor children through pathogenic parenting.

21 The Court is persuaded by the positive relationship described by the
22 children supports joint custody. Additionally, the Court finds that both parents
23 would benefit from the UNLV Cooperative Parenting Class, which the Court is
24 ordering at this time.
25
26
27
28

1 **THE COURT FINDS** that Joint Physical Custody is in the minor
2 children's best interest.

3
4 In regards to child support, NAC 425.115 states:

5 ***Determination of child support obligation in accordance with***
6 ***guidelines if no stipulation; adjustment of obligation based upon type***
7 ***of custody held by parent.***

8 1. *If the parties do not stipulate to a child support obligation pursuant*
9 *to NAC 425.110, the court must determine the child support*
10 *obligation in accordance with the guidelines set forth in this chapter.*
11 2. *If a party has primary physical custody of a child, he or she is*
12 *deemed to be the obligee and the other party is deemed to be the*
13 *obligor, and the child support obligation of the obligor must be*
14 *determined.*

15 Both parties filed FDFs, however, Herman's did not include any
16 assets. Additionally, Herman only included three pay sheets that do not
17 adequately demonstrate his monthly income.

18 Herman is not paid hourly, he is paid as a tow truck driver per job.
19 However, his invoice does not reflect the correct numbers of days. The Court
20 is unsure if it is due to the holidays or other reasons undisclosed.

21 The Court does not find Herman credible in regards to his income.
22 He testified he works at least five days a week and utilizes an app for six
23 tows a day. Based upon his invoice, the tow rate varies from as low as
24 \$34.00 (which made up the majority) to up to \$56.00 (on only one occasion).
25 At six tows per day, Herman would earn \$204.00 minimum per day. This
26 calculation is not supported by the evidence provided to the Court.
27
28

1 The Court's analysis is further supported by a review of Herman's
2 bank statements. *See* HGW303 – 345. His lowest payment received was on
3 October 2, 2020, for \$870.00. His highest compensation was \$1,788.00
4 received on September 4, 2020. The Court did not receive bank statements
5 from January, April, May or June. His yearly compensation for the
6 remaining months was \$73,322.00 for thirty –two weeks of work. That
7 averages to \$2,291.31 per week. The yearly wage for Herman is actually
8 \$114,566.00 (factoring in two unpaid weeks for vacation, etc.), which
9 equates to \$9,547.00 a month, the amount the Court now imputes as income
10 to Herman. Additionally, Herman receives \$700.00 a month rent from his
11 mother-in-law, which increases his gross income to \$10,247.00 a month.

12 Nadine's gross income on her FDF is listed as \$9,583.00. However,
13 her pay stubs reflect a biweekly salary of \$4,791.67, which would equate to
14 gross income of \$145,583.00 per year, or \$10,382.00 per month.

15 Therefore, Herman's monthly obligation comes to \$9.45 a month.
16 The Court finds the disparity of income between the parties to be negligible
17 and therefore, pursuant to NAC 425.100, the Court will not order child
18 support. However, Nadine also provides health insurance for the children in
19 the amount of \$417.00 a month. Herman is responsible for one half of that
20 amount, or \$208.50. Therefore Herman's total obligation is therefore
21 \$208.50 due on the first of every month.

1 **II. DIVISION OF PROPERTY AND DEBT**

2 ***A. Community Property***

3 NRS 125.150(1)(b) provides that:

4
5 In granting a divorce, the court . . . [s]hall, to the extent
6 practicable, make an equal disposition of the community
7 property of the parties, except that the court may make an
8 unequal disposition of the community property in such
9 proportions as it deems just if the court finds a compelling
10 reason to do so and sets forth in writing the reasons for making
11 the unequal disposition.

12 Under NRS 125.150(1), the Court is required to make an equal
13 division of community property (the exact portion of which is unknown)
14 absent a compelling reason to make an unequal distribution.

15 In regards to other community assets and debts, the Court finds the
16 following:

17 ***a) Bank Accounts***

18 The Court did not receive any credible evidence of the value of the
19 parties' bank accounts, leaving the only method of dividing the account to
20 equally divide the balances. In this regard, however, it makes sense for each
21 party to identify and keep any bank accounts in their individual names. If a
22 joint bank account exists, it is to be equally divided.
23
24
25

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27 ///

1 ***b) Vehicles***

2 It is undisputed that the 2015 Silverado, 2001 Chevy and 2004
3 Silverado are community property. Additionally, Nadine's insurance
4 statements list a 2010 GMC Acadia and a 2019 Chevy Traverse, however,
5 other than the \$150.00 a month listed on Nadine's FDF for car loan/lease, the
6 Court did not receive any evidence related to these vehicles, or the value of
7 each. *See* Plaintiff's Exhibit 2. Herman testified that although he failed to list
8 it on his FDF, he pays per month \$250.00 cash for the 2004 Silverado.
9 Herman did not state the value of the 2001 Chevy.
10

11 Nadine requested the Court award her the 2015 Silverado. Nadine did
12 not give a basis for her request for the 2015 Silverado, other than she made
13 payments on it and she pays for insurance. The payments made for the
14 Silverado were made from community assets even if the funds came from her
15 separate account. It is undisputed that this vehicle and the 2004 Silverado are
16 utilized in Herman's tow business which causes the Court to find Nadine not
17 credible as to her request for the 2015 Silverado. It appears the request was
18 based on spite, which is further supported by the evidence the Court heard in
19 regards to the relationship between Herman and Nadine. As outlined in her
20 FDF and insurance paperwork, Nadine possesses one or two vehicles. The
21 Court does not find it credible that she needs the 2015 Silverado as her third
22 vehicle.
23
24
25
26
27
28

The Court does not have sufficient evidence to determine the value of any vehicles in Nadine's possession. The Court awards each party the vehicles in their possessions. Nadine is to receive one half the value of the 2015 Silverado, 2001 Chevy and the 2004 Silverado from Herman based upon the Bluebook average value for a private sale of each vehicle. This will be completed within thirty (30) days of the entry of this Order.

c) Retirement

Neither party testified as to retirement accounts. Therefore, the Court did not consider retirement accounts in its analysis.

d) Life Insurance

The Court did not receive competent testimony that either party has a life insurance policy, therefore, it was not considered in its analysis.

e) Credit Cards

Nadine listed extensive debt in her FDF. She included debt for credit cards in the amount of \$16,634.00. It was not disputed that the debt was accumulated during the marriage. Each party shall be responsible for one half the debts for the credit cards.

///

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1 *f) Other debt*

2 Nadine listed additional debt to Freedom Financial for \$22,486.00,
3
4 Consolidation Plus loan of \$21,617.00, Equiant Financial Services for
5 \$7,641.00, Tax Serv for Bridgeport of \$8,270.78, Global Finance for
6 \$29,800.00, and student loans for \$76,195.00. The Court did not receive any
7
8 evidence that any property was the separate property of either Herman or
9 Nadine, therefore, the Court will treat the debts as community property.

10 Herman failed to properly prepare his FDF. The Court was able to
11
12 determine debts to Midland Credit Management statement in the amount of
13 \$729.00 (HGW 007), Wakefield and Associates in the amount of \$1,348.22
14 (HGW 011), and Americollect in the amount of \$1,872.00. It is undisputed
15
16 that the debts were community debt.

17 Herman submitted documents from the IRS that outlines an
18
19 outstanding balance and a payment agreement (HGM 279-302). The Court
20
21 did not receive any evidence, other than the exhibits, in order to determine the
22
23 extent of the debt, if any. The Court orders that the parties will equally divide
24 any tax debt, if any, incurred during the marriage.

25 Herman also provided medical bills from Dignity Health totaling
26
27 \$75,627.30 (HGM 001, 009), Emergency Physician Statement in the amount
28 of \$1,300.00 (HGM 002), Digestive Associates for \$677.00, and Bessler MD
for \$663.43. It is undisputed that the debts were community debt.

1 Each party shall be responsible for one half of the other debt with
2 Herman assuming the Dignity Health debt and Nadine assuming the student
3 loan debt as follows with Herman taking an additional amount of debt to
4 offset the \$5,126.59 owed for the 2015 Silverado reimbursement outlined in
5 subsection B below:
6

OTHER DEBT	Nadine	Herman
Freedom Financial	\$ 22,486.00	
Equiant Financial Services	\$ 7,641.00	
Consolidation Plus		\$ 21,617.00
TaxServe for Bridgeport		\$ 6,270.78
Midland Credit management		\$ 729.00
Global Finance	\$ 14,900.00	\$ 14,900.00
Wakefield and Associates		\$ 1,349.00
Americollect		\$ 1,872.00
Emergency Physician		\$ 1,300.00
Digestive Associates		\$ 677.00
Bessler MD		\$ 604.00
	\$ 45,027.00	\$ 51,376.78

18
19 *(f) anything else?*

20 Nadine had two rings stolen from the house. It was undisputed that the
21 rings were Nadine's separate property (wedding rings). Herman pawned the
22 rings for \$3,500.00. The Court orders that Herman will reimburse Nadine the
23 value of the two rings pawned.
24

25 ///

26 ///

27 ///

1 Nadine requested one half of the value of the tools in Herman's
2 possession. Herman stated most of the tools were sold prior to the move to Las
3 Vegas but tools in his possession were purchased for \$1,000.00. Herman
4 requested the return of numerous items, including scaffolding and other items.
5 The Court orders that each party will retain the personal tools and other
6 equipment currently in their possession which appear to be roughly equal in
7 value.
8

9
10 ***B. Business debts and assets***
11

12 Herman runs his own company, Exquisite Towing Roadside
13 Assistance. The Court only received information in regards to private
14 vehicles utilized for the company as the only assets of the company, along
15 with a bank account that appears to be utilized for Herman's private expenses
16 as well.
17

18 It is undisputed the company was started during the marriage.
19 However, Nadine expressly testified that the business be awarded to Herman.
20 As a business valuation was not completed, the Court did not receive
21 competent testimony in order to divide assets or debts, if any.
22

23 However, pursuant to the December 16, 2019 orders of Judge Steel,
24 Herman was to pay all expenses related to the 2015 Silverado, with the
25 exception of the registration. Therefore, Herman is ordered to reimburse
26
27

28 ///

1 Nadine for the insurance paid on the vehicle from December 16, 2019 to
2 present in the amount of \$3, 265.00 (\$1,361.00 + \$1,104.00 + \$800.00).
3
4 (Exhibit 2). Additionally, Herman is ordered to pay for the finance payments
5 to Chase Auto in the amount of \$1,861.59. (Exhibit 3). The Court has
6 compensated for the amount owed to Nadine by allocating additional debt to
7 Herman for the \$5,127.00.
8

9 The Court awards Exquisite Towing Roadside Assistance to Herman
10 along with any assets or debts in its name.
11

12 **ALIMONY**

13 Herman is seeking alimony in the amount of \$1,000.00 per month.
14 NRS 125.150(1)(a) provides that in granting a divorce, the Court “[m]ay
15 award such alimony to either spouse, in a specified principal sum or as
16 specified periodic payments, as appears just and equitable.” Alimony may be
17 awarded to narrow the gap between the parties’ respective financial
18 circumstances after divorce and to help maintain the marital standard of living
19 to the lower income spouse. Kogod v. Cioffi-Kogod, 439 P.2d 397 (April 25,
20 2019) citing Wright v. Osburn, 112 Nev, 1367, 970 P.2d 1071 (1998). His
21 request is unreasonable and not supported by any of the evidence presented,
22 especially in light of the fact his monthly income exceeds that of Nadine’s
23 income.
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1 In making a “just and equitable” determination, the Court is required to
2 apply NRS 125.150(9) which provides as follows:

3
4 ***(a) The financial condition of each spouse;***

5 The community has substantial debt of approximately \$248,229.00.
6 Nadine and Herman will split this substantial debt. That debt includes
7 vehicles, business debt, medical debt and personal debt. The assets are
8 limited. A total of possibly four vehicles, personal and business bank
9 accounts of an unknown accumulated value, and whatever furniture and
10 personal effects are currently in their possessions. The Court did not receive
11 competent evidence as to the furniture and personal effects in the possession
12 of each party, nor their value.
13
14
15

16 Herman claimed he cannot pay his monthly bills and that he is deeply
17 in debt. However, the Court calculated his monthly actual income of
18 approximately \$9,547.00, plus the \$700.00 a month rent paid by his mother in
19 law for a total of \$10,247.00. Herman’s monthly expenses, pursuant to his
20 FDF and testimony, equal approximately \$8,106.00. This leaves Herman with
21 a balance of \$2,829.00. Nadine’s balance after expenses is \$1,465.00.
22
23 Herman has the superior financial position on a monthly basis.
24

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1 ***(b) The nature and value of the respective property of each***
2 ***spouse;***

3 The Court did not receive evidence in regards to the value of furniture
4 or personal belongs of each party. Therefore, the analysis is based on the
5 evidence that was provided to the Court. In regards to physical property,
6 Herman has property, consisting of vehicles, valued substantially higher than
7 Nadine's property.
8
9

10 ***(c) The contribution of each spouse to any property held by the***
11 ***spouses pursuant to NRS 123.030;***

12 This factor is not relevant.

13
14 ***(d) The duration of the marriage;***

15 This is a marriage of almost seventeen (17) years.

16 ***(e) The income, earning capacity, age and health of each***
17 ***spouse***

18
19 Herman and Nadine are both healthy. There is no reason why either
20 party cannot continue to earn an income.

21 ***(f) The standard of living during the marriage;***

22
23 There was little information concerning the standard of living during
24 the marriage. However, the parties have amassed a significant debt of over
25 \$200,000.00 that will be divided equally between them.
26

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1 ***(g) The career before the marriage of the spouse who would***
2 ***receive the alimony;***

3 There was no evidence provided to the Court in regards to this
4 factor.
5

6 ***(h) The existence of specialized education or training or the***
7 ***level of marketable skills attained by each spouse during the***
8 ***marriage;***

9 There was no evidence that either party obtain specialized education
10 or training during the marriage.
11

12 ***(i) The contribution of either spouse as homemaker;***

13 The Court did not receive any competent, reliable evidence that either
14 party sacrificed a career in order to stay at home.
15

16 ***(j) The award of property granted by the court in the divorce,***
17 ***other than child support and alimony, to the spouse who would***
18 ***receive the alimony; and***

19 Herman will receive significantly more property than Nadine, subject
20 to an equalization payment of the value of the three vehicles in his possession.
21

22 ***(k) The physical and mental condition of each party as it***
23 ***relates to the financial condition, health and ability to work of that***
24 ***spouse.***

25 There is no evidence that either party suffers physical or mental
26 impediments to maintaining their current careers.
27

28 The Court concludes that based upon the financial conditions of the
party an award of alimony to Herman would not be fair and equitable.

1 **THE COURT FINDS** that Nadine is now and has been an actual
2 bona fide resident of the State of Nevada and has been actually domiciled in
3 the State of Nevada for more than six weeks immediately prior to the
4 commencement of this action.
5

6 **THE COURT FURTHER FINDS** that Nadine and Herman were
7 married on March 2, 2004 and have since remained married. The parties have
8 become, and continue to be, incompatible in marriage, and no reconciliation is
9 possible.
10

11 **NOW, THEREFORE, IT IS HEREBY ORDERED** that Nadine
12 shall assume, indemnify and hold Herman harmless from any debts and
13 obligations in her individual names.
14

15 **IT IS FURTHER ORDERED** that Herman shall assume, indemnify
16 and hold Nadine harmless from any debts and obligations in his individual
17 names.
18

19 **IT IS FURTHER ORDERED** that Nadine shall retain any bank
20 accounts or property in her individual name.
21

22 **IT IS FURTHER ORDERED** that Herman shall retain any bank
23 accounts or property in his individual name.
24

25 **IT IS FURTHER ORDERED** that neither party shall be awarded
26 alimony.
27

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1 **IT IS FURTHER ORDERED** that Herman will pay Nadine an asset
2 equalization of one half the Bluebook value (for a private sale) of the 2015
3 Silverado, 2001 Chevy and the 2004 Silverado. Said sum is reduced to
4 judgment with a stay of execution and interest contingent upon timely payment
5 in the amount of \$150.00 a month due before the 15th day of each month
6 commencing on April 15, 2021. If Herman fails to make a payment by the
7 assigned monthly date, the stay on said sum is lifted and becomes immediately
8 due and payable with any interest that has accrued.

9 **IT IS FURTHER ORDERED** that Herman will pay Nadine an asset
10 equalization of \$3,500.00 for the sale of the rings. Said sum is reduced to
11 judgment with a stay of execution and interest contingent upon timely payment
12 in the amount of \$50.00 a month due before the 15th day of each month
13 commencing on April 15, 2021. If Herman fails to make a payment by the
14 assigned monthly date, the stay on said sum is lifted and becomes immediately
15 due and payable with any interest that has accrued.

16 NOW, THEREFORE, based upon the foregoing *Findings of Fact and*
17 *Conclusions of Law* and good cause appearing therefore:
18

19 **IT IS HEREBY ORDERED** that the bonds of matrimony now
20 existing between the parties are hereby wholly dissolved, and an absolute
21 Decree of Divorce is hereby granted to the parties, and each of the parties are
22 hereby restored to the status of a single, unmarried person.
23

1 **CHILD CUSTODY AND CHILD SUPPORT ORDER**

2 **NOW, THEREFORE, IT IS FURTHER ORDERED** that Herman
3
4 and Nadine shall exercise Joint Legal Custody of the minor children and that
5 the parties shall abide by the following joint legal custody provisions:

6 A. The parties shall consult and cooperate with each other in
7
8 substantial questions relating to religious upbringing, educational
9
10 programs, significant changes in social environment, and health care of
11 the child.

12 B. The parties shall have access to medical and school records
13
14 pertaining to the child and be permitted to independently consult with
15 any and all professionals involved with the child.

16 C. The parties shall participate in decisions regarding all schools
17
18 attended, and all providers of child care of the parties' minor child.

19 D. Each party shall be empowered to obtain emergency health
20
21 care for the child without the consent of the other party. Each party is
22 to notify the other party as soon as reasonably practicable of any illness
23 requiring medical attention, or any emergency involving the child.

24 E. Each party is to provide the other party, upon receipt,
25
26 information concerning the well-being of the child, including, but not
27 limited to, copies of report cards; school meeting notices; vacation
28

1 schedules; class programs; requests for conferences; results of
2 standardized or diagnostic tests; notices of activities involving the
3 child; samples of school work; order forms for school pictures; all
4 communications from health care providers; the names, addresses, and
5 telephone numbers of all schools, health care providers, regular day
6 care providers and counselors.
7

8
9 F. Each party is to advise the other party of the school, athletic,
10 and social events in which the child participates. Both parties may
11 participate in activities for the child, such as open house, attendance at
12 an athletic event, etc.
13

14 G. Each party is to provide the other party with the address and
15 telephone number at which the minor child resides, and to notify the
16 other party prior to any change of address and provide the telephone
17 number as soon as it is assigned.
18

19
20 H. Each party is to provide the other party with a travel itinerary
21 and, whenever reasonably possible, telephone numbers and addresses
22 at which the child can be reached whenever the child will be away
23 from the parties' home for a period of two (2) nights or more.
24

25 I. Each party shall be entitled to reasonable telephone
26 communication with the child. Each party is restrained from
27
28

1 unreasonably interfering with the child's right to privacy during such
2 telephone conversation. Telephone conversations shall be initiated
3 either by the child or parent and are to occur during reasonable
4 household hours.

5
6 **IT IS FURTHER ORDERED** that Nadine and Herman shall exercise
7 Joint Physical Custody of the minor children.
8

9 **IT IS FURTHER ORDERED** that due to the negligible disparity of
10 income between the parties, the Court, pursuant to NAC 425.100, does not
11 order child support.
12

13 **IT IS FURTHER ORDERED** that Herman is responsible for one half
14 of the amount for insurance provided by Nadine, or \$208.50, payable on the
15 first of every month.
16

17 **IT IS FURTHER ORDERED** that Nadine shall secure and pay for
18 reunification counseling for Herman and Abigail and transition Abigail into the
19 joint physical custody.
20

21 **IT IS FURTHER ORDERED** that reunification counseling will
22 begin no less than thirty (30) days from the entry of this order.
23

24 **IT IS FURTHER ORDERED** that Abigail's timeshare will follow
25 the recommendation of the reunification counselor until the time schedule
26 matches the schedule for the other minor children (week on/week off), or June
27 1, 2021, whichever occurs first.
28

1 **IT IS FURTHER ORDERED** that Herman III, Matthew and Elisha's
2 (and Abigail's after June 1, 2021) timeshare shall be as follows:

3 **Week 1 (Nadine): Sunday 6:00 p.m. to the following Sunday 6:00**
4
5 **p.m.**

6 **Week 2 (Herman): Sunday at 6:00 p.m. to the following Sunday**
7
8 **6:00 p.m.**

9 **IT IS FURTHER ORDERED** that the receiving parent shall provide
10 the transportation for the child custody exchange. All exchanges are to occur
11 in a mutually agreed upon public location. Should the parties not agree to a
12 public location, exchanges will occur at Donna's House located at 601 N.
13 Pecos, Las Vegas, NV. Upon request an order will be issued for the supervised
14 exchanges with the parties equally dividing the costs.

15 **IT IS FURTHER ORDERED** that neither party shall make any
16 negative comments about the other party.

17 **IT IS FURTHER ORDERED** that the non-custodial parent shall have
18 unsupervised daily communication with the minor children by phone or video
19 each evening between 7:00 p.m. and 7:30 p.m.

20 **IT IS FURTHER ORDERED** that the parties will follow the
21 Department I Holiday Schedule outlined in Exhibit 1.

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1 **IT IS FURTHER ORDERED** that the parties shall utilize a parenting
2 app which, absent an emergency, shall be the exclusive means of
3 communication between the parties. The parties shall engage in polite,
4 respectful communications concerning the minor children.
5

6 **IT IS FURTHER ORDERED** that all significant others shall
7 remain in the background and shall not be allowed to interfere in
8 communications between the parties. They shall not be permitted to
9 participate in the kind of activities in which legal custody is required such as a
10 health care appointment, a parent/teacher conference, etc. They shall,
11 however, be permitted to attend public events such as a performance or school
12 event. Neither parent may allow anyone else to share the title “mom,”
13 “mother,” “mommy,” “dad,” “father,” “daddy,” or anything else similar.
14

15 **IT IS FURTHER ORDERED** that Herman’s monthly child support
16 obligation comes to \$9.45 a month. The Court finds the disparity of income
17 between the parties to be negligible and therefore, pursuant to NAC 425.100,
18 the Court will not order child support.
19

20 **IT IS FURTHER ORDERED** that any unreimbursed medical, dental,
21 optical, orthodontic or other health related expenses incurred for the minor
22 child shall be divided equally between the parties. Either party incurring an
23 out-of-pocket health care expense shall provide a copy of the paid invoice/
24 receipt to the other party within 30 days of incurring such expense. If the
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1 invoice/receipt is not tendered within the thirty day period, the Court may
2 consider it as a waiver of reimbursement. The other party will then have 30
3 days from receipt within which to dispute the expense in writing or reimburse
4 the incurring party for one-half of the expense. If not disputed or paid within
5 the 30 day period, the party may be subject to a finding of contempt and
6 appropriate sanctions.
7

9 **IT IS FURTHER ORDERED** that for the tax year 2020 forward,
10 Herman shall be entitled to claim as tax dependents Herman III and Elisha in
11 all years, and Nadine shall be entitled to claim as tax dependents Abigail and
12 Matthew. As each minor child emancipates, if one of the parties can claim
13 only one minor child while the other party claims two, then Herman shall be
14 entitled to claim Elisha as a tax dependent on even years and Nadine shall be
15 entitled to claim Elisha as a tax dependent on odd years. Once all the minor
16 children except Elisha emancipates, Herman shall be entitled to claim Elisha as
17 a tax dependent on even years and Nadine shall be entitled to claim Elisha as a
18 tax dependent on odd years.
19

22 **IT IS FURTHER ORDERED** that the parties shall exchange their
23 tax returns, together with all schedules and forms, no later than April 30
24 annually for the purpose of determining whether there has been a change in
25 circumstance justifying revisiting the child support obligation.
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PENALTY FOR VIOLATION OF ORDER: THE ABDUCTION, CONCEALMENT OR DETENTION OF A CHILD IN VIOLATION OF THIS ORDER IS PUNISHABLE AS A CATEGORY D FELONY AS PROVIDED IN NRS 193.130. NRS 200.359 provides that every person having a limited right of custody to a child or any parent having no right of custody to the child who willfully detains, conceals or removes the child from a parent, guardian or other person having lawful custody or a right of visitation of the child in violation of an order of this court, or removes the child from the jurisdiction of the court without the consent of either the court or all persons who have the right to custody or visitation is subject to being punished for a category D felony as provided in NRS 193.130.

NOTICE IS HEREBY GIVEN that pursuant to NRS
25C.0045(7)(8): The terms of the Hague Convention of October 25, 1980,
adopted by the 14th Session of the Hague Conference on Private International
Law, apply if a parent abducts or wrongfully retains a child in a foreign
country as follows:

If a parent of the child lives in a foreign country or has significant commitments in a foreign country:

- (a) The parties may agree, and the court shall include in the order for custody of the child, that the United States is the country of habitual residence of the child for the purposes of applying the terms of the Hague Convention as set forth in subsection 7.

1 (b) Upon motion of one of the parties, the court may order the
2 parent to post a bond if the court determines that the parent
3 poses an imminent risk of wrongfully removing or concealing
4 the child outside the country of habitual residence. The bond
5 must be in an amount determined by the court and may be used
6 only to pay for the cost of locating the child and returning the
7 child to his or her habitual residence if the child is wrongfully
8 removed from or concealed outside the country of habitual
9 residence. The fact that a parent has significant commitments
10 in a foreign country does not create a presumption that the
11 parent poses an imminent risk of wrongfully removing or
12 concealing the child.

13 **NOTICE IS HEREBY GIVEN** that, pursuant to NRS
14 125C.0065:

15 1. If JOINT PHYSICAL CUSTODY has been established
16 pursuant to an order, judgment or decree of a court and one
17 parent intends to relocate his or her residence to a place outside
18 of this State or to a place within this State that is at such a
19 distance that would substantially impair the ability of the other
20 parent to maintain a meaningful relationship with the child,
21 and the relocating parent desires to take the child with him or
22 her, the relocating parent shall, before relocating:

23 (a) Attempt to obtain the written consent of the non-relocating
24 parent to relocate with the child; and

25 (b) If the non-relocating parent refuses to give that consent,
26 petition the court for primary physical custody for the purpose
27 of relocating.

28 2. The court may award reasonable attorney's fees and costs to
the relocating parent if the court finds that the non-relocating
parent refused to consent to the relocating parent's relocation
with the child:

(a) Without having reasonable grounds for such refusal; or

(b) For the purpose of harassing the relocating parent.

3. A parent who relocates with a child pursuant to this section
before the court enters an order granting the parent primary
physical custody of the child and permission to relocate with
the child is subject to the provisions of NRS 200.359.

1 **NOTICE IS HEREBY GIVEN** that the non-custodial parent may
2 be subject to the withholding of wages and commissions for delinquent
3 payments of support pursuant to NRS 31A.010, *et. seq.* and NRS 125.007.
4

5 **NOTICE IS HEREBY GIVEN** that pursuant to NRS 125B.145, the
6 parties may request a review of child support every three years, or at any time
7 upon changed circumstances.
8

9 **NOTICE IS HEREBY GIVEN** that both parties shall submit the
10 information required by NRS125B.055, NRS 125.30 and NRS 125.230 on a
11 separate form to the Court and to the Welfare Division of the Department of
12 Human Resources within ten days from the date this Order is filed. Such
13 information shall be maintained by the Clerk in a confidential manner and not
14 part of the public record. The parties shall update the information filed with
15 the Court and the Welfare Division of the Department of Human Resources
16 within ten days should any of that information become inaccurate.
17
18

19 **NOTICE IS HEREBY GIVEN** that if you want to adjust the
20 amount of child support established in this order, you **MUST** file a motion to
21 modify the order with or submit a stipulation to the court. If a motion to
22 modify the order is not filed or a stipulation is not submitted, the child support
23 obligation established in this order will continue until such time as all children
24 who are the subject of this order reach 18 years of age or, if the youngest child
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1 who is subject to this order is still in high school when he or she reaches 18
2 years of age, when the child graduates from high school or reaches 19 years of
3 age, whichever comes first. Unless the parties agree otherwise in a stipulation,
4 any modification made pursuant to a motion to modify the order will be
5 effective as of the date the motion was filed.
6

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8 **IT IS FURTHER ORDERED** that each party shall assume their
9 own attorney fees and costs.

10 **IT IS FURTHER ORDERED** Attorney Frank Toti shall file the
11 Notice of Entry of Order of this Decision and Order.
12

13
14 Dated this 26th day of February, 2021

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18 9B8 DD8 3F27 05F8
19 Sunny Bailey
20 District Court Judge
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Sunny Bailey
DISTRICT JUDGE
Family Division, Dept. I
Las Vegas, NV 89101

EXHIBIT 1

***Eighth Judicial District Court
Department I – Family Division
Holiday and Vacation Plan***

This schedule shall remain in effect unless: (1) the parties agree in writing, signed by both parties, to an alternate schedule; or (2) by subsequent order of the Court.

Precedence:

The *holiday* schedule shall take precedence over *vacation* periods; and *vacation* periods shall take precedence over regular timeshare periods. Where there is an overlap of conflicting holidays, the following priority shall prevail:

	<u>Odd Year</u>	<u>Even Year</u>
Overlap Precedent	DAD	MOM

Weekend Holidays

The parents will share weekend holidays based on the following schedule. The holiday weekend begins upon the release of school for the holiday period and continues until the morning school resumes following the holiday, at the first morning bell, unless otherwise noted. In the event that school is not in session, the following holiday time will begin on Friday at 3:00 p.m., and continue until 9:00 a.m., on the first weekday following the holiday.

	<u>Odd Year</u>	<u>Even Year</u>
Martin Luther King Day Weekend	MOM	DAD
President's Day Weekend	DAD	MOM
Mother's Day Weekend	MOM	MOM
Memorial Day Weekend	MOM	DAD
Father's Day Weekend	DAD	DAD
Independence Day ¹	DAD	MOM
Labor Day Weekend	MOM	DAD
Nevada Admission Day Weekend	DAD	MOM
Halloween Day ²	DAD	MOM
Veterans' Day Weekend ³	MOM	DAD

¹ Independence Day will include the weekend if the holiday occurs on a Friday, Saturday, Sunday or Monday of any given year. In the event the holiday occurs on Tuesday, Wednesday or Thursday, it will be treated as a one day holiday and shall begin at 9:00 a.m. on July 3rd and continue until July 5th at 9:00 a.m.

² Halloween will be celebrated as a one day holiday, beginning upon the release of school, or 9:00 a.m., if school is not in session, and continuing until the next morning when school resumes or 9:00 a.m., if school is not in session.

Birthdays

The parents will share birthdays based on the schedule set forth below. The birthday schedule will begin after school on the birthday (or if school is not in session, at 9:00 a.m.) and continue until the morning following the birthday at 9:00 a.m., or when school begins, at the first morning bell, if school is in session, when the regular residential schedule will resume. The designated parent shall be entitled to have ALL of the parties' children in his/her care during the birthday period.

	<u>Odd Year</u>	<u>Even Year</u>
Children's Birthdays	MOM	DAD

Easter/Spring Break

The parents will share the Easter/Spring Break based on the following schedule, with the holiday period to begin upon the release of school for the holiday period and continue until school resumes following the Spring Break at the first morning bell.

	<u>Odd Year</u>	<u>Even Year</u>
Easter/Spring Break	DAD	MOM

Thanksgiving

The parents will share the Thanksgiving Break based on the following schedule, with the holiday period to begin upon the release of school before Thanksgiving and shall continue until school resumes following the holiday.

	<u>Odd Year</u>	<u>Even Year</u>
Thanksgiving Break	MOM	DAD

Winter Break

The Winter Break holiday period will be divided into two segments based on the school calendar. Specifically, the first segment will begin on the day the school calendar releases for the break and shall continue until December 26th at 12:00 p.m. (noon), when the other parent's timeshare shall begin, to continue until school resumes following the Winter Break.

	<u>Odd Year</u>	<u>Even Year</u>
First Segment/Christmas	DAD	MOM
Second Segment/New Year's	MOM	DAD

Religious Holidays

When parents do not share the same religious beliefs, each parent shall have the right to provide religious instruction of their choosing to the child(ren). When both parents are of the same faith, both parents shall have the opportunity to enjoy the right to celebrate a religious holiday with the child(ren) on an alternating year basis. The following sample religious holiday schedules are intended to provide examples of shared holiday schedules

³ Veterans' Day will include the weekend if it is attached to a weekend holiday period. In the event the holiday is celebrated as a one-day holiday by the school district, it shall begin at 9:00 a.m. on November 11th and continue until November 12th at 9:00 a.m. In the event the school district does not provide a release from school for Veterans' Day, neither party shall be entitled to a variance from the regular timeshare for this holiday period.

for religious holidays and apply *only if* one or both parents have traditionally celebrated such holidays with the parties' child(ren):

Sample Jewish Holiday

The following holidays begin upon the release of school before the holiday period, or if school is not in session at 3:00 p.m., and continue as designated until school resumes the day after the holiday period, or if school is not in session at 9:00 a.m.:

	<u>Odd Year</u>	<u>Even Year</u>
Passover [1 st two nights]	DAD	MOM
Rosh Hashanah [2 day holiday]	MOM	DAD
Yom Kippur [One day holiday]	DAD	MOM
Purim [One day holiday]	MOM	DAD
Sukkot [1 st two nights]	DAD	MOM
Hanukkah [1 st two nights]	MOM	DAD

Sample Baha'i Holy Days and Commemorative Days

The following holidays, when work is to be suspended, begin upon the release of school before the holiday period, or if school is not in session at 3:00 p.m., and continue as designated until school resumes the day after the holiday period, or if school is not in session at 9:00 a.m.:

	<u>Odd Year</u>	<u>Even Year</u>
Naw-Ruz March 21	DAD	MOM
Festival of Ridvan April 21	MOM	DAD
Declaration of the Bab May 23	DAD	MOM
Ascension of Baha'u'llah May 29	MOM	DAD
Martyrdom of Bab July 9	DAD	MOM
Birth of the Bab October 20	MOM	DAD
Birth of Baha'u'llah November 12	DAD	MOM

Summer/Track Vacation

Each parent shall have on fourteen (14) day uninterrupted summer timeshare with the child(ren) per year during the period of summer or track release for the Clark County School District. The fourteen (14) day period may not be added to regular timeshare dates

1 to extend a parent's summer vacation beyond fourteen (14) days without the written
2 consent of the other party.

3 The parent with selection priority shall provide notice of his/her summer vacation dates in
4 writing via email by March 1st with the other parent providing notice of her/his summer
5 vacation dates in writing via email by March 15th. Track vacation dates must be
6 designated at least thirty (30) days before the track break begins. Failure to provide notice
7 of summer/track vacation dates by deadline provided shall constitute a waiver of priority
8 and the other party shall have the right to provide written notice of his/her summer/track
9 vacations dates, which shall take precedence for that year only. If a party does not provide
10 written notice of his or her vacation dates by May 1st, that party shall have waived his/her
11 right to exercise a vacation period for that year only.

	<u>Odd Year</u>	<u>Even Year</u>
Vacation Selection Priority	DAD	MOM

12 ***Year-Round School***

13 In the event the parties' child(ren) attend year round school, the regular timeshare shall
14 continue during all track breaks unless: (1) either party has designated a vacation period, as
15 set forth above, or (2) otherwise agreed in a writing signed by both parties.

16 ***In-Service/Professional Development Days***

17 Undesignated school holidays shall follow the parties' regular timeshare schedule.
18 However, in the event an in-service day is attached to a weekend or other holiday period,
19 the undesignated holiday shall attach to the weekend or other holiday period and the parent
20 assigned the weekend or holiday period (including any undesignated period) until school
21 resumes following the weekend or other holiday period, at the first morning bell.

22 ***Transportation***

23 The receiving parent shall be responsible for providing transportation, unless otherwise
24 ordered by the Court.

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1 **CSERV**

2
3 DISTRICT COURT
CLARK COUNTY, NEVADA

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5
6 Nadine Alecia Williams, Plaintiff CASE NO: d-19-586291-d
7 vs. DEPT. NO. Department I
8 Herman George Williams,
9 Defendant.

10
11 **AUTOMATED CERTIFICATE OF SERVICE**

12 This automated certificate of service was generated by the Eighth Judicial District
13 Court. The foregoing Decision and Order was served via the court's electronic eFile system
to all recipients registered for e-Service on the above entitled case as listed below:

14 Service Date: 2/26/2021

15 Frank Toti frank@fjtesq.com
16 Kenneth Robbins, Esq. FamilyFirst@HalfPriceLawyers.com
17 David Barragan david@fjtesq.com
18

19 If indicated below, a copy of the above mentioned filings were also served by mail
20 via United States Postal Service, postage prepaid, to the parties listed below at their last
21 known addresses on 3/1/2021

22 Kenneth Robbins 9205 W Russell RD STE 240
23 Las Vegas, NV, 89148
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25
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27
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