IN THE SUPREME COURT OF THE STATE OF NEVADA

IN RE: PETITION FOR REINSTATEMENT,)
TERRY L. WIKE,)
NEVADA BAR NO. 7211)
)
)
)
_____)

Case No.

Electronically Filed
Jul 29 2021 11:54 a.m.
Elizabeth A. Brown
Clerk of Supreme Court

VOLUME I

RECORD OF DISCIPLINARY PROCEEDINGS, PLEADINGS AND TRANSCRIPT OF HEARING

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SCR 79 Address
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Las Vegas, NV 89135
Alternate Address
Petitioner

Docket 83296 Document 2021-22032

IN THE SUPREME COURT OF THE STATE OF NEVADA

IN RE: **TERRY L. WIKE, ESQ.** **NEVADA BAR NO. 7211**	)))))	**CASE SUMMARY FOR RECORD ON APPEAL**

Nature of the Case

This matter addresses a petition for reinstatement by Terry L. Wike's (hereinafter "Petitioner") following two separate suspensions. The first was a two-year suspension by Order of the Nevada Supreme Court dated February 27, 2020 and second suspension of 6 months and 1 day by Order of the Nevada Supreme Court dated October 8, 2020.

Rules of Professional Conduct

Both suspensions involved violations of RPC 1.15. Petitioner failed to safekeep his clients' property.

Summary of the Panel's Findings

The Panel found that Petitioner met all the requirements for reinstatement in SCR 116 except that Petitioner failed to pay the costs of the two hearings, which were $21,138.15. It found, however, good a sufficient reason to reinstate Petitioner because he had struggled financially and was unable to pay the costs.

Summary of the Panel's Recommendation

The Panel recommended that the Court grant the Petition for Reinstatement. It found that Petitioner should be reinstated to the practice of law in Nevada subject to a 24-month probationary term with the following conditions:

1. During probation, Petitioner shall be subject to the same conditions imposed in Supreme Court Case No. 79305 (February 27, 2020).
2. Petitioner must obtain a mentor during the probationary period who practices in personal injury law and has experience and training in firm accounting and client trust accounts.
3. Petitioner must submit quarterly reports to his mentor and the State Bar and be subject to periodic audits by the State Bar.
4. Petitioner must pay the fees and costs of the previous disciplinary proceedings of $21,138.15.

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5. Petitioner will pay the hearing costs, which consists of $2,500 pursuant to SCR 120(5) and any "hard costs" of the proceeding such as transcript expenses, within 30 days of the Supreme Court's order on reinstatement.

DATED this 28 day of July 2021.

STATE BAR OF NEVADA
DANIEL M. HOOGE, BAR COUNSEL

Daniel Hooge (Jul 28, 2021 14:27 PDT)

Daniel M. Hooge, Bar Counsel
Nevada Bar No. 10620
3100 West Charleston Boulevard, Suite 100
Las Vegas, Nevada 89102
(702) 382-2200

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Terry L. Wike
Bar No.: 7211
11120 Forever Sunset Ct.
Las Vegas, Nevada 89135
(702)630-2934
e-mail: twike@wikelaw.com
Petitioner, Pro Se

OFFICE OF STATE BAR COUNSEL

STATE OF NEVADA

In the matter of the Petition of TERRY L. WIKE, Petitioner.	CASE NOS.: 81340 and 79305

PETITION FOR REINSTATEMENT

COMES NOW, Petitioner, TERRY L. WIKE, pro se, submits this Petition for Reinstatement to the practice of law, pursuant to Supreme Court Rule 116. This Petition for Reinstatement is based upon the papers and pleadings on file herein, the attached exhibits, the following memorandum of points and authorities, any supplements thereto, and the arguments of counsel at the time set for hearing this matter.

A. FACTS

1. Terry L. Wike ("Petitioner") was licensed to practice law in the State of Nevada on October 12, 1999, after graduating from Cleveland Marshall College of Law.

2. Upon passing the bar examination, Petitioner began practicing law at the law firm of Thorndal, Armstrong, Delk, Balkenbush, and Eisinger, and later with the law firm of Mainor & Harris. He subsequently opened his own firm in Las Vegas, which he had been operating for over 15 years, until his suspension.

3. On October 8, 2020, the Supreme Court of Nevada entered an Order of Suspension, suspending Petitioner from the practice of law for 6 months and one day, based on two disciplinary orders regarding the safekeeping of client property. The first order was issued on entered on February 27, 2020, and the second order was issued on October 8, 2020. The Court found that a mitigating factor was Petitioner's timely good faith effort to ensure that all clients and lienholders had been paid, which Petitioner did ensure before the State Bar began its investigations.

4. In addition to the payment of administrative costs, the Supreme Court ordered that Petitioner continue his probationary period imposed on February 27, 2020, which required Petitioner to be mentored by an attorney and to provide quarterly reports to his mentor and to the State Bar until February 27, 2022.

5. Petitioner has complied with Supreme Court's Order of Suspension, except for the payment of administrative costs which is more fully discussed *infra*.

6. Petitioner has remained active during his suspension, both in his personal life as well as with his studies of the law, including CLE classes, reviewing legal books and materials.

7. Petitioner has also taken the time of his suspension as an opportunity to voluntarily improve his accounting practices, by personally learning the details of Abacus Case Management Accounting and Quickbook Accounting programs to improve tracking and reconciliation of all client funds and business accounts.

8. In accord with the first disciplinary order, Petitioner has also worked with his mentor by providing his mentor and the State Bar quarterly reports detailing the accurate distribution of all client funds. These quarterly reports demonstrate Petitioner's ability, diligence and sincere efforts to safeguard client property.

9. Petitioner has also complied with his Continuing Legal Education requirements during his suspension.

10. Petitioner has not operated a law firm or shared in any legal fees while suspended. In fact, his firm has ceased all operations since the suspension.

11. Petitioner recognizes the seriousness and wrongfulness of his conduct and will not engage in any such conduct in the future.

12. Petitioner respectfully petitions the Board and the Supreme Court of Nevada for reinstatement of his license as set forth in this Petition.

B. LEGAL ARGUMENT

Rule 116. Reinstatement.

1. **Order of supreme court required.** An attorney suspended as discipline for more than 6 months may not resume practice unless reinstated by order of the supreme court.

2. **Procedure for reinstatement.** Petitions for reinstatement by a suspended attorney shall be filed with bar counsel's office, which shall promptly refer the petition to the chair of the appropriate disciplinary board. The chair or vice chair shall promptly refer the petition to a hearing panel, which shall, within 60 days after referral, conduct a hearing. An attorney may be reinstated or readmitted only if the attorney demonstrates by clear and convincing evidence the following criteria, or if not, presents good and sufficient reason why the attorney should nevertheless be reinstated or readmitted:

(a) Full compliance with the terms and conditions of all prior disciplinary orders;

(b) The attorney has neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension;

(c) Any physical or mental disability or infirmity existing at the time of suspension has been removed; if alcohol or other drug abuse was a causative factor in the attorney's

> misconduct, the attorney has pursued appropriate treatment, has abstained from the use of alcohol or other drugs for a stated period of time, generally not less than one year, and is likely to continue to abstain from alcohol or other drugs;
>
> (d) The attorney recognizes the wrongfulness and seriousness of the misconduct resulting in the suspension;
>
> (e) The attorney has not engaged in any other professional misconduct since suspension;
>
> (f) Notwithstanding the conduct for which the attorney was disciplined, the attorney has the requisite honesty and integrity to practice law; and
>
> (g) The attorney has kept informed about recent developments in the law and is competent to practice.
>
> Within 60 days after the hearing concludes, bar counsel shall file the record of the proceedings, together with the panel's findings and recommendation, with the supreme court. Receipt of the record shall be acknowledged in writing by the supreme court clerk.

1. Petitioner has complied with the terms and conditions of all prior disciplinary orders, except for the payment of the administrative costs.

The Supreme Court has entered two disciplinary order pertaining to this matter. The first was the Order of Suspension entered on February 27, 2020, in case No. 79305. In that case, the Order of Suspension was for two years, with all but the first three months stayed, commencing from the date of the order. During the stayed suspension, Petitioner was ordered to: (1) be mentored by an attorney who practices in personal injury law and is knowledgeable in its accounting practices; (2) submit quarterly reports to his mentor and to the State Bar; (3) be subject to periodic audits; and (4) pay the administrative costs of the disciplinary proceeding. *See* Exhibit 1, Mentor Agreement and Quarterly Reports. Petitioner has complied with the order, except for the payment of administrative costs as discussed *infra*.

The second disciplinary order was the Order of Suspension entered on October 8, 2020, in case No. 81340. In that case, the Order of Suspension was for 6 months and one day. Petitioner was also ordered to pay the administrative costs of the disciplinary proceedings, which is discussed *infra*. Since that time, Petitioner has shut down his practice and has neither attempted to nor engaged in the practice of law. Thus, Petitioner has not engaged in any professional misconduct since the suspension.

(a) There exists good and sufficient reasons as to why Petitioner has not paid the administrative costs which support his Reinstatement.

Pursuant to SCR 116(2), "an attorney who cannot demonstrate the criteria still may be reinstated if [he] 'presents good and sufficient reason why [he] should be resinstated'". *See also Shoen*, 136 Nev., Adv. Op. 30, 464 P.3d at 403-04 (2020). *Shoen* involved the disciplinary panel's chair striking a petition for reinstatement when the attorney failed to comply with prior disciplinary orders to pay the entire amount of $25,000.00 in restitution to her clients before filing the petition for reinstatement. Shoen successfully demonstrated to the hearing panel and to the Court, that the failure to reinstate her to the practice of law for not paying the restitution in advance of her petition, not only served as an additional punishment but diminished her ability to reach her full earning capacity to pay the restitution. The Court found these reasons presented good and sufficient basis for Shoen's failure to comply with the disciplinary order under the revisions to SCR 116(2), and thus she was reinstated. *Id.* Similarly, the financial situation faced by Petitioner, presents good and sufficient reasons for his failure to pay the administrative costs before seeking reinstatement.

Presently, Petitioner is undergoing severe financial hardship and is respectfully requesting an extension of time to pay the administrative costs of the proceedings, or in

the appropriate, the waiver of the administrative costs due to Petitioner's recent bankruptcy. Petitioner has been a solo practitioner for approximately 17 years, and is currently unemployed. During the period of suspension, Petitioner has exhausted his limited savings and sold personal assets, which has detrimentally affected Petitioner and his family, both financially and emotionally. His taxes returns for the past two years demonstrates the severity of his financial hardship, in 2019 his income was -37,083.00 and in 2020 his income was -$4,541.00. *See* Exhibit 2, Taxes returns for 2019 and 2020. Petitioner is currently 7 months behind in his mortgage, and is in danger of foreclosure. *See* Exhibit 3, Shellpoint Mortgage Statement. Lastly, Petitioner has recently filed for bankruptcy in an effort to alleviate his financial hardship. *See* Exhibit 4, Bankruptcy Petition Case No. 21-11982. Accordingly, requiring the payment of the administrative costs prior to reinstatement in this case, is more akin to a punishment rather than a disciplinary purpose, which is disfavored by the Supreme Court.

(1) *The Supreme Court favors reinstatement over additional punishment.*

In *Shoen supra,* the Supreme Court cited to *State Bar of Nevada v. Claiborne*, 104 Nev. 115, 756 P.2d 464 (1988), the recognizing that "[t]he purpose of attorney discipline is to protect the public, the courts, and the legal profession, not to punish the attorney." In the instant case, Petitioner also submits that the failure to reinstate him for failing to pay the administrative costs prior to reinstatement, is tantamount to a failure to protect the public, and serves as additional punishment. Petitioner has successfully represented thousands of clients over the past 19 years, many of which, call upon Petitioner for additional legal services. This is not a case where restitution is owed to clients, but rather, involves the payment of administrative costs for disciplinary hearings. While the disciplinary orders have successfully modified Petitioner's conduct, as demonstrated in

the quarterly reports and improved accounting practices, the requirement that the administrative costs be paid before reinstatement, is tantamount to an additional punishment given Petitioner's financial status and his inability to reach full earing capacity, unless or until he is reinstated. Accordingly, Petitioner respectfully requests a modified payment plan for the administrative costs, or if appropriate due to his recent bankruptcy, a waiver of all administrative costs.

2. Petitioner has neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension.

As noted above, Petitioner has neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension. After the Court entered the Order, Petitioner closed his law firm. Since the beginning of the disciplinary action, Petitioner has been constantly monitored by his mentor, Brad Mainor, who attests to the fact that Petitioner has the honesty and integrity to practice law, and that Petitioner has neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension. *See* Exhibit 5, Affidavit of Brad Mainor. Hence Petitioner has not engaged in the unauthorized practice of law during the suspension.

3. Any physical or mental disability or infirmity existing at the time of suspension has been removed; if alcohol or other drug abuse was a causative factor in the attorney's misconduct, the attorney has pursued appropriate treatment, has abstained from the use of alcohol or other drugs for a stated period of time, generally not less than one year, and is likely to continue to abstain from alcohol or other drugs.

Petitioner did not have any mental disability or infirmity existing at the time of suspension, nor does he currently suffer from any mental disability or infirmity.

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4. Petitioner recognizes the wrongfulness and seriousness of the misconduct resulting in the suspension.

Petitioner recognizes the wrongfulness and seriousness of the misconduct resulting in his suspension. He has reflected upon the wrongfulness and seriousness of his misconduct, and realizes that both his clients and the profession were harmed by his misconduct. Not only does Petitioner recognize that his misconduct was serious, he has also taken steps during the suspension to learn Abacus Case Management accounting and Quickbooks accounting software to ensure that all accounts are timely reconciled. Accordingly, Petitioner recognizes the seriousness of his actions and vows to never let this happen again.

5. Petitioner has not engaged in any other professional misconduct since the suspension.

Petitioner has not engaged in any other professional misconduct since his suspension.

6. Notwithstanding the conduct for which he was disciplined, Petitioner has the requisite honesty and integrity to practice law.

Although Petitioner engaged in misconduct by mishandling client funds, he has the requisite honesty and integrity to practice law. Notably and almost immediately, Petitioner recognized his misconduct, and then took the necessary steps to correct his actions by ensuring that all clients were paid in full. These corrective steps were taken before the State Bar began its investigation.

Petitioner has been practicing for over 20 years, which shows his commitment to his clients and the legal profession wherein he has provided the best service and advocacy for each of the more than 2000 clients that he successfully represented. Tammi Littleman has been a paralegal for over 25 years and has worked with Petitioner since

2003. Ms. Littleman supports Petitioner's reinstatement as she has personal observed his honesty, integrity and dedication to serve his clients in best manner possible. *See* Exhibit 6, Letter from Tammi Littleman. Jennifer Lovell was Petitioner's legal assistant for more than 15 years. Ms. Lovell also supports Petitioner's reinstatement finding him to be of impeccable honesty, integrity and character, as well as exhibiting the highest quality work ethic in representing his clients. *See* Exhibit 7, Letter from Jennifer Lovell.

Attorney, Brad Mainor, previously worked with Petitioner in the same law firm, and has known Petitioner for approximately 20 years. Mr. Mainor is currently mentoring Petitioner and is has been in constant communications since the initial disciplinary order. Based on this level of constant communications with Petitioner, Mr. Mainor attests to the fact that Petitioner has neither engaged in nor attempted to engage in the practice of law since his suspension. Mr. Mainor also attests to Petitioner's honesty, integrity and competency to practice law. Mr. Mainor supports Petitioner's restatement to the practice of law. *See* Exh. 5, Affidavit of Brad Mainor.

7. Petitioner has kept informed about recent developments in the law and is competent to practice.

During his suspension in 2020, Petitioner completed 14.25 hours in the following CLE courses:

(a) Ethics Primer: Privileges, Confidentiality and Conflicts of Interest;
(b) Lessons Learned from Lawyers in Mental Illness and Substance Abuse;
(c) The Ethics Gameshow;
(d) Liabilities of Individuals for their Business's Debts;
(e) Consumer Bankruptcy Exemptions in Chapter 7;
(f) Essentials of Corporations, Partnerships and LLCs;
(g) How to Win Big at Trial; and
(h) Advanced Construction Law for Attorneys.

See Exhibit 8, CLE Certificates.

Petitioner has continued to read Nevada Lawyer and otherwise keep abreast of recent developments in the law.

In addition to continuing education, Petitioner has voluntarily undergone training with Abacus Case Management Accounting tracking software and Quickbooks to enable better tracking of all law firm and client financial transactions.

C. CONCLUSION

Respectfully, Petitioner apologizes to the public, to the Courts and the legal profession for his misconduct. Petitioner understands that his actions were serious and harmed the legal profession. Petitioner has undergone a serious reflection of his actions and has taken affirmative steps to never allow these events to reoccur. Petitioner is very sorry for his misconduct and respectfully requests that the State Bar and Hearing Panel recommend reinstatement.

Terry L. Wike

s// Terry L. Wike

Terry L. Petitioner
11120 Forever Sunset Ct.
Las Vegas, Nevada 89135
Tel: (702) 630-2934
twike@wikelaw.com
Petitioner Pro Se

VERIFICATION

I, Terry L. Wike, Petitioner, verify under oath that I have read the above Petition for Reinstatement, and that to the best of my knowledge and belief, all of the facts contained in the Petition are true and correct. I verify that, to the best of my knowledge and belief, I have complied with all of the terms of the disciplinary orders entered I this case. I further verify that I have neither engaged in nor attempted to engage in the unauthorized practice of law during the period of suspension. I verify that I do not have any physical or mental disability or infirmity existing. I recognize the wrongfulness and seriousness of the misconduct resulting in my suspension, and vow to never again engage in similar conduct. I have not engaged in any other professional misconduct since suspension. I verify that notwithstanding the conduct for which I was disciplined, I have the requisite honesty and integrity to practice law. I further verify that I have kept informed about recent developments in the law and am competent to practice.

DATED this 20th day of April, 2021.

Terry L. Wike

s// Terry L. Wike

Terry L. Wike
11120 Forever Sunset Ct.
Las Vegas, Nevada 89135
Tel: (702) 630-2934
twike@wikelaw.com
Petitioner Pro Se

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing was personally served upon the State Bar on this 20th day of April, 2021.

s// Terry L. Wike

EXHIBIT 1

MENTORING AGREEMENT

THIS MENTORING AGREEMENT (Agreement) is entered into among and between Terry L. Wike, Esq. (Respondent), the State Bar of Nevada (State Bar) and Bradley S. Mainor, Esq. (Mentor), pursuant to the Nevada Supreme Court Order of Suspension (Order) filed February 27, 2020.

1. **Purpose.** It is agreed by and between the parties that Mentor will serve as mentor during Respondent's probation to assist the Office of Bar Counsel in monitoring the conditions set forth in the Order.

2. **Duration.** The Agreement shall remain in effect from the date of execution through February 27, 2022, unless a new mentor is substituted for the remainder of the term.

3. **Duties of Respondent:**

   a. Respondent shall meet with Mentor at monthly to obtain mentorship and guidance and discuss his legal practice, to include his accounting practices, should Respondent settle and disburse a personal injury claim during the month; and

   b. Respondent shall submit quarterly reports to his Mentor regarding the status of his practice. Mentor shall sign the quarterly report indicating he met with Respondent. Respondent shall then submit the report to the Office of Bar Counsel Designee. Due dates of the reports are as follows:

Period: Due:

5/27/2020 thru 8/26/20 **Due August 31, 2020**

8/27/2020 thru 11/26/2020 **Due November 30, 2020**

11/27/2020 thru 2/26/2021 **Due March 3, 2021**

2/27/2021 thru 5/26/2021 **Due May 31, 2021**

5/27/2021 thru 8/26/2021 **Due August 31, 2021**

8/27/2021 thru 11/26/2021 **Due November 30, 2021**

11/27/2021 thru 2/26/2022 **Due March 3, 2022**

4. **Duties of Mentor.**

a. Mentor will meet with Respondent monthly to discuss his legal practice, to include his accounting practices, quarterly reports and to provide mentorship and guidance, should Respondent settle and disburse a personal injury claim during the month;

b. Mentor shall observe the rules of confidentiality in RPC 1.6 (Confidentiality of Information) with respect to Respondent's practice, cases, and clients, except that Mentor shall be entitled to reveal such information as is necessary to communicate with the Office of Bar Counsel under the terms of this Agreement;

c. Mentor shall sign the quarterly report indicating he met with Respondent; and

d. Mentor shall report directly to Office of Bar Counsel Designee whenever he identifies issues pertaining to Respondent's practice of

law that Mentor believes relevant to Respondent's compliance with the terms of this Agreement.

5. **Compliance.** Respondent's compliance with the conditions set forth herein shall be monitored by and through the Office of Bar Counsel Designee.

6. **Failure to Comply with Terms of Agreement.** If the Office of Bar Counsel determines that Respondent failed to comply with the terms of this Agreement, Bar Counsel shall proceed consistent with SCR 105.5(6).

7. **Confidentiality.** Pursuant to SCR 105.5(1)(b), all services provided by Mentor and any related documents and/or communication shall remain confidential, as provided for in SCR 121. Any information provided to Mentor and Office of Bar Counsel will be used solely to assess Respondent's compliance and progress and may be used in a hearing or briefing for that purpose, but will not be released to any other person.

Acknowledgment and Consent:

Respondent has read the terms and conditions of this Agreement and understands the Agreement in its entirety.

DATED this day of July 16th 2020.

By: _____
Terry L. Wike, Esq.
Nevada Bar No. 7211
Respondent

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Approval of Mentor:

Mentor has read all of the terms and conditions of this Agreement and agrees to act as Mentor as described herein.

DATED this 16th day of July, 2020.

By: Bradley S. Mainor, Esq.
Nevada Bar No. 7434
Mentor

Approval of Bar Counsel:

Bar Counsel hereby approves of the Mentor to this Agreement and the terms and conditions herein.

DATED this ___ day of _____, 2020.

STATE BAR OF NEVADA

Daniel Hooge (Jul 17, 2020 10:56 PDT)

Daniel M. Hooge, Bar Counsel
Bar No. 10620

Executed Mentoring Agreement

Final Audit Report 2020-07-17

Created:	2020-07-17
By:	Louise Watson (louisew@nvbar.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAFQDGhQKAXJVsggiFkjfD46W9HNTaP3Gn

"Executed Mentoring Agreement" History

Document created by Louise Watson (louisew@nvbar.org)
2020-07-17 - 2:18:37 PM GMT- IP address: 72.193.7.8

Document emailed to Daniel Hooge (danh@nvbar.org) for signature
2020-07-17 - 2:19:33 PM GMT

Email viewed by Daniel Hooge (danh@nvbar.org)
2020-07-17 - 5:56:15 PM GMT- IP address: 72.202.33.46

Document e-signed by Daniel Hooge (danh@nvbar.org)
Signature Date: 2020-07-17 - 5:56:27 PM GMT - Time Source: server- IP address: 72.202.33.46

Signed document emailed to Daniel Hooge (danh@nvbar.org) and Louise Watson (louisew@nvbar.org)
2020-07-17 - 5:56:27 PM GMT

Adobe Sign

IN RE: DISCIPLINE OF
TERRY L. WIKE, ESQ.
NEVADA BAR NO.: 7211

Docket No.: 79305

RESPONDENT'S QUARTERLY REPORT

Respondent, Terry L. Wike, hereby submits his Quarterly Report in compliance with the Order of Suspension.

DATED this 2nd day of September, 2020.

s//Terry L. Wike
TERRY L. WIKE, ESQ.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing was served upon The State Bar of Nevada via email to LouiseW@nvbar.org, this 2nd day of September, 2020.

s// Terry L. Wike

MENTOR MEETING

I, Brad Mainor, met with Terry Wike in accordance with the mentoring agreement on 19th day of Aug, 2020. We discussed and reviewed his accounting practices.

Brad Mainor

Terry L. Wike

Matt Board

M ter Trust Activity

Report Date: 8/11/2020
Report Time: 11:19AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 08/11/2020
Client: 1244 - Barbara Lagao
Matter: 1240 - Lagao v. AAA

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
07/10/2020	$6,700.00	$0.00	Trust balance posted from AbacusLa	11020.00	No		Beginning Balance
07/20/2020	$0.00	$0.43	Check #1052	11020.00	No	1052	Medicare
07/20/2020	$0.00	$4,539.27	Settlement Check #1051	11020.00	No	1051	Barbara Lagao
07/20/2020	$0.00	$0.43	Settlement Balance Check #1054	11020.00	No	1054	Barbara Lagao
07/20/2020	$0.00	$2,159.87	Fees and Costs Check #1053	11020.00	No	1053	Wike Law Group
	$6,700.00	$6,700.00					
Balance:	$0.00						

Matter Billing Detail

Report Date: 8/11/2020
Report Time: 11:17AM
Page: 1 of 1
User ID: L WIKE

Wike Law

Date Range: 01/01/1900 to 08/11/2020
Client: 1244 - Barbara Lagao
Matter: 1240 - Lagao v. AAA

Date	Expense Code	Description	Debit	Credit	Billing Status	On Hold	Invoice Number	Check Number	Payee
	Balance Forward:		$0.00						
07/18/2020	HCT	Hard Costs Billed	$150.00		Billed		6		
07/20/2020	FEE	Fees Billed on Invoice #: 6	$2,009.87		Billed		6		
08/11/2020	HPD	Trust funds applied towards inv.: #6 Lagao		$150.00	Unbilled				
08/11/2020	FPD	Trust funds applied towards inv.: #6 Lagao		$2,009.87	Unbilled				
		Total:	$2,159.87	$2,159.87					
		Balance:	$0.00						

Total Fees Billed	$2,009.87
Total Fees Unbilled :	$0.00
Total Fees Received :	($2,009.87)
Total Soft Cost Billed :	$0.00
Total Soft Cost Unbilled :	$0.00
Total Soft Cost Received :	$0.00
Total Hard Cost Billed :	$150.00
Total Hard Cost Unbilled :	$0.00
Total Hard Cost Received :	($150.00)
Total Taxes Billed :	$0.00
Total Taxes Unbilled :	$0.00
Total Taxes Received :	$0.00
Total Late Charges Billed :	$0.00
Total Late Charges Unbilled:	$0.00
Total Late Charges Received :	$0.00
Trust Balance:	$0.00

DISBURSAL STATEMENT

RE: Barbara Lagao v. AAA (UM/UIM claim no. 1002-70-8033 - Date of Loss 06/01/2018)

TOTAL MONIES RECOVERED: $ 6,699.57

ATTORNEY FEES:
Law Offices of Terry L. Wike -
33 1/3% per Retainer Agreement reduced to 30%

$ 2,009.87

ATTORNEY COSTS PER FEE AGREEMENT (See Below) $ 150.00

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

	Amount
Secondary Medicare Recovery	$ .43
Total	$ .43

CLIENT RECOVERY: **$ 4,539.27**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

///

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions.

UNDERSTOOD, AGREED AND RECEIVED

1-20-20
DATE

Barbara Lagao
BARBARA LAGAO

P.O. Box 24523
Oakland, CA 94623-1523
Phone 888.335.2722
Fax 877.548.1610

WIKE LAW GROUP INC
10120 W FLAMINGO RD
STE 4-107
LAS VEGAS, NV 89147

Offer of Payment

Check No.: 0718093397
Claim No.: 1002-70-8033
Insured: BARBARA LAGAO
Policy No.: NVSS208598707
Exposure: (2) 1st Party Bodily Injury - BARBARA LAGAO - Underinsured Motorist Bodily Injury - Claim Cost - Injury
Adjuster: Preston Snow

Issue Date	Description of Payment	Amount	Acct No.	Amount Total
07/01/2020	Injury	$6,699.57		$6,699.57

Payee: Wike Law Group Inc & Barbara Lagao
Invoice/EOB #:
Dates of Service:
Comments:
Payment Method: Check
Date of Loss: 06/01/2018
Loss Type: PersonalAuto

Policy issued by CSAA General Insurance Company

Please detach before presenting for payment

CSAA General Insurance Company
P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO.
0718093397

POLICY NO.:
NVSS208598707

Exactly Six thousand six hundred ninety nine and 57/100 Dollars**********

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
BARBARA LAGAO	06/01/2018	1002-70-8033	07/01/2020	***$6,699.57

Pay To The Order Of Wike Law Group Inc & Barbara Lagao

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group
AUTHORIZED SIGNATURE

⑈0718093397⑈ ⑆071923284⑆ [redacted]4432⑈

P.O. Box 24523
Oakland, CA 94623-1523
Phone 888.335.2722
Fax 877.548.1610

WIKE LAW GROUP INC
10120 W FLAMINGO RD
STE 4-107
LAS VEGAS, NV 89147

Offer of Payment

Check No.: 0718093398		Insured: BARBARA LAGAO		
Claim No.: 1002-70-8033		Policy No.: NVSS208598707		Adjuster: Preston Snow
Exposure: (2) 1st Party Bodily Injury - BARBARA LAGAO - Underinsured Motorist Bodily Injury - Claim Cost - Injury				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
07/01/2020	Injury	$0.43		$0.43
Payee: Medicare on behalf of Barbara Lagao				
Invoice/EOB #:		Dates of Service:		
Comments:				
Payment Method: Check		Date of Loss: 06/01/2018		Loss Type: PersonalAuto

Policy issued by CSAA General Insurance Company

Please detach before presenting for payment

CSAA General Insurance Company
P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO.
0718093398

POLICY NO.
NVSS208598707

Exactly Zero and 43/100 Dollars**********

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
BARBARA LAGAO	06/01/2018	1002-70-8033	07/01/2020	***$0.43

Pay To The Order Of Medicare on behalf of Barbara Lagao

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group
AUTHORIZED SIGNATURE

⑈0718093398⑈ ⑆071923284⑆ [redacted] 1432⑈

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1051

94-72/1224 NV
7975

July 20 2020

PAY TO THE ORDER OF Barbara Lagoo $4,539.27

Four Thousand Five Hundred Thirty-nine dollars and 27/100 DOLLARS

Lagoo vs AAA (uim claim)
DOL 6/12/2018
MEMO Settlement in full, per Court
Attorney fee Disbursement Statement

AUTHORIZED SIGNATURE

⑈001051⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1051

WIKE LAW GROUP INC

1051

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1054

94-72/1224 NV
7976

July 20, 2020

PAY TO THE ORDER OF Barbara Lagos $0.43

Forty three cents and no/100 DOLLARS

MEMO Barbara Lagos Additional amount to check. DSL. 6/15/2018 Wm Clerk

AUTHORIZED SIGNATURE

⑈001054⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1054

Barbara Lagos .43
Additional amount to client

WIKE LAW GROUP INC

1054

The Law Offices of Terry L. Wike

11120 Forever Sunset Court
Las Vegas, Nevada 89135
(702) 630-2934
twike@wikelaw.com

June 20, 2020

MSRP
Medicare Contact Center Operations
PO Box 1270
Lawrence, KS 66044

RE:			
	Our client	:	Barbara Lagao
	Your insured	:	Barbara Lagao
	SSN	:	xxx-xx-0123
	Date of loss	:	June 1, 2018

Dear Sir/Madam:

Enclosed please find a check in the amount of $0.43 (check no. 1052) as full and final lien amount for Ms. Lagao in the above-entitled matter.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Tammi Littleman
Paralegal to
Terry L. Wike, Esq.

Enclosures as stated.

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1052

94-72/1224 NV
7976

July 20, 2020

PAY TO THE ORDER OF Medicare Secondary Payer Recovery $ .43

Forty-three cents and 00/100 DOLLARS

MEMO Barbara Lagas DOL: 6/1/2018
Medicare Claims 7RR4-C79 SSN# xxx-xx-0123
DOB - 2-3-47

AUTHORIZED SIGNATURE

⑈001052⑈ ⑆122400724⑆ [redacted] 5349⑈

WIKE LAW GROUP INC

1052

WIKE LAW GROUP INC

1052

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1053

94-72/1224 NV
7976

July 20, 2020

PAY TO THE ORDER OF Wike Law Group $2,159.87

Two Thousand One Hundred Fifty-nine dollars and 87/100 DOLLARS

MEMO Barbara Lopez Full and Final PI Settlement
DOL-6/13/2018 - Lien Claim
Attorney's Fee 30% - 2,159.87 Costs 150.00

AUTHORIZED SIGNATURE

⑈001053⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1053

WIKE LAW GROUP INC

1053

IN THE SUPREME COURT OF THE STATE OF NEVADA

IN RE: DISCIPLINE OF TERRY L. WIKE, ESQ. NEVADA BAR NO.: 7211	Docket No.: 79305

RESPONDENT'S QUARTERLY REPORT

Respondent, Terry L. Wike, hereby submits his Quarterly Report in compliance with the Order of Suspension.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing was served upon The State Bar of Nevada via email to LouiseW@nvbar.org, this 4th day of November, 2020.

s// Terry L. Wike

MENTOR MEETING

I, Brad Mainor, met with Terry Wike in accordance with the mentoring agreement on 21 day of October, 2020. We discussed and review his accounting practices.

Brad Mainor

Terry L. Wike

Checkbook Register

Wike Law

Dates Included : 01/01/1900 to 11/04/2020
Checkbook Account Number: 11020.00
Checkbook Account Name: Cash - Trust Account I

Date	Check No. / Transaction	Payee	Description	Deposits Debit (+)	Withdrawals Credit (-)	Journal Number	Entry Type	Running Balance
01/01/1900			Opening Balance			0		$0.00
07/10/2020	TR Deposit	Trust balance posted from AbacusLa	Trust balance posted from AbacusLaw	$6,700.00		1	Rcpt	$6,700.00
07/20/2020	1052	Medicare	Check #1052		$0.43	1	Disb	$6,699.57
07/20/2020	1051	Barbara Lagao	Settlement Check #1051		$4,539.27	2	Disb	$2,160.30
07/20/2020	1054	Barbara Lagao	Settlement Balance Check #1054		$0.43	3	Disb	$2,159.87
07/20/2020	1053	Wike Law Group	Fees and Costs Check #1053		$2,159.87	4	Disb	$0.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	$8,000.00		5	Rcpt	$8,000.00
09/09/2020	1042	CraigRd Clinic	Wendy Morales Treatment		$1,468.50	5	Disb	$6,531.50
09/09/2020	1043	Wendy Morales	Settlement Payment to Client		$4,141.50	6	Disb	$2,390.00
09/09/2020	1055	Wike Law Group	Fees and Costs of $150		$2,390.00	7	Disb	$0.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	$850.00		16	Rcpt	$850.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	$850.00		17	Rcpt	$1,700.00
09/15/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/15/2020	$6,570.62		12	Rcpt	$8,270.62
09/15/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/15/2020	$9,127.01		13	Rcpt	$17,397.63
09/15/2020	1058	Wike Law Group	V. Cruz Atty fees 188 costs 150		$338.00	31	Disb	$17,059.63
09/15/2020	1060	Wike Law Group	D. Cruz Atty fees 188 costs 150		$338.00	32	Disb	$16,721.63
09/17/2020	1056	Complete Care Injury Center	V. Cruz Treatment c/o Wendy Morales		$122.00	30	Disb	$16,599.63
09/18/2020	0	Deposit Posted from Trust	Deposit posted from Trust on 9/18/2020	$11,142.00		11	Rcpt	$27,741.63
09/18/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/18/2020	$21,500.00		14	Rcpt	$49,241.63
09/21/2020	1067	Scott Trae Judd	Scott Judd Settlement Disbursement		$10,031.10	22	Disb	$39,210.53
09/21/2020	1069	Wike Law Group	Scott Judd atty fees 3542.52 costs 150.00		$3,692.52	24	Disb	$35,518.01
09/21/2020	1062	Lauren Davis	Lauren Davis Settlement Disbursement		$17,074.59	25	Disb	$18,443.42
09/21/2020	1066	Wike Law Group	Lauren Davis Atty Fees 6125.40 Costs 150.00		$6,275.40	29	Disb	$12,168.02
09/22/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/22/2020	$25,000.00		10	Rcpt	$37,168.02
09/24/2020	1068	Tropican West Chiropractic	Scott Judd Treatment		$3,989.00	23	Disb	$33,179.02
09/25/2020	1063	Medical Associates of Southern NV	Lauren Davis Medical Treatment		$851.02	26	Disb	$32,328.00
09/28/2020	1064	Advantage Diagnostic Imaging Cent	Lauren Davis Medical Treatment		$1,700.00	27	Disb	$30,628.00
09/28/2020	1065	NBC Operations, LLC	Lauren Davis Medical Treatment		$4,726.00	28	Disb	$25,902.00
09/29/2020	1070	Ashley Bensko	Bensko Settlement Disbursement		$16,517.50	20	Disb	$9,384.50
09/30/2020	1071	Wike Law Group	Bensko Fees 8332.50 costs 150.00		$8,482.50	21	Disb	$902.00
10/07/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 10/7/2020	$5,250.00		7	Rcpt	$6,152.00
10/07/2020	1072	Patricia Davis	Hartford Settlement		$2,766.00	8	Disb	$3,386.00
10/07/2020	1072	Patricia Davis	Voided Check Number: 1072	$2,766.00		1	Gen	$6,152.00
10/07/2020	1075	Wike Law Group	Patricia Davis Re: Atty fees 787.50 & Costs 150.0		$937.50	11	Disb	$5,214.50
10/07/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 10/7/2020	$5,000.00		8	Rcpt	$10,214.50

Checkbook Register

Wike Law

Date	Check No. / Transaction	Payee	Description	Deposits Debit (+)	Withdrawals Credit (-)	Journal Number	Entry Type	Running Balance
10/07/2020	1076	Lauren Davis	Hartford Settlement Disbursement		$2,070.50	12	Disb	$8,144.00
10/07/2020	1077	NBC Operations, LLC	Lauren Davis Treatment Paid in Full		$1,113.00	13	Disb	$7,031.00
10/07/2020	1078	Wike Law Group	L. Davis Re: Atty fees 1666.50 & costs 150.00		$1,816.50	14	Disb	$5,214.50
10/08/2020	1073	Patricia Davis	Hartford Settlement Disbursement		$2,766.00	9	Disb	$2,448.50
10/08/2020	1074	NBC Operations, LLC	Patricia Davis Medical Treatment		$1,546.50	10	Disb	$902.00
10/13/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 10/13/2020	$4,000.00		9	Rcpt	$4,902.00
10/14/2020	1079	Jeanne Saldanha	Settlement Disbursal to client		$1,471.80	16	Disb	$3,430.20
10/14/2020	1080	NBC Operations, LLC	Jeanne Saldanha treatment paid in full		$1,065.00	17	Disb	$2,365.20
10/14/2020	1081	Wike Law Group	Saldanha Atty fee 1313.20 & Costs 150.00		$1,463.20	18	Disb	$902.00
10/14/2020	1080	NBC Operations, LLC	Voided Check Number: 1080	$1,065.00		2	Gen	$1,967.00
10/14/2020	1082	NBC Operations, LLC	Jeanne Saldanha treatment paid in full		$1,065.00	19	Disb	$902.00
10/20/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 10/20/2020	$7,500.00		18	Rcpt	$8,402.00
10/22/2020	1044	Wike Law Group	T. Littleman Atty fees 1725 Costs 150		$1,875.00	33	Disb	$6,527.00
10/22/2020	1045	Estate of Terry Littleman	Estate of T. Littleman disbursement		$1,410.75	34	Disb	$5,116.25
10/22/2020	1046	AFC Physical	T. Littleman Treatment		$951.00	35	Disb	$4,165.25
10/22/2020	1047	Iron Wood Chiropractic	T. Littleman Treatment		$3,263.25	36	Disb	$902.00
			Totals:	**$115,320.63**	**$114,418.63**		**Ending Balance:**	**$902.00**

Matter Trust Activity

Report Date: 10/15/2020
Report Time: 9:45AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/30/2020
Client: 20200219 - Ashley Bensko
Matter: 1243 - Bensco v. Donald and Courtney Grayson

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/22/2020	$25,000.00	$0.00	Ashley Bensko Allstate Settlement	11020.00	No		Trust Deposit
09/29/2020	$0.00	$16,517.50	Bensko Settlement Disbursement	11020.00	No	1070	Ashley Bensko
09/30/2020	$0.00	$8,482.50	Bensko Fees 8332.50 costs 150.00	11020.00	No	1071	Wike Law Group
	$25,000.00	$25,000.00					
Balance:	**$0.00**						

Allstate Insurance Company - Claims Payment Processing
P.O. Box 650048 , Dallas, TX 75265 , United States

WIKE LAW GROUP
10120 W FLAMINGO RD SUITE4-107
LAS VEGAS NV 89147

09/15/2020

WIKE LAW GROUP,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF $25,000.00 FOR YOUR FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 12/28/2018.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0532078607
DATE OF LOSS: 12/28/2018
INSURED: COURTNEE P GRAYSON

In payment for Bodily Injury Liability for Date of Loss 12/28/2018.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
1-800-255-7828

B-2055SW

0000020200915004634ZCT02001001004938

INSURED: COURTNEE P GRAYSON
CLAIMANT: ASHLEY BENSKO
IN PAYMENT OF: FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 12/28/2018.

PAY: TWENTY-FIVE THOUSAND DOLLARS AND ZERO CENTS

CLAIM NUMBER		
0532078607		105987082
TAX ID	EMPLOYEE ID	
	HM8W	
Bank of America NA Atlanta,Dekalb Cty,Georgia	Bank of America Customer Connection	64-1278 / 611

Allstate

$ 25,000.00

TO THE ORDER OF
ASHLEY BENSKO AND WIKE LAW GROUP
6258 ISLAND PALM AVE
LAS VEGAS NV 89118-1960

INVOICE NUMBER	MCO	DATE ISSUED
	1970	09/15/2020

COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE

Sureen K. Gupta
Samuel B Pick

AUTHORIZED SIGNATURES

⑈105987082⑈ ⑆061112788⑆ [redacted] 956⑈

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Tran 00049 09/22/2020 11:11
Entity NAV CC 33602577 Tlr 00005
Account: 000000005349
R/TN 5400880133
Deposit $25,000.00

InhRef 3937CXF25HAF9CV01C2V63W

Member FDIC
93-14-2003B 03-2019

Wells Fargo Bank
Transaction Receipt

Branch #0000154 27 Deposit

Account Number XXXXXX9291
CHK 00746
Number of Checks 1
Check Listing
$16,517.50

Total Checks Amount $16,517.50
Total Deposit $16,517.50

Deposit Availability
$400.00 of your deposit is
included in your available balance.

$16,117.50 will be available on
Wednesday, 09/30/20

Transaction # 095 0105
02:45PM 09/29/20
Deposit Credit Date: 09/29/20

Bensko Deposits

Thank you, RENEE

DISBURSAL STATEMENT

RE: ASHLEY BENSKO

TOTAL MONIES RECOVERED: (Allstate $25,000.00)		**$25,000.00**
ATTORNEY FEES: 33 1/3% per Retainer Agreement	$8,332.50	
ATTORNEY COSTS PER FEE AGREEMENT (See Below)	$150.00	
Total Attorney Fees & Costs		**$8,482.50**
CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS		
None		
CLIENT RECOVERY:		**$16,517.50**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. _____ (Initial)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. _____ (Initial)

UNDERSTOOD, AGREED AND RECEIVED

9/29/2020
DATE

ASHLEY BENSKO

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1070

94-72/1224 NV
7976

9/29/2020

PAY TO THE ORDER OF Ashley Bensko $ 16,517 50/XX

Sixteen thousand five hundred seventeen and 50/100 DOLLARS

Photo Safe Deposit®

MEMO Bensko Disbursement

AUTHORIZED SIGNATURE

Details on Back.

⑈001070⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1070

Bensko Disbursement $16,517 50/XX

WIKE LAW GROUP INC

1070

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1071

94-72/1224 NV
7978

9/29/2020

PAY TO THE ORDER OF Wike Law Group $ 8,482 50/XX

Eight thousand four hundred eighty-two and 50/100 DOLLARS

Photo Safe Deposit®

MEMO Atty Fees $8,332.50
costs 150.00

AUTHORIZED SIGNATURE

Details on Back.

⑈001071⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1071

Bensko Fees + Costs
Fees $8,332.50
Costs 150.00
$8,482.50 – check

Posted 9/30/20

WIKE LAW GROUP INC

1071

Matter Trust Activity

Report Date: 10/15/2020
Report Time: 10:36AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/15/2020
Client: 20200226 - Scott Trae Judd
Matter: 1255 - Judd, Scott Trae

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/15/2020	$6,570.62	$0.00	Scott Trae Judd Allstate Settlement C	11020.00	No		Trust Deposit
09/18/2020	$11,142.00	$0.00	Scott Trae Judd Stat Farm Settlement	11020.00	No		Trust Deposit
09/21/2020	$0.00	$10,031.10	Scott Judd Settlement Disbursement	11020.00	No	1067	Scott Trae Judd
09/21/2020	$0.00	$3,692.52	Scott Judd atty fees 3542.52 costs 15	11020.00	No	1069	Wike Law Group
09/24/2020	$0.00	$3,989.00	Scott Judd Treatment	11020.00	No	1068	Tropican West Chiropractic
	$17,712.62	$17,712.62					
Balance:	$0.00						

5

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Tran 00107 09/18/2020 13:38
Entity MRV CC 3360257 Tlr 00003
Account_ ********5349
R/T# 540880133
Deposit $32,642.00

IntRef 3937CXF25NQF9CV090C8V79

Member FDIC
95-14-2005B 03-2019

28-7566-R31
02-02-2019
1423-560-28
COLLINS, JENNIFER D & RYAN

REMARKS BI settlement for Scott T. Judd. Enclosures: Payment Ltr.

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
BODILY INJURY LIABILITY	JUDD, SCOTT	11,142.00

RETAIN STUB FOR RECORDS

Statefarm STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
AUTO INJURY
INJ E1 OFFICE BU PAGECNTO P26
JPMORGAN CHASE BANK, NA 56-1544/541
COLUMBUS, OH
1 24 069854 J

CLAIM NO: 28-7566-R31
LOSS DATE: 02-02-2019
INSURED: COLLINS, JENNIFER D & RYAN
DATE MM DD YYYY: 09-17-2020

EXACTLY ELEVEN THOUSAND ONE HUNDRED FORTY-TWO AND 00/100 DOLLARS $*11,142.00

Pay to the Order of: WIKE LAW GROUP & SCOTT TRAE JUDD

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

EEN DROPOUT APPEARS ON FACE OF DOCUMENT

VIEW IF GREEN ON OPEN BACKGROUND IS SEEN

⑈241706985 4⑈ ⑆041115443⑆ [redacted] 2637⑈

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Tran 00063 09/15/2020 12:17
Entity NNV CC 3360257 Tlr 00003
Account ********5349
R/TN 540880133
Deposit $15,697.63

IntRef 3937CXF25H4F9CCF8T3XVT5

Member FDIC
95-14-2005B 03-2019

Allstate
...s in good hands.

09/09/2020

WIKE LAW GROUP,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF $6,570.62 FOR YOUR FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0533669529
DATE OF LOSS: 02/02/2019
INSURED: TRAVIS OGBURN

In payment for Bodily Injury Liability for Date of Loss 2/2/2019.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
1-800-255-7828

3-2055S19

0000020200909003607ZCT02001001003800

VOID VOID VOID VOID VOID VOID

INSURED: TRAVIS OGBURN
CLAIMANT: SCOTT "TRAE" T JUDD
IN PAYMENT OF FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

CLAIM NUMBER		119038183
0533669529		
TAX ID	EMPLOYEE ID	
	HMR6	
Bank of America NA Atlanta Dekalb City, Georgia	Bank of America Customer Connection	64-1278 / 611

PAY: SIX THOUSAND FIVE HUNDRED SEVENTY DOLLARS AND SIXTY TWO CENTS

Allstate

$ 6,570.62

TO THE ORDER OF SCOTT "TRAE" T. JUDD AND WIKE LAW GROUP
11008 MOUNT ROYAL AVE
LAS VEGAS NV 89144-4483

INVOICE NUMBER	MCO	DATE ISSUED
	2580	09/09/2020

COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

VOID IF NOT PRESENTED WITHIN THREE HUNDRED SIXTY-FIVE DAYS OF DATE OF ISSUE

Suren K. Gupta
Samuel D Reid

AUTHORIZED SIGNATURES

⑈119038183⑈ ⑆061112788⑆ [redacted] 9562⑈

DISBURSAL STATEMENT

RE: SCOTT "TRAE" JUDD

TOTAL MONIES RECOVERED: (State Farm $11,142.00 and Allstate $6,570.62)			**$17,712.62**
ATTORNEY FEES: Law Offices of Terry L. Wike - 33 1/3% per Retainer Agreement reduced to 20%	$3,542.52		
ATTORNEY COSTS PER FEE AGREEMENT (See Below)	$150.00		
Total Attorney Fees & Costs			**$3,692.52**
CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS			
	Amount	**Reduced Amount**	
Tropicana West Chiropractic	$7,978.00	$3,989.00	
Total Medical Expenses	$7,978.00		**$3,989.00**
CLIENT RECOVERY:			**$10,031.10**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions.

UNDERSTOOD, AGREED AND RECEIVED

9-16-2020
DATE

Trae Judd
SCOTT "TRAE" JUDD

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1069

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Wike Law Group $ 3,692 52/xx

Three thousand six hundred ninety two and 52/100 DOLLARS

Photo Safe Deposit®

MEMO Re: Scott Trae Judd
~~Sett~~ Fees $3542.52
costs $ 150.00

AUTHORIZED SIGNATURE

Details on Back.

⑈001069⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1069

Fees $3542.52
costs 150.00
3692.52

Posted 9/21/20

WIKE LAW GROUP INC

1069

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1067

94-72/1224 NV
7978

9/21/2020

PAY TO THE ORDER OF Scott Trae Judd $ 10,031.10

Tenthousand thirtyone and 10/100 DOLLARS

Photo Safe Deposit®

MEMO Settlement

AUTHORIZED SIGNATURE

Details on Back.

⑈001067⑈ ⑆122400724⑆ [redacted] 5349⑈

WIKE LAW GROUP INC

1067

Trae Judd Settlement Check $10,031.10

Posted 9/21/20

WIKE LAW GROUP INC

1067

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1068

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Tropicana West Chiropractic $ 3989 00/xx

Three thousand nine hundred eighty nine and no/100 DOLLARS

MEMO Re: Scott True Judd
Full & Final Payment

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001068⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC 1068

Re: Scott True Judd $ 3989 00/xx

Posted 9/24/20

WIKE LAW GROUP INC 1068

Matter Trust Activity

Report Date: 10/15/2020
Report Time: 11:18AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/01/2020
Client: 20200223 - Lauren Davis
Matter: 1248 - Davis, Lauren

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/15/2020	$9,127.01	$0.00	Lauren Davis Allstate Settlement Che	11020.00	No		Trust Deposit
09/18/2020	$21,500.00	$0.00	Lauren Davis State Farm Settlement C	11020.00	No		Trust Deposit
09/21/2020	$0.00	$17,074.59	Lauren Davis Settlement Disbursemer	11020.00	No	1062	Lauren Davis
09/21/2020	$0.00	$6,275.40	Lauren Davis Atty Fees 6125.40 Cost	11020.00	No	1066	Wike Law Group
09/25/2020	$0.00	$851.02	Lauren Davis Medical Treatment	11020.00	No	1063	Medical Associates of Southern NV
09/28/2020	$0.00	$1,700.00	Lauren Davis Medical Treatment	11020.00	No	1064	Advantage Diagnostic Imaging Center
09/28/2020	$0.00	$4,726.00	Lauren Davis Medical Treatment	11020.00	No	1065	NBC Operations, LLC
	$30,627.01	$30,627.01					
Balance:	**$0.00**						

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Tran 00107 09/18/2020 13:38
Entity MAV CC 3360257 Tlr 00003
Account_ ********5349
R/T# 540880133
Deposit $32,642.00

IntRef 3937CXF25MYF9CV090C8V79

Member FDIC
95-14-2005B 03-2019

28-7566-R31
02-02-2019
1423-560-28
COLLINS, JENNIFER D & RYAN

REMARKS BI settlement for Lauren Davis. Enclosures: Payment Letter.

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
BODILY INJURY LIABILITY	DAVIS, LAUREN	21,500.00

RETAIN STUB FOR RECORDS

Statefarm STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
AUTO INJURY
INJ E1 OFFICE DU PAGECNTO P26
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 24 069847 J

CLAIM NO 28-7566-R31
LOSS DATE 02-02-2019
INSURED COLLINS, JENNIFER D & RYAN
DATE MM DD YYYY 09-14-2020

*******EXACTLY TWENTY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS $****21,500.00

Pay to the Order of: WIKE LAW GROUP & LAUREN DAVIS

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

SEEN DROPOUT APPEARS ON FACE OF DOCUMENT

VOID IF GREEN COLORED BACKGROUND IS PRESENT

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈ 241706984 7⑈ ⑆044115443⑆ [redacted] 2637⑈

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Trsn 00063 09/15/2020 12:17
Entity NAV CC 3360257 Tlr 00003
Account ##########5349
R/T# 540880133
Deposit $15,697.63

Member FDIC
95-14-2005B 03-2019

IntRef 3937CXF25HRF9CCF8T3XVT5

llstate.
u're in good hands.

09/09/2020

WIKE LAW GROUP,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF $9,127.01 FOR YOUR FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0533669529
DATE OF LOSS: 02/02/2019
INSURED: TRAVIS OGBURN

In payment for Bodily Injury Liability for Date of Loss 2/2/2019.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
1-800-255-7828

3-2055SW 0000020200909003646ZCT02001001003840

INSURED: TRAVIS OGBURN
CLAIMANT: LAUREN DAVIS
IN PAYMENT OF: FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

CLAIM NUMBER		119038223
0533669529		
TAX ID	EMPLOYEE ID	
	HMR6	64-1278
Bank of America NA Atlanta Dekalb Cty, Georgia	Bank of America Customer Connection	611

PAY: NINE THOUSAND ONE HUNDRED TWENTY SEVEN DOLLARS AND ONE CENTS

$ 9,127.01

Allstate

INVOICE NUMBER	MCO	DATE ISSUED
	2580	09/09/2020

COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

TO THE ORDER OF
LAUREN DAVIS AND WIKE LAW GROUP
1141 ALLERTON PARK DR. #410
LAS VEGAS NV 89135

Lauren K. Gupta
Samuel D Pilch

VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE

AUTHORIZED SIGNATURES

⑈119038223⑈ ⑆061112788⑆ [redacted] 9562⑈

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 260
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1062

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Lauren Davis $ 17,074 59/xx

Seventeen thousand seventy four and 59/100 DOLLARS

Photo Safe Deposit®

MEMO Settlemt check to Lauren Davis

AUTHORIZED SIGNATURE

Details on Back.

⑈001062⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1062

Lauren Davis $17,074.59

Posted 9/21/20

WIKE LAW GROUP INC 1062

usbank

Member FDIC

Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any other agreements governing use of your account, as amended from time to time. All items accepted for deposit are subject to later count and verification.

Want this receipt via email/text?
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usbank.com

00057 07113 0007 09/21/2020 01:43 USB
DEPOSIT H
**********5747

HC 20133 (4/16) 90048472

$17,074.59

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1063

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Medical Associates of Southern NV $ 851.02/xx

Eight hundred fifty one and 02/100 DOLLARS

Photo Safe Deposit®

MEMO Medical Treatment Lauren Davis
Full + Final Payment

AUTHORIZED SIGNATURE

Details on Back.

⑈001063⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1063

Treatment Lauren Davis $851 02/xx
Full + Final Payment

Posted 9/25/20

WIKE LAW GROUP INC

1063

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1064

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Advantage Diagnostic Imaging Center $ 1,700 00/xx

One thousand seven hundred and no/100 DOLLARS

Photo Safe Deposit®

Details on Back.

MEMO Medical Treatment Lauren Davis
Full + Final Payment

AUTHORIZED SIGNATURE

⑈001064⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1064

Advantage Diagnostic Imaging Center $1,700.00
Re: Lauren Davis

Posted 9/28/20

WIKE LAW GROUP INC

1064

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1065

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Neck & Back Clinic $ 4,726 00/100

Four thousand seven hundred twenty six and 00/100 DOLLARS

Photo Safe Deposit®

Details on Back.

MEMO Re: Lauren Davis
Full + Final Payment

AUTHORIZED SIGNATURE

⑈001065⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1065

Neck & Back Clinic $4726.00

Posted 9/28/20

WIKE LAW GROUP INC 1065

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1066

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Wike Law Group $ 6,275 NO/~~XX~~

Six thousand two hundred seventy five and NO/100 DOLLARS

Photo Safe Deposit®

MEMO Re: Lauren Davis
Fees - $6125.40
Costs $150.00

AUTHORIZED SIGNATURE

Details on Back.

⑈001066⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1066

Re: Lauren Davis
Fees $6125.40
Costs $150.00

Posted 9/21/20

WIKE LAW GROUP INC 1066

Matter Trust Activity

Report Date: 10/14/2020
Report Time: 10:07AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/14/2020
Client: 20200225 - Jeanne Saldanha
Matter: 1250 - Sadanha, Jeanne v. Latona Blackburn

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/13/2020	$4,000.00	$0.00	Hartford Settlement Check received &	11020.00	No		Trust Deposit
10/14/2020	$0.00	$1,471.80	Settlement Disbursal to client	11020.00	No	1079	Jeanne Saldanha
10/14/2020	$0.00	$1,065.00	Jeanne Saldanha treatment paid in fu	11020.00	No	1080	NBC Operations, LLC
10/14/2020	$0.00	$1,463.20	Saldanha Atty fee 1313.20 & Costs 1	11020.00	No	1081	Wike Law Group
10/14/2020	$1,065.00	$0.00	Adjustment for Voided Check #: 108	11020.00	No	1080	NBC Operations, LLC
10/14/2020	$0.00	$1,065.00	Jeanne Saldanha treatment paid in fu	11020.00	No	1082	NBC Operations, LLC
	$5,065.00	$5,065.00					
Balance:	$0.00						

Western Auto Center
P.O. Box 14266
Lexington KY 40512-4226
8008114832 x2307708

MB 01 000859 91926 B 4 A

Wilke Law Group Inc
10120 W. Flamingo Road, Suite 4-107
Las Vegas NV 89147-8392

Attention: This remittance incorporates 1 claim payments

Total Check Amount: $4,000.00
Check Number: 114507169 4

Special Handling ID: 99
Payment 1 of 1

Explanation of Benefits

Invoice Number	Claim Number/ Date of loss	Insured Name/ Claimant Name	Amount Paid
	Y2RAL 76643 06/07/2020	LATONA BLACKBURN JEANNE SALDANHA	$4,000.00

Nature of Payment: Coverage - Bodily Injury Liability Payment Reason - Settlement

Additional Comments:

Service Dates

Paid on behalf of: Property & Casualty Ins. Company Of Hartford
Claim Handler: VALERIE MULLER 8008114832 x2307708
Claim Center: Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

Please contact the claim handler listed above if you have any questions on this particular claim.

Issue Date	10/08/2020	Check Number	[redacted]69 4	Total Check Amount	$4,000.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120920274

Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

56-1544
441

Check Number: 114507169 4
Issue Date: 10/08/2020

$********4,000.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
FOUR THOUSAND DOLLARS AND 00/100
TO THE ORDER OF WILKE LAW GROUP INC AND JEANNE SALDANHA

The Hartford
Authorized Signature

120920274

⑈114507169⑈ ⑆044115443⑆ [redacted]5458⑈

DISBURSAL STATEMENT

RE: JEANNE SALDANHA

TOTAL MONIES RECOVERED: (Hartford $4,000.00)			**$4,000.00**
ATTORNEY FEES: 33 1/3% per Retainer Agreement reduced by $20.00.	$1,313.20		
ATTORNEY COSTS PER FEE AGREEMENT	$150.00		
Total Attorney Fees & Costs			**$1,463.20**
CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS			
Neck & Back Clinic	Total $2,130.00	Reduced Amount $1,065.00	**$1,065.00**
CLIENT RECOVERY:			**$1,471.80**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. _____ (Initial)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. _____ (Initial)

UNDERSTOOD, AGREED AND RECEIVED

10/12/2020
DATE

JEANNE SALDANHA

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1079

94-72/1224 NV
7976

10/14/2020

PAY TO THE ORDER OF Jeanne Saldanha $ $1,471.80

Fourteen Hundred Seventy One Dollars & 80/100 DOLLARS

Jeanne Saldanha
10936 Free Flow Place
Las Vegas, NV 89138

MEMO
Memo: Settlement Disbursal to client
Client: Jeanne Saldanha

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001079⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1079

Date : 10/14/2020
Payee : Jeanne Saldanha

Vendor : 20200225

Amount : $1,471.80

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,471.80	Settlement Disbursal to client

WIKE LAW GROUP INC

1079

Date : 10/14/2020
Payee : Jeanne Saldanha

Vendor : 20200225

Amount : $1,471.80

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,471.80	Settlement Disbursal to client

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

10/14/2020 10:40 ANV T00048 R540590135
Acct# ********7545 CC 3360257 Tlr 00002

Total Deposit To CHK	$1,471.00
Credit Pending Posts on	10/14/2020
Available Now	$0.00

Member FDIC
95-14-2005B 03-2019

IntRef 120F60TT7N740TVF3AFC0V

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1081

94-72/1224 NV
7976

10/14/2020

PAY TO THE ORDER OF Wike Law Group $ $1,463.20

Fourteen Hundred Sixty Three Dollars & 20/100 DOLLARS

Wike Law Group
10120 W. Flamingo Road.
Suite 4-107
Las Vegas, NV 89147

MEMO
Memo: Saldanha Atty fee 1313.20 & Costs 150.00
Client: Jeanne Saldanha

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001081⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1081

Date : 10/14/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,463.20

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,463.20	Saldanha Atty fee 1313.20 & Costs 150.00

WIKE LAW GROUP INC

1081

Date : 10/14/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,463.20

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,463.20	Saldanha Atty fee 1313.20 & Costs 150.00

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10855 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1082

94-72/1224 NV
7976

10/14/2020

PAY TO THE ORDER OF NBC Operations, LLC $ $1,065.00

One Thousand Sixty Five Dollars & 00/100 DOLLARS

NBC Operations, LLC
PO Box 36853
Las Vegas, NV 89133

MEMO
Memo: Jeanne Saldanha treatment paid in full
Client: Jeanne Saldanha

AUTHORIZED SIGNATURE

⑈001082⑈ ⑆122400724⑆ [redacted]534⑈

Photo Safe Deposit®
Details on Back.

WIKE LAW GROUP INC

1082

Date : 10/14/2020 Vendor : 20200222 Amount : $1,065.00
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,065.00	Jeanne Saldanha treatment paid in full

WIKE LAW GROUP INC

1082

Date : 10/14/2020 Vendor : 20200222 Amount : $1,065.00
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,065.00	Jeanne Saldanha treatment paid in full

Voided Check

10/14/2020

NBC Operations, LLC

$1,065.00

One Thousand Sixty Five Dollars & 00/100

NBC Operations, LLC
PO Box 36853
Las Vegas, NV 89133

Memo: Jeanne Saldanha treatment paid in full
Client: Jeanne Saldanha

Date : 10/14/2020 Vendor : 20200222 Amount : $1,065.00
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,065.00	Jeanne Saldanha treatment paid in full

Date : 10/14/2020 Vendor : 20200222 Amount : $1,065.00
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,065.00	Jeanne Saldanha treatment paid in full

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1080

94-72/1224 NV
7976

VOID

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

Photo Safe Deposit®

MEMO

AUTHORIZED SIGNATURE

MP

Details on Back.

⑈001080⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1080

WIKE LAW GROUP INC

1080

Matter Trust Activity

Report Date: 10/7/2020
Report Time: 1:16PM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/08/2020
Client: 1237 - Patricia Davis
Matter: 1237 - Patricia Davis

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/07/2020	$5,250.00	$0.00	HARTFORD SETTLEMENT CHEC	11020.00	No		Trust Deposit
10/07/2020	$0.00	$2,766.00	Hartford Settlement	11020.00	No	1072	Patricia Davis
10/07/2020	$2,766.00	$0.00	Adjustment for Voided Check #: 107	11020.00	No	1072	Patricia Davis
10/07/2020	$0.00	$937.50	Patricia Davis Re: Atty fees 787.50 &	11020.00	No	1075	Wike Law Group
10/08/2020	$0.00	$2,766.00	Hartford Settlement Disbursement	11020.00	No	1073	Patricia Davis
10/08/2020	$0.00	$1,546.50	Patricia Davis Medical Treatment	11020.00	No	1074	NBC Operations, LLC
	$8,016.00	$8,016.00					
Balance:	**$0.00**						

Western Auto Center
P.O. Box 14266
Lexington KY 40512-4226
8008114832 x2307708

MB 01 001975 85989 B 8 D

Wilke Law Group Inc
10120 W. Flamingo Road, Suite 4-107
Las Vegas NV 89147-8392

001975 1/1

Attention: This remittance incorporates 1 claim payments

Total Check Amount: $5,250.00
Check Number: 114495399 5

Special Handling ID: 99
Payment 1 of 1

Explanation of Benefits

Invoice Number	Claim Number/ Date of loss	Insured Name/ Claimant Name	Amount Paid
	Y2RAL 76642 06/07/2020	LATONA BLACKBURN PATRICIA DAVIS	$5,250.00

Nature of Payment: Coverage - Bodily Injury Liability Payment Reason - Settlement

Additional Comments:

Service Dates

Paid on behalf of: Property & Casualty Ins. Company Of Hartford
Claim Handler: VALERIE MULLER 8008114832 x2307708
Claim Center: Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

Please contact the claim handler listed above if you have any questions on this particular claim.

Issue Date	10/01/2020	Check Number	[redacted]399 5	Total Check Amount	$5,250.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120889610

Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

56-1544
441

Check Number: 114495399 5
Issue Date: 10/01/2020

$********5,250.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
FIVE THOUSAND TWO HUNDRED FIFTY DOLLARS AND 00/100
TO THE ORDER OF WILKE LAW GROUP INC AND PATRICIA DAVIS

The Hartford
Authorized Signature

120889610

⑈114495399⑆ ⑆044115443⑆ [redacted]458⑈

DISBURSAL STATEMENT

RE: PATRICIA DAVIS

TOTAL MONIES RECOVERED: (Hartford $5,250.00)			**$5,250.00**
ATTORNEY FEES: (33 1/3% per Retainer Agreement reduced to 15%)		**$787.50**	
ATTORNEY COSTS PER FEE AGREEMENT		**$150.00**	
Total Attorney Fees & Costs			**$937.50**
CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS			
	Total	Reduced Amount	
Neck & Back Clinic	$3,093.00	$1,546.50	**$1,546.50**
CLIENT RECOVERY:			**$2,766.00**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. _____ (Initial)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. _____ (Initial)

UNDERSTOOD, AGREED AND RECEIVED

10/13/20
DATE

PATRICIA DAVIS

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1073
94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF Patricia Davis $2,766.00

Twenty Seven Hundred Sixty Six Dollars & 00/100 DOLLARS

Patricia Davis
10936 Free Flow Place
LAS VEGAS, NV 89138

MEMO Memo: Hartford Settlement Disbursement
Client: Patricia Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®
Details on Back.

⑈001073⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1073

Date : 10/07/2020 Vendor : 1237 Amount : $2,766.00
Payee : Patricia Davis

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$2,766.00	Hartford Settlement Disbursement

WIKE LAW GROUP INC 1073

Date : 10/07/2020 Vendor : 1237 Amount : $2,766.00
Payee : Patricia Davis

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$2,766.00	Hartford Settlement Disbursement

usbank

Member FDIC

Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any other agreements governing use of your account, as amended from time to time. All items accepted for deposit are subject to later count and verification.

Want this receipt via email/text? Enroll in eReceipts through Online Banking or with a Banker!

usbank.com

00011 07113 0003 10/08/2020 10:36 USB
DEPOSIT H
**********6864

$2,766.00

KC 20133 (4/16) 00202498

Adjusted /
ption
a Davis Medical Treatment

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $937.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$937.50	Patricia Davis Re: Atty fees 787.50 & Costs 150.0

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1075

94-72/1224 NV
7975

10/07/2020

PAY TO THE ORDER OF Wike Law Group $ $937.50

Nine Hundred Thirty Seven Dollars & 50/100 DOLLARS

Wike Law Group
10120 W. Flamingo Road.
Suite 4-107
Las Vegas, NV 89147

MEMO
Memo: Patricia Davis Re: Atty fees 787.50 & Costs 150.0
Client: Patricia Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001075⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1075

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $937.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$937.50	Patricia Davis Re: Atty fees 787.50 & Costs 150.0

WIKE LAW GROUP INC

1075

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $937.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$937.50	Patricia Davis Re: Atty fees 787.50 & Costs 150.0

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1074

94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF NBC Operations, LLC $ $1,546.50

Fifteen Hundred Forty Six Dollars & 50/100 DOLLARS

NBC Operations, LLC
PO Box 36853
Las Vegas, NV 89133

MEMO
Memo: Patricia Davis Medical Treatment
Client: Patricia Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001074⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1074

Date : 10/07/2020 Vendor : 20200222 Amount : $1,546.50
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$1,546.50	Patricia Davis Medical Treatment

WIKE LAW GROUP INC

1074

Date : 10/07/2020 Vendor : 20200222 Amount : $1,546.50
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$1,546.50	Patricia Davis Medical Treatment

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1072

94-72/1224 NV
7976

PAY TO THE ORDER OF Twenty Seven Hundred Sixty Six Dollars & 00/100 10/07/2020 $ $2,766.00

DOLLARS

Patricia Davis
10936 Free Flow Place
LAS VEGAS, NV 89138

MEMO Memo: Hartford Settlement
Client: Patricia Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001072⑈ ⑆122400724⑆ [redacted] 5349⑈

WIKE LAW GROUP INC

1072

Date : 10/07/2020
Payee : Patricia Davis

Vendor : 1237

Amount : $2,766.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$2,766.00	Hartford Settlement

WIKE LAW GROUP INC

1072

Date : 10/07/2020
Payee : Patricia Davis

Vendor : 1237

Amount : $2,766.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$2,766.00	Hartford Settlement

Matter Trust Activity

Report Date: 10/7/2020
Report Time: 1:34PM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/07/2020
Client: 20200223 - Lauren Davis
Matter: 1248 - Davis, Lauren

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/07/2020	$5,000.00	$0.00	Hartford Settlement Check	11020.00	No		Trust Deposit
10/07/2020	$0.00	$2,070.50	Hartford Settlement Disbursement	11020.00	No	1076	Lauren Davis
10/07/2020	$0.00	$1,113.00	Lauren Davis Treatment Paid in Full	11020.00	No	1077	NBC Operations, LLC
10/07/2020	$0.00	$1,816.50	L. Davis Re: Atty fees 1666.50 & cos	11020.00	No	1078	Wike Law Group
	$5,000.00	$5,000.00					
Balance:	$0.00						

THE HARTFORD

Western Auto Center
P.O. Box 14266
Lexington KY 40512-4226
8008114832 x2307708

MB 01 001976 85989 B 8 D

Wilke Law Group Inc
10120 W. Flamingo Road, Suite 4-107
Las Vegas NV 89147-8392

001976 1/1

Attention: This remittance incorporates 1 claim payments

Total Check Amount: $5,000.00
Check Number: 114495066 0

Special Handling ID: 99
Payment 1 of 1

Explanation of Benefits

Invoice Number	Claim Number/ Date of loss	Insured Name/ Claimant Name	Amount Paid
	Y2RAL 76634 06/07/2020	LATONA BLACKBURN LAUREN DAVIS	$5,000.00

Nature of Payment: Coverage - Bodily Injury Liability Payment Reason - Settlement

Additional Comments:

Service Dates

Paid on behalf of: Property & Casualty Ins. Company Of Hartford
Claim Handler: VALERIE MULLER 8008114832 x2307708
Claim Center: Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

Please contact the claim handler listed above if you have any questions on this particular claim.

Issue Date	10/01/2020	Check Number	[redacted]066 0	Total Check Amount	$5,000.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120889611

THE HARTFORD

Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

56-1544
441

Check Number: 114495066 0

Issue Date: 10/01/2020

$********5,000.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
FIVE THOUSAND DOLLARS AND 00/100

TO THE ORDER OF WILKE LAW GROUP INC AND LAUREN DAVIS

The Hartford
Authorized Signature

120889611

⑈114495066⑈ ⑆044115443⑆ [redacted]5458⑈

DISBURSAL STATEMENT

RE: LAUREN DAVIS

TOTAL MONIES RECOVERED: (Hartford $5,000.00)			**$5,000.00**
ATTORNEY FEES: 33 1/3% per Retainer Agreement		**$1,666.50**	
ATTORNEY COSTS PER FEE AGREEMENT		**$150.00**	
Total Attorney Fees & Costs			**$1,816.50**
CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS			
	Total	Reduced Amount	
Neck & Back Clinic	$2,226.00	$1,113.00	**$1,113.00**
CLIENT RECOVERY:			**$2,070.50**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. LD (Initial)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. LD (Initial)

UNDERSTOOD, AGREED AND RECEIVED

10/8/2020
DATE

LAUREN DAVIS

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1078

94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF Lauren Davis $ $2,070.50

Two Thousand Seventy Dollars & 50/100 DOLLARS

Lauren Davis
10936 Free Flow Place
Las Vegas, NV 89138

MEMO
Memo: Hartford Settlement Disbursement
Client: Lauren Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001078⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1078

Date : 10/07/2020
Payee : Lauren Davis

Vendor : 20200223

Amount : $2,070.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$2,070.50	Hartford Settlement Disbursement

WIKE LAW GROUP INC

1078

Date : 10/07/2020
Payee : Lauren Davis

Vendor : 20200223

Amount : $2,070.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$2,070.50	Hartford Settlement Disbursement

1078

usbank

Member FDIC

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Adjusted /
ition
d Settlement Disbursement

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usbank.com

00012 07113 0003 10/08/2020 10:38 USB
DEPOSIT H
**********5747

HC 20133 (4/16) 00202488

$2,070.50

WIKE LAW GROUP INC

1078

Date : 10/07/2020 Vendor : 20200223 Amount : $2,070.50
Payee : Lauren Davis

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$2,070.50	Hartford Settlement Disbursement

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1077

94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF NBC Operations, LLC $ $1,113.00

Eleven Hundred Thirteen Dollars & 00/100 DOLLARS

NBC Operations, LLC
PO Box 36853
Las Vegas, NV 89133

MEMO
Memo: Lauren Davis Treatment Paid in Full
Client: Lauren Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®
Details on Back.

⑈001077⑈ ⑆122400724⑆ [redacted] 5349⑈

WIKE LAW GROUP INC

1077

Date : 10/07/2020
Payee : NBC Operations, LLC

Vendor : 20200222

Amount : $1,113.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$1,113.00	Lauren Davis Treatment Paid in Full

WIKE LAW GROUP INC

1077

Date : 10/07/2020
Payee : NBC Operations, LLC

Vendor : 20200222

Amount : $1,113.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$1,113.00	Lauren Davis Treatment Paid in Full

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC.
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1076

94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF Wike Law Group $ $1,816.50

Eighteen Hundred Sixteen Dollars & 50/100 DOLLARS

Wike Law Group
10120 W. Flamingo Road.
Suite 4-107
Las Vegas, NV 89147

MEMO

Memo: L. Davis Re: Atty fees 1666.50 & costs 150.00
Client: Lauren Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001076⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1076

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,816.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$1,816.50	L. Davis Re: Atty fees 1666.50 & costs 150.00

WIKE LAW GROUP INC

1076

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,816.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$1,816.50	L. Davis Re: Atty fees 1666.50 & costs 150.00

Matter Trust Activity

Report Date: 10/16/2020
Report Time: 10:52AM

User ID:

Wike Law

Date Range : 01/01/1900 - 10/16/2020
Client: 20200217 - Wendy Morales
Matter: 1246 - Morales, Wendy

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	$8,000.00	$0.00	GEICO Settlement Payment Check N	11020.00	No		Trust Deposit
09/09/2020	$0.00	$1,468.50	Wendy Morales Treatment	11020.00	No	1042	CraigRd Clinic
09/09/2020	$0.00	$4,141.50	Settlement Payment to Client	11020.00	No	1043	Wendy Morales
09/09/2020	$0.00	$2,390.00	Fees and Costs of $150	11020.00	No	1055	Wike Law Group
	$8,000.00	$8,000.00					
Balance:	**$0.00**						

Matter Trust Activity

Report Date: 10/16/2020
Report Time: 10:49AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/16/2020
Client: 20200217 - Wendy Morales
Matter: 1246 - Morales, Wendy

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	$8,000.00	$0.00	GEICO Settlement Payment Check N	11020.00	No		Trust Deposit
09/09/2020	$0.00	$1,468.50	Wendy Morales Treatment	11020.00	No	1042	CraigRd Clinic
09/09/2020	$0.00	$4,141.50	Settlement Payment to Client	11020.00	No	1043	Wendy Morales
09/09/2020	$0.00	$2,390.00	Fees and Costs of $150	11020.00	No	1055	Wike Law Group
09/09/2020	$8,000.00	$0.00	Morales Geico Settlement Check	11020.00	No		Trust Deposit
	$16,000.00	$8,000.00					
Balance:	$8,000.00						

Deleted Trust Deposits Edit Report

Report Date : 10/16/2020
Report Time : 10:51AM
Page : 1 of 1

Requested By: TERRY L WIKE

Wike Law

Date	Client Number	Matter Number	Fee/Cost	Account #	Debit/ Credit	Amount Paid	Client Name	Matter Description
9/9/2020	20200217	1246	F	11020.00	D	$8,000.00	Wendy Morales	Morales, Wendy
	Grand Totals:					$8,000.00		

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO
Field Claim Center: 11 Tucson

NO. N 216871218

Date: 08/03/2020

ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claim #: 0654733930101014
Date of Loss: 08/04/2019

Claimant Name: Wendy Morales-Carrillo
Insured Name: Samuel Robbins
Tax ID / SS# / XX-XXX8928
Atty ADJ Code:
Adjuster Code: HZ44

Pay To:
Wike Law Group,
and Wendy Morales-Carrillo

Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Total Amount:
$****8,000.00

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

05	ABI	$***8000.00

In Payment Of
Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

Posted 9/9/20

Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at geico.com! *GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages.* Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

* These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO
ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claimant: Wendy Morales-Carrillo
Insured Name: Samuel Robbins
Feature Symbol & Amount
ABI $***8000.00

Bank of America
South Portland, ME 04106

52-153
112 ME

Claim Number: 0654733930101014
In Payment of: Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

NO. N 216871218
VOID AFTER 180 DAYS
Date: 08/03/2020

Amount:
$****8,000.00

EIGHT-THOUSAND*AND*00/100*DOLLARS

Pay to the Order of:
WIKE LAW GROUP
AND WENDY MORALES-CARRILLO

Mail To:
Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Neal M. Craig

⑈216871218⑈ ⑆011201539⑆ [redacted]9607⑈

DISBURSAL STATEMENT

RE: Wendy Morales

TOTAL MONIES RECOVERED: $ 8,000.00

ATTORNEY FEES:
Law Offices of Terry L. Wike -
33 1/3% per Retainer Agreement reduced to 28%
$ 2,240.00

ATTORNEY COSTS PER FEE AGREEMENT (See Below) $ 150.00

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

	Amount	Reduced Amount	
Complete Care Injury Center	**$1,388.00**	**$ 972.00**	**$**
Innovative Pain Centers	**$ 2,937.00**	**$ 1,468.50**	
Total	$4,325.00	$ 2,440.50	

CLIENT RECOVERY: **$ 3,169.50**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any

UNDERSTOOD, AGREED AND RECEIVED

09/15/20
DATE

WENDY MORALES for VICTOR CRUZ

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1043

94-72/1224 NV
7975

9/15/2020

PAY TO THE ORDER OF Wendy Morales $ 3,169 50/xx

Three thousand one hundred sixty nine and 50/100 DOLLARS

Photo Safe Deposit®

MEMO Settlement Check

AUTHORIZED SIGNATURE

Details on Back.

⑈001043⑈ ⑆122400724⑆ [redacted]349⑈

WIKE LAW GROUP INC

1043

Wendy Morales
Settlement check $3169 50

Posted 9/15/20

WIKE LAW GROUP INC

1043

Deposit cash or checks
at most Chase ATMs.
An image of your check can
be printed on your receipt.

My Transaction Summary

****

Transaction #164
Account Number Ending In: 7064
Checking Deposit $3,169.50

Further review may result in delayed
availability of this deposit

.....

JPMorgan Chase Bank, N.A.
Flamingo and I 215, Branch 749592
1-800-935-9935
Your satisfaction matters. Share your
feedback at: chase.com/aendusfeedback

Member FDIC, Equal Housing Lender
Please keep your receipt
09/15/2020 14:49

Business Date 09/15/2020
Session #66

Thank you - Kiratin
Cashbox #06

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1042

94-72/1224 NV
7976

9/15/2020

PAY TO THE ORDER OF Craig Rd Clinic $ 1,468 50/XX

One thousand four hundred sixty eight and 50/100 DOLLARS

Photo Safe Deposit®

MEMO Chiro Treatment Re Wendy Morales Carrillo
Final & Full Payment

AUTHORIZED SIGNATURE

Details on Back.

⑈001042⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC 1042

Craig Rd Clinic $1468 50/XX Posted 9/21/20

WIKE LAW GROUP INC 1042

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1061

94-72/1224 NV
7976

9/15/2020

PAY TO THE ORDER OF Complete Care Injury Center $ 972 00/xx

Nine hundred seventy two and no/100 DOLLARS

MEMO Wendy Morales-Carrillo
Full + Final Payment

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001061⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC 1061

~~Wendy M~~
Complete Care Injury Center
Re: Wendy Morales
$ 972.00

Posted 9/17/20

WIKE LAW GROUP INC 1061

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1055

94-72/1224 NV
7976

9/15/2020

PAY TO THE ORDER OF Wike Law Group $ 2390 00/100

Two thousand three hundred ninety and no/100 DOLLARS

Photo Safe Deposit®

MEMO Fees $2,240.00 plus Costs $150.00

AUTHORIZED SIGNATURE

Details on Back.

⑈001055⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1055

Wike Law Group
Fees 2,240.00
costs 150.00
$2390.00

Posted 9/15/20

WIKE LAW GROUP INC

1055

Matter Trust Activity

Report Date: 10/16/2020
Report Time: 11:06AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/16/2020
Client: 20200221 - Victor Cruz
Matter: 1263 - Cruz, Victor

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	$850.00	$0.00	V. Cruz Geico Settlement c/o W. Mor	11020.00	No		Trust Deposit
09/15/2020	$0.00	$338.00	V. Cruz Atty fees 188 costs 150	11020.00	No	1058	Wike Law Group
09/17/2020	$0.00	$122.00	V. Cruz Treatment c/o Wendy Morale	11020.00	No	1056	Complete Care Injury Center
	$850.00	$460.00					
Balance:	$390.00						

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO
Field Claim Center: 11 Tucson

NO. N 216870272

Date: 08/03/2020

ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claim #: 0654733930101014
Date of Loss: 08/04/2019

Claimant Name: Victor Cruz
Insured Name: Samuel Robbins
Tax ID / SS# / XX-XXX8928
Atty ADJ Code:
Adjuster Code: HZ44

Pay To:
Wike Law Group and
Wendy Morales-Carrillo, Victor Cruz-Florez,
as parents and legal guardian of,
Victor Cruz Jr., a minor

Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Total Amount:
$******850.00

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

06 ABI $****850.00

In Payment Of
Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

Posted 9/9/20

Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at geico.com! *GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages.* Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

*These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO
ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claimant: Victor Cruz
Insured Name: Samuel Robbins
Feature Symbol & Amount
ABI $****850.00

Bank of America
South Portland, ME 04106

52-153
112 ME

Claim Number: 0654733930101014
In Payment of: Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

NO. N 216870272
VOID AFTER 180 DAYS
Date: 08/03/2020

Amount:
$******850.00

EIGHT-HUNDRED-FIFTY*AND*00/100*DOLLARS

Pay to the Order of:
WIKE LAW GROUP AND
WENDY MORALES-CARRILLO, VICTOR CRUZ-FLOREZ,
AS PARENTS AND LEGAL GUARDIAN OF,
VICTOR CRUZ JR., A MINOR

Mail To:
Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Neal M. Craig

⑈216870272⑈ ⑆011201539⑆ [redacted]607⑈

DISBURSAL STATEMENT

RE: **Victor Cruz**

OTAL MONIES RECOVERED: $ 850.00

TTORNEY FEES:
aw Offices of Terry L. Wike -
· 1/3% per Retainer Agreement reduced $ 188.00

TTORNEY COSTS PER FEE AGREEMENT (See Below) $ 150.00

IENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

	Amount	Reduced Amount	
Complete Care Injury Center	**$122.00**	**$122.00**	**$**
Total	$122.00	$122.00	

IENT RECOVERY: **$ 390.00**

derstand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not ttorney's and I assume full responsibility for payment.

lerstand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any ions.

questions.

UNDERSTOOD, AGREED AND RECEIVED

09/15/20
DATE

WENDY MORALES

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1057

94-72/1224 RV
7976

9/15/2020

PAY TO THE ORDER OF Victor Cruz $ 390 00/XX

Three hundred ninety and 00/100 DOLLARS

Photo Safe Deposit®

MEMO Settlement Funds

AUTHORIZED SIGNATURE

Details on Back.

⑈001057⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC 1057

Victor Cruz #390

Not Posted - Sent check to Wendy awaiting Order on blocked Trust

WIKE LAW GROUP INC 1057

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1056

94-72/1224 NV
7976

9/15/2020

PAY TO THE ORDER OF Complete Care Injury Center $ 122.00

One hundred twenty two and no/100 DOLLARS

Photo Safe Deposit®

MEMO Victor Cruz, Payment in full

AUTHORIZED SIGNATURE

Details on Back.

⑈001056⑈ ⑆122400724⑆ [redacted]349⑈

WIKE LAW GROUP INC

1056

Victor Cruz, $122.00

Posted 9/17/20

WIKE LAW GROUP INC

1056

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1058

94-72/1224 NV
7976

9/15/2020

PAY TO THE ORDER OF Wike Law Group $ 338.00

Three hundred thirty eight and no/100 DOLLARS

Photo Safe Deposit®

MEMO Fees $188 and Costs $150 re: Victor Cruz

AUTHORIZED SIGNATURE

Details on Back.

⑈001058⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC 1058

Fees $188
Costs $150
$338

Posted 9/15/20

WIKE LAW GROUP INC 1058

Matter Trust Activity

Report Date: 10/16/2020
Report Time: 11:14AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/16/2020
Client: 20200220 - Delila Cruz
Matter: 1262 - Cruz, Delila

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	$850.00	$0.00	D. Cruz Geico Settlement Check No.:	11020.00	No		Trust Deposit
09/15/2020	$0.00	$338.00	D. Cruz Atty fees 188 costs 150	11020.00	No	1060	Wike Law Group
	$850.00	$338.00					
Balance:	$512.00						

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO
Field Claim Center: 11 Tucson

NO. N 216870279
Date: 08/03/2020

ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claim #: 0654733930101014
Date of Loss: 08/04/2019

Claimant Name: Delila Cruz
Insured Name: Samuel Robbins
Tax ID / SS# / XX-XXX8928
Atty ADJ Code:
Adjuster Code: HZ44

Pay To:
Wike Law Group and
Wendy Morales-Carrillo, Victor Cruz-Florez,
as parents and legal guardian of,
Delila Cruz, a minor

Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Total Amount:
$******850.00

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT
07 ABI $****850.00

In Payment Of
Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

Posted 9/9/20

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*These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO
ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claimant: Delila Cruz
Insured Name: Samuel Robbins
Feature Symbol & Amount
ABI $****850.00

Bank of America
South Portland, ME 04106
Claim Number: 0654733930101014
In Payment of: Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

52-153
112 ME

NO. N 216870279
VOID AFTER 180 DAYS
Date: 08/03/2020

Amount:
$******850.00

EIGHT-HUNDRED-FIFTY*AND*00/100*DOLLARS

Pay to the Order of:
WIKE LAW GROUP AND
WENDY MORALES-CARRILLO, VICTOR CRUZ-FLOREZ,
AS PARENTS AND LEGAL GUARDIAN OF,
DELILA CRUZ, A MINOR

Mail To:
Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Neal M. Craig

⑈216870279⑈ ⑆011201539⑆ [redacted]9607⑈

DISBURSAL STATEMENT

Delila Cruz

L MONIES RECOVERED:	$ 850.00
RNEY FEES:	
fices of Terry L. Wike -	
6 per Retainer Agreement reduced	$ 188.00
NEY COSTS PER FEE AGREEMENT (See Below)	$ 150.00

T MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

	Amount	Reduced Amount	
Complete Care Injury Center	**$0**	**$ 0**	**$**
Total	$0	$0	

RECOVERY: **$ 512.00**

and that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not ley's and I assume full responsibility for payment.

nd my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any

UNDERSTOOD, AGREED AND RECEIVED

09/~~22~~ 15/20
DATE

WENDY MORALES for DELILA CRUZ

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1059

94-72/1224 NV
7576

9/15/2020

PAY TO THE ORDER OF Delila Cruz $ 512 00/xx

Five hundred twelve and no/100 DOLLARS

Photo Safe Deposit®

MEMO Settlement check disbursal

AUTHORIZED SIGNATURE

Details on Back.

⑈001059⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1059

Delila Cruz $512

Not Posted
check mailed to Wendy
awaiting order on
block Trust

WIKE LAW GROUP INC 1059

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1060

94-72/1224 NV
7976

9/15/2020

PAY TO THE ORDER OF Wike Law Group $ 338 00/XX

Three hundred thirty eight and 00/100 DOLLARS

MEMO Fees $188 and costs $150 re: Delila Cruz

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001060⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC 1060

Fees 188
Costs 150
$338

Re Delila Cruz

Posted 9/15/20

WIKE LAW GROUP INC 1060

Matter Trust Activity

Report Date: 10/23/2020
Report Time: 8:44AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/23/2020
Client: 20200231 - Terry Littleman
Matter: 1266 - Littleman, Terry

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/20/2020	$7,500.00	$0.00	Terry Littleman Allstate Settlement C	11020.00	No		Trust Deposit
10/22/2020	$0.00	$1,875.00	T. Littleman Atty fees 1725 Costs 15	11020.00	No	1044	Wike Law Group
10/22/2020	$0.00	$1,410.75	Estate of T. Littleman disbursement	11020.00	No	1045	Estate of Terry Littleman
10/22/2020	$0.00	$951.00	T. Littleman Treatment	11020.00	No	1046	AFC Physical
10/22/2020	$0.00	$3,263.25	T. Littleman Treatment	11020.00	No	1047	Iron Wood Chiropractic
	$7,500.00	$7,500.00					
Balance:	**$0.00**						

Allstate Insurance Company - Claims Payment Processing
P.O. Box 650048 , Dallas, TX 75265 , United States

Allstate.
You're in good hands.

THE LAW OFFICES OF TERRY L WIKE
10120 W FLAMINGO RD STE 4-107
LAS VEGAS NV 89147

10/14/2020

THE LAW OFFICES OF TERRY L WIKE,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF $7,500.00 FOR YOUR LOSS ON 10/26/2018.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0522208957
DATE OF LOSS: 10/26/2018
INSURED: RENEE GREENE

In payment for Bodily Injury Liability for Date of Loss 10/26/2018.

ALLSTATE NORTHBROOK INDEMNITY COMPANY
1-800-255-7828

B-055SV 0000020201014004505ZCT02001001004739

BANK OF AMERICA Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

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Tran 00103 10/20/2020 15:07
Entity NNV CC 3360257 Tlr 00002
Account ********5349
R/T# 540880133
Deposit $7,500.00

Member FDIC
95-14-2005B 03-2019

IntRef 3937CXF25M7F6151XT966V

DISBURSAL STATEMENT

RE: TERRY LITTLEMAN, deceased

TOTAL MONIES RECOVERED: (Allstate $7,500.00)			**$7,500.00**
ATTORNEY FEES: 33 1/3 percent Retainer Agreement reduced to 25 minus $150.00	$1,725.00		
ATTORNEY COSTS PER FEE AGREEMENT	$ 150.00		
Total Attorney Fees & Costs			**$1,875.00**

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

	Total	Reduced Amount	
AFC Physical	$1,268.00	$951.00	$ 951.00
Ironwood Chiropractic	$4,351.00	$3,263.25	$3,263.25
			$4,214.25

CLIENT RECOVERY: **$1,410.75**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. _____ (Initial)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. _____ (Initial)

UNDERSTOOD, AGREED AND RECEIVED

October 12, 2020
DATE

TAMMI LITTLEMAN for the
Estate of Terry Littleman

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1045

94-72/1224 NV
7975

10/22/2020

PAY TO THE ORDER OF Estate of Terry Littleman $ $1,410.75

Fourteen Hundred Ten Dollars & 75/100 DOLLARS

Estate of Terry Littleman
Terry Littleman
34015 N. Slate Creek Dr
san tan valley, AZ 85143

MEMO
Memo: Estate of
Estate of T. Littleman disbursement
Client: Terry Littleman

AUTHORIZED SIGNATURE

⑈001045⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1045

Date : 10/22/2020 Vendor : MISC_VENDOR Amount : $1,410.75
Payee : Estate of Terry Littleman

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Terry Littleman	20200231	1266	$1,410.75	Estate of T. Littleman disbursement

WIKE LAW GROUP INC

1045

Date : 10/22/2020 Vendor : MISC_VENDOR Amount : $1,410.75
Payee : Estate of Terry Littleman

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Terry Littleman	20200231	1266	$1,410.75	Estate of T. Littleman disbursement

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1046

94-72/1224 NV
7976

10/22/2020

PAY TO THE ORDER OF AFC Physical $ $951.00

Nine Hundred Fifty One Dollars & 00/100 DOLLARS

AFC Physical
18309 South Alma School Rd. #354
Mesa, AZ 85210

MEMO
Memo: T. Littleman Treatment
Client: Terry Littleman

AUTHORIZED SIGNATURE

⑈001046⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1046

Date : 10/22/2020
Payee : AFC Physical

Vendor : MISC_VENDOR

Amount : $951.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Terry Littleman	20200231	1266	$951.00	T. Littleman Treatment

WIKE LAW GROUP INC

1046

Date : 10/22/2020
Payee : AFC Physical

Vendor : MISC_VENDOR

Amount : $951.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Terry Littleman	20200231	1266	$951.00	T. Littleman Treatment

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1047

94-72/1224 NV
7976

10/22/2020

PAY TO THE ORDER OF Iron Wood Chiropractic $ $3,263.25

Thirty Two Hundred Sixty Three Dollars & 25/100 DOLLARS

Iron Wood Chiropractic

MEMO

Memo: T. Littleman Treatment
Client: Terry Littleman

AUTHORIZED SIGNATURE

⑈001047⑈ ⑆122400724⑆ [redacted]⑈

WIKE LAW GROUP INC

1047

Date : 10/22/2020 Vendor : MISC_VENDOR Amount : $3,263.25
Payee : Iron Wood Chiropractic

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Terry Littleman	20200231	1266	$3,263.25	T. Littleman Treatment

WIKE LAW GROUP INC

1047

Date : 10/22/2020 Vendor : MISC_VENDOR Amount : $3,263.25
Payee : Iron Wood Chiropractic

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Terry Littleman	20200231	1266	$3,263.25	T. Littleman Treatment

Date : 10/22/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,875.00

1044

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Terry Littleman	20200231	1266	$1,875.00	T. Littleman Atty fees 1725 Costs 150

WIKE LAW GROUP INC

Date : 10/22/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,875.00

1044

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Terry Littleman	20200231	1266	$1,875.00	T. Littleman Atty fees 1725 Costs 150

BANK OF AMERICA
PRIVATE BANK

P.O. Box 15284
Wilmington, DE 19850

Client service information

1.800.878.7878

bankofamerica.com/privatebank

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
11120 FOREVER SUNSET CT
LAS VEGAS, NV 89135-7808

Your Public Service Trust Account

for August 1, 2020 to August 31, 2020

Account number: [redacted]5349

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC

Account summary

Beginning balance on August 1, 2020	$2,160.73
Deposits and other credits	0.00
Withdrawals and other debits	-0.00
Checks	-2,160.30
Service fees	-0.00
Ending balance on August 31, 2020	**$0.43**

# of deposits/credits: 0

# of withdrawals/debits: 2

# of days in cycle: 31

Average ledger balance: $697.31

Important disclosure information listed on the "Important Information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and **Equal Housing Lender**

Checks

Date	Check #	Bank reference	Amount
08/11	1053	813004452861744	-2,159.87
08/12	1054	813005492457168	-0.43
Total checks			-$2,160.30
Total # of checks			2

Daily ledger balances

Date	Balance ($)	Date	Balance($)	Date	Balance ($)
08/01	2,160.73	08/11	0.86	08/12	0.43

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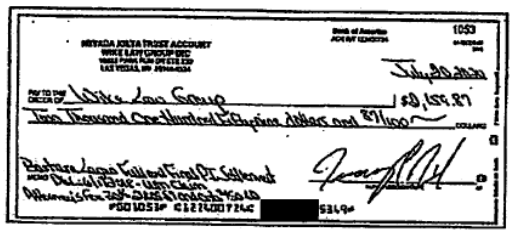
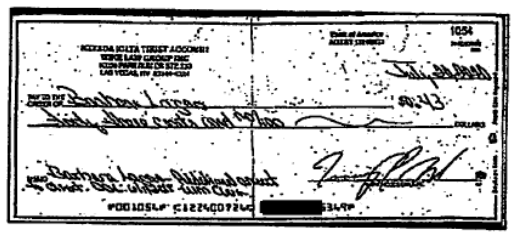
Check images

Account number: 5010 2212 5349

Check number: 1053 | Amount: $2,159.87



Check number: 1054 | Amount: $.43



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BANK OF AMERICA

PRIVATE BANK

P.O. Box 15284
Wilmington, DE 19850

Client service information

1.800.878.7878

bankofamerica.com/privatebank

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
11120 FOREVER SUNSET CT
LAS VEGAS, NV 89135-7808

Your Public Service Trust Account

for September 1, 2020 to September 30, 2020

Account number: [redacted]5349

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC

Account summary

Beginning balance on September 1, 2020	$0.43
Deposits and other credits	83,039.63
Withdrawals and other debits	-0.00
Checks	-82,138.06
Service fees	-0.00
Ending balance on September 30, 2020	**$902.00**

# of deposits/credits: 4

# of withdrawals/debits: 18

# of days in cycle: 30

Average ledger balance: $17,319.37

Important disclosure information listed on the "Important Information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of Bank of America Corporation.

Bank of America Private Bank is a division of Bank of America, N.A., Member FDIC, and a wholly-owned subsidiary of Bank of America Corporation ("BofA Corp.").

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Bank of America, N.A. Member FDIC and **Equal Housing Lender**

Your checking account

Deposits and other credits

Date	Transaction description	Customer reference	Bank reference	Amount
09/09/20	Counter Credit		813004352735088	9,700.00
09/15/20	Counter Credit		813004852435675	15,697.63
09/18/20	Counter Credit		813002752311288	32,642.00
09/22/20	Counter Credit		813003052011568	25,000.00
Total deposits and other credits				**$83,039.63**

Checks

Date	Check #	Bank reference	Amount
09/21	1042	813002152757704	-1,468.50
09/15	1043	813009492792578	-3,169.50
09/08	1052*	813008692568805	-0.43
09/15	1055*	813004852501999	-2,390.00
09/17	1056	813009692918650	-122.00
09/15	1058*	813004852502000	-338.00
09/15	1060*	813004852502001	-338.00
09/17	1061	813009692918651	-972.00
09/21	1062	813008292565968	-17,074.59
09/25	1063	813008792797977	-851.02
09/28	1064	813008992343752	-1,700.00
09/28	1065	813008992343747	-4,726.00
09/21	1066	813002852889570	-6,275.40
09/21	1067	813008192610613	-10,031.10
09/24	1068	813003152571019	-3,989.00
09/21	1069	813002852889571	-3,692.52
09/29	1070	813009192080273	-16,517.50
09/30	1071	813003652315426	-8,482.50
Total checks			-$82,138.06
Total # of checks			18

* *There is a gap in sequential check numbers*

Daily ledger balances

Date	Balance ($)	Date	Balance($)	Date	Balance ($)
09/01	0.43	09/09	9,700.00	09/17	18,068.13
09/08	0.00	09/15	19,162.13	09/18	50,710.13

continued on the next page

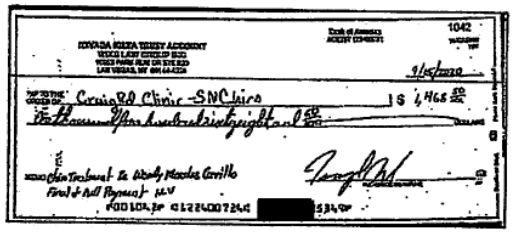
Daily ledger balances - continued

Date	Balance ($)	Date	Balance($)	Date	Balance ($)
09/21	12,168.02	09/25	32,328.00	09/29	9,384.50
09/22	37,168.02	09/28	25,902.00	09/30	902.00
09/24	33,179.02				

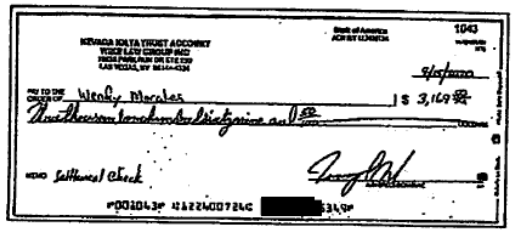
Check images

Account number: 5010 2212 5349

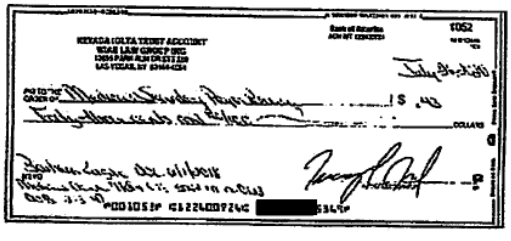
Check number: 1042 | Amount: $1,468.50


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1042
9/15/2020
PAY TO THE ORDER OF Crossroad Clinic - SNC Lic
$ 1,468.50
One thousand four hundred sixty eight and 50/100 DOLLARS
MEMO Client Treatment for Wendy Morales Carrillo Full & Full Payment
#001042# ⑆122400724⑆ [redacted]5349#

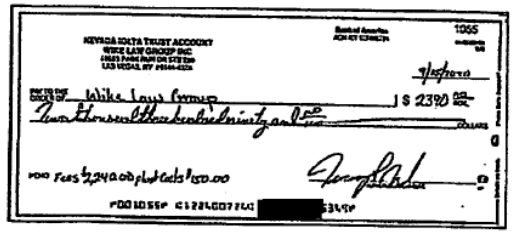
Check number: 1043 | Amount: $3,169.50


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1043
9/15/2020
PAY TO THE ORDER OF Wendy Morales
$ 3,169.50
Three thousand one hundred sixty nine and 50/100 DOLLARS
MEMO Settlement Check
#001043# ⑆122400724⑆ [redacted]5349#

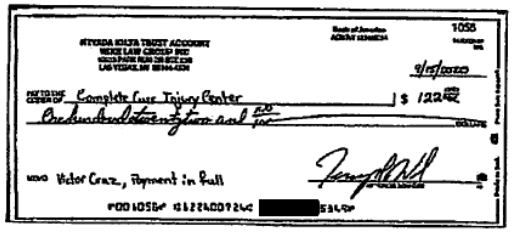
Check number: 1052 | Amount: $.43


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1052
PAY TO THE ORDER OF
$ .43
#001052# ⑆122400724⑆ [redacted]5349#

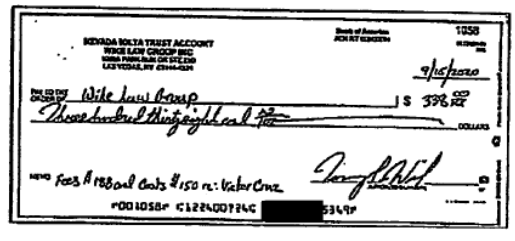
Check number: 1055 | Amount: $2,390.00


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1055
9/15/2020
PAY TO THE ORDER OF Wike Law Group
$ 2390.00
Two thousand three hundred ninety and 00/100 DOLLARS
MEMO Fees $2,240.00 plus Costs $150.00
#001055# ⑆122400724⑆ [redacted]5349#

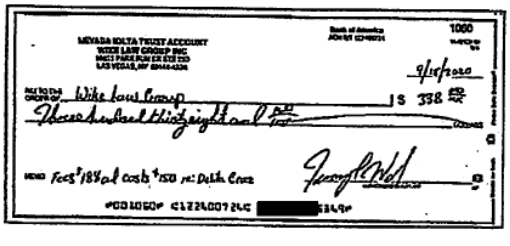
Check number: 1056 | Amount: $122.00


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1056
9/15/2020
PAY TO THE ORDER OF Complete Care Injury Center
$ 122.00
One hundred twenty two and 00/100 DOLLARS
MEMO Victor Cruz, Payment in Full
#001056# ⑆122400724⑆ [redacted]5349#

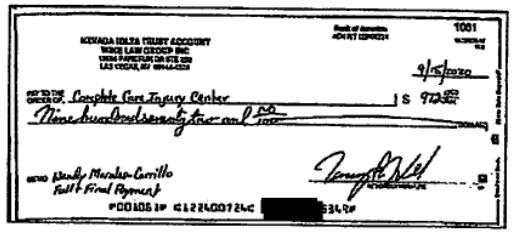
Check number: 1058 | Amount: $338.00


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1058
9/15/2020
PAY TO THE ORDER OF Wike Law Group
$ 338.00
Three hundred thirty eight and 00/100 DOLLARS
MEMO Fees $188 and Costs $150 re: Victor Cruz
#001058# ⑆122400724⑆ [redacted]5349#

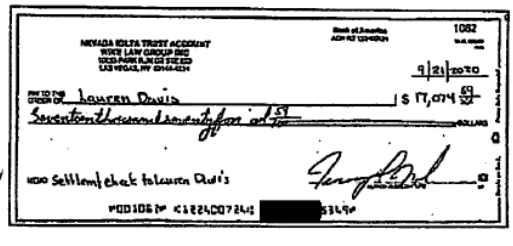
Check number: 1060 | Amount: $338.00


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1060
9/15/2020
PAY TO THE ORDER OF Wike Law Group
$ 338.00
Three hundred thirty eight and 00/100 DOLLARS
MEMO Fees $188 and Costs $150 re: Delia Cruz
#001060# ⑆122400724⑆ [redacted]5349#

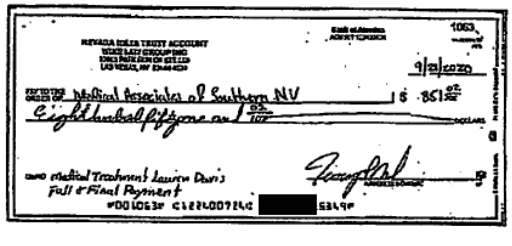
Check number: 1061 | Amount: $972.00


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1061
9/15/2020
PAY TO THE ORDER OF Complete Care Injury Center
$ 972.00
Nine hundred seventy two and 00/100 DOLLARS
MEMO Wendy Morales-Carrillo Full & Final Payment
#001061# ⑆122400724⑆ [redacted]5349#

Check number: 1062 | Amount: $17,074.59


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1062
9/21/2020
PAY TO THE ORDER OF Lauren Davis
$ 17,074.59
Seventeen thousand seventy four and 59/100 DOLLARS
MEMO Settlement check to Lauren Davis
#001062# ⑆122400724⑆ [redacted]5349#

Check number: 1063 | Amount: $851.02

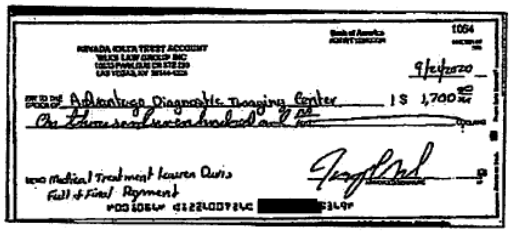

NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1063
9/21/2020
PAY TO THE ORDER OF Medical Associates of Southern NV
$ 851.02
Eight hundred fifty one and 02/100 DOLLARS
MEMO Medical Treatment Lauren Davis Full & Final Payment
#001063# ⑆122400724⑆ [redacted]5349#

continued on the next page

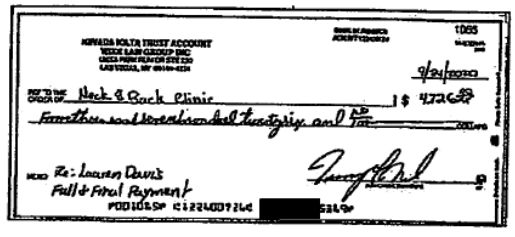
Check images - continued

Account number: 5010 2212 5349

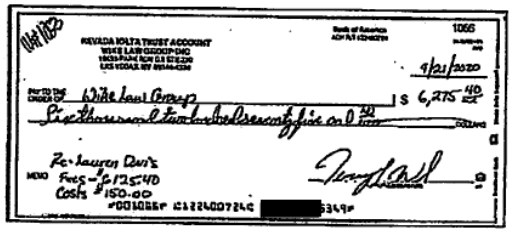
Check number: 1064 | Amount: $1,700.00


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1065 PARKRUN DR STE 250
LAS VEGAS, NV 89144-0224
Bank of America
ACH RT 121000358
1064
9/21/2020
PAY TO THE ORDER OF Advantage Diagnostic Imaging Center | $ 1,700.00
One thousand seven hundred and 00/100 DOLLARS
MEMO Medical Treatment Lauren Davis
Full + Final Payment
⑈001064⑈ ⑆122400724⑆ [redacted]5349⑈

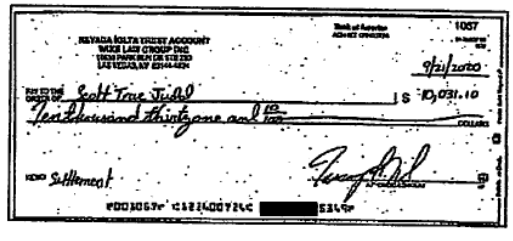
Check number: 1065 | Amount: $4,726.00


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1065 PARKRUN DR STE 250
LAS VEGAS, NV 89144-0224
Bank of America
ACH RT 121000358
1065
9/21/2020
PAY TO THE ORDER OF Neck & Back Clinic | $ 4,726.00
Four thousand seven hundred twenty six and 00/100 DOLLARS
MEMO Re: Lauren Davis
Full + Final Payment
⑈001065⑈ ⑆122400724⑆ [redacted]5349⑈

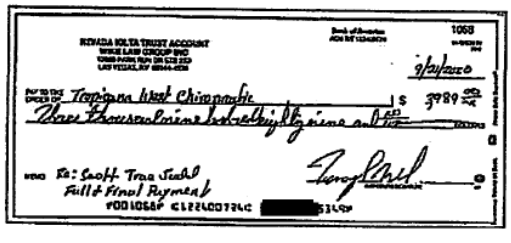
Check number: 1066 | Amount: $6,275.40


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1065 PARKRUN DR STE 250
LAS VEGAS, NV 89144-0224
Bank of America
ACH RT 121000358
1066
9/21/2020
PAY TO THE ORDER OF Wike Law Group | $ 6,275.40
Six thousand two hundred seventy five and 40/100 DOLLARS
MEMO Re: Lauren Davis
Fees - $6125.40
Costs $150.00
⑈001066⑈ ⑆122400724⑆ [redacted]5349⑈

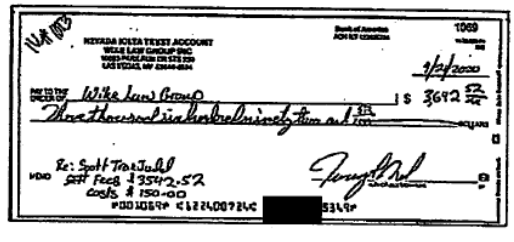
Check number: 1067 | Amount: $10,031.10


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1065 PARKRUN DR STE 250
LAS VEGAS, NV 89144-0224
Bank of America
ACH RT 121000358
1067
9/21/2020
PAY TO THE ORDER OF Scott Tree Judd | $ 10,031.10
Ten thousand thirty one and 10/100 DOLLARS
MEMO Settlement
⑈001067⑈ ⑆122400724⑆ [redacted]5349⑈

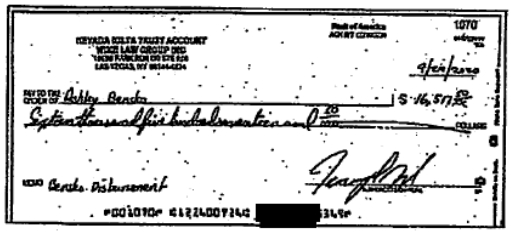
Check number: 1068 | Amount: $3,989.00


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1065 PARKRUN DR STE 250
LAS VEGAS, NV 89144-0224
Bank of America
ACH RT 121000358
1068
9/21/2020
PAY TO THE ORDER OF Tropicana West Chiropractic | $ 3989.00
Three thousand nine hundred eighty nine and 00/100 DOLLARS
MEMO Re: Scott Tree Judd
Full + Final Payment
⑈001068⑈ ⑆122400724⑆ [redacted]5349⑈

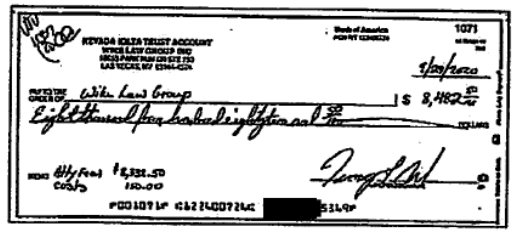
Check number: 1069 | Amount: $3,692.52


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1065 PARKRUN DR STE 250
LAS VEGAS, NV 89144-0224
Bank of America
ACH RT 121000358
1069
9/21/2020
PAY TO THE ORDER OF Wike Law Group | $ 3692.52
Three thousand six hundred ninety two and 52/100 DOLLARS
MEMO Re: Scott Tree Judd
Att Fees $3542.52
Costs $150.00
⑈001069⑈ ⑆122400724⑆ [redacted]5349⑈

Check number: 1070 | Amount: $16,517.50


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1065 PARKRUN DR STE 250
LAS VEGAS, NV 89144-0224
Bank of America
ACH RT 121000358
1070
9/21/2020
PAY TO THE ORDER OF Ashley Bendo | $ 16,517.50
Sixteen thousand five hundred seventeen and 50/100 DOLLARS
MEMO Bendo Disbursement
⑈001070⑈ ⑆122400724⑆ [redacted]5349⑈

Check number: 1071 | Amount: $8,482.50


NEVADA IOLTA TRUST ACCOUNT
WICE LAW GROUP INC
1065 PARKRUN DR STE 250
LAS VEGAS, NV 89144-0224
Bank of America
ACH RT 121000358
1071
9/21/2020
PAY TO THE ORDER OF Wike Law Group | $ 8,482.50
Eight thousand four hundred eighty two and 50/100 DOLLARS
MEMO Att'y Fees $8,332.50
Costs 150.00
⑈001071⑈ ⑆122400724⑆ [redacted]5349⑈

BANK OF AMERICA

PRIVATE BANK

P.O. Box 15284
Wilmington, DE 19850

Client service information

1.800.878.7878

bankofamerica.com/privatebank

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
11120 FOREVER SUNSET CT
LAS VEGAS, NV 89135-7808

Your Public Service Trust Account

for August 1, 2020 to August 31, 2020

Account number: [redacted]5349

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC

Account summary

Beginning balance on August 1, 2020	$2,160.73
Deposits and other credits	0.00
Withdrawals and other debits	-0.00
Checks	-2,160.30
Service fees	-0.00
Ending balance on August 31, 2020	**$0.43**

# of deposits/credits: 0

# of withdrawals/debits: 2

# of days in cycle: 31

Average ledger balance: $697.31

Important disclosure information listed on the "Important Information for Bank Deposit Accounts" page.

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BANK DEPOSIT ACCOUNTS

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Bank of America Private Bank is a division of Bank of America, N.A., Member FDIC, and a wholly-owned subsidiary of Bank of America Corporation ("BofA Corp.").

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Bank of America, N.A. Member FDIC and Equal Housing Lender

Your checking account

Checks

Date	Check #	Bank reference	Amount
08/11	1053	813004452861744	-2,159.87
08/12	1054	813005492457168	-0.43
Total checks			-$2,160.30
Total # of checks			2

Daily ledger balances

Date	Balance ($)	Date	Balance($)	Date	Balance ($)
08/01	2,160.73	08/11	0.86	08/12	0.43

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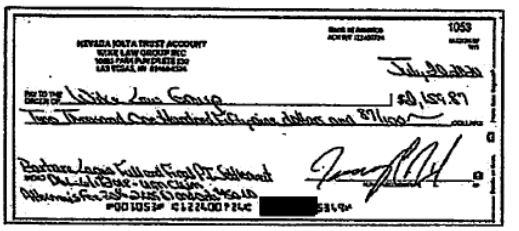
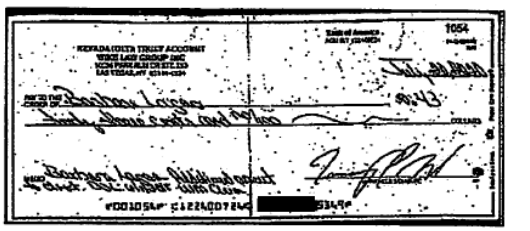
Check images

Account number: 5010 2212 5349

Check number: 1053 | Amount: $2,159.87



Check number: 1054 | Amount: $.43



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BANK OF AMERICA
PRIVATE BANK

P.O. Box 15284
Wilmington, DE 19850

Client service information

1.800.878.7878

bankofamerica.com/privatebank

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
11120 FOREVER SUNSET CT
LAS VEGAS, NV 89135-7808

Your Public Service Trust Account

for October 1, 2020 to October 31, 2020

Account number: [redacted]5349

NEVADA IOLTA TRUST ACCOUNT WIKE LAW GROUP INC

Account summary

Beginning balance on October 1, 2020	$902.00
Deposits and other credits	21,750.00
Withdrawals and other debits	-0.00
Checks	-20,339.25
Service fees	-0.00
Ending balance on October 31, 2020	**$2,312.75**

# of deposits/credits: 3

# of withdrawals/debits: 12

# of days in cycle: 31

Average ledger balance: $4,112.09

Important disclosure information listed on the "Important Information for Bank Deposit Accounts" page.

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts client) (20 business days if you are a new client, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

Banking products are provided by Bank of America, N.A., and affiliated banks, Members FDIC and wholly owned subsidiaries of Bank of America Corporation.

Bank of America Private Bank is a division of Bank of America, N.A., Member FDIC, and a wholly-owned subsidiary of Bank of America Corporation ("BofA Corp.").

©2020 Bank of America Corporation

Bank of America, N.A. Member FDIC and Equal Housing Lender

Deposits and other credits

Date	Transaction description	Customer reference	Bank reference	Amount
10/07/20	Counter Credit		813004252235545	10,250.00
10/13/20	Counter Credit		813004652747349	4,000.00
10/20/20	Counter Credit		813002852856474	7,500.00
Total deposits and other credits				**$21,750.00**

Checks

Date	Check #	Bank reference	Amount
10/22	1044	813003052382837	-1,875.00
10/30	1046*	813008752111289	-951.00
10/30	1047	813008692914680	-3,263.25
10/08	1073*	813008392474089	-2,766.00
10/13	1074	813008792367730	-1,546.50
10/09	1075	813004352981202	-937.50
10/09	1076	813004352981201	-1,816.50
10/13	1077	813008792367729	-1,113.00
10/08	1078	813008392474090	-2,070.50
10/14	1079	813004752717802	-1,471.80
10/14	1081*	813004752717804	-1,463.20
10/20	1082	813009592378136	-1,065.00
Total checks			-$20,339.25
Total # of checks			12

* *There is a gap in sequential check numbers*

Daily ledger balances

Date	Balance ($)	Date	Balance($)	Date	Balance ($)
10/01	902.00	10/09	3,561.50	10/20	8,402.00
10/07	11,152.00	10/13	4,902.00	10/22	6,527.00
10/08	6,315.50	10/14	1,967.00	10/30	2,312.75

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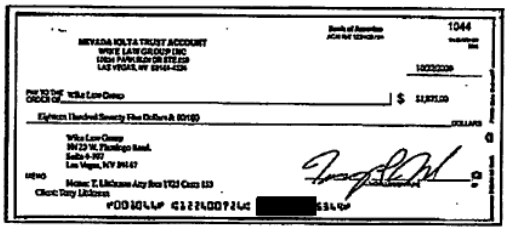
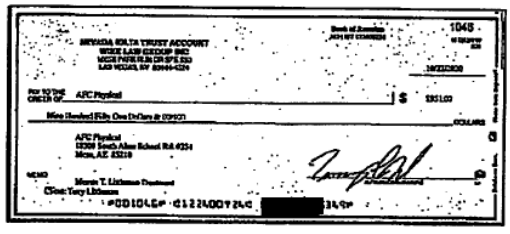
Check images

Account number: 5010 2212 5349

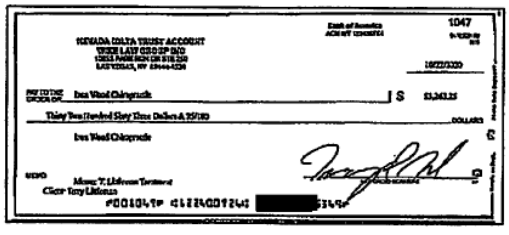
Check number: 1044 | Amount: $1,875.00



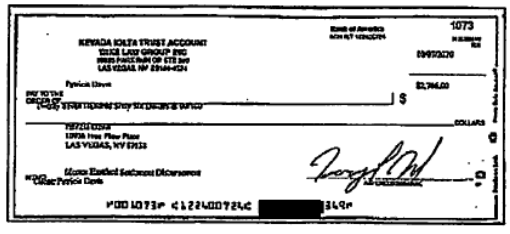
Check number: 1046 | Amount: $951.00



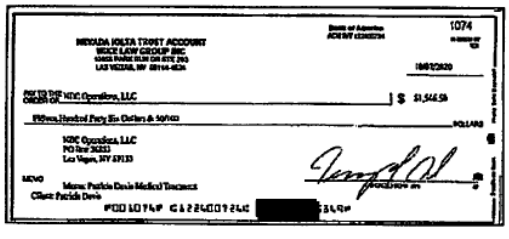
Check number: 1047 | Amount: $3,263.25



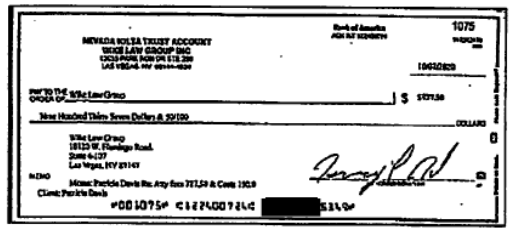
Check number: 1073 | Amount: $2,766.00



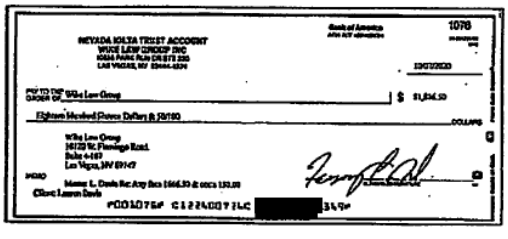
Check number: 1074 | Amount: $1,546.50



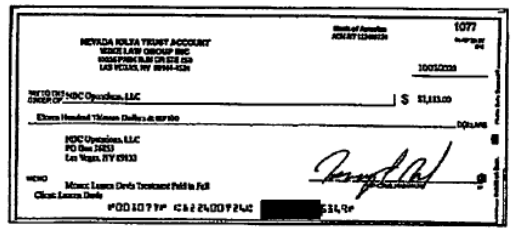
Check number: 1075 | Amount: $937.50



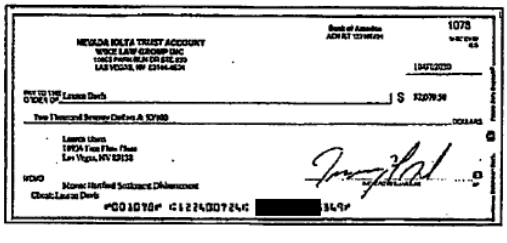
Check number: 1076 | Amount: $1,816.50



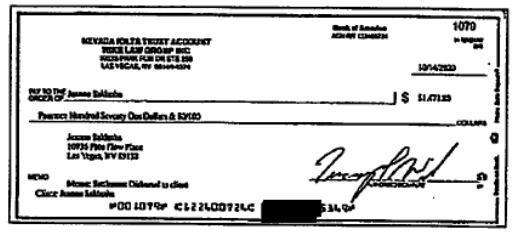
Check number: 1077 | Amount: $1,113.00



Check number: 1078 | Amount: $2,070.50



Check number: 1079 | Amount: $1,471.80

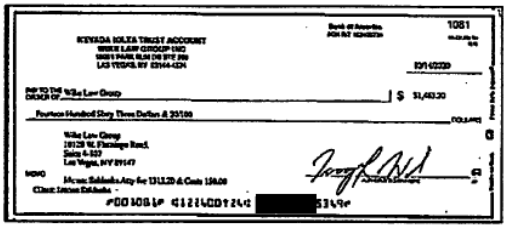


continued on the next page

Check images - continued

Account number: 5010 2212 5349

Check number: 1081 | Amount: $1,463.20



Check number: 1082 | Amount: $1,065.00

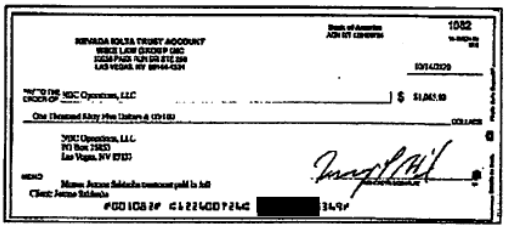


EXHIBIT 2

Form **1040-X** (Rev. January 2020)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ Go to *www.irs.gov/Form1040X* for instructions and the latest information.

OMB No. 1545-0074

This return is for calendar year ☑ 2019 ☐ 2018 ☐ 2017 ☐ 2016

Other year. Enter one: calendar year 2019 or fiscal year (month and year ended):

Your first name and middle initial	Last name	Your social security number
TERRY L.	WIKE	[redacted] 8 3 4 8
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number
11120 FOREVER SUNSET CT.		7026302934

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

LAS VEGAS, NEVADA, 89135

Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.

☑ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Use Part III on the back to explain any changes		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ ☐	1	8464	-45,547	-37,083
2 Itemized deductions or standard deduction	2	12200	0	12200
3 Subtract line 2 from line 1	3	-3736	-45,547	-49,283
4a Exemptions (amended 2017 or earlier returns only). **If changing,** complete Part I on page 2 and enter the amount from line 29	4a	0	0	0
b Qualified business income deduction (amended 2018 or later returns only)	4b	0	0	0
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5	0	0	0
Tax Liability				
6 Tax. Enter method(s) used to figure tax (see instructions):	6	0	0	0
7 Credits. If a general business credit carryback is included, check here ▶ ☐	7	0	0	0
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	0	0	0
9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9	0	0	0
10 Other taxes	10	0	0	0
11 Total tax. Add lines 8, 9, and 10	11	0	0	0
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing,** see instructions.)	12	0	0	0
13 Estimated tax payments, including amount applied from prior year's return	13	0	0	0
14 Earned income credit (EIC)	14	0	0	0
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15	0	0	0
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			0
17 Total payments. Add lines 12 through 15, column C, and line 16	17			0
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			0
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19			0
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			0
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			0
22 Amount of line 21 you want **refunded to you**	22			0
23 Amount of line 21 you want **applied to your (enter year):** estimated tax	23			

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11360L Form **1040-X** (Rev. 1-2020)

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.

Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.

			A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. **Caution:** If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24			
25	Your dependent children who lived with you	25			
26	Your dependent children who didn't live with you due to divorce or separation	26			
27	Other dependents	27			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29			

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions): (a) First name Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents (amended 2018 or later returns only)
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

☐ Check here if you didn't previously want $3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want $3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

Original filing did not include K-1. See K-1 attached.

Remember to keep a copy of this form for your records.

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

Sign Here

▶ Your signature — Date 3/17/20 — Your occupation: Attorney

▶ Spouse's signature. If a joint return, **both** must sign. — Date — Spouse's occupation

Paid Preparer Use Only

▶ Preparer's signature — Date — Firm's name (or yours if self-employed)

Print/type preparer's name — Firm's address and ZIP code

PTIN — ☐ Check if self-employed — Phone number — EIN

671119

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1120-S)

Department of the Treasury
Internal Revenue Service

2019

For calendar year 2019, or tax year beginning / / 2019 ending / /

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
82-2358928

B Corporation's name, address, city, state, and ZIP code
WIKE LAW GROUP, INC

10120 W. FLAMINGO RD. STE 4-107
LAS VEGAS NV 89147

C IRS Center where corporation filed return
Ogden, UT 84201-0013

Part II Information About the Shareholder

D Shareholder's identifying number
[redacted]8348

E Shareholder's name, address, city, state, and ZIP code
TERRY L. WIKE

11120 FOREVER SUNSET CT
LAS VEGAS NV 89135

F Shareholder's percentage of stock ownership for tax year . . . . . 100.00000 %

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -45,547.	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information
		V *	STMT

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S. www.irs.gov/Form1120S REV 04/28/20 TTBIZ Schedule K-1 (Form 1120-S) 2019
BAA

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return **2019** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. ☑ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial	Last name	Your social security number
TERRY L.	WIKE	[redacted] 8 3 4 8
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 11120 FOREVER SUNSET CT. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). LAS VEGAS, NEVADA, 89135

Foreign country name | Foreign province/state/county | Foreign postal code

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

If more than four dependents, see instructions and ✓ here ▶ ☐

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Standard Deduction for—
- Single or Married filing separately, $12,200
- Married filing jointly or Qualifying widow(er), $24,400
- Head of household, $18,350
- If you checked any box under *Standard Deduction*, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	8464
2a	Tax-exempt interest	2a	0	b Taxable interest. Attach Sch. B if required	2b	0
3a	Qualified dividends	3a	0	b Ordinary dividends. Attach Sch. B if required	3b	0
4a	IRA distributions	4a	0	b Taxable amount	4b	0
c	Pensions and annuities	4c	0	d Taxable amount	4d	0
5a	Social security benefits	5a	0	b Taxable amount	5b	0
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				6	0
7a	Other income from Schedule 1, line 9				7a	0
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶				7b	8464
8a	Adjustments to income from Schedule 1, line 22				8a	0
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶				8b	8464
9	**Standard deduction or itemized deductions** (from Schedule A)	9	12200			
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a	Add lines 9 and 10				11a	12200
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-				11b	-3736

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2019)

12a	Tax (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	12a	0		
b	Add Schedule 2, line 3, and line 12a and enter the total ▶			12b	0
13a	Child tax credit or credit for other dependents	13a	0		
b	Add Schedule 3, line 7, and line 13a and enter the total ▶			13b	0
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	0
15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	0
16	Add lines 14 and 15. This is your **total tax** ▶			16	0
17	Federal income tax withheld from Forms W-2 and 1099			17	0
18	Other payments and refundable credits:				
a	Earned income credit (EIC)	18a	0		
b	Additional child tax credit. Attach Schedule 8812	18b	0		
c	American opportunity credit from Form 8863, line 8	18c	0		
d	Schedule 3, line 14	18d	0		
e	Add lines 18a through 18d. These are your **total other payments and refundable credits** ▶			18e	0
19	Add lines 17 and 18e. These are your **total payments** ▶			19	0

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**			20	0
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			21a	0
▶ b	Routing number X X X X X X X X X ▶ c Type: ☐ Checking ☐ Savings				
▶ d	Account number X X X X X X X X X X X X X X X X X				
22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶	22	0		

Direct deposit? See instructions.

Amount You Owe

23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶			23	0
24	Estimated tax penalty (see instructions) ▶	24	0		

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☑ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	1/11/2021	ATTORNEY	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ 3rd Party Designee
Firm's name ▶		Phone no.		☐ Self-employed
Firm's address ▶			Firm's EIN ▶	

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

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR: TERRY L. WIKE

Your social security number: [redacted]348

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☑ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0
2a	Alimony received	2a	0
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	0
4	Other gains or (losses). Attach Form 4797	4	0
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-45,547
6	Farm income or (loss). Attach Schedule F	6	0
7	Unemployment compensation	7	0
8	Other income. List type and amount ▶	8	0
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-45547

Part II Adjustments to Income

10	Educator expenses	10	0
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	0
12	Health savings account deduction. Attach Form 8889	12	0
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	0
14	Deductible part of self-employment tax. Attach Schedule SE	14	0
15	Self-employed SEP, SIMPLE, and qualified plans	15	0
16	Self-employed health insurance deduction	16	0
17	Penalty on early withdrawal of savings	17	0
18a	Alimony paid	18a	0
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	0
20	Student loan interest deduction	20	0
21	Tuition and fees. Attach Form 8917	21	0
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 8a	22	0

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

Cat. No. 71479F Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE E
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

▶ Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment Sequence No. **13**

Name(s) shown on return: TERRY L. WIKE

Your social security number: [redacted]3348

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . . ☐ Yes ☐ No

B If "Yes," did you or will you file required Forms 1099? . . . . . ☐ Yes ☐ No

1a	Physical address of each property (street, city, state, ZIP code)
A	
B	
C	

1b	Type of Property (from list below)
A	
B	
C	

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A			☐
B			☐
C			☐

Type of Property:

1 Single Family Residence
2 Multi-Family Residence
3 Vacation/Short-Term Rental
4 Commercial
5 Land
6 Royalties
7 Self-Rental
8 Other (describe)

Income:	**Properties:**		A	B	C
3	Rents received	3			
4	Royalties received	4	0	0	0
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	0	0	0
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	0	0	0
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	( )	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	0
b	Total of all amounts reported on line 4 for all royalty properties	23b	0
c	Total of all amounts reported on line 12 for all properties	23c	0
d	Total of all amounts reported on line 18 for all properties	23d	0
e	Total of all amounts reported on line 20 for all properties	23e	0

24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	0
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(0)
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	0

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11344L

Schedule E (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on other side.

TERRY L. WIKE

Your social security number [redacted]3348

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

— **Note:** If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach **Form 6198** (see instructions).

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . . . ☐ Yes ☑ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	WIKE LAW GROUP, INC	S	☐	82-2358928	☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			45547		
B					
C					
D					
29a Totals		0			
b Totals	0		45547	0	0

30	Add columns (h) and (k) of line 29a.	30	0
31	Add columns (g), (i), and (j) of line 29b.	31	(45547)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	(45547)

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals		0		
b Totals	0		0	0

35	Add columns (d) and (f) of line 34a	35	0
36	Add columns (c) and (e) of line 34b	36	(0)
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
			0	0	

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	0

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	0
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18 ▶	41	45547
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions) .	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Form **1120-S** | **U.S. Income Tax Return for an S Corporation** | OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

2019

For calendar year 2019 or tax year beginning , 2019, ending , 20

A S election effective date 08/02/2017	TYPE OR PRINT Name: WIKE LAW GROUP, INC	D Employer identification number 82-2358928
B Business activity code number (see instructions) 541190	Number, street, and room or suite no. If a P.O. box, see instructions. 10120 W. FLAMINGO RD. STE 4-107	E Date incorporated 08/02/2017
C Check if Sch. M-3 attached ☐	City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89147	F Total assets (see instructions) $ 0.

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year . . . . . ▶ 1

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1a 58,516.		
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a		1c	58,516.
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	58,516.
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4	
	5	Other income (loss) (see instructions—attach statement)		5	
	6	**Total income (loss).** Add lines 3 through 5 ▶		6	58,516.
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions—attach Form 1125-E)		7	8,464.
	8	Salaries and wages (less employment credits)		8	
	9	Repairs and maintenance		9	
	10	Bad debts		10	
	11	Rents		11	7,752.
	12	Taxes and licenses		12	2,998.
	13	Interest (see instructions)		13	
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14	
	15	Depletion (**Do not deduct oil and gas depletion.**)		15	
	16	Advertising		16	2,361.
	17	Pension, profit-sharing, etc., plans		17	
	18	Employee benefit programs		18	
	19	Other deductions (attach statement) See Statement		19	82,488.
	20	**Total deductions.** Add lines 7 through 19 ▶		20	104,063.
	21	**Ordinary business income (loss).** Subtract line 20 from line 6		21	-45,547.
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120-S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)		22c	
	23a	2019 estimated tax payments and 2018 overpayment credited to 2019	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d	Reserved for future use	23d		
	e	Add lines 23a through 23d		23e	
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐		24	
	25	**Amount owed.** If line 23e is smaller than the total of lines 22c and 24, enter amount owed		25	
	26	**Overpayment.** If line 23e is larger than the total of lines 22c and 24, enter amount overpaid		26	
	27	Enter amount from line 26: **Credited to 2020 estimated tax** ▶ **Refunded** ▶		27	

Sign Here

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

▶ Signature of officer | Date | ▶ PRESIDENT Title

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ Self-Prepared			Firm's EIN ▶	
Firm's address ▶			Phone no.	

For Paperwork Reduction Act Notice, see separate instructions. BAA REV 04/28/20 TTBIZ Form **1120-S** (2019)

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a ☒ Cash b ☐ Accrual c ☐ Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ Legal Services b Product or service ▶ LEGAL SERVICES		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock ▶ (ii) Total shares of non-restricted stock ▶		X
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year ▶ (ii) Total shares of stock outstanding if all instruments were executed ▶		X
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ ☐ If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions ▶ $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $26 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction ▶ $		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	X	
b	If "Yes," did the corporation file or will it file required Form(s) 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 14 ▶ $		

Schedule K Shareholders' Pro Rata Share Items

					Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)		1	-45,547.
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4	Interest income		4	
	5	Dividends: a Ordinary dividends		5a	
		b Qualified dividends	5b		
	6	Royalties		6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))		7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))		8a	
	b	Collectibles (28%) gain (loss)	8b		
	c	Unrecaptured section 1250 gain (attach statement)	8c		
	9	Net section 1231 gain (loss) (attach Form 4797)		9	
	10	Other income (loss) (see instructions) Type ▶		10	
Deductions	11	Section 179 deduction (attach Form 4562)		11	
	12a	Charitable contributions		12a	
	b	Investment interest expense		12b	
	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶		12c(2)	
	d	Other deductions (see instructions) Type ▶		12d	
Credits	13a	Low-income housing credit (section 42(j)(5))		13a	
	b	Low-income housing credit (other)		13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		13c	
	d	Other rental real estate credits (see instructions) Type ▶		13d	
	e	Other rental credits (see instructions) Type ▶		13e	
	f	Biofuel producer credit (attach Form 6478)		13f	
	g	Other credits (see instructions) Type ▶		13g	
Foreign Transactions	14a	Name of country or U.S. possession ▶			
	b	Gross income from all sources		14b	
	c	Gross income sourced at shareholder level		14c	
		Foreign gross income sourced at corporate level			
	d	Reserved for future use		14d	
	e	Foreign branch category		14e	
	f	Passive category		14f	
	g	General category		14g	
	h	Other (attach statement)		14h	
		Deductions allocated and apportioned at shareholder level			
	i	Interest expense		14i	
	j	Other		14j	
		Deductions allocated and apportioned at corporate level to foreign source income			
	k	Reserved for future use		14k	
	l	Foreign branch category		14l	
	m	Passive category		14m	
	n	General category		14n	
	o	Other (attach statement)		14o	
		Other information			
	p	Total foreign taxes (check one): ☐ Paid ☐ Accrued ▶		14p	
	q	Reduction in taxes available for credit (attach statement)		14q	
	r	Other foreign tax information (attach statement)			

Schedule K	Shareholders' Pro Rata Share Items *(continued)*		Total amount
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties—gross income	15d	
	e Oil, gas, and geothermal properties—deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Distributions (attach statement if required) (see instructions)	16d	
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A		
Reconciliation	18 **Income (loss) reconciliation.** Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p	18	-45,547.

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
	Assets	(a)	(b)	(c)	(d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	( )		( )	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	( )		( )	
11a	Depletable assets				
b	Less accumulated depletion	( )		( )	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	( )		( )	
14	Other assets (attach statement)				
15	Total assets				
	Liabilities and Shareholders' Equity				
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings				
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock		( )		( )
27	Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books		5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a	Tax-exempt interest $	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a	Depreciation $		a	Depreciation $	
b	Travel and entertainment $		7	Add lines 5 and 6	
4	Add lines 1 through 3		8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year				
2	Ordinary income from page 1, line 21				
3	Other additions				
4	Loss from page 1, line 21	( )			
5	Other reductions	( )			( )
6	Combine lines 1 through 5				
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6				

671119

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2019

For calendar year 2019, or tax year beginning / / 2019 ending / /

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
82-2358928

B Corporation's name, address, city, state, and ZIP code
WIKE LAW GROUP, INC

10120 W. FLAMINGO RD. STE 4-107
LAS VEGAS NV 89147

C IRS Center where corporation filed return
Ogden, UT 84201-0013

Part II Information About the Shareholder

D Shareholder's identifying number
[redacted]8348

E Shareholder's name, address, city, state, and ZIP code
TERRY L. WIKE

11120 FOREVER SUNSET CT
LAS VEGAS NV 89135

F Shareholder's percentage of stock ownership for tax year . . . . . 100.00000 %

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -45,547.	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information
		V *	STMT

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S. www.irs.gov/Form1120S REV 04/28/20 TTBIZ Schedule K-1 (Form 1120-S) 2019
BAA

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040 or 1040-SR. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	Report on
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:	
Passive loss	See the Shareholder's Instructions
Passive income	Schedule E, line 28, column (h)
Nonpassive loss	See the Shareholder's Instructions
Nonpassive income	Schedule E, line 28, column (k)
2. Net rental real estate income (loss)	See the Shareholder's Instructions
3. Other net rental income (loss)	
Net income	Schedule E, line 28, column (h)
Net loss	See the Shareholder's Instructions
4. Interest income	Form 1040 or 1040-SR, line 2b
5a. Ordinary dividends	Form 1040 or 1040-SR, line 3b
5b. Qualified dividends	Form 1040 or 1040-SR, line 3a
6. Royalties	Schedule E, line 4
7. Net short-term capital gain (loss)	Schedule D, line 5
8a. Net long-term capital gain (loss)	Schedule D, line 12
8b. Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)
8c. Unrecaptured section 1250 gain	See the Shareholder's Instructions
9. Net section 1231 gain (loss)	See the Shareholder's Instructions
10. Other income (loss)	
Code	
A Other portfolio income (loss)	See the Shareholder's Instructions
B Involuntary conversions	See the Shareholder's Instructions
C Sec. 1256 contracts & straddles	Form 6781, line 1
D Mining exploration costs recapture	See Pub. 535
E Reserved for future use	
F Section 965(a) inclusion	See the Shareholder's Instructions
G Income under subpart F (other than inclusions under sections 951A and 965)	See the Shareholder's Instructions
H Other income (loss)	See the Shareholder's Instructions
11. Section 179 deduction	See the Shareholder's Instructions
12. Other deductions	
A Cash contributions (60%)	See the Shareholder's Instructions
B Cash contributions (30%)	See the Shareholder's Instructions
C Noncash contributions (50%)	See the Shareholder's Instructions
D Noncash contributions (30%)	See the Shareholder's Instructions
E Capital gain property to a 50% organization (30%)	See the Shareholder's Instructions
F Capital gain property (20%)	See the Shareholder's Instructions
G Contributions (100%)	See the Shareholder's Instructions
H Investment interest expense	Form 4952, line 1
I Deductions—royalty income	Schedule E, line 19
J Section 59(e)(2) expenditures	See the Shareholder's Instructions
K Section 965(c) deduction	See the Shareholder's Instructions
L Deductions—portfolio (other)	Schedule A, line 16
M Preproductive period expenses	See the Shareholder's Instructions
N Commercial revitalization deduction from rental real estate activities	See Form 8582 instructions
O Reforestation expense deduction	See the Shareholder's Instructions
P through R	Reserved for future use
S Other deductions	See the Shareholder's Instructions
13. Credits	
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Shareholder's Instructions
B Low-income housing credit (other) from pre-2008 buildings	See the Shareholder's Instructions
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	See the Shareholder's Instructions
D Low-income housing credit (other) from post-2007 buildings	See the Shareholder's Instructions
E Qualified rehabilitation expenditures (rental real estate)	See the Shareholder's Instructions
F Other rental real estate credits	See the Shareholder's Instructions
G Other rental credits	See the Shareholder's Instructions
H Undistributed capital gains credit	Schedule 3 (Form 1040 or 1040-SR), line 13, box a
I Biofuel producer credit	See the Shareholder's Instructions
J Work opportunity credit	See the Shareholder's Instructions
K Disabled access credit	See the Shareholder's Instructions
L Empowerment zone employment credit	See the Shareholder's Instructions
M Credit for increasing research activities	See the Shareholder's Instructions
N Credit for employer social security and Medicare taxes	See the Shareholder's Instructions
O Backup withholding	See the Shareholder's Instructions
P Other credits	See the Shareholder's Instructions
14. Foreign transactions	
A Name of country or U.S. possession	Form 1116, Part I
B Gross income from all sources	Form 1116, Part I
C Gross income sourced at shareholder level	Form 1116, Part I
Foreign gross income sourced at corporate level	
D Reserved for future use	
E Foreign branch category	Form 1116, Part I
F Passive category	Form 1116, Part I
G General category	Form 1116, Part I
H Other	Form 1116, Part I
Deductions allocated and apportioned at shareholder level	
I Interest expense	Form 1116, Part I
J Other	Form 1116, Part I
Deductions allocated and apportioned at corporate level to foreign source income	
K Reserved for future use	
L Foreign branch category	Form 1116, Part I
M Passive category	Form 1116, Part I
N General category	Form 1116, Part I
O Other	Form 1116, Part I
Other information	
P Total foreign taxes paid	Form 1116, Part II
Q Total foreign taxes accrued	Form 1116, Part II
R Reduction in taxes available for credit	Form 1116, line 12
S Foreign trading gross receipts	Form 8873
T Extraterritorial income exclusion	Form 8873
U Section 965 information	See the Shareholder's Instructions
V Other foreign transactions	See the Shareholder's Instructions
15. Alternative minimum tax (AMT) items	
A Post-1986 depreciation adjustment	See the Shareholder's Instructions and the Instructions for Form 6251
B Adjusted gain or loss	See the Shareholder's Instructions and the Instructions for Form 6251
C Depletion (other than oil & gas)	See the Shareholder's Instructions and the Instructions for Form 6251
D Oil, gas, & geothermal—gross income	See the Shareholder's Instructions and the Instructions for Form 6251
E Oil, gas, & geothermal—deductions	See the Shareholder's Instructions and the Instructions for Form 6251
F Other AMT items	See the Shareholder's Instructions and the Instructions for Form 6251
16. Items affecting shareholder basis	
A Tax-exempt interest income	Form 1040 or 1040-SR, line 2a
B Other tax-exempt income	See the Shareholder's Instructions
C Nondeductible expenses	See the Shareholder's Instructions
D Distributions	See the Shareholder's Instructions
E Repayment of loans from shareholders	See the Shareholder's Instructions
17. Other information	
A Investment income	Form 4952, line 4a
B Investment expenses	Form 4952, line 5
C Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
D Basis of energy property	See the Shareholder's Instructions
E Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
F Recapture of low-income housing credit (other)	Form 8611, line 8
G Recapture of investment credit	See Form 4255
H Recapture of other credits	See the Shareholder's Instructions
I Look-back interest—completed long-term contracts	See Form 8697
J Look-back interest—income forecast method	See Form 8866
K Dispositions of property with section 179 deductions	See the Shareholder's Instructions
L Recapture of section 179 deduction	See the Shareholder's Instructions
M through U	See the Shareholder's Instructions
V Section 199A information	See the Shareholder's Instructions
W through Z	Reserved for future use
AA Excess taxable income	See the Shareholder's Instructions
AB Excess business interest income	See the Shareholder's Instructions
AC Other information	See the Shareholder's Instructions

REV 04/28/20 TTBIZ

Statement A—QBI Pass-through Entity Reporting

Corporation's name: WIKE LAW GROUP, INC		Corporation's EIN: 82-2358928	
Shareholder's name: TERRY L. WIKE	Shareholder's identifying no: [redacted]8348		
	1120S, Line 21		
Shareholder's share of:	☐ PTP ☐ Aggregated ☒ SSTB	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business income (loss)	-45,547.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	8,464.		
UBIA of qualified property			
Section 199A dividends			

Statement A—QBI Pass-through Entity Reporting

Corporation's name:		Corporation's EIN:	
Shareholder's name:	Shareholder's identifying no:		
Shareholder's share of:	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB
QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business income (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

REV 04/28/20 TTBIZ

Form **8453-S**

Department of the Treasury
Internal Revenue Service

U.S. S Corporation Income Tax Declaration for an IRS *e-file* Return

▶ File electronically with the corporation's tax return. (Don't file paper copies.)
▶ Go to *www.irs.gov/Form8453S* for the latest information.
For calendar year 2019, or tax year beginning , 2019, and ending , 20 .

OMB No. 1545-0123

2019

Name of corporation: WIKE LAW GROUP, INC

Employer identification number: 82-2358928

Part I Tax Return Information (whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	58,516.
2	Gross profit (Form 1120-S, line 3)	2	58,516.
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	-45,547.
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	-45,547.

Part II Declaration of Officer (see instructions) Be sure to keep a copy of the corporation's tax return.

6a ☐ I consent that the corporation's refund be directly deposited as designated on the **Form 8050,** Direct Deposit of Corporate Tax Refund, that will be electronically transmitted with the corporation's 2019 federal income tax return.

b ☒ I do not want direct deposit of the corporation's refund **or** the corporation is not receiving a refund.

c ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If the corporation is filing a balance due return, I understand that if the IRS doesn't receive full and timely payment of its tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare that I'm an officer of the above corporation and that the information I've given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2019 federal income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the corporation's return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the corporation's return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, or when the refund was sent.

Sign Here ▶ Signature of officer | Date ▶ PRESIDENT Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I've reviewed the above corporation's return and that the entries on Form 8453-S are complete and correct to the best of my knowledge. If I'm only a collector, I'm not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I'll give the officer a copy of all forms and information to be filed with the IRS, and I've followed all other requirements in **Pub. 3112,** IRS *e-file* Application and Participation, and **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I'm also the Paid Preparer, under penalties of perjury I declare that I've examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I've any knowledge.

ERO's Use Only					
	ERO's signature ▶	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN
					Phone no.

Under penalties of perjury, I declare that I've examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I've any knowledge.

Paid Preparer Use Only					
	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

BAA REV 04/28/20 TTBIZ Form **8453-S** (2019)

Form 1120S

S Corporation
Five Year Tax History

► Keep for your records

2019

Name
WIKE LAW GROUP, INC

Employer Identification Number
82-2358928

	2015	2016	2017	2018	2019
1 Gross receipts . . .					58,516.
2 Cost of sales					
3 Gross profit.					58,516.
4 Net 4797 gain (loss)					
5 Other income (loss)					
6 Total income (loss)					58,516.
7 Salaries.					
8 Depreciation					
9 Other deductions .					104,063.
10 Total deductions					-104,063.
11 Business income .					-45,547.
12 Passive investment income					
13 Passive investment expense					
14 Net passive investment income					
15 Excess net passive income tax.					
16 Tax from Schedule D					
17 Additional taxes . .					
18 Tax liability					
19 Tax return preparation fee. . .					

SPSW2301.SCR 08/27/19

Form 1120S **199A Statement A Summary** 2019

QuickZoom to Other Copy _____

Corporation's Name: WIKE LAW GROUP, INC Corporation's EIN: 82-2358928

	1120S, Line 21 ☐ PTP ☐ Aggregated ☒ SSTB	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB
Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss)	-45,547.		
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages	8,464.		
UBIA of qualified property			
Section 199A dividends			

Corporation's Name: _____ Corporation's EIN: _____

	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB	☐ PTP ☐ Aggregated ☐ SSTB
Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations:			
Ordinary business inc (loss)			
Rental income (loss)			
Royalty income (loss)			
Section 1231 gain (loss)			
Other income (loss)			
Section 179 deduction			
Charitable contributions			
Other deductions			
W-2 wages			
UBIA of qualified property			
Section 199A dividends			

spsw9907.SCR 12/14/19

199A Worksheet by Activity 2019

► Keep for your records

Corporation's name	Corporation's EIN
WIKE LAW GROUP, INC	82-2358928

Aggregation Code: ____

Trade or Business: 1120S, Line 21
EIN: 82-2358928

Check if activity is **NOT** a qualified trade/business . . . [ ]
Specified Service Trade or Business? . . . . . [X] Yes [ ] No

QBI or qualified PTP items subject to shareholder-specific determinations:

1 a	Ordinary business income (loss)	1 a	-45,547.	
b	Adjustments	b		
c	Adjusted ordinary business income (loss)		1 c	-45,547.
2 a	Rental income (loss)	2 a		
b	Adjustments	b		
c	Adjusted rental income (loss)		2 c	
3 a	Royalty income (loss)	3 a		
b	Adjustments	b		
c	Adjusted royalty income (loss)		3 c	
4 a	Section 1231 gain (loss)	4 a		
b	Adjustments	b		
c	Adjusted section 1231 gain (loss)		4 c	
5	Other income (loss)		5	
6 a	Section 179 deduction	6 a		
b	Adjustments	b		
c	Adjusted section 179 deduction		6 c	
7	Charitable contributions		7	
8	Other deductions		8	
9 a	W-2 wages	9 a	8,464.	
b	Adjustments	b		
c	Adjusted W-2 Wages		9 c	8,464.
10 a	UBIA of qualified property	10 a		
b	Adjustments	b		
c	Adjusted UBIA of qualified property		10 c	

spsw9906.SCR 04/20/20

Form 1120S
Schedule L

Accumulated Depreciation, Amortization and Depletion Worksheet

► Keep for your records

2019

Name as Shown on Return	Identification Number
WIKE LAW GROUP, INC	82-2358928

Book Accumulated Depreciation, Amortization and Depletion

	Depreciation
Beginning balance (From Schedule L, column a, line 10b)	
Current book expense	
Less accumulated - assets sold	
Less accumulated - assets retired	
Ending balance (To Schedule L, column c, line 10b)	
Check to enter on Balance Sheet ► [X] Yes [ ] No	

	Amortization
Beginning balance (From Schedule L, column a, line 13b)	
Current book expense	
Less accumulated - assets sold	
Less accumulated - assets retired	
Ending balance (To Schedule L, column c, line 13b)	
Check to enter on Balance Sheet ► [X] Yes [ ] No	

	Depletion
Beginning balance (From Schedule L, column a, line 11b)	
Current book expense	
Less accumulated - assets sold	
Less accumulated - assets retired	
Ending balance (To Schedule L, column c, line 11b)	
Check to enter on Balance Sheet ► [X] Yes [ ] No	

Total Depreciation, Amortization, and Land Worksheet

	Depreciation
Beginning balance building/other assets	
Less assets sold	
Less assets retired	
Plus new assets	
Adjustments to ending buildings and other depreciable assets	
Ending balance building/other assets (To Schedule L, column c, line 10a)	
Check to enter on Balance Sheet ► [X] Yes [ ] No	

	Land
Beginning balance land assets	
Less land assets sold	
Less land assets retired	
Plus new land assets	
Adjustments to ending land assets	
Ending balance (To Schedule L, column d, line 12)	
Check to enter on Balance Sheet ► [X] Yes [ ] No	

	Amortization
Beginning balance intangible assets	
Less amortized assets sold	
Less amortized assets retired	
Plus new amortized assets	
Adjustments to amortized assets	
Ending balance (To Schedule L, column c, line 13a)	
Check to enter on Balance Sheet ► [X] Yes [ ] No	

spsw9301.SCR 08/27/19

2019 Federal Tax Return Summary

Important: Your taxes are not finished until all required steps are completed.

WIKE LAW GROUP, INC
10120 W. FLAMINGO RD. STE 4-107
LAS VEGAS, NV 89147

Balance Due/ Refund	No payment is required with your Federal tax return (2019 Form 1120S, U.S. S Corporation Income Tax Return).		
2019 Federal Tax Return Summary	No Refund or Amount Due	$	0.00
Forms Included			

Additional information from your 2019 US Form 1120S: Income Tax Return for S Corp

Form 1120S: S-Corporation Tax Return

Other Deductions **Continuation Statement**

Description	Amount
DUES AND SUBSCRIPTIONS	1,100.
INSURANCE	5,681.
LEGAL AND PROFESSIONAL	15,500.
OFFICE EXPENSE	976.
OUTSIDE SERVICES/INDEPENDENT CONTRACTORS	9,758.
POSTAGE	160.
TELEPHONE	813.
LEASE CORP JUDGMENT/SETTLEMENT EXPENSE	48,500.
Total	82,488.

Form **1040-X** (Rev. January 2020)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ Go to *www.irs.gov/Form1040X* for instructions and the latest information.

OMB No. 1545-0074

This return is for calendar year ☐ 2019 ☐ 2018 ☐ 2017 ☐ 2016

Other year. Enter one: calendar year 2020 or fiscal year (month and year ended):

Your first name and middle initial	Last name	Your social security number
TERRY L	WIKE	[redacted] 8 3 4 8
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number
11120 FOREVER SUNSET CT.		(702)630-2934

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

LAS VEGAS, NV, 89135

Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.

☑ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Use Part III on the back to explain any changes

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ ☐	1	-22,556	-18,015	-4,541
2 Itemized deductions or standard deduction	2	12,400	0	12,400
3 Subtract line 2 from line 1	3	0	0	0
4a Exemptions (amended 2017 or earlier returns only). **If changing,** complete Part I on page 2 and enter the amount from line 29	4a	0	0	0
b Qualified business income deduction (amended 2018 or later returns only)	4b	0	0	0
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5	0	0	0
Tax Liability				
6 Tax. Enter method(s) used to figure tax (see instructions):	6	0	0	0
7 Credits. If a general business credit carryback is included, check here ▶ ☐	7	0	0	0
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	0	0	0
9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9	0	0	0
10 Other taxes	10	0	0	0
11 Total tax. Add lines 8, 9, and 10	11	0	0	0
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing,** see instructions.)	12	0	0	0
13 Estimated tax payments, including amount applied from prior year's return	13	0	0	0
14 Earned income credit (EIC)	14	0	0	0
15 Refundable credits from: ☑ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☑ other (specify): Recovery Rebate	15	1,800	1,800	1,800
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			0
17 Total payments. Add lines 12 through 15, column C, and line 16	17			1,800
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			0
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19			1,800
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			1,800
22 Amount of line 21 you want **refunded to you**	22			1,800
23 Amount of line 21 you want **applied to your (enter year):** estimated tax	23			

Complete and sign this form on page 2.

For Paperwork Reduction Act Notice, see instructions. Cat. No. 11360L Form **1040-X** (Rev. 1-2020)

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.

Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.

			A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. **Caution:** If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24			
25	Your dependent children who lived with you	25			
26	Your dependent children who didn't live with you due to divorce or separation	26			
27	Other dependents	27			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29			

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions):

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

☐ Check here if you didn't previously want $3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want $3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

Include additional income - See Schedule C attached and Revised Schedule 1 attached.
Include Unemployment Insome - See 1099-G attached.
Include Recovery Rebate for last two stimulas payments totaling &1800, which have not been received. See Form 8888 attached.
I have included my original Form 1040 and 1120-S.

Remember to keep a copy of this form for your records.

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

Sign Here

▶ Your signature | Date 3/23/21 | Your occupation: Attorney

▶ Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation

Paid Preparer Use Only

▶ Preparer's signature | Date | Firm's name (or yours if self-employed)

Print/type preparer's name | Firm's address and ZIP code

PTIN | ☐ Check if self-employed | Phone number | EIN

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
TERRY L WIKE

Your social security number
[redacted]8348

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	1,847
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	14,527
6	Farm income or (loss). Attach Schedule F	6	0
7	Unemployment compensation	7	16,168
8	Other income. List type and amount ▶ NOL	8	-37,083
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,541

Part II Adjustments to Income

10	Educator expenses	10	0
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	0
12	Health savings account deduction. Attach Form 8889	12	0
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	0
14	Deductible part of self-employment tax. Attach Schedule SE	14	0
15	Self-employed SEP, SIMPLE, and qualified plans	15	0
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	0
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	0
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	0

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2020

Attachment Sequence No. **09**

Name of proprietor: TERRY L WIKE

Social security number (SSN): [redacted]8348

A Principal business or profession, including product or service (see instructions): LEGAL SERVICES

B Enter code from instructions ▶ 5 4 1 1 9 0

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ 10120 W. FLAMINGO RD., STE 4-107

City, town or post office, state, and ZIP code: LAS VEGAS, NV, 89147

F Accounting method: (1) ☑ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . ☑ Yes ☐ No

H If you started or acquired this business during 2020, check here ▶ ☐

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . ☐ Yes ☑ No

J If "Yes," did you or will you file required Form(s) 1099? . ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	3,347
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	3,347
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	3,347
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7	**Gross income.** Add lines 5 and 6 ▶	7	3,347

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
14	Employee benefit programs (other than on line 19)	14		24	Travel and meals:		
				a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17		b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	0
29	Tentative profit or (loss). Subtract line 28 from line 7	29	3,347
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: 2401 and (b) the part of your home used for business: 300. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	1500
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	1,847

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11334P **Schedule C (Form 1040) 2020**

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

Part V Other Expenses.

List below business expenses not included on lines 8–26 or line 30.

Form **8888**

Department of the Treasury
Internal Revenue Service

Allocation of Refund (Including Savings Bond Purchases)

▶ Go to *www.irs.gov/Form8888* for the latest information.
▶ Attach to your income tax return.

OMB No. 1545-0074

2020

Attachment Sequence No. **56**

Name(s) shown on return: TERRY L WIKE

Your social security number: [redacted]348

Part I Direct Deposit

Complete this part if you want us to directly deposit a portion of your refund to one or more accounts.

1a	Amount to be deposited in first account (see instructions)	1a	2000
b	Routing number 1 2 2 4 0 0 7 2 4 ▶ c ☑ Checking ☐ Savings		
d	Account number [redacted] 8 5 2 2		
2a	Amount to be deposited in second account	2a	
b	Routing number ▶ c ☐ Checking ☐ Savings		
d	Account number		
3a	Amount to be deposited in third account	3a	
b	Routing number ▶ c ☐ Checking ☐ Savings		
d	Account number		

Part II U.S. Series I Savings Bond Purchases

Complete this part if you want to buy paper bonds with a portion of your refund.

CAUTION *If a name is entered on line 5c or 6c below, co-ownership will be assumed unless the beneficiary box is checked. See instructions for more details.*

4	Amount to be used for bond purchases for yourself (and your spouse, if filing jointly)	4	
5a	Amount to be used to buy bonds for yourself, your spouse, **or** someone else	5a	
b	Enter the owner's name (First then Last) for the bond registration		
c	If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ▶ ☐		
6a	Amount to be used to buy bonds for yourself, your spouse, **or** someone else	6a	
b	Enter the owner's name (First then Last) for the bond registration		
c	If you would like to add a co-owner or beneficiary, enter the name here (First then Last). If beneficiary, also check here ▶ ☐		

Part III Paper Check

Complete this part if you want a portion of your refund to be sent to you as a check.

7	Amount to be refunded by check	7	

Part IV Total Allocation of Refund

8	Add lines 1a, 2a, 3a, 4, 5a, 6a, and 7. The total must equal the refund amount shown on your tax return	8	2000

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

Cat. No. 21858A Form **8888** (2020)

State of Nevada
Department of Employment Training and Rehabilitation
Employment Security Division
500 East Third Street
Carson City, Nevada 89713-0045

Certain Government Payments 1099G

Claimant:
Terry Wike

Claimant ID:
0003001131

Terry L Wike
11120 Forever Sunset Ct
Las Vegas, NV 89135-7808

[] VOID [] CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. State of Nevada Department of Employment, Training and Rehabilitation Employment Security Division 500 E. THIRD ST CARSON CITY, NV 89713-0045 775-684-0444	1 Unemployment Compensation $ 16168.00	OMB No. 1545-0120 **2020** Form 1099-G	Certain Government Payments
	2 State or local income tax refunds, credits, or offsets $ 0.00		
PAYER'S federal identification no. 86-0862176 RECIPIENT'S identification no. [redacted]8348	3 Box 2 amount is for tax year	4 Federal income tax withheld $ 0.00	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.
RECIPIENT'S name Wike Terry L	5 RTAA payments $0.00	6 Taxable grants $ 0.00	
Street address (including apt. no.) 11120 FOREVER SUNSET CT	7 Agriculture payments $ 0.00	8 Check if box 2 is trade or business income [ ]	
City or town, state or provice, country, and zip or foreign postal code Las Vegas NV, 89135-7808	9 Market gain $ 0.00		
	10a State 10b State id no.	11 State income tax withheld $ 0.00	
Account number (see instructions)			

Form **1099-G** www.irs.gov/form1099g Department of the Treasury - Internal Revenue Service

[] VOID [] CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. State of Nevada Department of Employment, Training and Rehabilitation Employment Security Division 500 E. THIRD ST CARSON CITY, NV 89713-0045 775-684-0444	1 Unemployment Compensation $ 16168.00	OMB No. 1545-0120 **2020** Form 1099-G	Certain Government Payments
	2 State or local income tax refunds, credits, or offsets $ 0.00		
PAYER'S federal identification no. 86-0862176 RECIPIENT'S identification no. [redacted]8348	3 Box 2 amount is for tax year	4 Federal income tax withheld $ 0.00	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Wike Terry L	5 RTAA payments $0.00	6 Taxable grants $ 0.00	
Street address (including apt. no.) 11120 FOREVER SUNSET CT	7 Agriculture payments $ 0.00	8 Check if box 2 is trade or business income [ ]	
City or town, state or provice, country, and zip or foreign postal code Las Vegas NV, 89135-7808	9 Market gain $ 0.00		
	10a State 10b State id no.	11 State income tax withheld $ 0.00	
Account number (see instructions)			

Form **1099-G** www.irs.gov/form1099g Department of the Treasury - Internal Revenue Service

Report suspected UI Fraud online at https://uifraud.nvdetr.org

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2020** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status Check only one box. [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial	Last name	Your social security number
TERRY L	WIKE	[redacted]8348
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign
11120 FOREVER SUNSET CT		Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
LAS VEGAS	NV	89135

Foreign country name	Foreign province/state/county	Foreign postal code

[ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1956 [ ] Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

If more than four dependents, see instructions and check here ▶ [ ]

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1	0
2a	Tax-exempt interest	2a	0	b Taxable interest	2b	0
3a	Qualified dividends	3a	0	b Ordinary dividends	3b	0
4a	IRA distributions	4a		b Taxable amount	4b	0
5a	Pensions and annuities	5a		b Taxable amount	5b	0
6a	Social security benefits	6a		b Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]				7	0
8	Other income from Schedule 1, line 9				8	-22,556
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶				9	-22,556
10	Adjustments to income:					
a	From Schedule 1, line 22			10a	0	
b	Charitable contributions if you take the standard deduction. See instructions			10b	0	
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶				10c	0
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶				11	-22,556
12	**Standard deduction or itemized deductions** (from Schedule A)				12	12,400
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A				13	0
14	Add lines 12 and 13				14	12,400
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-				15	0

Attach Sch. B if required.

Standard Deduction for-
- Single or Married filing separately, $12,400
- Married filing jointly or Qualifying widow(er), $24,800
- Head of household, $18,650
- If you checked any box under *Standard Deduction*, see instructions.

KIA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form **1040** (2020)

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	0
17	Amount from Schedule 2, line 3		17	0
18	Add lines 16 and 17		18	0
19	Child tax credit or credit for other dependents		19	
20	Amount from Schedule 3, line 7		20	0
21	Add lines 19 and 20		21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10		23	0
24	Add lines 22 and 23. This is your total tax ▶		24	0
25	Federal income tax withheld from:			
a	Form(s) W-2	25a 0		
b	Form(s) 1099	25b 0		
c	Other forms (see instructions)	25c 0		
d	Add lines 25a through 25c		25d	0
26	2020 estimated tax payments and amount applied from 2019 return		26	0
27	Earned income credit (EIC) NO	27		
28	Additional child tax credit. Attach Schedule 8812	28		
29	American opportunity credit from Form 8863, line 8	29		
30	Recovery rebate credit. See instructions	30		
31	Amount from Schedule 3, line 13	31 0		
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶		32	0
33	Add lines 25d, 26, and 32. These are your total payments ▶		33	0

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	35a	
▶ b	Routing number XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number XXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want applied to your 2021 estimated tax ▶ 36		

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe now ▶ Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	0
38	Estimated tax penalty (see instructions) ▶ 38		

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ Yes. Complete below. ☒ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
	3/18/21	ATTORNEY	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. 702 630 2934 Email address twike@wikelaw.com

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name ▶			Phone no.	
Firm's address ▶			Firm's EIN ▶	

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: TERRY L WIKE

Your social security number: [redacted]3348

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	0
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	14,527
6	Farm income or (loss). Attach Schedule F	6	0
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ NOL	8	-37,083
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-22,556

Part II Adjustments to Income

10	Educator expenses	10	0
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	0
12	Health savings account deduction. Attach Form 8889	12	0
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	0
14	Deductible part of self-employment tax. Attach Schedule SE	14	0
15	Self-employed SEP, SIMPLE, and qualified plans	15	0
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	0
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	0
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	0

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

Schedule 1 (Form 1040) 2020

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

▶ Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment Sequence No. **13**

Name(s) shown on return: TERRY L WIKE

Your social security number: [redacted]3348

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . ☐ Yes ☐ No

B If "Yes," did you or will you file required Forms 1099? . . . . . ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A

B

C

1b	Type of Property (from list below)
A	
B	
C	

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A			☐
B			☐
C			☐

Type of Property:

1 Single Family Residence
2 Multi-Family Residence
3 Vacation/Short-Term Rental
4 Commercial
5 Land
6 Royalties
7 Self-Rental
8 Other (describe)

Income:		**Properties:** A	B	C
3 Rents received	3			
4 Royalties received	4	0	0	0
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	0	0	0
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	0	0	0
22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	( )	( )	( )

23a Total of all amounts reported on line 3 for all rental properties	23a	0
b Total of all amounts reported on line 4 for all royalty properties	23b	0
c Total of all amounts reported on line 12 for all properties	23c	0
d Total of all amounts reported on line 18 for all properties	23d	0
e Total of all amounts reported on line 20 for all properties	23e	0

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	0
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here.	25	(0)
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26	0

KIA **For Paperwork Reduction Act Notice, see the separate instructions.**

Schedule E (Form 1040) 2020

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

TERRY L WIKE

Your social security number [redacted]348

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section . . . . . ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	WIKE LAW GROUP INC	S		82-2358928		
B						
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					14,527
C					
D					
29a Totals		0			14,527
b Totals	0		0	0	

30	Add columns (h) and (k) of line 29a	30	14,527
31	Add columns (g), (i), and (j) of line 29b	31	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31.	32	14,527

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals		0		0
b Totals	0		0	

35	Add columns (d) and (f) of line 34a	35	0
36	Add columns (c) and (e) of line 34b	36	(0)
37	**Total estate and trust income or (loss).** Combine lines 35 and 36.	37	0

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
		0	0	0

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	0

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	0
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5 ▶	41	14,527
42	**Reconciliation of farming and fishing income.** Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	0

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2020

For calendar year 2020 or tax year beginning , ending

A S election effective date: 8/2/2017	Name: WIKE LAW GROUP INC	D Employer identification number: 82-2358928
B Business activity code number (see instructions): 541190	Number, street, and room or suite no. If a P.O. box, see instructions.: 10120 W. FLAMINGO RD STE 4-107	E Date incorporated: 8/2/2017
C Check if Sch. M-3 attached ☐	City or town: LAS VEGAS; State: NV; ZIP code: 89147	F Total assets (see instructions): $ 0
TYPE OR PRINT	Foreign country name; Foreign province/state/county; Foreign postal code	

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 1

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1a	37,783	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a			1c 37,783
	2	Cost of goods sold (attach Form 1125-A)			2
	3	Gross profit. Subtract line 2 from line 1c			3 37,783
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4
	5	Other income (loss) (see instructions—attach statement)			5
	6	**Total income (loss).** Add lines 3 through 5 ▶			6 37,783
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions — attach Form 1125-E)			7
	8	Salaries and wages (less employment credits)			8
	9	Repairs and maintenance			9 38
	10	Bad debts			10
	11	Rents			11 2,253
	12	Taxes and licenses			12 1,599
	13	Interest (see instructions)			13
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14
	15	Depletion **(Do not deduct oil and gas depletion.)**			15
	16	Advertising			16 762
	17	Pension, profit-sharing, etc., plans			17
	18	Employee benefit programs			18
	19	Other deductions (attach statement)			19 18,604
	20	**Total deductions.** Add lines 7 through 19 ▶			20 23,256
	21	**Ordinary business income (loss).** Subtract line 20 from line 6			21 14,527
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120-S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)			22c 0
	23a	2020 estimated tax payments and 2019 overpayment credited to 2020	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d	Reserved for future use	23d		
	e	Add lines 23a through 23d			23e 0
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			24
	25	**Amount owed.** If line 23e is smaller than the total of lines 22c and 24, enter amount owed			25 0
	26	**Overpayment.** If line 23e is larger than the total of lines 22c and 24, enter amount overpaid			26 0
	27	Enter amount from line 26: **Credited to 2021 estimated tax** ▶ **Refunded** ▶			27 0

Sign Here

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

▶ Signature of officer — Date 3/18/21 — ▶ PRESIDENT Title

May the IRS discuss this return with the preparer shown below? See instructions. ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	
City	State		ZIP code	

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Form **1120-S** (2020)

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: a [X] Cash b [ ] Accrual c [ ] Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ LEGAL SERVICES b Product or service ▶ LEGAL SERVICES		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
(i)	Total shares of restricted stock ▶		
(ii)	Total shares of non-restricted stock ▶		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
(i)	Total shares of stock outstanding at the end of the tax year ▶		
(ii)	Total shares of stock outstanding if all instruments were executed ▶		
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ [ ] If checked, the corporation may have to file **Form 8281**, Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions ▶ $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		
10	Does the corporation satisfy one or more of the following? See instructions		
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $26 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction ▶ $		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2020 that would require it to file Form(s) 1099?		X
b	If "Yes," did the corporation file or will it file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 ▶ $		

Schedule K Shareholders' Pro Rata Share Items

					Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)		1	14,527
	2	Net rental real estate income (loss) (attach Form 8825)		2	
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a		3c	0
	4	Interest income		4	
	5	Dividends: a Ordinary dividends		5a	
		b Qualified dividends	5b		
	6	Royalties		6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))		7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))		8a	
	b	Collectibles (28%) gain (loss)	8b		
	c	Unrecaptured section 1250 gain (attach statement)	8c		
	9	Net section 1231 gain (loss) (attach Form 4797)		9	
	10	Other income (loss) (see instructions) Type ▶		10	
Deductions	11	Section 179 deduction (attach Form 4562)		11	
	12a	Charitable contributions		12a	
	b	Investment interest expense		12b	
	c	Section 59(e)(2) expenditures Type ▶		12c	
	d	Other deductions (see instructions) Type ▶		12d	
Credits	13a	Low-income housing credit (section 42(j)(5))		13a	
	b	Low-income housing credit (other)		13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		13c	
	d	Other rental real estate credits (see instructions) Type ▶		13d	
	e	Other rental credits (see instructions) Type ▶		13e	
	f	Biofuel producer credit (attach Form 6478)		13f	
	g	Other credits (see instructions) Type ▶		13g	
Foreign Transactions	14a	Name of country or U.S. possession ▶			
	b	Gross income from all sources		14b	
	c	Gross income sourced at shareholder level		14c	
		Foreign gross income sourced at corporate level			
	d	Reserved for future use		14d	
	e	Foreign branch category		14e	
	f	Passive category		14f	
	g	General category		14g	
	h	Other (attach statement)		14h	
		Deductions allocated and apportioned at shareholder level			
	i	Interest expense		14i	
	j	Other		14j	
		Deductions allocated and apportioned at corporate level to foreign source income			
	k	Reserved for future use		14k	
	l	Foreign branch category		14l	
	m	Passive category		14m	
	n	General category		14n	
	o	Other (attach statement)		14o	
		Other information			
	p	Total foreign taxes (check one): ☐ Paid ☐ Accrued ▶		14p	
	q	Reduction in taxes available for credit (attach statement)		14q	
	r	Other foreign tax information (attach statement)			

Schedule K Shareholders' Pro Rata Share Items *(continued)*

				Total amount
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties—gross income	15d	
	e	Oil, gas, and geothermal properties—deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	
Other Information	17a	Investment income	17a	
	b	Investment expenses	17b	
	c	Dividend distributions paid from accumulated earnings and profits	17c	
	d	Other items and amounts (attach statement)		
Recon-ciliation	18	**Income (loss) reconciliation.** Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p	18	14,527

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts		0		0
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation		0		0
11a Depletable assets				
b Less accumulated depletion		0		0
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization		0		0
14 Other assets (attach statement)				
15 Total assets		0		0
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock				
27 Total liabilities and shareholders' equity		0		0

Schedule M-1 **Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books		
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		
a	Depreciation $		
b	Travel and entertainment $		0
4	Add lines 1 through 3		0
5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):		
a	Tax-exempt interest $		0
6	Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):		
a	Depreciation $		0
7	Add lines 5 and 6		0
8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4		0

Schedule M-2 **Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account** (see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year				
2	Ordinary income from page 1, line 21	14,527			
3	Other additions				
4	Loss from page 1, line 21				
5	Other reductions				
6	Combine lines 1 through 5	14,527	0	0	0
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6	14,527	0	0	0

671120

☐ Final K-1 ☐ Amended K-1 OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2020
For calendar year 2020, or tax year
beginning ____ ending ____

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
82-2358928

B Corporation's name, address, city, state, and ZIP code
WIKE LAW GROUP INC
10120 W. FLAMINGO RD STE 4-107
LAS VEGAS, NV 89147

C IRS Center where corporation filed return
e-file

Part II Information About the Shareholder

D Shareholder's identifying number Shareholder: 1
[redacted]3348

E Shareholder's name, address, city, state, and ZIP code
TERRY L WIKE
11120 FOREVER SUNSET CT
LAS VEGAS, NV 89135

F Current year allocation percentage . . . . . 100.000000 %

G Shareholder's number of shares
Beginning of tax year . . . . . .
End of tax year . . . . . .

H Loans from shareholder
Beginning of tax year . . . . . $
End of tax year . . . . . $

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 14,527	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17 V*	Other information See Attached Stmt

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S. www.irs.gov/Form1120S Schedule K-1 (Form 1120-S) 2020
HTA

TERRY L WIKE

[redacted]8348

K-1 Statement (Sch K-1, Form 1120S)

Line 17 - Other Information

Section 199A Information (Code V)

Income Items	Non-SSTB	SSTB
Ordinary Income	0	14,527

Line 19 (1120S) - Other Deductions

1	Automobile and truck expenses	1	3,523
2	Bank charges	2	505
3	Computer and internet expenses	3	2,443
4	Continuing education	4	358
5	Contract services	5	500
6	Insurance	6	5,676
7	Legal and professional fees	7	1,672
8	Office expenses	8	1,983
9	Postage	9	554
10	Telephone	10	1,410
11	Total other deductions	11	18,604

Line 17d, Sch K (1120S) - Other Items and Amounts

Section 199A Information

Income Items	Non-SSTB	SSTB
Ordinary Income	0	14,527

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EXHIBIT 3

Shellpoint
Mortgage Servicing

DO NOT SEND MAIL OR PAYMENTS TO THIS ADDRESS
P.O. Box 619063 • Dallas, TX 75261-9063

8-811-14295-0032267-004-1-100-010-000-000

TERRY L WIKE
10120 W FLAMINGO RD STE 4
LAS VEGAS NV 89147-8394

MORTGAGE STATEMENT

Statement Date: 03/18/2021

Account Number	[redacted]131
Next Due Date	04/01/2021
Amount Due	**$24,239.47**

If payment is received after 04/16/2021, $0.00 late fee may be assessed.

Phone: 866-316-4706
Website: www.shellpointmtg.com

Explanation of Amount Due

Principal	$1,046.67
Interest	$1,158.09
Escrow (Taxes and Insurance)	$404.16
Regular Monthly Payment	**$2,608.92**
Total Fees and Charges	$0.00
Overdue Payment	$21,630.55
Total Amount Due	**$24,239.47**

Account Information

Outstanding Principal	$255,258.80
Interest Rate	5.6250%
Prepayment Penalty	None
Property Address:	11120 FOREVER SUNSET COURT LAS VEGAS NV 89135
Contractual Due Date:	August 1, 2020
Current Escrow Balance:	-$2,064.73

Past Payments Breakdown

	Paid Last Month	Paid Year to Date
Principal	$0.00	$0.00
Interest	$0.00	$0.00
Escrow	$0.00	$0.00
Fees/Late Charges	$0.00	$0.00
Unapplied Partial Payment	$0.00	$38.46
Total	**$0.00**	**$38.46**

Transaction Activity (02/16/2021 - 03/17/2021)

Date	Description	Charges	Payments
2/16/2021	County Tax Bill 4	$792.61	$0.00

Important Messages

***Partial Payments:** Any partial payments that you make are not applied to your mortgage, but instead are held in a separate suspense account according to applicable state law. If you pay the balance of a partial payment, the funds will be applied to your mortgage.

Additional Messages

Affected by COVID-19? Assistance may be available. We offer relief options, such as a forbearance - a temporary suspension of payments and payment deferment. Visit our website www.shellpointmtg.com or call us at 866-825-2174 to see if you qualify.

For questions regarding the servicing of your loan, please contact us at 866-316-4706 Monday-Friday 8:00AM-10:00PM, and Saturday 8:00AM-3:00PM.

Repayment options may be available to you. **Call 866-316-4706** to discuss payment arrangements. Failure to act on this matter may result in us exercising our legal rights as permitted by the contract and applicable state laws.

Federal law requires us to tell you how we collect, share, and protect your personal information. Our Privacy Policy has not changed. You can review our policy and practices with respect to your personal information at www.shellpointmtg.com or request a copy to be mailed to you by calling us at 866-316-4706.

For information about your payments, total amount due, and

Delinquency Notice

You are late on your mortgage payments. Failure to bring your loan current may result in fees and foreclosure – the loss of your home. As of 03/18/2021, you are 229 days delinquent on your mortgage loan.

Recent Account History

- o Payment due 10/01/20: unpaid balance of $8,585.95
- o Payment due 11/01/20: unpaid balance of $2,608.92
- o Payment due 12/01/20: unpaid balance of $2,608.92
- o Payment due 01/01/21: unpaid balance of $2,608.92
- o Payment due 02/01/21: unpaid balance of $2,608.92
- o Payment due 03/01/21: unpaid balance of $2,608.92
- o Payment due 04/01/21: current payment due

o **Total: $24,239.47 due. You must pay this amount to bring your loan current.**

If You Are Experiencing Difficulty: Please refer to the back of this statement for additional messages about mortgage counseling and assistance.

EXHIBIT 4

United States Bankruptcy Court
District of Nevada

Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 7 of the United States Bankruptcy Code, entered on 04/19/2021 at 09:53 AM and filed on 04/19/2021.

TERRY LEE WIKE
11120 FOREVER SUNSET COURT
LAS VEGAS, NV 89135
SSN / ITIN: xxx-xx-8348
fdba **WIKE LAW GROUP**

The case was filed by the debtor's attorney:

KENNETH K. LIU
819 S. 6TH ST.
LAS VEGAS, NV 89101
(702) 385-0639

The bankruptcy trustee is:

LENARD E. SCHWARTZER
2850 S. JONES BLVD., #1
LAS VEGAS, NV 89146
(702) 307-2022

The case was assigned case number 21-11982-mkn to Judge MIKE K. NAKAGAWA.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page http://www.nvb.uscourts.gov or at the Clerk's Office, 300 Las Vegas Blvd., South, Las Vegas, NV 89101.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.

Mary A. Schott
Clerk, U.S. Bankruptcy Court

PACER Service Center			
Transaction Receipt			
04/19/2021 12:06:14			
PACER Login:	KL0739:2920065:0	Client Code:	
Description:	Notice of Filing	Search Criteria:	21-11982-mkn
Billable Pages:	1	Cost:	0.10

EXHIBIT 5

AFFIDAVIT OF BRAD MAINOR

STATE OF NEVADA)
)ss:
COUNTY OF CLARK)

I, BRADLEY S. MAINOR, being first duly sworn, under oath and penalties of perjury, deposes and states the following:

1. That I have been an attorney licensed to have been a practicing law in Nevada for approximately 20 years.

2. That I have known Terry L. Wike since I became an attorney, as we both practiced with the same law firm.

3. During the past 20 years, I have found Terry L. Wike to be a person of honesty and integrity, with an unwavering dedication to his clients' best interests.

4. It is with this knowledge that I did not hesitate when Mr. Wike asked me to become his mentor.

5. Since becoming Mr. Wike's mentor, I have been in constant communication with Mr. Wike.

6. When Mr. Wike was suspended, I continued to maintain constant communication with him, and to the best of my knowledge and belief, Mr. Wike has honored the terms of his suspension and has neither engaged in nor attempted to engage in the unauthorized practice of law.

7. It is with the knowledge, that I believe Mr. Wike possesses the honesty, integrity and competency to be reinstated to the practice of law, and thus, I support his reinstatement.

FURTHER affiant sayeth naught.

DATED this 12th day of April 2021.

Bradley S. Mainor

Subscribed and sworn to before me
this 12 day of April, 2021.

NOTARY PUBLIC

SAMANTHA WEATHERSBY
Notary Public-State of Nevada
Appointment No. 17-2880-1
My Appointment Expires June 13, 2021

EXHIBIT 6

TAMMI L. LITTLEMAN
99 Scorpios Island Street
Henderson, NV 89012
(702) 445-5555 /

April 8, 2021

State Bar of Nevada
3100 W. Charleston Blvd.
Las Vegas, NV 89102

RE: Terry L. Wike
Bar no. 7211

Dear Sir/Madam:

My name is Tammi Littleman and I have been a Paralegal in Las Vegas for approximately 25 years. I am writing this letter on behalf of Terry L. Wike. I was previously employed by Terry Wike on a part-time and full time basis since 2003. During those years, Terry Wike advocated in his clients best interests as their attorney. I have seen him dedicate time in assisting his clients anytime they called the office or need questions answered, he always made himself available. As a former employee, he always made certain that as staff that we worked with honesty and integrity in the clients best interests.

I have tremendous respect for Terry Wike and over the years, I have become friends with him and his family. He truly does like to work as an attorney despite my many efforts to convince him otherwise, he loves what he does as an attorney.

I believe that Terry Wike possess the qualities and abilities to resume the practice of law with honesty and integrity to the legal profession. If you have any further questions or concerns, please do not hesitate to contact me.

Sincerely,

Tammi Littleman

cc: Terry L Wike

EXHIBIT 7

JENNIFER LOVELL
Las Vegas, NV
Dogmom59@yahoo.com

April 15, 2021

State Bar of Nevada
3100 W. Charleston Blvd.
Las Vegas, NV 89102

RE: Terry L. Wike
Bar no. 7211

TO WHOM IT MAY CONCERN:

It is my pleasure to write this letter as my opinion regarding Mr. Terry Wike's honesty, integrity and character.

I have known Mr. Wike on a professional level since January 2003 (18 years) when I was hired as a legal assistant for his law firm. I have always found Mr. Wike to be very honest and of impeccable integrity and character and I believe his professionalism and work ethic to be of the highest quality.

I can unequivocally state that I would recommend my friends and family to Mr. Wike for professional services.

Thank you.

Sincerely,

Jennifer Lovell

cc: Terry L Wike

EXHIBIT 8

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : Liabilities Of Individuals For Their Business's Debts

Name of Instructor : Neil Ackerman, Esq.

Date Course Completed : 12/28/2020

Credits Earned : 1 General (Participatory)

Sku : BNK3300

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

For office Use Only

CERTIFIED CLE CREDIT
NATIONAL ACADEMY OF CONTINUING LEGAL EDUCATION

(NOT VALID WITHOUT STAMP)

By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit.
Retain this document for your records for 4 years from date of participation.

Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : Consumer Bankruptcy Exemptions in Chapter 7: Exempt it or Lose it

Name of Instructor : Marvin Wolf, Esq.

Date Course Completed : 12/27/2020

Credits Earned : 1.75 General (Participatory)

Sku : BNK3800

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

For Office Use Only

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Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : Bankruptcy 101: Chapter 7 and Chapter 13 Bankruptcy

Name of Instructor : Susan S. Blum, Esq.

Date Course Completed : 10/5/2020

Credits Earned : 2.5 General (Participatory)

Sku : BNK4400

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

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(NOT VALID WITHOUT STAMP)

Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : This Isn't Rocket Science! All You Need to Know About Filing a Chapter 7 Bankruptcy Petition

Name of Instructor : Augusta Massey, Esq.

Date Course Completed : 12/13/2020

Credits Earned : 1.25 General (Participatory)

Sku : BNK4900

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

For Office Use Only

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Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : Advanced Construction Law for Attorneys: Beyond the Basics

Name of Instructor : Michael F. McKenna, Esq.

Date Course Completed : 12/27/2020

Credits Earned : 1 General (Participatory)

Sku : CON3300

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

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NATIONAL ACADEMY OF CONTINUING LEGAL EDUCATION

(NOT VALID WITHOUT STAMP)

Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : Essentials of Corporations, Partnerships and LLC's

Name of Instructor : Various Speakers

Date Course Completed : 12/27/2020

Credits Earned : 1.25 General (Participatory)

Sku : COR2500

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

For Office Use Only

CERTIFIED CLE CREDIT
NATIONAL ACADEMY OF CONTINUING LEGAL EDUCATION

(NOT VALID WITHOUT STAMP)

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Retain this document for your records for 4 years from date of participation.

Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : Ethics Primer: Privileges, Confidentiality And Conflicts Of Interest

Name of Instructor : Raymond Nardo, Esq.

Date Course Completed : 12/28/2020

Credits Earned : 1 Ethics (Participatory)

Sku : ETH4100

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

For office use only

CERTIFIED CLE CREDIT
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Retain this document for your records for 4 years from date of participation.

Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : The Ethics Gameshow

Name of Instructor : Various Speakers

Date Course Completed : 12/28/2020

Credits Earned : 1 Ethics (Participatory)

Sku : ETH7300

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

For office Use Only

CERTIFIED CLE CREDIT
NATIONAL ACADEMY OF CONTINUING LEGAL EDUCATION

(NOT VALID WITHOUT STAMP)

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Retain this document for your records for 4 years from date of participation.

Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : Dying for a Laugh: Lessons Learned from Lawyers in Mental Illness and Substance Abuse

Name of Instructor : Brian Tagtmeier, Esq.

Date Course Completed : 10/5/2020

Credits Earned : 1 Substance Abuse/Competence Issues (Participatory)

Sku : SA700

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit.
Retain this document for your records for 4 years from date of participation.

For Office Use Only

CERTIFIED CLE CREDIT
NATIONAL ACADEMY OF CONTINUING LEGAL EDUCATION

(NOT VALID WITHOUT STAMP)

Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

NATIONAL ACADEMY
OF CONTINUING LEGAL EDUCATION

CALIFORNIA CONTINUING LEGAL EDUCATION

ATTORNEY AFFIRMATION

CALIFORNIA PROVIDER #11481

Title of Course : How to Win Big at Trial

Name of Instructor : Various Speakers

Date Course Completed : 12/28/2020

Credits Earned : 2.5 General (Participatory)

Sku : SKL4200

Format : Online Video

Attendee

Name : Terry Wike **Firm :** wike law offices

Address : 10120 West Flamingo Road Suite 4-107

City, State, Zip : Las Vegas, NV 89147

Phone Number : 702-630-2934 **Fax Number :**

Area of Practice :

Bar Number : 201289 **Birthday :**

For office use only

CERTIFIED CLE CREDIT
NATIONAL ACADEMY OF CONTINUING LEGAL EDUCATION

(NOT VALID WITHOUT STAMP)

By electronic signature below, I have certified that I have completed the above mentioned course and am entitled to claim CLE credit.
Retain this document for your records for 4 years from date of participation.

Terry Wike
Signature

483 Hempstead Avenue, West Hempstead, NY 11552
Telephone : 866.466.2253 Fax : 516.481.4172

EXHIBIT 1

MENTORING AGREEMENT

THIS MENTORING AGREEMENT (Agreement) is entered into among and between Terry L. Wike, Esq. (Respondent), the State Bar of Nevada (State Bar) and Bradley S. Mainor, Esq. (Mentor), pursuant to the Nevada Supreme Court Order of Suspension (Order) filed February 27, 2020.

1. **Purpose.** It is agreed by and between the parties that Mentor will serve as mentor during Respondent's probation to assist the Office of Bar Counsel in monitoring the conditions set forth in the Order.

2. **Duration.** The Agreement shall remain in effect from the date of execution through February 27, 2022, unless a new mentor is substituted for the remainder of the term.

3. **Duties of Respondent:**

   a. Respondent shall meet with Mentor at monthly to obtain mentorship and guidance and discuss his legal practice, to include his accounting practices, should Respondent settle and disburse a personal injury claim during the month; and

   b. Respondent shall submit quarterly reports to his Mentor regarding the status of his practice. Mentor shall sign the quarterly report indicating he met with Respondent. Respondent shall then submit the report to the Office of Bar Counsel Designee. Due dates of the reports are as follows:

Period: Due:

5/27/2020 thru 8/26/20 **Due August 31, 2020**

8/27/2020 thru 11/26/2020 **Due November 30, 2020**

11/27/2020 thru 2/26/2021 **Due March 3, 2021**

2/27/2021 thru 5/26/2021 **Due May 31, 2021**

5/27/2021 thru 8/26/2021 **Due August 31, 2021**

8/27/2021 thru 11/26/2021 **Due November 30, 2021**

11/27/2021 thru 2/26/2022 **Due March 3, 2022**

4. **Duties of Mentor.**

a. Mentor will meet with Respondent monthly to discuss his legal practice, to include his accounting practices, quarterly reports and to provide mentorship and guidance, should Respondent settle and disburse a personal injury claim during the month;

b. Mentor shall observe the rules of confidentiality in RPC 1.6 (Confidentiality of Information) with respect to Respondent's practice, cases, and clients, except that Mentor shall be entitled to reveal such information as is necessary to communicate with the Office of Bar Counsel under the terms of this Agreement;

c. Mentor shall sign the quarterly report indicating he met with Respondent; and

d. Mentor shall report directly to Office of Bar Counsel Designee whenever he identifies issues pertaining to Respondent's practice of

law that Mentor believes relevant to Respondent's compliance with the terms of this Agreement.

5. **Compliance.** Respondent's compliance with the conditions set forth herein shall be monitored by and through the Office of Bar Counsel Designee.

6. **Failure to Comply with Terms of Agreement.** If the Office of Bar Counsel determines that Respondent failed to comply with the terms of this Agreement, Bar Counsel shall proceed consistent with SCR 105.5(6).

7. **Confidentiality.** Pursuant to SCR 105.5(1)(b), all services provided by Mentor and any related documents and/or communication shall remain confidential, as provided for in SCR 121. Any information provided to Mentor and Office of Bar Counsel will be used solely to assess Respondent's compliance and progress and may be used in a hearing or briefing for that purpose, but will not be released to any other person.

Acknowledgment and Consent:

Respondent has read the terms and conditions of this Agreement and understands the Agreement in its entirety.

DATED this day of July 16th 2020.

By: _____
Terry L. Wike, Esq.
Nevada Bar No. 7211
Respondent

////

////

////

////

Approval of Mentor:

Mentor has read all of the terms and conditions of this Agreement and agrees to act as Mentor as described herein.

DATED this 16th day of July, 2020.

By: Bradley S. Mainor, Esq.
Nevada Bar No. 7434
Mentor

Approval of Bar Counsel:

Bar Counsel hereby approves of the Mentor to this Agreement and the terms and conditions herein.

DATED this ___ day of _____, 2020.

STATE BAR OF NEVADA

Daniel Hooge (Jul 17, 2020 10:56 PDT)

Daniel M. Hooge, Bar Counsel
Bar No. 10620

Executed Mentoring Agreement

Final Audit Report 2020-07-17

Created:	2020-07-17
By:	Louise Watson (louisew@nvbar.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAFQDGhQKAXJVsggiFkjfD46W9HNTaP3Gn

"Executed Mentoring Agreement" History

Document created by Louise Watson (louisew@nvbar.org)
2020-07-17 - 2:18:37 PM GMT- IP address: 72.193.7.8

Document emailed to Daniel Hooge (danh@nvbar.org) for signature
2020-07-17 - 2:19:33 PM GMT

Email viewed by Daniel Hooge (danh@nvbar.org)
2020-07-17 - 5:56:15 PM GMT- IP address: 72.202.33.46

Document e-signed by Daniel Hooge (danh@nvbar.org)
Signature Date: 2020-07-17 - 5:56:27 PM GMT - Time Source: server- IP address: 72.202.33.46

Signed document emailed to Daniel Hooge (danh@nvbar.org) and Louise Watson (louisew@nvbar.org)
2020-07-17 - 5:56:27 PM GMT

Adobe Sign

IN RE: DISCIPLINE OF
TERRY L. WIKE, ESQ.
NEVADA BAR NO.: 7211

Docket No.: 79305

RESPONDENT'S QUARTERLY REPORT

Respondent, Terry L. Wike, hereby submits his Quarterly Report in compliance with the Order of Suspension.

DATED this 2nd day of September, 2020.

s//Terry L. Wike
TERRY L. WIKE, ESQ.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing was served upon The State Bar of Nevada via email to LouiseW@nvbar.org, this 2nd day of September, 2020.

s// Terry L. Wike

MENTOR MEETING

I, Brad Mainor, met with Terry Wike in accordance with the mentoring agreement on 19th day of Aug, 2020. We discussed and reviewed his accounting practices.

Brad Mainor

Terry L. Wike

Matt Board

M ter Trust Activity

Report Date: 8/11/2020
Report Time: 11:19AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 08/11/2020
Client: 1244 - Barbara Lagao
Matter: 1240 - Lagao v. AAA

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
07/10/2020	$6,700.00	$0.00	Trust balance posted from AbacusLa	11020.00	No		Beginning Balance
07/20/2020	$0.00	$0.43	Check #1052	11020.00	No	1052	Medicare
07/20/2020	$0.00	$4,539.27	Settlement Check #1051	11020.00	No	1051	Barbara Lagao
07/20/2020	$0.00	$0.43	Settlement Balance Check #1054	11020.00	No	1054	Barbara Lagao
07/20/2020	$0.00	$2,159.87	Fees and Costs Check #1053	11020.00	No	1053	Wike Law Group
	$6,700.00	$6,700.00					
Balance:	$0.00						

Matter Billing Detail

Report Date: 8/11/2020
Report Time: 11:17AM
Page: 1 of 1
User ID: L WIKE

Wike Law

Date Range: 01/01/1900 to 08/11/2020
Client: 1244 - Barbara Lagao
Matter: 1240 - Lagao v. AAA

Date	Expense Code	Description	Debit	Credit	Billing Status	On Hold	Invoice Number	Check Number	Payee
	Balance Forward:		$0.00						
07/18/2020	HCT	Hard Costs Billed	$150.00		Billed		6		
07/20/2020	FEE	Fees Billed on Invoice #: 6	$2,009.87		Billed		6		
08/11/2020	HPD	Trust funds applied towards inv.: #6 Lagao		$150.00	Unbilled				
08/11/2020	FPD	Trust funds applied towards inv.: #6 Lagao		$2,009.87	Unbilled				
		Total:	$2,159.87	$2,159.87					
		Balance:	$0.00						

Total Fees Billed	$2,009.87
Total Fees Unbilled :	$0.00
Total Fees Received :	($2,009.87)
Total Soft Cost Billed :	$0.00
Total Soft Cost Unbilled :	$0.00
Total Soft Cost Received :	$0.00
Total Hard Cost Billed :	$150.00
Total Hard Cost Unbilled :	$0.00
Total Hard Cost Received :	($150.00)
Total Taxes Billed :	$0.00
Total Taxes Unbilled :	$0.00
Total Taxes Received :	$0.00
Total Late Charges Billed :	$0.00
Total Late Charges Unbilled:	$0.00
Total Late Charges Received :	$0.00
Trust Balance:	$0.00

DISBURSAL STATEMENT

RE: Barbara Lagao v. AAA (UM/UIM claim no. 1002-70-8033 - Date of Loss 06/01/2018)

TOTAL MONIES RECOVERED: $ 6,699.57

ATTORNEY FEES:
Law Offices of Terry L. Wike -
33 1/3% per Retainer Agreement reduced to 30%

$ 2,009.87

ATTORNEY COSTS PER FEE AGREEMENT (See Below) $ 150.00

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

	Amount
Secondary Medicare Recovery	$ .43
Total	$ .43

CLIENT RECOVERY: **$ 4,539.27**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

///

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions.

UNDERSTOOD, AGREED AND RECEIVED

1-20-20
DATE

Barbara Lagao
BARBARA LAGAO

P.O. Box 24523
Oakland, CA 94623-1523
Phone 888.335.2722
Fax 877.548.1610

WIKE LAW GROUP INC
10120 W FLAMINGO RD
STE 4-107
LAS VEGAS, NV 89147

Offer of Payment

Check No.: 0718093397		Insured: BARBARA LAGAO	
Claim No.: 1002-70-8033		Policy No.: NVSS208598707	
Exposure: (2) 1st Party Bodily Injury - BARBARA LAGAO - Underinsured Motorist Bodily Injury - Claim Cost - Injury			Adjuster: Preston Snow
Issue Date	Description of Payment	Amount	Acct No. / Amount Total
07/01/2020	Injury	$6,699.57	$6,699.57
Payee: Wike Law Group Inc & Barbara Lagao			
Invoice/EOB #:		Dates of Service:	
Comments:			
Payment Method: Check		Date of Loss: 06/01/2018	Loss Type: PersonalAuto

Policy issued by CSAA General Insurance Company

Please detach before presenting for payment

CSAA General Insurance Company
P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO.
0718093397

POLICY NO.:
NVSS208598707

Exactly Six thousand six hundred ninety nine and 57/100 Dollars**********

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
BARBARA LAGAO	06/01/2018	1002-70-8033	07/01/2020	***$6,699.57

Pay To The Order Of Wike Law Group Inc & Barbara Lagao

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group
AUTHORIZED SIGNATURE

⑈0718093397⑈ ⑆071923284⑆ [redacted]4432⑈

P.O. Box 24523
Oakland, CA 94623-1523
Phone 888.335.2722
Fax 877.548.1610

WIKE LAW GROUP INC
10120 W FLAMINGO RD
STE 4-107
LAS VEGAS, NV 89147

Offer of Payment

Check No.: 0718093398		Insured: BARBARA LAGAO		
Claim No.: 1002-70-8033		Policy No.: NVSS208598707		Adjuster: Preston Snow
Exposure: (2) 1st Party Bodily Injury - BARBARA LAGAO - Underinsured Motorist Bodily Injury - Claim Cost - Injury				
Issue Date	Description of Payment	Amount	Acct No.	Amount Total
07/01/2020	Injury	$0.43		$0.43
Payee: Medicare on behalf of Barbara Lagao				
Invoice/EOB #:		Dates of Service:		
Comments:				
Payment Method: Check		Date of Loss: 06/01/2018		Loss Type: PersonalAuto

Policy issued by CSAA General Insurance Company

Please detach before presenting for payment

CSAA General Insurance Company
P.O. Box 24523, Oakland, CA 94623-1523

BANK OF AMERICA

70-2328 / 719 IL

CHECK NO.
0718093398

POLICY NO.
NVSS208598707

Exactly Zero and 43/100 Dollars**********

INSURED	LOSS DATE	CLAIM NO.	DATE	AMOUNT
BARBARA LAGAO	06/01/2018	1002-70-8033	07/01/2020	***$0.43

Pay To The Order Of Medicare on behalf of Barbara Lagao

VOID IF NOT CASHED WITHIN 180 DAYS OF DATE OF ISSUE

CSAA Insurance Group
AUTHORIZED SIGNATURE

⑈0718093398⑈ ⑆071923284⑆ [redacted] 1432⑈

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1051

94-72/1224 NV
7975

July 20 2020

PAY TO THE ORDER OF Barbara Lagoo $4,539.27

Four Thousand Five Hundred Thirty-nine dollars and 27/100 DOLLARS

Lagoo vs AAA (uim claim)
DOL 6/12/2018
MEMO Settlement in full, per Court
Attorney fee Deborah Stalmet

AUTHORIZED SIGNATURE

⑈001051⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1051

WIKE LAW GROUP INC

1051

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1054

94-72/1224 NV
7976

July 20, 2020

PAY TO THE ORDER OF Barbara Lagao $0.43

Forty three cents and no/100 DOLLARS

MEMO Barbara Lagao Additional amount to client. DSL. 6/15/2018 Wire Check

AUTHORIZED SIGNATURE

⑈001054⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1054

Barbara Lagao .43
Additional amount to client

WIKE LAW GROUP INC

1054

The Law Offices of Terry L. Wike

11120 Forever Sunset Court
Las Vegas, Nevada 89135
(702) 630-2934
twike@wikelaw.com

June 20, 2020

MSRP
Medicare Contact Center Operations
PO Box 1270
Lawrence, KS 66044

RE:			
	Our client	:	Barbara Lagao
	Your insured	:	Barbara Lagao
	SSN	:	xxx-xx-0123
	Date of loss	:	June 1, 2018

Dear Sir/Madam:

Enclosed please find a check in the amount of $0.43 (check no. 1052) as full and final lien amount for Ms. Lagao in the above-entitled matter.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Tammi Littleman
Paralegal to
Terry L. Wike, Esq.

Enclosures as stated.

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1052

94-72/1224 NV
7976

July 20, 2020

PAY TO THE ORDER OF Medicare Secondary Payer Recovery $ .43

Forty-three cents and 00/100 DOLLARS

MEMO Barbara Lagas DOL: 6/1/2018
Medicare Claim 7RR4-C74 SSN# xxx-xx-0123
DOB - 2-3-47

AUTHORIZED SIGNATURE

⑈001052⑈ ⑆122400724⑆ [redacted] 5349⑈

WIKE LAW GROUP INC

1052

WIKE LAW GROUP INC

1052

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1053

94-72/1224 NV
7976

July 20, 2020

PAY TO THE ORDER OF Wike Law Group $2,159.87

Two Thousand One Hundred Fifty-nine dollars and 87/100 DOLLARS

MEMO Barbara Lopez Full and Final PI Settlement
DOL-6/13/2018 - Lien Claim
Attorney's Fee 30% - 2,159.87 and costs 150.00

AUTHORIZED SIGNATURE

⑈001053⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1053

WIKE LAW GROUP INC

1053

IN THE SUPREME COURT OF THE STATE OF NEVADA

IN RE: DISCIPLINE OF TERRY L. WIKE, ESQ. NEVADA BAR NO.: 7211	Docket No.: 79305

RESPONDENT'S QUARTERLY REPORT

Respondent, Terry L. Wike, hereby submits his Quarterly Report in compliance with the Order of Suspension.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing was served upon The State Bar of Nevada via email to LouiseW@nvbar.org, this 4th day of November, 2020.

s// Terry L. Wike

MENTOR MEETING

I, Brad Mainor, met with Terry Wike in accordance with the mentoring agreement on 21 day of October, 2020. We discussed and review his accounting practices.

Brad Mainor

Terry L. Wike

Checkbook Register

Wike Law

Dates Included : 01/01/1900 to 11/04/2020
Checkbook Account Number: 11020.00
Checkbook Account Name: Cash - Trust Account I

Date	Check No. / Transaction	Payee	Description	Deposits Debit (+)	Withdrawals Credit (-)	Journal Number	Entry Type	Running Balance
01/01/1900			Opening Balance			0		$0.00
07/10/2020	TR Deposit	Trust balance posted from AbacusLa	Trust balance posted from AbacusLaw	$6,700.00		1	Rcpt	$6,700.00
07/20/2020	1052	Medicare	Check #1052		$0.43	1	Disb	$6,699.57
07/20/2020	1051	Barbara Lagao	Settlement Check #1051		$4,539.27	2	Disb	$2,160.30
07/20/2020	1054	Barbara Lagao	Settlement Balance Check #1054		$0.43	3	Disb	$2,159.87
07/20/2020	1053	Wike Law Group	Fees and Costs Check #1053		$2,159.87	4	Disb	$0.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	$8,000.00		5	Rcpt	$8,000.00
09/09/2020	1042	CraigRd Clinic	Wendy Morales Treatment		$1,468.50	5	Disb	$6,531.50
09/09/2020	1043	Wendy Morales	Settlement Payment to Client		$4,141.50	6	Disb	$2,390.00
09/09/2020	1055	Wike Law Group	Fees and Costs of $150		$2,390.00	7	Disb	$0.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	$850.00		16	Rcpt	$850.00
09/09/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/9/2020	$850.00		17	Rcpt	$1,700.00
09/15/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/15/2020	$6,570.62		12	Rcpt	$8,270.62
09/15/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/15/2020	$9,127.01		13	Rcpt	$17,397.63
09/15/2020	1058	Wike Law Group	V. Cruz Atty fees 188 costs 150		$338.00	31	Disb	$17,059.63
09/15/2020	1060	Wike Law Group	D. Cruz Atty fees 188 costs 150		$338.00	32	Disb	$16,721.63
09/17/2020	1056	Complete Care Injury Center	V. Cruz Treatment c/o Wendy Morales		$122.00	30	Disb	$16,599.63
09/18/2020	0	Deposit Posted from Trust	Deposit posted from Trust on 9/18/2020	$11,142.00		11	Rcpt	$27,741.63
09/18/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/18/2020	$21,500.00		14	Rcpt	$49,241.63
09/21/2020	1067	Scott Trae Judd	Scott Judd Settlement Disbursement		$10,031.10	22	Disb	$39,210.53
09/21/2020	1069	Wike Law Group	Scott Judd atty fees 3542.52 costs 150.00		$3,692.52	24	Disb	$35,518.01
09/21/2020	1062	Lauren Davis	Lauren Davis Settlement Disbursement		$17,074.59	25	Disb	$18,443.42
09/21/2020	1066	Wike Law Group	Lauren Davis Atty Fees 6125.40 Costs 150.00		$6,275.40	29	Disb	$12,168.02
09/22/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 9/22/2020	$25,000.00		10	Rcpt	$37,168.02
09/24/2020	1068	Tropican West Chiropractic	Scott Judd Treatment		$3,989.00	23	Disb	$33,179.02
09/25/2020	1063	Medical Associates of Southern NV	Lauren Davis Medical Treatment		$851.02	26	Disb	$32,328.00
09/28/2020	1064	Advantage Diagnostic Imaging Cent	Lauren Davis Medical Treatment		$1,700.00	27	Disb	$30,628.00
09/28/2020	1065	NBC Operations, LLC	Lauren Davis Medical Treatment		$4,726.00	28	Disb	$25,902.00
09/29/2020	1070	Ashley Bensko	Bensko Settlement Disbursement		$16,517.50	20	Disb	$9,384.50
09/30/2020	1071	Wike Law Group	Bensko Fees 8332.50 costs 150.00		$8,482.50	21	Disb	$902.00
10/07/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 10/7/2020	$5,250.00		7	Rcpt	$6,152.00
10/07/2020	1072	Patricia Davis	Hartford Settlement		$2,766.00	8	Disb	$3,386.00
10/07/2020	1072	Patricia Davis	Voided Check Number: 1072	$2,766.00		1	Gen	$6,152.00
10/07/2020	1075	Wike Law Group	Patricia Davis Re: Atty fees 787.50 & Costs 150.0		$937.50	11	Disb	$5,214.50
10/07/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 10/7/2020	$5,000.00		8	Rcpt	$10,214.50

Checkbook Register

Wike Law

Date	Check No. / Transaction	Payee	Description	Deposits Debit (+)	Withdrawals Credit (-)	Journal Number	Entry Type	Running Balance
10/07/2020	1076	Lauren Davis	Hartford Settlement Disbursement		$2,070.50	12	Disb	$8,144.00
10/07/2020	1077	NBC Operations, LLC	Lauren Davis Treatment Paid in Full		$1,113.00	13	Disb	$7,031.00
10/07/2020	1078	Wike Law Group	L. Davis Re: Atty fees 1666.50 & costs 150.00		$1,816.50	14	Disb	$5,214.50
10/08/2020	1073	Patricia Davis	Hartford Settlement Disbursement		$2,766.00	9	Disb	$2,448.50
10/08/2020	1074	NBC Operations, LLC	Patricia Davis Medical Treatment		$1,546.50	10	Disb	$902.00
10/13/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 10/13/2020	$4,000.00		9	Rcpt	$4,902.00
10/14/2020	1079	Jeanne Saldanha	Settlement Disbursal to client		$1,471.80	16	Disb	$3,430.20
10/14/2020	1080	NBC Operations, LLC	Jeanne Saldanha treatment paid in full		$1,065.00	17	Disb	$2,365.20
10/14/2020	1081	Wike Law Group	Saldanha Atty fee 1313.20 & Costs 150.00		$1,463.20	18	Disb	$902.00
10/14/2020	1080	NBC Operations, LLC	Voided Check Number: 1080	$1,065.00		2	Gen	$1,967.00
10/14/2020	1082	NBC Operations, LLC	Jeanne Saldanha treatment paid in full		$1,065.00	19	Disb	$902.00
10/20/2020	TR Deposit	Deposit Posted from Trust	Deposit posted from Trust on 10/20/2020	$7,500.00		18	Rcpt	$8,402.00
10/22/2020	1044	Wike Law Group	T. Littleman Atty fees 1725 Costs 150		$1,875.00	33	Disb	$6,527.00
10/22/2020	1045	Estate of Terry Littleman	Estate of T. Littleman disbursement		$1,410.75	34	Disb	$5,116.25
10/22/2020	1046	AFC Physical	T. Littleman Treatment		$951.00	35	Disb	$4,165.25
10/22/2020	1047	Iron Wood Chiropractic	T. Littleman Treatment		$3,263.25	36	Disb	$902.00
			Totals:	**$115,320.63**	**$114,418.63**		**Ending Balance:**	**$902.00**

Matter Trust Activity

Report Date: 10/15/2020
Report Time: 9:45AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/30/2020
Client: 20200219 - Ashley Bensko
Matter: 1243 - Bensco v. Donald and Courtney Grayson

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/22/2020	$25,000.00	$0.00	Ashley Bensko Allstate Settlement	11020.00	No		Trust Deposit
09/29/2020	$0.00	$16,517.50	Bensko Settlement Disbursement	11020.00	No	1070	Ashley Bensko
09/30/2020	$0.00	$8,482.50	Bensko Fees 8332.50 costs 150.00	11020.00	No	1071	Wike Law Group
	$25,000.00	$25,000.00					
Balance:	**$0.00**						

Allstate Insurance Company - Claims Payment Processing
P.O. Box 650048 , Dallas, TX 75265 , United States

Allstate.
You're in good hands.

WIKE LAW GROUP
10120 W FLAMINGO RD SUITE4-107
LAS VEGAS NV 89147

09/15/2020

WIKE LAW GROUP,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF $25,000.00 FOR YOUR FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 12/28/2018.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0532078607
DATE OF LOSS: 12/28/2018
INSURED: COURTNEE P GRAYSON

In payment for Bodily Injury Liability for Date of Loss 12/28/2018.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
1-800-255-7828

B-2055SW

0000020200915004634ZCT02001001004938

INSURED: COURTNEE P GRAYSON
CLAIMANT: ASHLEY BENSKO
IN PAYMENT OF: FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 12/28/2018.

PAY: TWENTY-FIVE THOUSAND DOLLARS AND ZERO CENTS

CLAIM NUMBER	
0532078607	
TAX ID	EMPLOYEE ID
	HM8W
Bank of America NA Atlanta,Dekalb Cty,Georgia	Bank of America Customer Connection

105987082

64-1278
611

Allstate

$ 25,000.00

TO THE ORDER OF
ASHLEY BENSKO AND WIKE LAW GROUP
6258 ISLAND PALM AVE
LAS VEGAS NV 89118-1960

INVOICE NUMBER	MCO	DATE ISSUED
	1970	09/15/2020

COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE

Soren K. Gupta
Samuel B Bick

AUTHORIZED SIGNATURES

⑈105987082⑈ ⑆061112788⑆ [redacted] 956 2⑈

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Tran 00049 09/22/2020 11:11
Entity NAV CC 33602577 Tlr 00005
Account: 000000005349
R/TN 5400880133
Deposit $25,000.00

Member FDIC
93-14-2003B 03-2019

IntRef 3937CXF25HAF9CV01C2V63W

Wells Fargo Bank
Transaction Receipt

Branch #0000154 27 Deposit

Account Number XXXXXX9291
CHK 00746
Number of Checks 1
Check Listing
$16,517.50

Total Checks Amount $16,517.50
Total Deposit $16,517.50

Deposit Availability
$400.00 of your deposit is
included in your available balance.

$16,117.50 will be available on
Wednesday, 09/30/20

Transaction # 095 0105
02:45PM 09/29/20
Deposit Credit Date: 09/29/20

Bensko Deposits

Thank you, RENEE

DISBURSAL STATEMENT

RE: ASHLEY BENSKO

TOTAL MONIES RECOVERED: (Allstate $25,000.00)		**$25,000.00**
ATTORNEY FEES: 33 1/3% per Retainer Agreement	$8,332.50	
ATTORNEY COSTS PER FEE AGREEMENT (See Below)	$150.00	
Total Attorney Fees & Costs		**$8,482.50**
CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS		
None		
CLIENT RECOVERY:		**$16,517.50**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. _____ (Initial)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. _____ (Initial)

UNDERSTOOD, AGREED AND RECEIVED

9/29/2020
DATE

ASHLEY BENSKO

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1070

94-72/1224 NV
7976

9/29/2020

PAY TO THE ORDER OF Ashley Bensko $ 16,517 50/XX

Sixteen thousand five hundred seventeen and 50/100 DOLLARS

Photo Safe Deposit®

MEMO Bensko Disbursement

AUTHORIZED SIGNATURE

Details on Back.

⑈001070⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1070

Bensko Disbursement $16,517 50/XX

WIKE LAW GROUP INC

1070

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1071

94-72/1224 NV
7978

9/29/2020

PAY TO THE ORDER OF Wike Law Group $ 8,482 50/XX

Eight thousand four hundred eighty-two and 50/100 DOLLARS

Photo Safe Deposit®

MEMO Atty Fees $8,332.50
costs 150.00

AUTHORIZED SIGNATURE

Details on Back.

⑈001071⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1071

Bensko Fees + Costs
Fees $8,332.50
Costs 150.00
$8,482.50 – check

Posted 9/30/20

WIKE LAW GROUP INC

1071

Matter Trust Activity

Report Date: 10/15/2020
Report Time: 10:36AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/15/2020
Client: 20200226 - Scott Trae Judd
Matter: 1255 - Judd, Scott Trae

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/15/2020	$6,570.62	$0.00	Scott Trae Judd Allstate Settlement C	11020.00	No		Trust Deposit
09/18/2020	$11,142.00	$0.00	Scott Trae Judd Stat Farm Settlement	11020.00	No		Trust Deposit
09/21/2020	$0.00	$10,031.10	Scott Judd Settlement Disbursement	11020.00	No	1067	Scott Trae Judd
09/21/2020	$0.00	$3,692.52	Scott Judd atty fees 3542.52 costs 15	11020.00	No	1069	Wike Law Group
09/24/2020	$0.00	$3,989.00	Scott Judd Treatment	11020.00	No	1068	Tropican West Chiropractic
	$17,712.62	$17,712.62					
Balance:	$0.00						

5

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Tran 00107 09/18/2020 13:38
Entity MRV CC 3360257 Tlr 00003
Account_ ********5349
R/T# 540880133
Deposit $32,642.00

IntRef 3937CXF25NQF9CV090C8V79

Member FDIC
95-14-2005B 03-2019

28-7566-R31
02-02-2019
1423-560-28
COLLINS, JENNIFER D & RYAN

REMARKS BI settlement for Scott T. Judd. Enclosures: Payment Ltr.

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
BODILY INJURY LIABILITY	JUDD, SCOTT	11,142.00

RETAIN STUB FOR RECORDS

Statefarm STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
AUTO INJURY
INJ E1 OFFICE BU PAGECNTO P26
JPMORGAN CHASE BANK, NA 56-1544/541
COLUMBUS, OH
1 24 069854 J

CLAIM NO: 28-7566-R31
LOSS DATE: 02-02-2019
INSURED: COLLINS, JENNIFER D & RYAN
DATE MM DD YYYY: 09-17-2020

EXACTLY ELEVEN THOUSAND ONE HUNDRED FORTY-TWO AND 00/100 DOLLARS $*11,142.00

Pay to the Order of: WIKE LAW GROUP & SCOTT TRAE JUDD

AUTHORIZED SIGNATURE
AUTHORIZED SIGNATURE

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

EEN DROPOUT APPEARS ON FACE OF DOCUMENT

VOID IF GREEN ON OPEN BACKGROUND IS SEEN

⑈ 241706985 4⑈ ⑆044115443⑆ [redacted] 2637⑈

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time on Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Tran 00063 09/15/2020 12:17
Entity NNV CC 3360257 Tlr 00003
Account ********5349
R/TN 540880133
Deposit $15,697.63

IntRef 3937CXF25H4F9CCF8T3XVT5

Member FDIC
95-14-2005B 03-2019

Allstate.
...e in good hands.

09/09/2020

WIKE LAW GROUP,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF $6,570.62 FOR YOUR FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0533669529
DATE OF LOSS: 02/02/2019
INSURED: TRAVIS OGBURN

In payment for Bodily Injury Liability for Date of Loss 2/2/2019.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
1-800-255-7828

3-2055S19

0000020200909003607ZCT02001001003800

VOID VOID VOID VOID VOID VOID

INSURED: TRAVIS OGBURN
CLAIMANT: SCOTT "TRAE" T JUDD
IN PAYMENT OF FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

CLAIM NUMBER		119038183
0533669529		
TAX ID	EMPLOYER ID	
	HMR6	
Bank of America NA Atlanta Dekalb City, Georgia	Bank of America Customer Connection	64-1278 / 611

PAY: SIX THOUSAND FIVE HUNDRED SEVENTY DOLLARS AND SIXTY-TWO CENTS

Allstate

$ 6,570.62

TO THE ORDER OF SCOTT "TRAE" T. JUDD AND WIKE LAW GROUP
11008 MOUNT ROYAL AVE
LAS VEGAS NV 89144-4483

INVOICE NUMBER	MCO	DATE ISSUED
	2580	09/09/2020

COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

VOID IF NOT PRESENTED WITHIN THREE HUNDRED SIXTY-FIVE DAYS OF DATE OF ISSUE

Amen K. Gupta
Samuel D Reid

AUTHORIZED SIGNATURES

⑈119038183⑈ ⑆061112788⑆ [redacted]956 2⑈

DISBURSAL STATEMENT

RE: SCOTT "TRAE" JUDD

TOTAL MONIES RECOVERED: **$17,712.62**
(State Farm $11,142.00 and Allstate $6,570.62)

ATTORNEY FEES:
Law Offices of Terry L. Wike -
33 1/3% per Retainer Agreement reduced to 20%

$3,542.52

ATTORNEY COSTS PER FEE AGREEMENT (See Below) $150.00

Total Attorney Fees & Costs **$3,692.52**

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

	Amount	Reduced Amount
Tropicana West Chiropractic	$7,978.00	$3,989.00
Total Medical Expenses	$7,978.00	**$3,989.00**

CLIENT RECOVERY: **$10,031.10**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions.

UNDERSTOOD, AGREED AND RECEIVED

9-16-2020
DATE

Trae Judd
SCOTT "TRAE" JUDD

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1069

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Wike Law Group $ 3,692 52/xx

Three thousand six hundred ninety two and 52/100 DOLLARS

Photo Safe Deposit®

MEMO Re: Scott Trae Judd
~~Sett~~ Fees $3542.52
costs $ 150.00

AUTHORIZED SIGNATURE

Details on Back.

⑈001069⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1069

Fees $3542.52
costs 150.00
3692.52

Posted 9/21/20

WIKE LAW GROUP INC

1069

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1067

94-72/1224 NV
7978

9/21/2020

PAY TO THE ORDER OF Scott Trae Judd $ 10,031.10

Tenthousand thirtyone and 10/100 DOLLARS

Photo Safe Deposit®

MEMO Settlement

AUTHORIZED SIGNATURE

Details on Back.

⑈001067⑈ ⑆122400724⑆ [redacted] 5349⑈

WIKE LAW GROUP INC

1067

Trae Judd Settlement Check $10,031.10

Posted 9/21/20

WIKE LAW GROUP INC

1067

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1068

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Tropicana West Chiropractic $ 3989 00/xx

Three thousand nine hundred eighty nine and no/100 DOLLARS

MEMO Re: Scott True Judd
Full & Final Payment

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001068⑈ ⑆122400724⑆ [redacted] 5349⑈

WIKE LAW GROUP INC 1068

Re: Scott True Judd $ 3989 00/xx

Posted 9/24/20

WIKE LAW GROUP INC 1068

Matter Trust Activity

Report Date: 10/15/2020
Report Time: 11:18AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/01/2020
Client: 20200223 - Lauren Davis
Matter: 1248 - Davis, Lauren

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/15/2020	$9,127.01	$0.00	Lauren Davis Allstate Settlement Che	11020.00	No		Trust Deposit
09/18/2020	$21,500.00	$0.00	Lauren Davis State Farm Settlement C	11020.00	No		Trust Deposit
09/21/2020	$0.00	$17,074.59	Lauren Davis Settlement Disbursemer	11020.00	No	1062	Lauren Davis
09/21/2020	$0.00	$6,275.40	Lauren Davis Atty Fees 6125.40 Cost	11020.00	No	1066	Wike Law Group
09/25/2020	$0.00	$851.02	Lauren Davis Medical Treatment	11020.00	No	1063	Medical Associates of Southern NV
09/28/2020	$0.00	$1,700.00	Lauren Davis Medical Treatment	11020.00	No	1064	Advantage Diagnostic Imaging Center
09/28/2020	$0.00	$4,726.00	Lauren Davis Medical Treatment	11020.00	No	1065	NBC Operations, LLC
	$30,627.01	$30,627.01					
Balance:	**$0.00**						

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

28-7566-R31
02-02-2019
1423-560-28
COLLINS, JENNIFER D & RYAN

Tran 00107 09/18/2020 13:38
Entity MAV CC 3360257 Tlr 00003
Account ******5349
R/T# 540880133
Deposit $32,642.00

IntRef 3937CXF25MYF9CV090C8V79

Member FDIC
95-14-2005B 03-2019

REMARKS BI settlement for Lauren Davis. Enclosures: Payment Letter.

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
BODILY INJURY LIABILITY	DAVIS, LAUREN	21,500.00

RETAIN STUB FOR RECORDS

Statefarm STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
AUTO INJURY
INJ E1 OFFICE DU PAGECNTO P26
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 24 069847 J

CLAIM NO: 28-7566-R31
LOSS DATE: 02-02-2019
INSURED: COLLINS, JENNIFER D & RYAN
DATE MM DD YYYY: 09-14-2020

*******EXACTLY TWENTY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS $****21,500.00

Pay to the Order of: WIKE LAW GROUP & LAUREN DAVIS

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

SEEN DROPOUT APPEARS ON FACE OF DOCUMENT

VOID IF GREEN COLORED BACKGROUND IS PRESENT

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈ 241706984 7⑈ ⑆044115443⑆ [redacted] 2637⑈

BANK OF AMERICA

Customer Receipt

All items are credited subject to verification, collection, and conditions of the Rules and Regulations of this Bank and as otherwise provided by law. Payments are accepted when credit is applied to outstanding balances and not upon issuance of this receipt. Transactions received after the Bank's posted cut-off time or Saturday, Sunday, and Bank Holidays, are dated and considered received as of the next business day.

Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

Trsn 00063 09/15/2020 12:17
Entity NAV CC 3360257 Tlr 00003
Account ##########5349
R/T# 540880133
Deposit $15,697.63

Member FDIC
95-14-2005B 03-2019

IntRef 3937CXF25HRF9CCF8T3XVT5

llstate.
u're in good hands.

09/09/2020

WIKE LAW GROUP,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF $9,127.01 FOR YOUR FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0533669529
DATE OF LOSS: 02/02/2019
INSURED: TRAVIS OGBURN

In payment for Bodily Injury Liability for Date of Loss 2/2/2019.

ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
1-800-255-7828

3-2055SW 0000020200909003646ZCT02001001003840

INSURED: TRAVIS OGBURN
CLAIMANT: LAUREN DAVIS
IN PAYMENT OF: FULL AND FINAL SETTLEMENT OF ANY AND ALL CLAIMS FOR BODILY INJURY ARISING FROM LOSS OF 2/2/2019.

CLAIM NUMBER		119038223
0533669529		
TAX ID	EMPLOYEE ID	
	HMR6	64-1278
Bank of America NA Atlanta Dekalb Cty, Georgia	Bank of America Customer Connection	611

PAY: NINE THOUSAND ONE HUNDRED TWENTY SEVEN DOLLARS AND ONE CENTS

$ 9,127.01

Allstate

INVOICE NUMBER	MCO	DATE ISSUED
	2580	09/09/2020

COMPANY: ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

TO THE ORDER OF
LAUREN DAVIS AND WIKE LAW GROUP
1141 ALLERTON PARK DR. #410
LAS VEGAS NV 89135

VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE

Lauren K. Gupta
Samuel D Pilch

AUTHORIZED SIGNATURES

⑈119038223⑈ ⑆061112788⑆ [redacted] 9562⑈

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 260
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1062

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Lauren Davis $ 17,074 59/xx

Seventeen thousand seventy four and 59/100 DOLLARS

Photo Safe Deposit®

MEMO Settlemt check to Lauren Davis

AUTHORIZED SIGNATURE

Details on Back.

⑈001062⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1062

Lauren Davis $17,074.59

Posted 9/21/20

WIKE LAW GROUP INC 1062

usbank

Member FDIC

Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any other agreements governing use of your account, as amended from time to time. All items accepted for deposit are subject to later count and verification.

Want this receipt via email/text?
Enroll in eReceipts through Online Banking or with a Banker!

usbank.com

00057 07113 0007 09/21/2020 01:43 USB
DEPOSIT H
**********5747

HC 20133 (4/16) 90048472

$17,074.59

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1063

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Medical Associates of Southern NV $ 851 02/xx

Eight hundred fifty one and 02/100 DOLLARS

Photo Safe Deposit®

MEMO Medical Treatment Lauren Davis
Full + Final Payment

AUTHORIZED SIGNATURE

Details on Back.

⑈001063⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1063

Treatment Lauren Davis $851 02/xx
Full + Final Payment

Posted 9/25/20

WIKE LAW GROUP INC 1063

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1064

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Advantage Diagnostic Imaging Center $ 1,700 00/xx

One thousand seven hundred and no/100 DOLLARS

Photo Safe Deposit®

Details on Back.

MEMO Medical Treatment Lauren Davis
Full + Final Payment

AUTHORIZED SIGNATURE

⑈001064⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1064

Advantage Diagnostic Imaging Center $1,700.00
Re: Lauren Davis

Posted 9/28/20

WIKE LAW GROUP INC

1064

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1065

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Neck & Back Clinic $ 4,726 00/100

Four thousand seven hundred twenty six and 00/100 DOLLARS

Photo Safe Deposit®

Details on Back.

MEMO Re: Lauren Davis
Full + Final Payment

AUTHORIZED SIGNATURE

⑈001065⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1065

Neck & Back Clinic $4726.00

Posted 9/28/20

WIKE LAW GROUP INC 1065

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1066

94-72/1224 NV
7976

9/21/2020

PAY TO THE ORDER OF Wike Law Group $ 6,275 NO/~~XX~~

Six thousand two hundred seventy five and NO/100 DOLLARS

Photo Safe Deposit®

MEMO Re: Lauren Davis
Fees - $6125.40
Costs $150.00

AUTHORIZED SIGNATURE

Details on Back.

⑈001066⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1066

Re: Lauren Davis
Fees $6125.40
Costs $150.00

Posted 9/21/20

WIKE LAW GROUP INC 1066

Matter Trust Activity

Report Date: 10/14/2020
Report Time: 10:07AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/14/2020
Client: 20200225 - Jeanne Saldanha
Matter: 1250 - Sadanha, Jeanne v. Latona Blackburn

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/13/2020	$4,000.00	$0.00	Hartford Settlement Check received &	11020.00	No		Trust Deposit
10/14/2020	$0.00	$1,471.80	Settlement Disbursal to client	11020.00	No	1079	Jeanne Saldanha
10/14/2020	$0.00	$1,065.00	Jeanne Saldanha treatment paid in fu	11020.00	No	1080	NBC Operations, LLC
10/14/2020	$0.00	$1,463.20	Saldanha Atty fee 1313.20 & Costs 1	11020.00	No	1081	Wike Law Group
10/14/2020	$1,065.00	$0.00	Adjustment for Voided Check #: 108	11020.00	No	1080	NBC Operations, LLC
10/14/2020	$0.00	$1,065.00	Jeanne Saldanha treatment paid in fu	11020.00	No	1082	NBC Operations, LLC
	$5,065.00	$5,065.00					
Balance:	$0.00						

THE HARTFORD

Western Auto Center
P.O. Box 14266
Lexington KY 40512-4226
8008114832 x2307708

MB 01 000859 91926 B 4 A

Wilke Law Group Inc
10120 W. Flamingo Road, Suite 4-107
Las Vegas NV 89147-8392

Attention: This remittance incorporates 1 claim payments

Total Check Amount: $4,000.00
Check Number: 114507169 4

Special Handling ID: 99
Payment 1 of 1

Explanation of Benefits

Invoice Number	Claim Number/ Date of loss	Insured Name/ Claimant Name	Amount Paid
	Y2RAL 76643 06/07/2020	LATONA BLACKBURN JEANNE SALDANHA	$4,000.00

Nature of Payment: Coverage - Bodily Injury Liability Payment Reason - Settlement

Additional Comments:

Service Dates

Paid on behalf of: Property & Casualty Ins. Company Of Hartford
Claim Handler: VALERIE MULLER 8008114832 x2307708
Claim Center: Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

Please contact the claim handler listed above if you have any questions on this particular claim.

Issue Date	10/08/2020	Check Number	[redacted]169 4	Total Check Amount	$4,000.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120920274

THE HARTFORD

Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

56-1544
441

Check Number: 114507169 4
Issue Date: 10/08/2020

$********4,000.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
FOUR THOUSAND DOLLARS AND 00/100
TO THE ORDER OF WILKE LAW GROUP INC AND JEANNE SALDANHA

The Hartford
Authorized Signature

120920274

⑈114507169⑈ ⑆044115443⑆ [redacted]5458⑈

DISBURSAL STATEMENT

RE: JEANNE SALDANHA

TOTAL MONIES RECOVERED: (Hartford $4,000.00)			**$4,000.00**
ATTORNEY FEES: 33 1/3% per Retainer Agreement reduced by $20.00.	$1,313.20		
ATTORNEY COSTS PER FEE AGREEMENT	$150.00		
Total Attorney Fees & Costs			**$1,463.20**
CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS			
Neck & Back Clinic	Total $2,130.00	Reduced Amount $1,065.00	**$1,065.00**
CLIENT RECOVERY:			**$1,471.80**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. _____ (Initial)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. _____ (Initial)

UNDERSTOOD, AGREED AND RECEIVED

10/12/2020
DATE

JEANNE SALDANHA

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1079

94-72/1224 NV
7976

10/14/2020

PAY TO THE ORDER OF Jeanne Saldanha $ $1,471.80

Fourteen Hundred Seventy One Dollars & 80/100 DOLLARS

Jeanne Saldanha
10936 Free Flow Place
Las Vegas, NV 89138

MEMO
Memo: Settlement Disbursal to client
Client: Jeanne Saldanha

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001079⑈ ⑆122400724⑆ [redacted] 5349⑈

WIKE LAW GROUP INC

1079

Date : 10/14/2020
Payee : Jeanne Saldanha

Vendor : 20200225

Amount : $1,471.80

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,471.80	Settlement Disbursal to client

WIKE LAW GROUP INC

1079

Date : 10/14/2020
Payee : Jeanne Saldanha

Vendor : 20200225

Amount : $1,471.80

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,471.80	Settlement Disbursal to client

BANK OF AMERICA

Customer Receipt

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Please retain this receipt until you receive your account statement.

Thank you for banking with Bank of America.
Save time with fast, reliable deposits, withdrawals, transfers and more at thousands of convenient ATM locations.

10/14/2020 10:40 ANV T00048 N540590135
Acct# ********7545 CC 3360257 Tlr 00002

Total Deposit To CHK	$1,471.00
Credit Pending Posts on	10/14/2020
Available Now	$0.00

Member FDIC
95-14-2005B 03-2019

IntRef 120F60TT7N740TVF3AFC0V

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1081

94-72/1224 NV
7976

10/14/2020

PAY TO THE ORDER OF Wike Law Group $ $1,463.20

Fourteen Hundred Sixty Three Dollars & 20/100 DOLLARS

Wike Law Group
10120 W. Flamingo Road.
Suite 4-107
Las Vegas, NV 89147

MEMO
Memo: Saldanha Atty fee 1313.20 & Costs 150.00
Client: Jeanne Saldanha

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001081⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1081

Date : 10/14/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,463.20

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,463.20	Saldanha Atty fee 1313.20 & Costs 150.00

WIKE LAW GROUP INC

1081

Date : 10/14/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,463.20

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,463.20	Saldanha Atty fee 1313.20 & Costs 150.00

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10855 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1082

94-72/1224 NV
7976

10/14/2020

PAY TO THE ORDER OF NBC Operations, LLC $ $1,065.00

One Thousand Sixty Five Dollars & 00/100 DOLLARS

NBC Operations, LLC
PO Box 36853
Las Vegas, NV 89133

MEMO
Memo: Jeanne Saldanha treatment paid in full
Client: Jeanne Saldanha

AUTHORIZED SIGNATURE

⑈001082⑈ ⑆122400724⑆ [redacted]534⑈

Photo Safe Deposit®
Details on Back.

WIKE LAW GROUP INC 1082

Date : 10/14/2020 Vendor : 20200222 Amount : $1,065.00
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,065.00	Jeanne Saldanha treatment paid in full

WIKE LAW GROUP INC 1082

Date : 10/14/2020 Vendor : 20200222 Amount : $1,065.00
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,065.00	Jeanne Saldanha treatment paid in full

Voided Check

10/14/2020

NBC Operations, LLC

$1,065.00

One Thousand Sixty Five Dollars & 00/100

NBC Operations, LLC
PO Box 36853
Las Vegas, NV 89133

Memo: Jeanne Saldanha treatment paid in full
Client: Jeanne Saldanha

Date : 10/14/2020 Vendor : 20200222 Amount : $1,065.00
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,065.00	Jeanne Saldanha treatment paid in full

Date : 10/14/2020 Vendor : 20200222 Amount : $1,065.00
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Jeanne Saldanha	20200225	1250	$1,065.00	Jeanne Saldanha treatment paid in full

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1080

94-72/1224 NV
7976

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

Photo Safe Deposit®

MEMO

AUTHORIZED SIGNATURE

Details on Back.

⑈001080⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1080

WIKE LAW GROUP INC

1080

Matter Trust Activity

Report Date: 10/7/2020
Report Time: 1:16PM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/08/2020
Client: 1237 - Patricia Davis
Matter: 1237 - Patricia Davis

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/07/2020	$5,250.00	$0.00	HARTFORD SETTLEMENT CHEC	11020.00	No		Trust Deposit
10/07/2020	$0.00	$2,766.00	Hartford Settlement	11020.00	No	1072	Patricia Davis
10/07/2020	$2,766.00	$0.00	Adjustment for Voided Check #: 107	11020.00	No	1072	Patricia Davis
10/07/2020	$0.00	$937.50	Patricia Davis Re: Atty fees 787.50 &	11020.00	No	1075	Wike Law Group
10/08/2020	$0.00	$2,766.00	Hartford Settlement Disbursement	11020.00	No	1073	Patricia Davis
10/08/2020	$0.00	$1,546.50	Patricia Davis Medical Treatment	11020.00	No	1074	NBC Operations, LLC
	$8,016.00	$8,016.00					
Balance:	**$0.00**						

Western Auto Center
P.O. Box 14266
Lexington KY 40512-4226
8008114832 x2307708

MB 01 001975 85989 B 8 D

Wilke Law Group Inc
10120 W. Flamingo Road, Suite 4-107
Las Vegas NV 89147-8392

001975 1/1

Attention: This remittance incorporates 1 claim payments

Total Check Amount: $5,250.00
Check Number: 114495399 5

Special Handling ID: 99
Payment 1 of 1

Explanation of Benefits

Invoice Number	Claim Number/ Date of loss	Insured Name/ Claimant Name	Amount Paid
	Y2RAL 76642 06/07/2020	LATONA BLACKBURN PATRICIA DAVIS	$5,250.00

Nature of Payment: Coverage - Bodily Injury Liability Payment Reason - Settlement

Additional Comments:

Service Dates

Paid on behalf of: Property & Casualty Ins. Company Of Hartford
Claim Handler: VALERIE MULLER 8008114832 x2307708
Claim Center: Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

Please contact the claim handler listed above if you have any questions on this particular claim.

Issue Date	10/01/2020	Check Number	[redacted]399 5	Total Check Amount	$5,250.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120889610

Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

56-1544
441

Check Number: 114495399 5
Issue Date: 10/01/2020

$******5,250.00**

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
FIVE THOUSAND TWO HUNDRED FIFTY DOLLARS AND 00/100
TO THE ORDER OF WILKE LAW GROUP INC AND PATRICIA DAVIS

The Hartford
Authorized Signature

120889610

⑈114495399⑤⑈ ⑆044115443⑆ [redacted]5458⑈

DISBURSAL STATEMENT

RE: PATRICIA DAVIS

TOTAL MONIES RECOVERED: (Hartford $5,250.00)			**$5,250.00**
ATTORNEY FEES: (33 1/3% per Retainer Agreement reduced to 15%)		**$787.50**	
ATTORNEY COSTS PER FEE AGREEMENT		**$150.00**	
Total Attorney Fees & Costs			**$937.50**
CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS			
	Total	Reduced Amount	
Neck & Back Clinic	$3,093.00	$1,546.50	**$1,546.50**
CLIENT RECOVERY:			**$2,766.00**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. _____ (Initial)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. _____ (Initial)

UNDERSTOOD, AGREED AND RECEIVED

10/13/20
DATE

PATRICIA DAVIS

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1073
94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF Patricia Davis $ $2,766.00

Twenty Seven Hundred Sixty Six Dollars & 00/100 DOLLARS

Patricia Davis
10936 Free Flow Place
LAS VEGAS, NV 89138

MEMO Memo: Hartford Settlement Disbursement
Client: Patricia Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®
Details on Back.

⑈001073⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC 1073

Date : 10/07/2020 Vendor : 1237 Amount : $2,766.00
Payee : Patricia Davis

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$2,766.00	Hartford Settlement Disbursement

WIKE LAW GROUP INC 1073

Date : 10/07/2020 Vendor : 1237 Amount : $2,766.00
Payee : Patricia Davis

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$2,766.00	Hartford Settlement Disbursement

usbank

Member FDIC

Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any other agreements governing use of your account, as amended from time to time. All items accepted for deposit are subject to later count and verification.

Want this receipt via email/text? Enroll in eReceipts through Online Banking or with a Banker!

usbank.com

00011 07113 0003 10/08/2020 10:36 USB
DEPOSIT H
**********6864

$2,766.00

KC 20133 (4/16) 00202498

Adjusted /
ption
a Davis Medical Treatment

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $937.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$937.50	Patricia Davis Re: Atty fees 787.50 & Costs 150.0

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1075

94-72/1224 NV
7975

10/07/2020

PAY TO THE ORDER OF Wike Law Group $ $937.50

Nine Hundred Thirty Seven Dollars & 50/100 DOLLARS

Wike Law Group
10120 W. Flamingo Road.
Suite 4-107
Las Vegas, NV 89147

MEMO
Memo: Patricia Davis Re: Atty fees 787.50 & Costs 150.0
Client: Patricia Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001075⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1075

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $937.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$937.50	Patricia Davis Re: Atty fees 787.50 & Costs 150.0

WIKE LAW GROUP INC

1075

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $937.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$937.50	Patricia Davis Re: Atty fees 787.50 & Costs 150.0

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1074

94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF NBC Operations, LLC $ $1,546.50

Fifteen Hundred Forty Six Dollars & 50/100 DOLLARS

NBC Operations, LLC
PO Box 36853
Las Vegas, NV 89133

MEMO
Memo: Patricia Davis Medical Treatment
Client: Patricia Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001074⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1074

Date : 10/07/2020 Vendor : 20200222 Amount : $1,546.50
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$1,546.50	Patricia Davis Medical Treatment

WIKE LAW GROUP INC

1074

Date : 10/07/2020 Vendor : 20200222 Amount : $1,546.50
Payee : NBC Operations, LLC

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$1,546.50	Patricia Davis Medical Treatment

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1072

94-72/1224 NV
7976

PAY TO THE ORDER OF Twenty Seven Hundred Sixty Six Dollars & 00/100 10/07/2020 $ $2,766.00

DOLLARS

Patricia Davis
10936 Free Flow Place
LAS VEGAS, NV 89138

MEMO Memo: Hartford Settlement
Client: Patricia Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001072⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1072

Date : 10/07/2020
Payee : Patricia Davis

Vendor : 1237

Amount : $2,766.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$2,766.00	Hartford Settlement

WIKE LAW GROUP INC

1072

Date : 10/07/2020
Payee : Patricia Davis

Vendor : 1237

Amount : $2,766.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Patricia Davis	1237	1237	$2,766.00	Hartford Settlement

Matter Trust Activity

Report Date: 10/7/2020
Report Time: 1:34PM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/07/2020
Client: 20200223 - Lauren Davis
Matter: 1248 - Davis, Lauren

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
10/07/2020	$5,000.00	$0.00	Hartford Settlement Check	11020.00	No		Trust Deposit
10/07/2020	$0.00	$2,070.50	Hartford Settlement Disbursement	11020.00	No	1076	Lauren Davis
10/07/2020	$0.00	$1,113.00	Lauren Davis Treatment Paid in Full	11020.00	No	1077	NBC Operations, LLC
10/07/2020	$0.00	$1,816.50	L. Davis Re: Atty fees 1666.50 & cos	11020.00	No	1078	Wike Law Group
	$5,000.00	$5,000.00					
Balance:	$0.00						

Western Auto Center
P.O. Box 14266
Lexington KY 40512-4226
8008114832 x2307708

MB 01 001976 85989 B 8 D

Wilke Law Group Inc
10120 W. Flamingo Road, Suite 4-107
Las Vegas NV 89147-8392

001976 1/1

Attention: This remittance incorporates 1 claim payments

Total Check Amount: $5,000.00
Check Number: 114495066 0

Special Handling ID: 99
Payment 1 of 1

Explanation of Benefits

Page 1 of 2

Invoice Number	Claim Number/ Date of loss	Insured Name/ Claimant Name	Amount Paid
	Y2RAL 76634 06/07/2020	LATONA BLACKBURN LAUREN DAVIS	$5,000.00

Nature of Payment: Coverage - Bodily Injury Liability Payment Reason - Settlement

Additional Comments:

Service Dates

Paid on behalf of: Property & Casualty Ins. Company Of Hartford
Claim Handler: VALERIE MULLER 8008114832 x2307708
Claim Center: Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

Please contact the claim handler listed above if you have any questions on this particular claim.

Issue Date	10/01/2020	Check Number	[redacted]066 0	Total Check Amount	$5,000.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

120889611

Western Auto Center
P.O. Box 14266
Lexington, KY 40512-4226

56-1544
441

Check Number: 114495066 0

Issue Date: 10/01/2020

$********5,000.00

JPMorgan Chase Bank, N.A.
Columbus, OH 43085

Pay
FIVE THOUSAND DOLLARS AND 00/100

TO THE ORDER OF WILKE LAW GROUP INC AND LAUREN DAVIS

The Hartford
Authorized Signature

120889611

⑈114495066⑈ ⑆044115443⑆ [redacted]458⑈

DISBURSAL STATEMENT

RE: LAUREN DAVIS

TOTAL MONIES RECOVERED: (Hartford $5,000.00)			**$5,000.00**
ATTORNEY FEES: 33 1/3% per Retainer Agreement		**$1,666.50**	
ATTORNEY COSTS PER FEE AGREEMENT		**$150.00**	
Total Attorney Fees & Costs			**$1,816.50**
CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS			
	Total	Reduced Amount	
Neck & Back Clinic	$2,226.00	$1,113.00	**$1,113.00**
CLIENT RECOVERY:			**$2,070.50**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment. LD (Initial)

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any questions. LD (Initial)

UNDERSTOOD, AGREED AND RECEIVED

10/8/2020
DATE

LAUREN DAVIS

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1078

94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF Lauren Davis $ $2,070.50

Two Thousand Seventy Dollars & 50/100 DOLLARS

Lauren Davis
10936 Free Flow Place
Las Vegas, NV 89138

MEMO
Memo: Hartford Settlement Disbursement
Client: Lauren Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®
Details on Back.

⑈001078⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC

1078

Date : 10/07/2020
Payee : Lauren Davis

Vendor : 20200223

Amount : $2,070.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$2,070.50	Hartford Settlement Disbursement

WIKE LAW GROUP INC

1078

Date : 10/07/2020
Payee : Lauren Davis

Vendor : 20200223

Amount : $2,070.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$2,070.50	Hartford Settlement Disbursement

1078

usbank

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Adjusted /
ition
d Settlement Disbursement

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00012 07113 0003 10/08/2020 10:38 USB
DEPOSIT H
**********5747

HC 20133 (4/16) 00202488

$2,070.50

WIKE LAW GROUP INC

1078

Date : 10/07/2020 Vendor : 20200223 Amount : $2,070.50
Payee : Lauren Davis

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$2,070.50	Hartford Settlement Disbursement

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1077

94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF NBC Operations, LLC $ $1,113.00

Eleven Hundred Thirteen Dollars & 00/100 DOLLARS

NBC Operations, LLC
PO Box 36853
Las Vegas, NV 89133

MEMO
Memo: Lauren Davis Treatment Paid in Full
Client: Lauren Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®
Details on Back.

⑈001077⑈ ⑆122400724⑆ [redacted] 5349⑈

WIKE LAW GROUP INC

1077

Date : 10/07/2020
Payee : NBC Operations, LLC

Vendor : 20200222

Amount : $1,113.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$1,113.00	Lauren Davis Treatment Paid in Full

WIKE LAW GROUP INC

1077

Date : 10/07/2020
Payee : NBC Operations, LLC

Vendor : 20200222

Amount : $1,113.00

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$1,113.00	Lauren Davis Treatment Paid in Full

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC.
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1076

94-72/1224 NV
7976

10/07/2020

PAY TO THE ORDER OF Wike Law Group $ $1,816.50

Eighteen Hundred Sixteen Dollars & 50/100 DOLLARS

Wike Law Group
10120 W. Flamingo Road.
Suite 4-107
Las Vegas, NV 89147

MEMO

Memo: L. Davis Re: Atty fees 1666.50 & costs 150.00
Client: Lauren Davis

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈001076⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1076

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,816.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$1,816.50	L. Davis Re: Atty fees 1666.50 & costs 150.00

WIKE LAW GROUP INC

1076

Date : 10/07/2020
Payee : Wike Law Group

Vendor : MYFIRM

Amount : $1,816.50

Client Name	Client #	Matter #	Amount	Invoice Adjusted / Description
Lauren Davis	20200223	1248	$1,816.50	L. Davis Re: Atty fees 1666.50 & costs 150.00

Matter Trust Activity

Report Date: 10/16/2020
Report Time: 10:52AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/16/2020
Client: 20200217 - Wendy Morales
Matter: 1246 - Morales, Wendy

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	$8,000.00	$0.00	GEICO Settlement Payment Check N	11020.00	No		Trust Deposit
09/09/2020	$0.00	$1,468.50	Wendy Morales Treatment	11020.00	No	1042	CraigRd Clinic
09/09/2020	$0.00	$4,141.50	Settlement Payment to Client	11020.00	No	1043	Wendy Morales
09/09/2020	$0.00	$2,390.00	Fees and Costs of $150	11020.00	No	1055	Wike Law Group
	$8,000.00	$8,000.00					
Balance:	**$0.00**						

Matter Trust Activity

Report Date: 10/16/2020
Report Time: 10:49AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/16/2020
Client: 20200217 - Wendy Morales
Matter: 1246 - Morales, Wendy

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	$8,000.00	$0.00	GEICO Settlement Payment Check N	11020.00	No		Trust Deposit
09/09/2020	$0.00	$1,468.50	Wendy Morales Treatment	11020.00	No	1042	CraigRd Clinic
09/09/2020	$0.00	$4,141.50	Settlement Payment to Client	11020.00	No	1043	Wendy Morales
09/09/2020	$0.00	$2,390.00	Fees and Costs of $150	11020.00	No	1055	Wike Law Group
09/09/2020	$8,000.00	$0.00	Morales Geico Settlement Check	11020.00	No		Trust Deposit
	$16,000.00	$8,000.00					
Balance:	$8,000.00						

Deleted Trust Deposits Edit Report

Report Date : 10/16/2020
Report Time : 10:51AM
Page : 1 of 1

Requested By: TERRY L WIKE

Wike Law

Date	Client Number	Matter Number	Fee/Cost	Account #	Debit/ Credit	Amount Paid	Client Name	Matter Description
9/9/2020	20200217	1246	F	11020.00	D	$8,000.00	Wendy Morales	Morales, Wendy
	Grand Totals:					$8,000.00		

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO
Field Claim Center: 11 Tucson

NO. N 216871218

Date: 08/03/2020

ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claim #: 0654733930101014
Date of Loss: 08/04/2019

Claimant Name: Wendy Morales-Carrillo
Insured Name: Samuel Robbins
Tax ID / SS# / XX-XXX8928
Atty ADJ Code:
Adjuster Code: HZ44

Pay To:
Wike Law Group,
and Wendy Morales-Carrillo

Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Total Amount:
$****8,000.00

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

05	ABI	$***8000.00

In Payment Of
Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

Posted 9/9/20

Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at geico.com! *GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages.* Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

* These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO
ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claimant: Wendy Morales-Carrillo
Insured Name: Samuel Robbins
Feature Symbol & Amount
ABI $***8000.00

Bank of America
South Portland, ME 04106

52-153
112 ME

Claim Number: 0654733930101014
In Payment of: Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

NO. N 216871218
VOID AFTER 180 DAYS
Date: 08/03/2020

Amount:
$****8,000.00

EIGHT-THOUSAND*AND*00/100*DOLLARS

Pay to the Order of:
WIKE LAW GROUP
AND WENDY MORALES-CARRILLO

Mail To:
Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Neal M. Craig

⑈216871218⑈ ⑆011201539⑆ [redacted]7607⑈

DISBURSAL STATEMENT

RE: Wendy Morales

TOTAL MONIES RECOVERED: $ 8,000.00

ATTORNEY FEES:
Law Offices of Terry L. Wike -
33 1/3% per Retainer Agreement reduced to 28%
$ 2,240.00

ATTORNEY COSTS PER FEE AGREEMENT (See Below) $ 150.00

CLIENT MEDICAL PROVIDERS AND MISCELLANEOUS LIENS

	Amount	Reduced Amount	
Complete Care Injury Center	**$1,388.00**	**$ 972.00**	**$**
Innovative Pain Centers	**$ 2,937.00**	**$ 1,468.50**	
Total	$4,325.00	$ 2,440.50	

CLIENT RECOVERY: **$ 3,169.50**

I understand that unpaid bills, co-pays, or any other obligation, arising out of this claim not itemized above are my responsibility, not my attorney's and I assume full responsibility for payment.

I understand my attorneys have not given any tax advice and I will consult with my accountant or other tax adviser, if I have any

UNDERSTOOD, AGREED AND RECEIVED

09/15/20
DATE

WENDY MORALES for VICTOR CRUZ

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1043

94-72/1224 NV
7975

9/15/2020

PAY TO THE ORDER OF Wendy Morales $ 3,169 50/xx

Three thousand one hundred sixty nine and 50/100 DOLLARS

Photo Safe Deposit®

Details on Back.

MEMO Settlement Check

AUTHORIZED SIGNATURE

⑈001043⑈ ⑆122400724⑆ [redacted]534⑈

WIKE LAW GROUP INC

1043

Wendy Morales
Settlement check $3169 50

Posted 9/15/20

WIKE LAW GROUP INC

1043

Deposit cash or checks
at most Chase ATMs.
An image of your check can
be printed on your receipt.

My Transaction Summary

****

Transaction #164
Account Number Ending In: 7064
Checking Deposit $3,169.50

Further review may result in delayed
availability of this deposit

.....

JPMorgan Chase Bank, N.A.
Flamingo and I 215, Branch 749592
1-800-935-9935
Your satisfaction matters. Share your
feedback at: chase.com/aendusfeedback

Member FDIC, Equal Housing Lender
Please keep your receipt
09/15/2020 14:49

Business Date 09/15/2020
Session #66

Thank you - Kiratin
Cashbox #06

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1042

94-72/1224 NV
7976

9/15/2020

PAY TO THE ORDER OF Craig Rd Clinic $ 1,468 50/XX

One thousand four hundred sixty eight and 50/100 DOLLARS

Photo Safe Deposit®

MEMO Chiro Treatment Re Wendy Morales Carrillo
Final & Full Payment

AUTHORIZED SIGNATURE

Details on Back.

⑈001042⑈ ⑆122400724⑆ [redacted]5349⑈

WIKE LAW GROUP INC 1042

Craig Rd Clinic $ 1468 50/XX

Posted 9/21/20

WIKE LAW GROUP INC 1042

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1061

94-72/1224 NV
7976

9/15/2020

PAY TO THE ORDER OF Complete Care Injury Center $ 972 00/xx

Nine hundred seventy two and no/100 DOLLARS

MEMO Wendy Morales-Carrillo
Full + Final Payment

AUTHORIZED SIGNATURE

⑈001061⑈ ⑆122400724⑆ [redacted] 5349⑈

Photo Safe Deposit®

Details on Back.

WIKE LAW GROUP INC

1061

~~Wendy M~~
Complete Care Injury Center
Re: Wendy Morales
$ 972.00

Posted 9/17/20

WIKE LAW GROUP INC

1061

NEVADA IOLTA TRUST ACCOUNT
WIKE LAW GROUP INC
10655 PARK RUN DR STE 250
LAS VEGAS, NV 89144-4524

Bank of America
ACH R/T 122400724

1055

94-72/1224 NV
7976

9/15/2020

PAY TO THE ORDER OF Wike Law Group $ 2390 00/100

Two thousand three hundred ninety and no/100 DOLLARS

MEMO Fees $2,240.00 plus Costs $150.00

AUTHORIZED SIGNATURE

⑈001055⑈ ⑆122400724⑆ [redacted]5349⑈

Photo Safe Deposit®

Details on Back.

WIKE LAW GROUP INC

1055

Wike Law Group
Fees 2,240.00
costs 150.00
$2390.00

Posted 9/15/20

WIKE LAW GROUP INC

1055

Matter Trust Activity

Report Date: 10/16/2020
Report Time: 11:06AM
Page: 1 of 1
User ID:

Wike Law

Date Range : 01/01/1900 - 10/16/2020
Client: 20200221 - Victor Cruz
Matter: 1263 - Cruz, Victor

Date	Debit	Credit	Description	Account Number	On Hold	Check Number	Payee
09/09/2020	$850.00	$0.00	V. Cruz Geico Settlement c/o W. Mor	11020.00	No		Trust Deposit
09/15/2020	$0.00	$338.00	V. Cruz Atty fees 188 costs 150	11020.00	No	1058	Wike Law Group
09/17/2020	$0.00	$122.00	V. Cruz Treatment c/o Wendy Morale	11020.00	No	1056	Complete Care Injury Center
	$850.00	$460.00					
Balance:	$390.00						

Detailed Payment Summary

GEICO ADVANTAGE INSURANCE CO
Field Claim Center: 11 Tucson

NO. N 216870272

Date: 08/03/2020

ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claim #: 0654733930101014
Date of Loss: 08/04/2019

Claimant Name: Victor Cruz
Insured Name: Samuel Robbins
Tax ID / SS# / XX-XXX8928
Atty ADJ Code:
Adjuster Code: HZ44

Pay To:
Wike Law Group and
Wendy Morales-Carrillo, Victor Cruz-Florez,
as parents and legal guardian of,
Victor Cruz Jr., a minor

Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Total Amount:
$******850.00

Payment Type:
LOSS

IP AND FEATURE AND AMOUNT

06 ABI $****850.00

In Payment Of
Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

Posted 9/9/20

Visit geico.com

Now, parties involved in a GEICO claim can track the progress of the claim, view damage photos and more at geico.com! *GEICO policyholders can make a payment, change drivers or vehicles and request additional coverages.* Not insured with GEICO? 15 minutes could save you 15% or more on car insurance. Of course, we're also available for policy or claim service 24/7 at 1-800-841-3000.

*These online services are unavailable to Assigned Risk policyholders and Commercial policyholders.

clmschck

PLEASE DETACH AND KEEP FOR YOUR RECORDS

GEICO ADVANTAGE INSURANCE CO
ONE GEICO WEST BOX 509119
SAN DIEGO, CA 92150-9119

Claimant: Victor Cruz
Insured Name: Samuel Robbins
Feature Symbol & Amount
ABI $****850.00

Bank of America
South Portland, ME 04106

52-153
112 ME

Claim Number: 0654733930101014
In Payment of: Bodily Injury Coverage
Full & final settlement of
any & all claims or liens
both known and unknown

NO. N 216870272
VOID AFTER 180 DAYS
Date: 08/03/2020

Amount:
$******850.00

EIGHT-HUNDRED-FIFTY*AND*00/100*DOLLARS

Pay to the Order of:
WIKE LAW GROUP AND
WENDY MORALES-CARRILLO, VICTOR CRUZ-FLOREZ,
AS PARENTS AND LEGAL GUARDIAN OF,
VICTOR CRUZ JR., A MINOR

Mail To:
Wike Law Group
10120 W Flamingo Rd Ste 4-107
Las Vegas Nv 89147-8394

Neal M. Craig

⑈216870272⑈ ⑆011201539⑆ [redacted]8607⑈